

York

Local System Review: Progress Report

Health and Wellbeing Board

Date of Local System Review:
30 October to 3 November 2017

Date of Progress Review:
19 to 20 November 2018

Summary of findings from progress review

What were the key areas for improvement identified in the LSR?

Following the Local system review (LSR) of York in October and November 2017, we revisited the system to look at progress against the submitted improvement plan that was developed in response to our findings.

For ease of reference, the key areas for improvement that we recommended in the LSR in 2017 were:

- Continue to develop strong relationships across the system to address the lack of collaboration and trust between system leaders.
- Develop a wider system vision for the Sustainability and Transformation Partnership (STP) footprint and a common framework for prioritising actions and for specifying accountabilities and shared governance arrangements, to prevent duplication.
- There needs to be a system-wide response to effectively managing the social care market and domiciliary care capacity.
- Introduce an effective system of integrated assessment and reviews of the needs of people using services.
- Prioritise work towards improved performance against the high-impact change model.

- Share learning and experience between staff at the interface of health and social care so there is shared trust and historical cultural barriers are broken down.
- The full implementation of seven-day working should be reviewed across the system to ensure that after receiving care away from home, the people of York are able to return to their usual place of residence at the earliest opportunity.
- Place a greater emphasis on moving towards joint commissioning across the system.
- Complete a review of IT interconnectivity to ensure appropriate data sharing and a more joined up approach across health and social care services.
- Communicate more effectively with people who use services, their families and carers to ensure their voice is heard across the health and social care system.
- Build in clear evaluation of systems to demonstrate the impact on people and the system overall.
- Medicines optimisation should be fully embedded in the system.
- Continuing healthcare arrangements should be more robust and person centred.

System leaders built an improvement plan around these 13 areas for improvement, themed into three projects:

1. **A single plan for City of York**
2. **Enabling integration**
3. **Right care, right place, right time**

We have assessed progress and impact made against the areas of improvement and have grouped into the following themes:

- **Governance & alignment with the STP**
- **Relationships**
- **Joint commissioning**
- **Managing social care capacity**
- **Communicating with people who use services**
- **The high-impact change model and multi-disciplinary working**
- **Medicines management**
- **Continuing healthcare**
- **Digital interoperability**

What progress has been made following the LSR?

- When we carried out our LSR in October/November 2017 we found there to be a history of poor relationships between system leaders, underpinned by a lack of trust – this resulted in a lack of collaboration across the health and care system. During our Progress Review in November 2018, we found that relationships between system leaders had improved but there was still work to do to increase collaboration between system leaders and embed true system working. The Chief Executive Officer of the local authority had taken an active role in developing partnership working with health partners and had improved working relationships with the NHS trust, as well as the CCG. There was a consensus from stakeholders across different organisations and levels that the York system felt more collaborative than it had at the time of the 2017 LSR.
- Alongside improved relationships between system leaders there was also evidence of stronger partnership working at an operational level, aided in part by the system's focus on implementing the high-impact changes for managing transfers of care. The One Team had matured since the 2017 LSR, using the same documentation and establishing a single point of referral which had a positive impact on people's experiences. The Integrated Discharge Team was also working more effectively together to support people to be discharged from hospital. Operational leads reflected that multi-disciplinary working around individual people's needs was more common in York than it had ever been before.
- One of the system's key achievements was the establishment of the Place Based Improvement Partnership (PBIP) which has brought together system leaders from across health and care, as well as the Voluntary, Community and Social Enterprise (VCSE) sector and the Police. Although the Partnership was early in its development, system leaders felt that it had helped to develop relationships and provided a forum for system leaders to engage in strategic negotiations, to challenge each other and overcome barriers to joint working. One system leader described the role of the PBIP as a place to unlock issues that had been preventing the system from working together previously.
- Engagement with independent care providers had improved. Commissioners had introduced forums for providers across health and social care to come together and meet with system. The Independent Care Group for North Yorkshire and York had been given a seat on the Health and Wellbeing Board. This was a significant development in giving providers a stronger voice within the system and signalling strategic intent to engage with providers as system partners.

The system had improved the way that it communicates with the people of York so that it was better able to access the right services and support. At the time of our 2017 LSR, York had a directory of services that was out of date and underused. By the time of the progress

review, the system had launched the Live Well York website (www.livewellyork.co.uk), which is a comprehensive hub of information detailing what services were available locally and continually updated by a network of people working in the system. The system had undertaken considerable engagement with people who use services in the development of the Live Well York website. The system had also engaged with people who use services to increase public awareness of 'home first', a range of initiatives that aims to support people to leave hospital earlier (if they are well enough and the appropriate support and care they need can be carried out at home); and to support people so they don't need to go to hospital. Home first works with people to find the best way to support their healthcare needs and help them to be as independent as possible. The system had gained feedback from people on how best to embed a home first culture with people who use services and staff.

