
Health and Wellbeing Board

13 March 2019

Report of the Assistant Director – Joint Commissioning
(City of York Council and NHS Vale of York Clinical Commissioning
Group)

Care Quality Commission – Local System Review progress report

Summary

1. This report provides the board with an update on the Care Quality Commission (CQC) progress report on the local system review of York.
2. It includes a summary of their findings and York's system response.

Background

3. The background information has been previously reported to the Health and Wellbeing Board (HWBB), and therefore is summarised here.
4. The Care Quality Commission (CQC) was commissioned by government to review twenty local systems during 2017 -18, focusing on how local services work together to support older people at the interface of health and social care.
5. The local system is defined by the Health and Wellbeing Board area, and therefore the City of York Council area. A performance dashboard of six key indicators was used to identify the initial programme of reviews. York was among the first twelve areas to undergo a review in this new methodology.
6. The review took place during the autumn of 2017, and included two onsite periods with focus groups, interviews and visits to services as well as documentary evidence provided by the full range of local partners.

7. The CQC Local System Review concluded with the publication of their report on 22nd December 2017. The full report is available at: <https://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems>
8. CQC continued with the programme of reviews, publishing the national report on the first twenty areas in July 2018. It is available at:
<https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england>
9. In this national report, CQC summarise the ingredients for effective system-working as follows:
 - a common vision and purpose, shared between leaders in a system, to work together to meet the needs of people who use services, their families and carers
 - effective and robust leadership, underpinned by clear governance arrangements and clear accountability for how organisations contribute to the overall performance of the whole system
 - strong relationships, at all levels, characterised by aligned vision and values, open communication, trust and common purpose
 - joint funding and commissioning
 - the right staff with the right skills
 - the right communication and information-sharing channels
 - a learning culture.
10. The thirteen recommendations for York address these aspects of joint working.
11. York Health and Wellbeing Board (HWBB) was required to submit an Action Plan to the Department of Health (now Department of Health and Social Care, DHSC) by 31st January 2018.
12. The Place Based Improvement Partnership was established at the beginning of 2018, to take forward the Action Plan with a view to developing this as a single plan for improvement across the city.

13. Chaired by the Chief Executive of City of York Council, the membership is at the most senior officer level of City of York Council, York CVS, NHS Vale of York CCG, York Teaching Hospital NHS Foundation Trust, Tees, Esk and Wear Valleys NHS Trust, GP Board Representative, NHS England and North Yorkshire Police.
14. The group has identified key work streams which align with the work of the wider Humber, Coast and Vale Sustainability and Transformation Plan. These are:
 - Workforce
 - Digital transformation
 - Estates and capital
15. In September 2018 it was announced that government had commissioned CQC to carry out a Local System Review in three additional areas, and a follow up review to check progress against their action plans in three of the original areas. These were York, Oxfordshire and Stoke-on-Trent. Other areas were expected to undergo a 'desktop' review.
16. The follow up reviews have all taken place. Areas received headline feedback at the end of the 2 day visit. The York progress report was published by CQC on 16th January 2019. It can be found here, by expanding the list under 'our reports of local health and social care systems' and is also attached at **Annex 1**:

<https://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems>
17. The CQC inspection team attended the HWBB Workshop on 25th January to present their report and initiate system wide discussion on our response. As this is a new methodology it is not yet clear whether a new, formal action plan will be required by the Department of Health and Social Care (DHSC) following this.
18. On 1st February it was announced that DHSC has not commissioned CQC to continue the programme of local system reviews. However, this was reversed by an announcement on 13th February that further reviews would be carried out.

