West Yorkshire and Harrogate Sustainability and Transformation Partnership

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: **5 September 2017**		Agenda item: 16/2017	
Report title:		**Moving toward a framework for improvement**	
Joint Committee sponsor:			
Clinical Lead:		N/A	
Author:		Matt Ward, West Yorkshire & Harrogate STP	
Presenter:		Matt Ward, West Yorkshire & Harrogate STP	
Purpose of report: To agree next steps regarding a framework for improvement			
Decision	**N/A**	Comment	**N/A**
Assurance	**N/A**		

Executive summary

The West Yorkshire and Harrogate Sustainability and Transformation Partnership (WY&H STP) is committed to improving outcomes for the population it serves.

To support the move away from a retrospective performance management approach to a prospective clinically led ambition to improving outcomes, the paper proposes a clinically led peer review/support approach that encourages the sharing of learning and constructive challenge in a supportive environment whilst spreading the excellent work that goes on at a local level in each of the places.

Recommendations and next steps

The Joint Committee of CCGs is asked to consider and approve proposals to develop and test a clinically focussed peer review process for our shared priorities.

The proposed next steps are as follows:

- to discuss and test out stages one and two of the process with the urgent care board and continue discussions with the cancer and stroke programmes who may wish to become fast followers;
- to complete the design of clinical indicators and data/local experience review by the end of December 2017;
- to develop a programme of peer review to commence from January 2018; and
- to feedback lessons learned on the process to the Joint Committee of CCGs and the WY&H STP Leadership Team

Delivering outcomes:

The report sets out how the WY&H partnership is starting to explore shared learning, peer review and more collaborative working focussed around our Health & Wellbeing ambitions.

Impact assessment	
Clinical outcomes:	Yes. Please see section page 4
Public involvement:	None
Finance:	None
Risk:	None
Conflicts of interest:	None

West Yorkshire and Harrogate Joint Committee of CCGs

Moving toward a framework for improvement

1. Purpose

1.1 The West Yorkshire and Harrogate Sustainability and Transformation Partnership (WY&H STP) is committed to improving outcomes for the population it serves. In order to support the move away from a retrospective performance management approach to a prospective clinically led ambition to improving outcomes the Joint Committee of CCGs is asked to consider and support proposals to develop and test a clinically focussed peer review process for our shared priorities.

2. Background

2.1 Our collective ambition is to improve the health and care of people in West Yorkshire and Harrogate (WY&H). The 11 CCGs that make up the joint committee play an integral role in delivering those ambitions and, along with partners contribute significantly to the direction and further improvement of outcomes both locally and across WY&H.

2.2 As we look forward some parts of the system will need to change the way they operate to support the delivery of our ambitious agenda. In WY&H and we are focussed on improving the health outcomes of the whole population and are keen to operate across organisational boundaries to deliver this. We are exploring how international models such as the Canterbury Health System have succeeded. We have learnt that we need to ensure a clinical and patient focus on everything we do and how integrated and consistent data sets and the use of evidence can support us to understand which areas to focus on and how to share and learn together.

2.3 The aim of this approach is to focus our attention on a clinically led peer review/support approach that encourages the sharing of learning and constructive challenge in a supportive environment whilst spreading the excellent work that goes on at a local level in each of the places.

2.4 The WY&H health and care partnership has brought localities closer together and provides an opportunity to build a constructive and mutually supportive process developed from the concept of peer review. Initially this process will cover the scope of the work programmes under the remit of the joint committee with the aim of improving delivery against the ambitions within the following five areas:

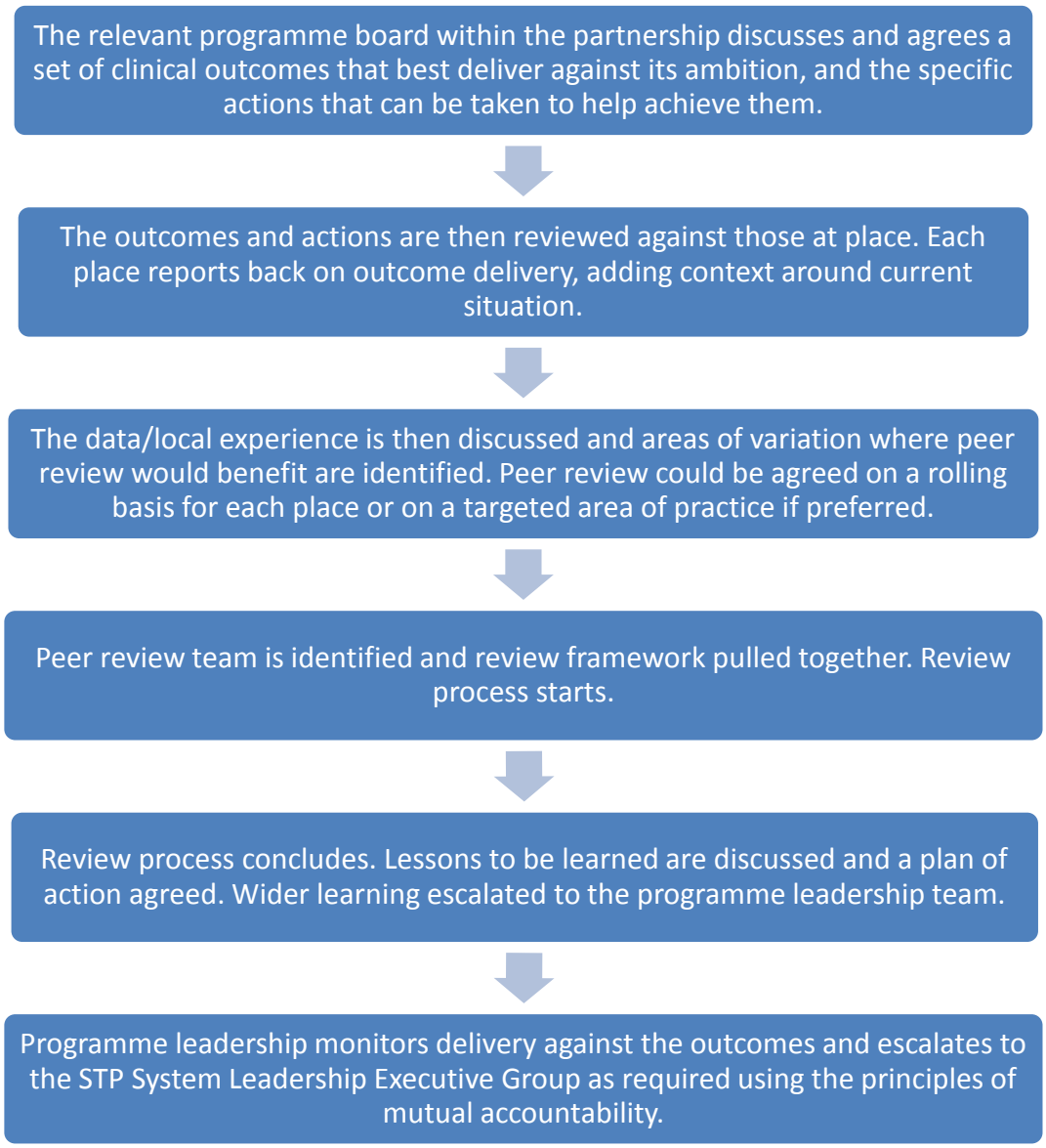
- Cancer
- Mental Health
- Stroke
- Urgent Care
- Standardisation of commissioning policies

3. Proposal

3.1 The proposal is to develop and test a clinically led, outcomes focused peer review and support process. The process will focus on the outcome ambitions set out in the WY&H proposals, and the evidence based actions that need to be taken in order to achieve them.

3.2 The peer review process will be challenging but supportive with the aim of adding value. It will need to be clinically led, proportionate yet light touch and allow each place to hold each other to account in a way that is new and moves us to a more mature partnership arrangement. The process of sharing good practice is not only for those being reviewed but also for those undertaking the review, meaning we develop our people at the same time as enhancing areas where practice is good.

3.3 Below shows an example of how the process could work. It is high level and drawn from both experiences within the NHS and Local Authority arenas:



4. Testing the process

4.1 The use of peer review in this way should create learning and facilitate sharing. However it can also be relatively intensive and we have a lot to learn and explore. The proposal is to test out the process initially across the urgent care work-streams linking in with enabler programmes such as innovation and improvement The System Leadership Executive Group have approved an approach of peer review within the UEC, and this programme are exploring how to review and share best practice with clear delivery impacts across the STP places. The urgent care programme have already expressed an interest in using this model for developing approaches around delayed transfers of care.

4.2 The suggestion is to focus on stages one and two of the peer review process over the next few months allowing each of the programme board's time above to develop the indicators, gather the right data and intelligence and to understand and explore the areas where peer review can have most impact.

4.3 Testing in this way allows it to remain dynamic with everyone learning as it evolves. It will also create a stronger connection across the whole partnership and move this concept from being CCG designed into a whole partnership model owned and supported within all of our six places.

4.4 To further support we can explore our partnership with NICE who have 'quality standards' covering a breadth of areas which will provide programme boards with a useful starting point.

5. Resource impact

5.1 Initially there should be limited impact on resources. The programme boards will consider the best way to pull together the best outcomes and the collection of data and development of local experience will be picked up by local performance leads identified by each CCG.

5.2 Longer term there may be an additional impact but each board will be asked to consider that impact against the potential benefit. Each programme board will also need to consider that the approach is equitable and mutually beneficial.

6. Next steps

6.1 The proposed next steps are as follows:

- to discuss and test out stages one and two of the process with the urgent care board and continue discussions with the cancer and stroke programmes who may wish to become fast followers;
- to complete the design of clinical indicators and data/local experience review by the end of December 2017;
- to develop a programme of peer review to commence from January 2018; and
- to feedback lessons learned on the process to the Joint Committee of CCGs & WY&H Leadership team