What improvements are still needed to be made?

- While certain relationships across York had improved, we found that there were still relationships that required significant development between some key partners. As was found in the LSR in October/November 2017, the difficult financial position of York's health system remained a significant barrier to partnership working and this was causing tensions between the CCG and York Teaching Hospital NHS Foundation Trust, in particular. The CCG and the trust had developed a long-term plan to address the financial deficit of both organisations collectively as a health system – the local authority was not part of this plan. Finance leads across health and the local authority were not meeting regularly and did not signal intentions to move towards any shared financial agreements outside of the Better Care Fund.
- The establishment of the PBIP demonstrated system partners' commitment to formalising partnership arrangements and improving collaboration, however there was still more work to do to establish the PBIP as the driver for system improvement. At the time of our Progress Review in November 2018 the PBIP was still embryonic, partners had not met many times and not all system leaders were clear on its purpose and priorities – some members were not familiar with the terms of reference for the group. One system leader reflected to us that people in the system had built better relationships but were not necessarily in the right place to hold each other to account. The PBIP has provided the opportunity for this to happen.
- While the PBIP had established workforce as one of its priority workstreams, limited progress had been made since the LSR in October/November 2017 with the system yet to develop a joint workforce strategy.

- At the LSR in October/November 2017 we said that the system should place a greater emphasis on joint commissioning, and by the Progress Review in November 2018 steps had been taken through the creation of the Assistant Director of Joint Commissioning post. However, this had not yet translated into increased joint commissioning activity outside of the Better Care Fund and a joint commissioning strategy was still not in place.
- While independent care providers now had opportunities for discussion with the system, some providers told us that they did not yet feel they were being engaged with as system partners, where they could work together to develop solutions to system problems, such as workforce and the home care market.
- While the system had established strategic provider forums, providers were not clear on the system's strategic approach to managing the social care market in the future, especially the home care market which was still experiencing significant challenge.
- The system had begun to establish some of the high-impact changes for managing transfers of care however there was still work to do to fully embed them into practice. The system still had some way to go to implement seven-day services across the system and needed to build on the developing relationships with independent care providers to co-produce a trusted assessor model.
- No significant progress had been made in digital interoperability since the LSR in October/November 2017. System leaders acknowledged that challenges of organisations working on different systems had not been resolved.
- While progress was being made in some areas the pace of this progress was too slow. There had been changes to leadership within several key posts in the system however this was not unusual in York and the system needed to find a way to make progress despite changes in leadership.

Background to the review

Introduction and context

Between August 2017 and July 2018 CQC undertook a programme of 20 reviews of local health and social care systems at the request of the Secretaries of State of Health and Social Care and for Housing, Communities and Local Government. These reviews looked at how people move between health and social care services, including delayed transfers of care, with a focus on people aged 65 and over. The reports from these reviews and the end-of-programme report, [Beyond barriers](#), can be found on our [website](#).

CQC was asked by the Secretaries of State to revisit a small number of the areas that received a LSR to understand what progress had been made. This report presents the findings from our Progress Review in York.

Findings from the original LSR

When we undertook the LSR in York in October/November 2017 we identified the following areas for improvement:

- Continue to develop strong relationships across the system to address the lack of collaboration and trust between system leaders.
- Develop a wider system vision for the STP footprint and a common framework for prioritising actions and for specifying accountabilities and shared governance arrangements, to prevent duplication.
- There needs to be a system-wide response to effectively managing the social care market and domiciliary care capacity.
- Introduce an effective system of integrated assessment and reviews of the needs of people using services.
- Prioritise work towards improved performance against the high-impact change model.
- Share learning and experience between staff at the interface of health and social care so there is shared trust and historical cultural barriers are broken down.

- The full implementation of seven-day working should be reviewed across the system to ensure the people of York are able to return to their usual place of residence at the earliest opportunity.
- Place a greater emphasis on moving towards joint commissioning across the system.
- Complete a review of IT interconnectivity to ensure appropriate data sharing and a more joined up approach across health and social care services.
- Communicate more effectively with people who use services, their families and carers to ensure their voice is heard across the health and social care system.
- Build in clear evaluation of systems to demonstrate the impact on people and the system overall.
- Medicines optimisation should be fully embedded in the system.
- Continuing healthcare arrangements should be more robust and person centred.

How we carried out the Progress Review

Our review team was led by:

- Ann Ford, LSR Programme Delivery Lead, CQC
- Rich Brady, Lead Reviewer, CQC

The review team included: one other Reviewer, an Integrated Care Manager, a Director of Finance, two Analysts and a National Clinical Advisor. We were supported by two Specialist Advisors with backgrounds in local government and health leadership.

