South Tyneside Health and Care System Peer Challenge

25th – 27th July 2018

Feedback Report

1. Executive Summary

There is a universal passion and good understanding of the needs for South Tyneside and its people. These are articulated clearly throughout the Health and Care system, which encompasses South Tyneside Council, South Tyneside Clinical Commissioning Group, South Tyneside NHS Foundation Trust, Northumberland Tyne and Wear Foundation Trust and a number of third sector partners and community volunteers.

A whole-systems partnership approach in South Tyneside has facilitated change and there are many examples of where you are making an impact on quality and outcomes. For example, in areas such as good performance on A&E waiting times and access to treatment, improvements in DTOC numbers, falling admissions to residential care, and Ofsted found all children's services to be 'good' and adoption 'outstanding'.

South Tyneside has many significant strengths and opportunities, including strong institutions with good reputations and leaders. There is widespread understanding that maintaining strong and stable leadership partnerships will be vital to success given the significant ambitions expressed for the health and care system. Shared ambition and resilience by all leaders will be required in order to continue to build confidence in the longer term vision and direction of travel.

South Tyneside's health and care system has many examples of innovation and transformation both in its practice and the underpinning architecture that supports it. This includes the 'Canterbury' Systems Leadership model of partnership integration that has been adopted and brought together leadership of health and care through the Alliance Leadership Team and Local Leadership of Health in order to drive forward the 'best for the person, best for the system' framework.

The Haven Court facility - providing integrated health and social care services for older people, their carers and families across South Tyneside – is another example of innovation and collaboration and is gaining national recognition for its success in supporting independent living and provision of ongoing support. In going forward there is the opportunity to ensure that Haven Court can be adapted to fit with the community model that is now developing.

There is an energetic voluntary and community sector in South Tyneside that feels they are actively involved, supported and listened to by health and care organisations about the positive contribution they can make. This is helped by the third sector networking monthly around the health and wellbeing agenda and being a part of the South Tyneside Alliance Leadership Team seeking to improve health outcomes for the community.

The peer team heard universally that there is an appetite within South Tyneside for a genuinely transformative approach to enable radical service re-design and delivery which produces significant outcomes for local people, and is more effective, efficient and sustainable. However, the system is lacking key parts of enabling infrastructure and capacity to drive your transformation ambitions. Critically the areas of joint governance, programme management, joint planning around budgets, workforce, IMT and estates will need to be 'fit for purpose'.

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Whilst there is clearly ambition amongst leaders and institutions to improve the lives of people within South Tyneside there is no overarching system narrative and vision to set out what the future looks like for integration and reform. There has been a focus on hospital changes within the Path to Excellence programme but less attention given to services outside of the hospital and integrated place based commissioning. Partners need to develop a clearer narrative for South Tyneside to describe the change agenda. Within this the Path to Excellence would locate, alongside the integration and prevention agenda and the focus on the wider determinants of health so as to have an holistic and system wide approach to population health and wellbeing.

There are many good examples of working in neighbourhoods, however the approach is lacking coherence, scale and breadth, for example, the reach into wider public services beyond health and care. There are components in place of integrated community working such as the Integrated Community Teams and the work underway on an integrated children and families locality model through the Best Start Locality Teams. Whilst these are examples of an improved approach to bringing teams and services together there is still a question about what the community model is, who delivers it and the joint governance.

A lack of a common and shared vision is putting a significant brake on your ability to move forward to achieve your ambitions. In the absence of an overarching plan for your health and care system - and a joint investment plan to support it - your approach to system transformation will inevitably remain fragmented. Without a shared plan for system change - and clearly laid out organisational implications for all key partners - you are carrying significant risks to partnership and relationships both in rollout of Path to Excellence but also frustrations and loss of confidence from your key practitioners and stakeholders.

And yet you have a massive opportunity - probably uniquely placed because of your existing strengths - to stand out in your region and make a significant impact on the health and wellbeing of your residents.