Main/Key Issues to be Considered

19. The key messages from CQC were as follows:
 - York has made some progress, but it has been too slow.
 - The Place Based Improvement Partnership has been an important advance, but relationships remain an issue, and not all partners share a view about the primary role of the board.
 - Although partners cited the Health and Wellbeing Strategy as our shared vision, it was not clear that this is well recognised or understood, and people could not translate it directly into action.
 - Some great examples of joined up working at the frontline, such as the One Team, the Integrated Discharge Hub, Live Well York and Social Prescribing, but obstacles to information sharing remain.
 - York has not made significant progress on Joint Commissioning, outside of BCF, and there has been no significant progress on a joint workforce strategy.
 - Performance data shows that people's experience is similar to a year ago, for example on Delayed Transfers of Care. Commissioners are unable to be clear about the impact of action taken.
 - York needs to take a whole system approach to improvement, including full sign up to a clear, shared vision.
 - Partners need to hold each other to account for progress, not wait for external regulators to do so.
 - York needs to continue to align priorities to those of the STP (emerging Integrated Care System) and to develop a stronger voice at a regional level, so the York locality influence is effective.
20. At the workshop, CQC inspectors challenged system leaders in York to work better together on a shared endeavour, to address the barriers to moving at pace, and to ask 'what has changed for older people?'

CQC RECOMMENDATIONS

21. The published report spells out the areas for future focus as follows:

- System leaders should review the York Improvement Plan and assess progress made against the expected impact. Considering this report, system leaders should agree on revised actions, with members of the Place Based Improvement Partnership (PBIP) accountable to the Health and Wellbeing Board for designated actions.
- At our Progress Review we found that progress against the areas for improvement identified at the October/November 2017 LSR was slow. Through the PBIP, system leaders should establish how they can increase the pace of change.
- System leaders should continue to focus on developing relationships and partnership working across the system. For the PBIP to lead partnership working across the system, partners must agree on the collective system vision and strategy and develop a system wide plan that is agreed and signed up to by all system partners. There should be a system approach to new appointments, especially those at a system leader level.
- Directors of Finance across health and care should explore opportunities to work more collaboratively, owning organisational challenges as 'system challenges'. Directors of Finance should also work with commissioning leads to develop plans to facilitate joint commissioning. Commissioners should ensure that a joint commissioning strategy is developed as a matter of priority. Commissioners should also focus efforts on strengthening performance metrics and data collected at a local level to provide a greater understanding the impact of commissioned services and schemes.
- The system should accelerate the development of a system workforce strategy co-produced with independent care providers and VCSE partners.

- The system should continue to work with independent providers and utilise engagement forums to move towards a seven day service model and co-produce a model for trusted assessment.
 - The system should continue to develop and promote the Live Well York website across the system and strengthen information available for people who fund their own care.
22. The HWBB Workshop provided an early opportunity for partners to discuss these findings and to agree the system response.
23. In the first instance, the Assistant Director – Joint Commissioning was asked to co-ordinate the improvement activity. The remainder of this report begins this work.

Review of the 2018 Action Plan

24. The 2018 action plan was updated in preparation for the follow up review in October 2018. It was 'RAG' rated (red, amber, green) as requested by CQC. A further review has been carried out in February 2019, resulting in a version which includes only the residual actions. These are either now completed, ongoing or no longer applicable.

This brief version is attached at **Annex 2**.

25. It is recommended that the relevant, ongoing actions are carried forward into the new plan for 2019.

Revised action plan to be agreed by System Leaders

26. An initial outline of the 2019 action plan is being developed. This draws on the workshop discussion and preliminary consultation with system leaders and stakeholders. It aims to address the key areas for improvement highlighted by the two CQC reviews, and will be included in future updates to HWBB.
27. The governance arrangements and accountability for delivering the 2019 plan represents a key area for HWBB and the Place Based Improvement Partnership.

28. An early action, agreed at the workshop, will be to draw up a Memorandum of Understanding (MOU). This will set out the mutual commitment of partner organisations to joint action plans and shared endeavours, and spell out the responsibilities of the members of the two boards.