The Progress Review considered progress against the improvement plan that was developed following the original LSR in October/November 2017.

We looked at:

- Performance across key indicators
- Performance against the system improvement plan
- Stakeholder reflections on progress

We highlight areas where the system is performing well, and areas where there is scope for further improvement.

Prior to visiting the system, we developed a local data profile containing analysis of a range of information available from national data collections as well as CQC's own data. We requested the local system provide an update on the progress made against the improvement plan and feedback on this progress through a System Overview Information Request (SOIR). We consulted with national partners involved in supporting the system following the initial review and with organisations that represent people who use services, their families and carers.

- The people we spoke with included:
- System leaders from the City of York Council (the local authority), the Vale of York Clinical Commissioning Group (the CCG), York Teaching Hospital NHS Foundation Trust (the trust), Tees, Esk & Wear Valleys Mental Health Foundation Trust (the mental health trust) and elected members.
- People who work in the system across community and hospital teams.
- Local Healthwatch and York Centre for Voluntary Services (CVS).
- Independent providers of adult social care.

Detailed findings

System progress against key indicators

When we carried out our LSR of York in October/November 2017 we produced a local data profile containing analysis of a range of information from national data collections as well as CQC's own data. A refreshed local data profile was produced in September 2018.

For the purpose of this progress review we also analysed York's performance over time for six indicators:

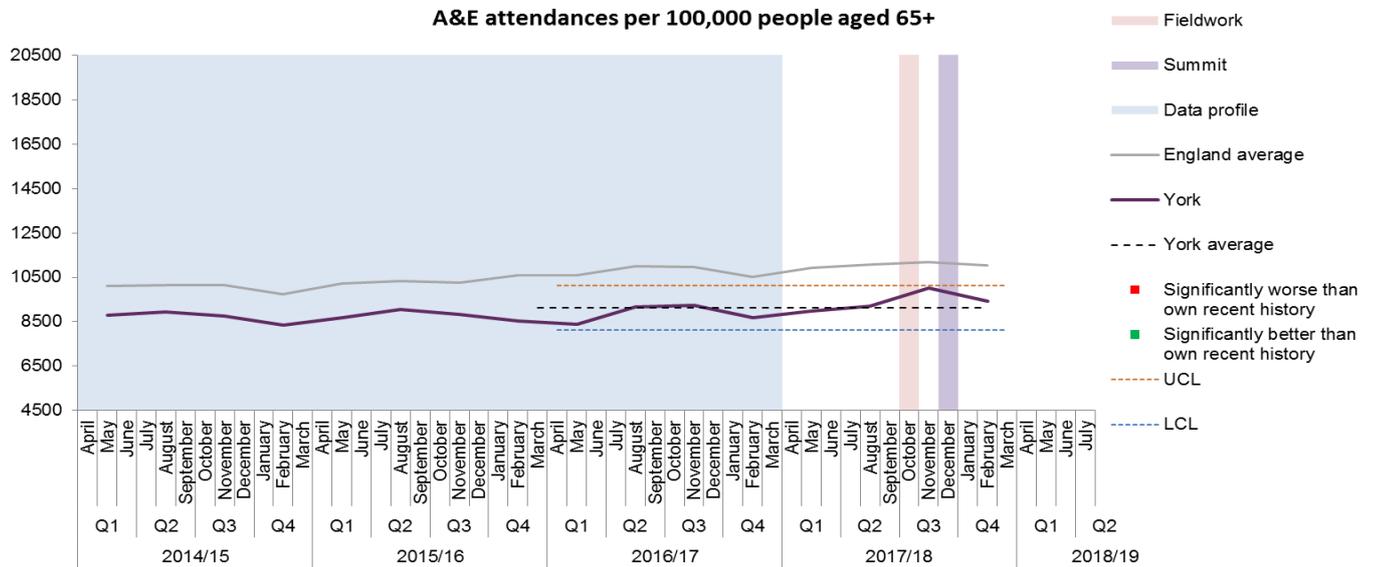
- A&E attendance (65+)
- Emergency admissions (65+)
- Emergency admissions from care homes (65+)
- Hospital length of stay (65+)
- Delayed transfers of care (DToC) (18+)
- Emergency hospital readmissions (65+)

We looked at how York's performance against the England average had changed since the original data profile was produced, and at how performance had changed against their own history. Except for DToC, the data goes up to March 2018. DToC data goes up to July 2018.

The graphs below show the data for the six indicators. Overall our analysis shows that since we produced the original data profile York's A&E attendances for older people have remained lower than the England average, but rates of emergency admissions have remained higher. Performance had deteriorated for admissions from care homes, and was now worse than the England average. York maintained a better-than-average performance for length-of-stay. Its performance for delayed transfers of care deteriorated and, more recently improved but was still above the England average.