2. Summary of the peer challenge approach

The peer team

Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and were agreed with you. The peers who delivered the health and care peer challenge at South Tyneside were:

- Steven Pleasant MBE, Chief Executive of Tameside Metropolitan Borough Council, Accountable Officer Tameside & Glossop CCG
- Cllr Chris McEwan, Deputy Leader, Darlington Borough Council and LGA Member Peer
- Barbara Brady, LGA Associate, Ex Director of Public Health
- Dr Jenny Steel, GP and Associate Medical Director, County Durham & Darlington NHS Foundation Trust

- Catherine Barber- Brown, LGA Associate, Non-Executive Director Stockport NHS Foundation Trust
- Ann Baxter, Independent Chair, Tees Safeguarding Adults Board
- Nichola Esmond, Chief Executive Officer, Healthwatch Wakefield
- Kay Burkett – Peer Challenge Manager, Local Government Association

Scope and focus

The peer challenge covered five key pillars:

1. Vision, ambition for the place
2. Governance, leadership, decision making (system coherence, priorities, focus, impact)
3. Relationships and trust
4. How well the system is enabled to transform (mobilisation of workforce, partners, communities, skills, leadership)
5. Reach into communities/engagement

In addition to these areas, you asked the peer team to consider/review/provide feedback on these questions:

1. How are local resources, commitment and skills across the system maximised to achieve health and wellbeing outcomes for the people of South Tyneside?
2. Are there effective arrangements for underpinning accountability to the public in all decision-making relating to health and wellbeing? How does the public's voice influence decision-making?
3. How do the local governance arrangements support the integration agenda?

The peer challenge process

It is important to stress that this was not an inspection. Peer challenges are improvement focussed and tailored to meet individual councils' needs. They are designed to complement and add value to a council's own performance and improvement. The process is not designed to provide an in-depth or technical assessment of plans and proposals. The peer team used their experience and knowledge of health and care to reflect on the information presented to them by people they met, things they saw and material that they read.

The peer team prepared for the peer challenge by reading a range of documents and information in order to ensure they were familiar with South Tyneside and the challenges it is facing. The team then spent 3 days onsite during which we:

- spoke to more than 68 people including a range of leaders, councillors, managers, staff and partners
- gathered information and views from more than 64 meetings
- undertook additional research and reading – 84 documents
- collectively spent more than 284 hours to determine our findings – the equivalent of one person spending seven weeks in South Tyneside

This report provides a summary of the peer team's findings. It builds on the feedback presentation provided by the peer team at the end of their on-site visit on 27th July 2018. In presenting feedback to you, we have done so as fellow officers and members, not professional consultants or inspectors. By its nature, the peer challenge is a snapshot in time. We appreciate that some of the feedback may be about things you are already addressing and progressing.

3. Feedback

3.1 How are local resources, commitment and skills across the system maximised to achieve health and wellbeing outcomes for the people of South Tyneside?

Relationships across the South Tyneside health and care system are generally good and helped by a number of formal and informal structures that are in place for organisational leaders to come together. The Health and Wellbeing Board was one of the first established in the country and its composition reflects a commitment to a place based approach bringing together commissioners, providers and the third sector. The Local Leadership of Health is a well attended and regarded forum for chief officers to share perspectives, challenges and information.

South Tyneside is leading the UK's first 'Canterbury' Systems Leadership of Health model of partnership integration and taking the learning from this model so as to develop new ways of working. There are already successes such as in palliative care, mental health and the management of long term conditions.

The Alliance Charter stating the principles for working together around behaviours and trust are enabling a 'can do' attitude. The Alliance Leadership Team and Alliance Business Group are demonstrating the principles as evidenced in successes such as, development of the learning disabilities model and a partnership approach to self-care through the 'A Better U' programme. New organisational arrangements are being enabled such as co-location of community teams and the Joint Commissioning Unit (JCU).