Increasing the pace of change

29. The Place Based Improvement Partnership will meet monthly, supported by a number of delivery groups for specific themes or work streams. The priorities of the PBIP are aligned to the STP priorities. A PBIP lead has been nominated for each area, supported by an Executive Director of the council. These are:

Digital	Lisa Winward, Chief Constable, North Yorkshire Police Sharon Houlden, Corporate Director Health, Housing and Adults Services, City of York Council
Estates and Capital	Colin Martin, Chief Executive, Tees, Esk and Wear Valleys Mental Health NHS FT Mary Weastell, Chief Executive City of York Council
Workforce	Mike Proctor, Chief Executive, York Teaching Hospital NHS FT Amanda Hatton, Corporate Director, Children, Education and Communities, City of York Council

30. There will be a review of the working groups which are already delivering activity in these areas, including groups internal to each of the partner organisations. The output of this review will be reported to PBIP. The role of the PBIP is to unblock and enable action where barriers are encountered by the delivery / working groups.
31. The PBIP also performs a vital function identified by CQC in focusing on relationships and partnership working. The 2017 review acknowledged that relationships had been difficult in the past but were improving. The 2018 progress report found progress had been made but tensions remained.
32. The PBIP has committed to engaging in organisational development as a system partnership to support further improvement in relationships, resulting in a 'Team York' identity.

The collective vision with buy in across the system

33. Phil Mettam, Accountable Officer, NHS Vale of York CCG, is leading the work on the single vision and strategy for York, initiated at the HWBB workshop in January 2019.
34. The CQC critique centred on the degree to which the vision of the Joint Health and Wellbeing Strategy was recognised across the system and they found, as a result, there was not system wide buy-in to the vision.
35. CQC did not find the vision, as published, was wrong for York; rather that it was not well known. System leaders agree the vision needs to be articulated more concisely and memorably, building a positive message on the existing vision set out in the Joint Health and Wellbeing Strategy 2017-22. Further work on this will be developed during spring 2019, facilitated by commissioners and co-produced with partners.
36. The HWBB is asked to consider how this work can be taken forward, and engage a wider local audience, for example through our citizen forums and Healthwatch York.

A System Strategy

37. In the light of the CQC reports, partners acknowledge that the JHWB Strategy does not enjoy whole system recognition and as a result, it lacks the buy-in required to achieve meaningful improvements in outcomes for local people.
38. The strategic approach is summarised thus:
 - *Promote independence, choice and control*
 - *Build up community based support*
 - *Support self-care and self-management*
 - *Give early help through targeted and short-term interventions*
 - *Use new technologies*
 - *Reduce the reliance on statutory services*

39. PBIP has made a commitment to strengthen the impact of the high level strategy by developing its key enabling work streams of digital, workforce and estates.
40. That is to say, PBIP will invest energy in answering HOW the strategy will be delivered, as well as WHAT partners will do to improve outcomes.
 - Develop a system wide plan that is agreed and signed up to by all system partners
 - The initial outline of this plan for 2019 will be shared through future updates to HWBB.
 - A system approach to new appointments, especially those at a system leader level
 - This will be addressed as part of the relationship building through PBIP.

Joint Commissioning

41. The Joint Commissioning Strategic Group (JCSG) was established in the autumn of 2018 by the council and CCG to take forward a programme of joint commissioning, beyond existing arrangements for Better Care Fund (BCF). The JCSG comprises the relevant senior officers from both organisations and is jointly chaired by the council Chief Executive and the CCG Accountable Officer.
42. The joint commissioning programme is being developed in response to shared risks and priorities. A working draft of the programme will be shared with the HWBB through future updates.

Workforce Strategy

43. As set out above, Workforce Strategy is one of the three PBIP priority work streams aligned to the STP. It will be led by the Chief Executive of York Teaching Hospital NHS Foundation Trust, supported by the council Corporate Director of Children, Education and Communities.