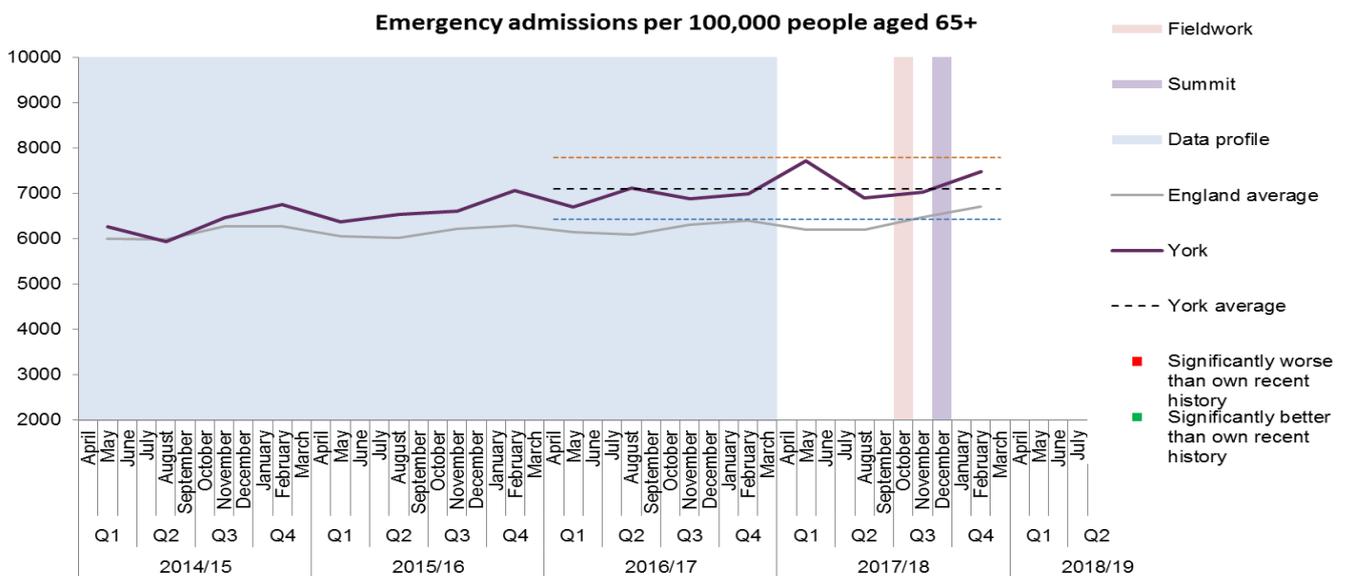
Since we produced the original data profile, York's rate of A&E attendance (65+) had remained lower than the England average. The rate had increased overall, but had not changed significantly against the system's average.

Figure 1: A&E attendances (65+)



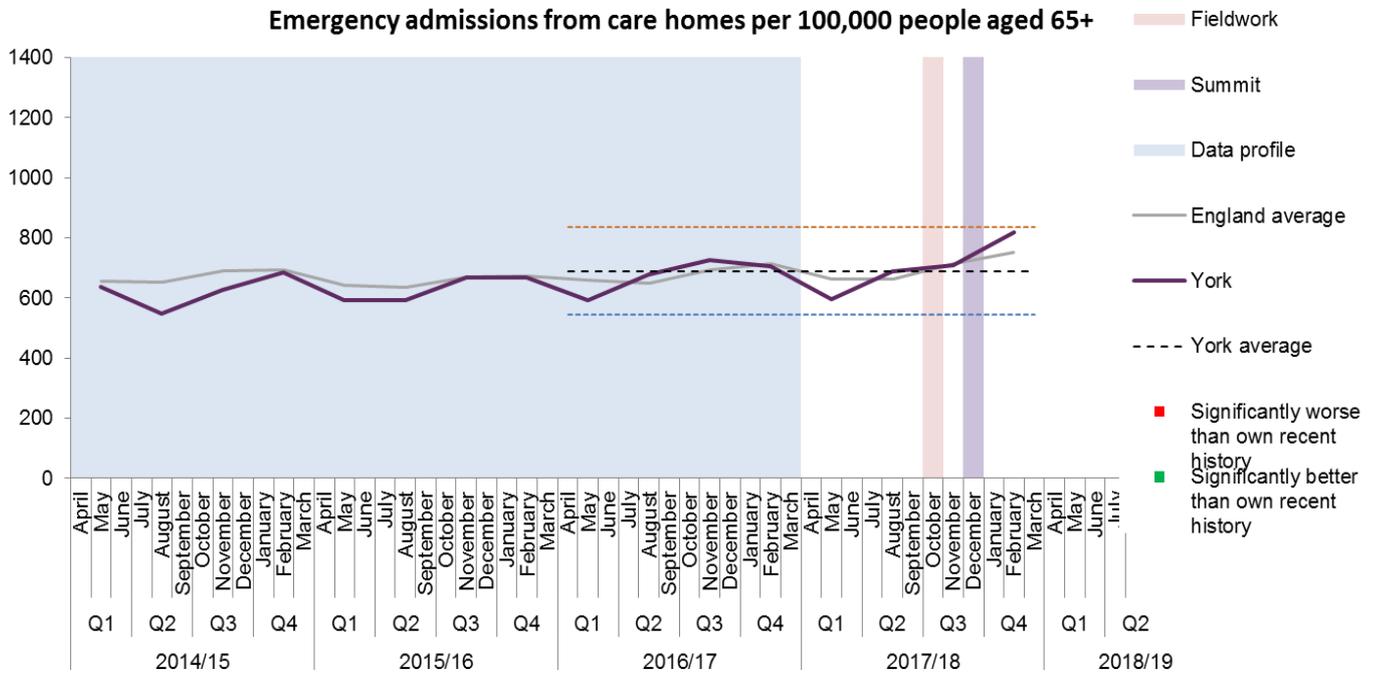
Since we produced the original data profile York's rate of emergency admissions (65+) had continued to be higher than the England average. Performance had fluctuated, but not significantly against the system's average.