There are many good examples of joint initiatives and strong collaboration across the health and care system in South Tyneside. These include the £9 million capital investment to develop Haven Court to provide joined up care to older people; commitment to a £22 million pooled budget for Learning Disability Transformation and the redesigned Child & Adolescent Mental Health Service (CAMHS) pathway.

Impressive progress has been made in adopting, at pace, the vision for adult social care that is helping people to live at home. Through the innovation sites social workers feel empowered as practitioners to take a more preventative, strengths and solution based approach. This is leading to more support being provided in the community preventing, or reducing, the need for ongoing support and helping to maximise people's independence.

The South Tyneside Voluntary, Community and Social Enterprise (VCSE) Strategy is being implemented with many examples of good practice. There is widespread recognition of the role the VCSE sector can play in supporting people to live the lives

they want to lead. This is being helped by funding for VCSE providers to deliver integrated services alongside statutory providers and by supporting the sustainability of the VCSE through community asset transfers. The VCSE sector works collaboratively within the system through Inspire and HealthNet and its voice is being heard at key strategic and operational forums such as the Health and Wellbeing Board and Alliance meetings.

Without exception system leaders understand the need to collaborate in order to achieve health and wellbeing outcomes. However, behaviours, trust and maturity in holding each other to account needs further development as you move forward in a crucial stage of your health and care transformation journey. Senior political leaders and clinicians currently do not come together in a way that allows for information sharing and conversations to build relationships. The lack of a common purpose, shared narrative and plan to describe and deliver your transformation journey means that key aspects of change and improvement driven by institutions are not viewed as 'a whole' and the intent behind each aspect is sometimes lost - or seen to be in conflict - with a 'one-system' approach.

The language used to describe the joining up of health and social care is being interpreted in different ways. To create the right environment to improve whole population health and wellbeing, and bring people with you, it is important that the drive for integrated care locally is based on common interpretation and understanding, for example, in using consistent words to describe "hubs" or "centres" delivering different groups of services.

There are examples of where the Joint Strategic Needs and Assets Assessment (JSNAA) has been used to inform key strategies and service developments, for example, the Joint Health and Wellbeing Strategy and the programme to reduce preventable admissions to hospital. For the JSNAA to have a fully galvanising effect it will need to be used more systematically to drive change and inform decision making. Decisions about action, investment/disinvestment, prevention and integration by all partners would need to be based on the JSNAA for it be genuinely local rather than a reflection of national priorities. There is also an opportunity for the JSNAA to be used by partners when looking at the wider determinants of health such as employment and housing to enable more targeted approaches.

Joint commissioning is still developing between the council and CCG and there is further to go with a place based commissioning approach. Having clarity about the commissioning model you want, and need, going forward is vital to get the balance right between commissioning for the needs of the local population, based on the JSNAA, and the necessity of working at scale when it is prudent and correct to do so. With the developments of the Integrated Care Partnership (ICP) for Sunderland, South Tyneside and North Durham it will be important to make sure the South Tyneside co-terminousity regarding commissioning is not diluted or lost within the wider context - and there is clarity about what the place based budget is. Further devolvement of commissioning to the Joint Clinical Commissioning Group Committee will be required in order both to gain traction and further cement trust between the organisations.

More can be done on permissions, delegations, trust and the enabling of decision making authority. Your whole systems partnership approach and collaboration is starting to facilitate experimentation and innovation based on the Alliance principles. However, there will be a need for more formal vehicles for cross system information sharing and decision making going forward. A continued investment in getting governance and accountability right will help to ensure trust and maturity of the partnership as you face system challenges such as increasing demand and financial pressures.

3.2 Are there effective arrangements for underpinning accountability to the public in all decision-making relating to health and wellbeing? How does the public's voice influence decision-making?