Seven day service and trusted assessment

44. Progress in implementing the eight changes of the High Impact Change Model (HICM) are reported to NHS England quarterly through BCF monitoring, using a self assessment tool. The Complex Discharge Steering Group leads on this work. Trusted Assessment is the last of the changes to be put in place in York, and is dependent on close partnership working across the statutory and independent sector. The Independent Care Group is contributing to the design of the model in York, which will be co-produced with providers.
45. All areas are required by the BCF national policy framework and planning guidance to have all elements of the HICM established by April 2019. We are working towards achieving this, although this is a challenging timescale.

Live Well York and information for people who fund their own care

46. The development of LiveWellYork is nearing completion, and it will be officially launched during the spring. The site already offers a wealth of health and social care and community information for local people. It will continue to be updated on an ongoing basis. The site generates detailed monitoring information which is showing high numbers of new users each month, and positive feedback for its usability.
47. The Joint Strategic Needs Assessment (JSNA) steering group is in the process of producing a JSNA on the needs of self-funders, which brings together a wide range of information sources to create a richer picture of this group than we have previously enjoyed. This JSNA will help shape how information is provided to support people make good decisions about their care and support needs. In particular, we hope to ensure people who fund their own care do not become dependent on services earlier than other people, but remain as independent and resilient as possible, connected to their communities and benefiting from universal and free services.

Consultation

48. The content of this report is based on a series of partnership discussions, both through the formal governance arrangements, such as PBIP and JCSG, and through the HWBB workshop. BCF

stakeholders have also been included in the preparation of proposals for improvement activities.

Options

49. *n/a.*

Analysis

50. *n/a*

Strategic/Operational Plans

51. This report summarises the York Improvement Plan, developed in response to the Local System Review and the Progress review. It also relates to the BCF Narrative Plan 2017-19, and to the Joint Health and Wellbeing Strategy 2017-22. In addition it supports delivery of the organisational plans of CCG and council, including the Joint Commissioning Strategy.

Risk Management

52. The main areas of risk linked to this report are:

- Failure to make faster progress to improve outcomes will see York continue to perform poorly against important indicators such as delayed transfers of care.
- Failure to articulate the vision more clearly and to embed a sense of shared endeavour will limit York's ability to deliver change for older people who need care and support.
- Failure to carry through a clear and measurable action plan is likely to result in further reviews by CQC.

Recommendations

53. The Health and Wellbeing Board are asked to:

- i. Receive the published report of the CQC progress review of York Local System.

Reason: The Board is accountable for improving the outcomes set out in the report.

- ii. Receive the shortened version of the York Improvement Plan, showing only the remaining actions, as set out in Annex 2.

Reason: in order to formally recognise the progress which has been made and to streamline future work on the plan.

- iii. Consider how the single vision and strategy should be communicated more widely to ensure whole system buy-in.

Reason: to strengthen the approach to improvement.

- iv. Define the roles and responsibilities of HWBB and PBIP for driving the pace of improvement and delivering the action plan.

Reason: to provide clarity and ensure progress is made between quarterly HWBB meetings.

Contact Details

Author:

Pippa Corner
Assistant Director – Joint
Commissioning
HHASC CYC and Vale of
York CCG
Tel No. 551076

Chief Officer Responsible for the report:

Sharon Houlden
Corporate Director of Health, Housing
and Adults Services
City of York Council

Report
Approved

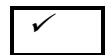


Date 25.02.2019

Specialist Implications Officer(s)

Wards Affected:

All



For further information please contact the author of the report
Background Papers:

Annexes

Annex 1 – CQC progress review of York (published report)

Annex 2 – updated York Improvement Plan – brief version

Glossary

BCF	Better Care Fund
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CVS	Centre for Voluntary Service
DHSC	Department of Health and Social Care
HICM	High Impact Change Model
HWBB	Health and Wellbeing Board
JCSG	Joint Commissioning Strategic Group
MOU	Memorandum of Understanding
NHS	National Health Service
PBIP	Place Based Improvement Partnership
STP	Sustainability and Transformation Partnership
VCSE	Voluntary, Community and Social Enterprise