Figure 2: Emergency admissions (65+)



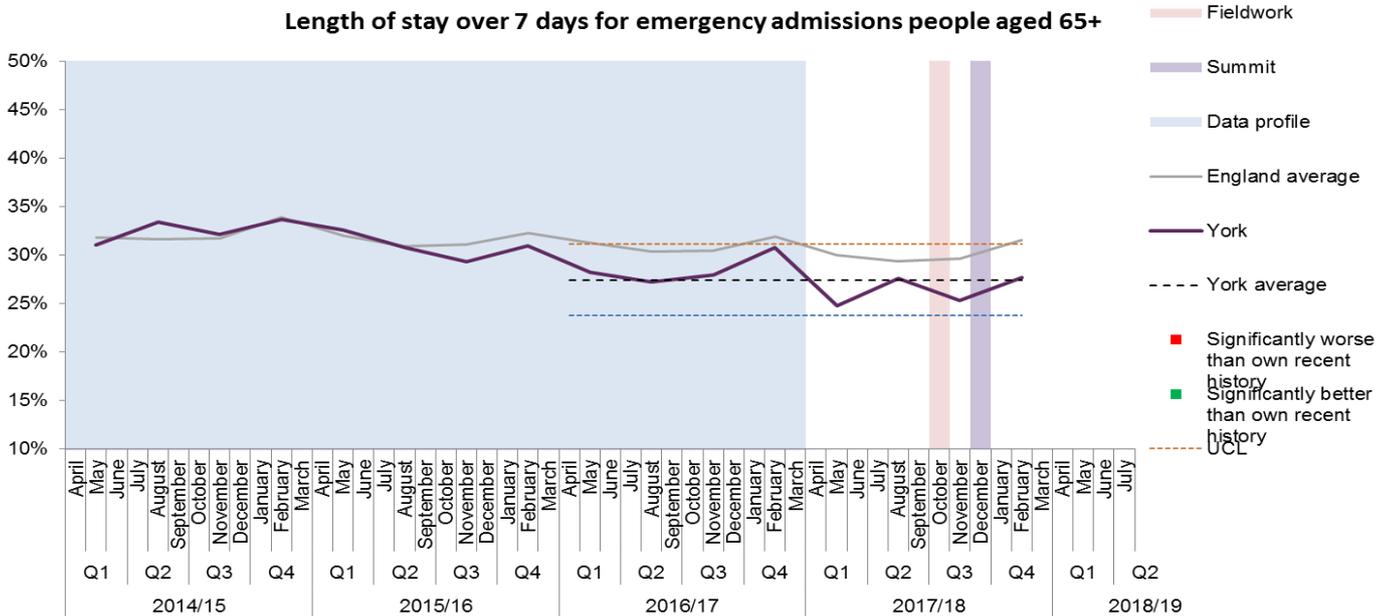
York's rate of emergency admissions for people living in a care home (65+) had increased since the original data profile. The rate is now higher than the England average.