The commitment to a strengths based approach in Adult Social Care is welcomed. It is starting to help staff to develop new ways of working to help people maintain their health and wellbeing, live independently and live better with deteriorating conditions. The work with Partners 4 Change to use the 'Let's Talk Together' methodology is gaining momentum and provides an opportunity to adopt this approach across the whole of South Tyneside as part of a holistic approach to signposting, personalised support and self-care.

There is a clear commitment by all partners to communicate and engage with communities and a willingness to learn from one another and improve. The work done by Inspire to facilitate conversations between senior managers from the council and communities is one of many examples. Many other good methods and approaches are currently used to engage with the public e.g. Community Area Forums and patient forums. Positive arrangements over a period of time with Healthwatch and Inspire/Healthnet exist and demonstrate that there is a genuine commitment to engage with local people. The engagement and consultation process for the Path to Excellence Phase 1 was assured by the Institute for Consultation and learning being applied for Phase 2. Another good example is the approach to joined up engagement that has been undertaken successfully in relation to plans and initiatives, for example, in development of the Alcohol Strategy and work to promote dementia friendly communities.

Engagement and consultation around system ambitions and outcomes, beyond service change, will help strengthen the understanding behind proposals if they clearly stem from a shared vision and a narrative that explains the vision. Phrasing and conducting conversations with organisations, workforce and the community in a timely and informative way is a key requisite for taking people with you. There was an observation from the peer team about engagement with 'seldom heard' and diverse groups not being visible to us during the peer visit. We are assured from your feedback that this is taking place but may need bringing to the fore.

As you move further with your whole system transformation programme it is timely to determine what requires 'communication', 'engagement' or 'consultation' across the system – and with whom, so there is consistency amongst all partners. Alongside this it is vital that there is proactive and timely communication amongst strategic partners to ensure there is clarity about how proposals and options can be influenced in advance of public consultation processes.

The principle of taking a strengths and assets based approach is emerging with examples of co-production. The work on developing the learning disability strategy and with looked after children have benefitted from the time taken to have clear communication and raise awareness about the values underpinning the approach in order to get positive involvement. Further opportunities exist through doing more work on creating Community Interest Companies to develop and grow community assets.

The Change4Life, Better U and Champions Network initiatives are other good examples of the strengths based commitment to work with people to improve their health and wellbeing. Being able to self-refer to get support to take steps towards stopping smoking, eating healthier and excising more is an important development, as the option for health professional and GPs to refer to the programme for advice.

3.3 How do the local governance arrangements support the integration agenda?

Partners are positive about the Health and Wellbeing Board (HWB) and there is a wish for it to do more. The work of the HWB is supported by various associated meetings and sub groups such as the Alliance Business Group. There is good attendance and representation at HWB meetings and it receives regular performance reporting on progress of the Joint Health and Wellbeing Strategy and Joint Strategic Needs and Assets Assessments.

It is clear that time has been Invested in developing behaviours and cultures amongst system leaders as supported by the Local Leadership of Health Chief Executives Group and the Alliance Leadership Team. There is evidence of some of the Alliance principles starting to be embedded in conversations and decisions – particularly in relation to the principle of a adopting a person-centred, whole of system approach. More can be done, however, to delegate decision-making powers to the next level(s), for example the Alliance Leadership Group, to demonstrate commitment to the empowerment of less senior system leaders.

Relationships at personal level are good at senior and middle manager level helped by the work of the Alliance Business Group. There is a clear and shared endeavor to drive transformation and to try out new ideas and approaches in areas such as mental health and the Help to Live at Home community model.

Some risk sharing arrangements are in place within the South Tyneside health and care system that could be developed further. Examples currently in place are the arrangements between South Tyneside NHS Foundation Trust and South Tyneside CCG in implementation of the Trust's business plan and income implications to the Trust from the proposed commissioning changes for the 0-19s that have been mitigated through close joint working.