Figure 3: Emergency admissions from care homes (65+)



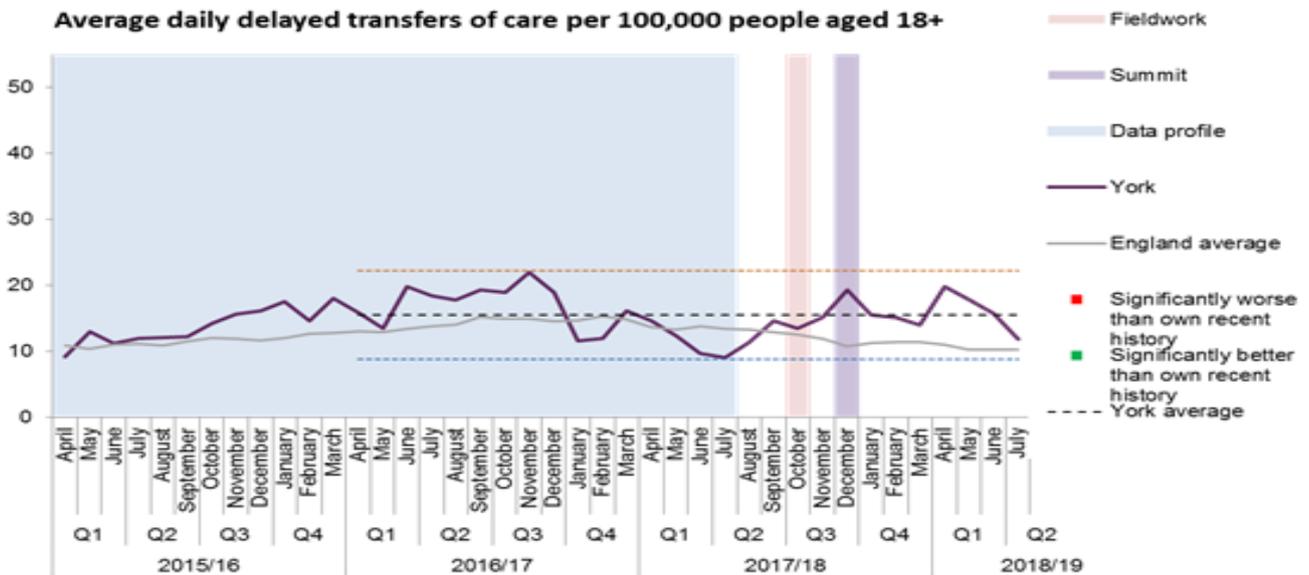
York's percentage of emergency admissions (65+) lasting longer than seven days had continued to remain lower than the England average. It increased slightly overall during 2017/18 from 25% to 28%.

Figure 4: Length of stay (65+)



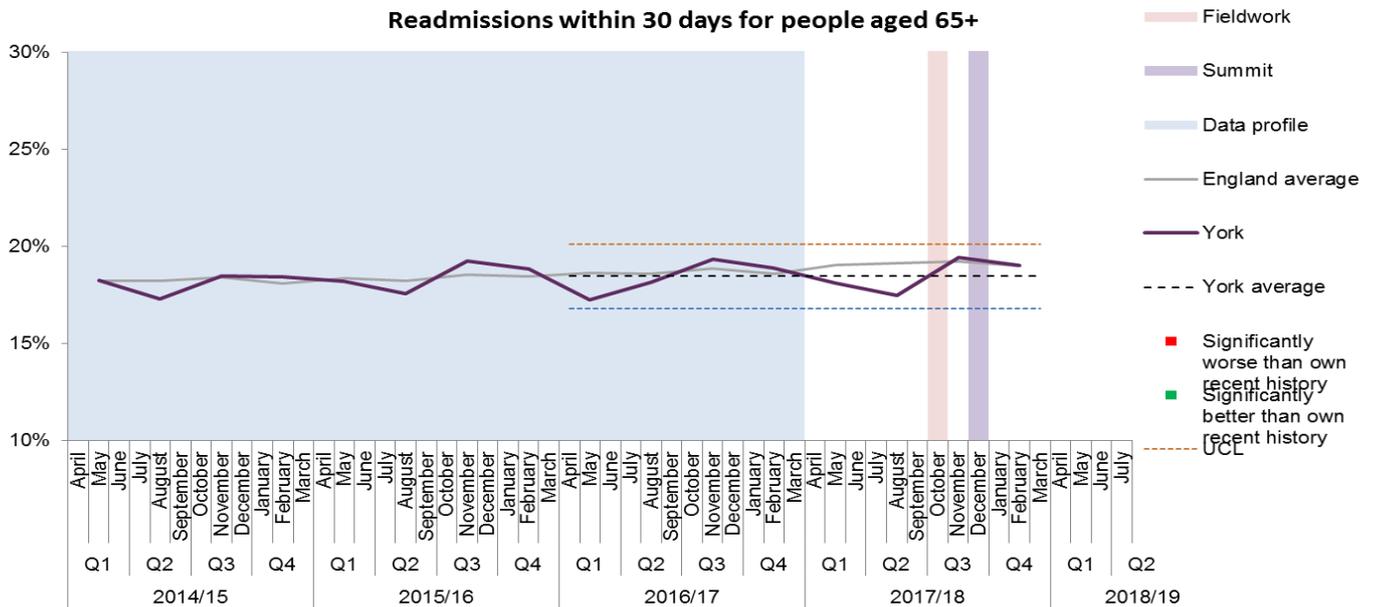
York’s rate of delayed transfers of care (18+) increased since we produce the original data profile. Performance peaked at 20 days (April 18) and was significantly higher than the England average. However, recent performance had since improved and is now closer to the England (10.3) average.

Figure 5: Delayed transfers of care (18+)



The percentage of York’s emergency hospital readmissions (65+) within 30 days of discharge increased marginally during 2017/18 from 18% to 19% and now reflects the England average.

Figure 6: Readmissions within 30 days (65+)



System progress against the improvement plan

What improvements have been made since the LSR?

Governance & alignment to STP

- Although there were still significant challenges that the system faced, since our LSR in October/November 2017 the system had made some progress. One of York's key achievements had been the establishment of the PBIP, chaired by the Chief Executive Officer of the local authority. The partnership was established in April 2018 with membership of Chief Executives / Chief Officers of the local authority, the CCG, the NHS trust, the NHS mental health trust and the York Centre for Voluntary Services (CVS). The partnership also had GP, North Yorkshire Police and NHS England representation. The PBIP was the system's strategic partnership response to system issues with a focus on promoting prevention and population health for York. The PBIP led delivery of the York Improvement Plan and would oversee workstreams for Digital, Workforce and Capital & Estates. At the time of our review the PBIP had agreed to establish programme support to manage and co-ordinate the delivery of these workstreams.

- The PBIP was established as the key framework for progressing system working. It had responsibilities for overseeing the development of integration between health and social care in York and ensuring the strategic alignment of the wider health and care system (the STP) with the Health and Wellbeing Strategy priorities and objectives. Although the partnership was early in its development, system leaders felt that it had helped to develop relationships and provided a forum for system leaders to engage in strategic negotiations, to challenge each other and overcome barriers to joint working. One system leader described the role of the PBIP as a place to unlock issues that had been preventing the system from working together previously.
- Our LSR in October/November 2017 identified that work was required for York to establish closer links with and alignment to the Humber, Coast and Vale Sustainability and Transformation Partnership (STP). At the Progress Review we were told that the links to the STP had been strengthened through improved engagement between the CCG and STP and through the representation of the York system on STP workstreams. The STP lead confirmed that York's attendance at meetings had improved in the last year and that the STP was engaged in supporting health and social care partners in York to work better together. Pharmacy leads told us that they have improved links with the STP and were now part of an STP wide medicines optimisation group where they were able to engage with leads from the other CCGs in the STP footprint.

Relationships

- When we carried out the LSR in October/November 2017 we identified that York had a long history of difficulties in partnership working which was underpinned by a lack of trust, however during our Progress Review we found that relationships were improving. Around the time of and since the original review we found there had been significant changes in leadership across the system. These include the Chief Executive Officer of the trust and the Corporate Director of Health, Housing and Adults Services in the local authority, both posts were being covered by interim appointments at the time of our Progress Review. A newly appointed Executive Director of Primary Care and Population Health had been appointed in the CCG as well as a newly appointed Chief Finance Officer. The Chief Executive Officer of York CVS had also been recently appointed prior to our Progress Review. Despite changes in leadership, relationships and partnership working had improved to some extent by the Progress Review, system leaders told us that new appointments had contributed to this. There was a consensus from stakeholders across different organisations and levels that the York system felt more collaborative than it had at the time of the 2017 LSR.
- At the leadership level, it was clear that relationships had strengthened between some partners, and the formal establishment of the PBIP would provide the forum for this to continue. The Chief Executive Officer of the local authority had taken an active role in developing partnership working with health partners and had improved working relationships

with the trust, as well as the CCG, jointly attending a 12-week leadership course with the CCG Accountable Officer earlier in 2018. Taking on the role of Chair of the PBIP also signalled a commitment to closer working relationships with system partners.

- At an operational level, we saw good relationships and collaborative working across multi-disciplinary teams of professionals. For example, in the Integrated Discharge Team there was a greater understanding of roles and responsibilities, with even the finer details of the different language used across organisations understood. In the One Team, parts of the team had become collocated and shared documentation which improved communication and reduced duplication. Operational leads reflected that multi-disciplinary working around individual people's needs is more common in York than it had ever been before.