The South Tyneside Partnership 'Shaping our Future' is well established and brings a range of partners to the table, including; education, economic regeneration, police, fire and rescue service and VCSE. Other partnership boards exist like the HWB and Local Leadership of Health Chief Executives Group. However, it is unclear how the current partnership arrangements will help to deliver the vision and transformation journey including the focus on population health outcomes including the wider determinants of

health**.** The peer review team also found less evidence of discussion at this level of priorities for children and mental health than on other areas of health and wellbeing, this might be due to the perceived relative urgency of agenda items.

Honest and maturity in holding each other to account needs to be developed further. Given your ambitions it is important that very complex and multi-stakeholder discussions are facilitated in order to improve capacity and readiness for the challenges of the whole system transformation journey. These discussions need to include a stronger focus on South Tyneside's collective finances and the outcomes you want to achieve - so you are clear about the 'size of the prize'. This would need to be done in the context of financial pressures and in particular, the degree to which there is a shared appetite for integrated, place based commissioning. It will be important to engage clinicians and elected members together in forming this joined up vision.

Delays in clarifying the transformation vision as a whole and a clear explanation of the steps along the way has created an unintentional vacuum for operational delivery. People at service level perceive a fragmentation of the strategic intent down to operational delivery and the lack of 'a golden thread' covering the full scope of health and wellbeing for the population. This would be helped by development of the vision and narrative and then work with all stakeholders to bring the vision to life, make it relevant to each of them, be clear about where decisions are made and in doing this help build the trust to take people with you. To reduce the perception of fragmentation of the system it is also important to bring together GP practices and electoral wards in a way that makes sense, this might be population based.

There is a current lack of programme management including a programme plan and the necessary infrastructure to deliver the vision. Without this it will be difficult to balance the cumulative impact of changes, including the Path to Excellence proposals. A route map that clearly sets out the steps and projects for the transformation journey is required to co-ordinate everything towards the outcomes you want to achieve. The capacity to deliver the programme plan would need to include the important aspects of stakeholder communication and the development of a streamlined set of measures to be used for monitoring of outcomes to help with accountability.

4. Key recommendations

There are a range of suggestions and observations within the main section of the report that will inform some 'quick wins' and practical actions, in addition to the conversations onsite, many of which provided ideas and examples of practice from other organisations. The following are the peer team's key recommendations to South Tyneside:

a) **Collectively reflect on our conclusions and harness the scale of the joint ambition you articulated to the peer team.**

b) **Develop ' safe places' for senior political leaders and wider group of clinicians (supported by senior executives) to allow for a discussion on future joint working arrangements and the development of the overarching vision and narrative.** Consider how this can build wider

engagement e.g. with community based GPs and how such a forum could be located within the Alliance.

c) In moving forward to address system challenges you need to:

- Develop across your senior politicians and clinicians a shared vision and narrative and long term ambition for South Tyneside
- Develop your commissioning architecture and investment ambitions to reflect both your Hospital footprint and fundamentally your place based ambitions for South Tyneside
- Develop a coherent and consistent model for integrated delivery in neighbourhoods.
- Consider what capacity and infrastructure you need to support your system wide transformation
- Enable collective leadership and accountability

d) **Take forward the learning for Phase 1 into Phase 2 in the consultation and engagement of Path to Excellence.** Consider a pause or review of the Path to Excellence timescale to allow the opportunity for politicians and clinicians (primary & secondary) to jointly consider the development of the options in the context of your future out of hospital plans.

5. Next steps

We appreciate the senior managerial and political leadership within South Tyneside will want to reflect on these findings and suggestions in order to determine how to take things forward.

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice and guidance on a number of the areas for development and improvement and we would be happy to discuss this with you. The Principal Adviser, Mark Edgell, is the main contact between your authority and the Local Government Association (LGA). Contact details are: mark.edgell@local.gov.uk telephone number 07747 636910.

The peer team are grateful for the impressive and successful co-ordination that you provided in organising the peer challenge.