Joint commissioning

- Our LSR in October/November 2017 found that limited joint commissioning was taking place in York. At that time a Head of Joint Commissioning had been appointed and a joint commissioning strategy approved which was expected to pave the way for more aligned commissioning functions and pooling of budgets. At the Progress Review in November 2018 the most significant development towards joint commissioning was creating the post of Assistant Director of Joint Commissioning across the local authority and the CCG. This demonstrated a joint commitment from the local authority and the CCG to invest in greater leadership over joint commissioning, and the role was regarded across the system as being important for maintaining dialogue and aligning thinking across the two commissioning bodies. Colocation of commissioners was also helping to build relationships. Although steps had been taken, a joint commissioning strategy had yet to be established.
- Since the LSR in 2017, Vale of York CCG has participated in the Commissioning Capability and Capacity Programme as part of a national initiative by NHS England. The CCG used this as an opportunity to bring together health and local authority senior leaders to focus on commissioning. We were told that the Programme had engaged senior leaders and had contributed to improved relationships across the local authority and the CCG. In addition, we saw an increased engagement with the York CVS as a system partner.

Managing social care capacity

- At the LSR in October/November 2017 we identified that York needed to develop a system wide response to managing the social care market to ensure there was capacity in the system to meet demand. At the Progress Review in November 2018 system leaders told us that they had invested in their engagement with social care providers. They had established a Partners in Care provider forum and had used funding from the Better Care Fund to invest in the Independent Care Group for North Yorkshire and York, the representative body for independent providers.

- The Independent Care Group for North Yorkshire and York had been given a seat on the Health and Wellbeing Board. This was a significant development in giving providers a stronger voice within the system and signalled strategic intent to engage with providers as system partners.
- There were forums for providers to come together and meet with the system. Providers found the Partners in Care forum useful, as this was CCG led and it helped to establish links between independent social care providers and health commissioners. In addition to the Providers in Care forum, the local authority had refreshed the Home Care Provider Forum which has met for the first time in its new format in March 2018, and had focused on issues including recruitment, workforce and service development. Providers told us that they had found the engagement around workforce particularly helpful.

Communicating with people who use services

- We found that since our LSR in October/November 2017 the system had improved the way that it communicates with the people of York so that they are better able to access the right services and support. At the time of our 2017 LSR, York had a directory of services that was out of date and underused. By the time of the Progress Review in November 2018 the system had launched the Live Well York website, a comprehensive hub of information detailing what services were available locally – this was continually updated by a network of people working in the system. Its development had benefitted from a collaborative approach between the local authority, the CCG, York CVS, Healthwatch, and Age UK.
- The system had undertaken a considerable amount of engagement with people as part of the development of Live Well York and had placed emphasis on making the website accessible, providing audio and language translation functions. Healthwatch York reviewed the website content to ensure that it was understandable to different groups. For older people who do not access information online, the website includes a function to create personalised booklets of the information they need, and the option to print them as hard copies. The group overseeing the development of Live Well York had also linked into the libraries so that computer classes taught there would use the website as part of the class. Project leads felt they had the support from across the system for it to succeed, people were talking about it and engaging with the product.
- To provide people with the opportunity to have face-to-face conversations about services in the community the local authority had also introduced three ‘Talking Points’ located in different parts of the city where people could book an appointment to speak with adult social care staff, making it quicker and easier to get advice, and to start outcomes based support planning. A fourth Talking Point opened after our review, with more planned in 2019.
- The system had taken part in an engagement exercise with other organisations in the North Yorkshire and York area to increase public awareness of ‘home first’ and to gain feedback

from people who use services on how best to embed a home first culture with people and staff. Over 400 people took part in discussions about home first and the findings were used to revise the system's Joint Transfer of Care Protocol.

The High-impact Change Model and multi-disciplinary working

- At our LSR in October/November 2017 we recommended that the system should prioritise work towards improving performance against the high-impact change model for managing transfers of care, with an emphasis on implementing seven-day working across the system. During our Progress Review in November 2018 we saw evidence of early progress of some of the high-impact changes that were making a difference. At the end of Q2, 2017-18 the system reported in their Better Care Fund return that none of the high-impact changes had been fully established. At the end of Q2, 2018-19 the system reported in their Better Care Fund return that four of eight high-impact changes had been 'established' with plans in place to establish a further three by March 2019. While these had been established, the implementation was in early stages and it was expected that once embedded they would have a greater impact. The high-impact changes established were:
 1. **Early discharge planning:** A revised approach to SAFER* (best practice in patient flow) had been introduced at the trust with a focus on early discharge planning. The trust had also introduced a pilot of an Occupational Therapist supporting pre-operative assessment of vascular patients to enable pre-admission discharge planning to start.
 2. **Multi-disciplinary/multi-agency discharge teams:** The system had introduced an Integrated Discharge Hub with a multi-agency, integrated discharge team, bringing together hospital social work teams from the local authority (alongside two neighbouring local authorities) with a discharge liaison nurse. This had improved communication between staff and reduced duplication of assessments.
 3. **Home First/discharge to assess:** The system had reviewed discharge to assess pathways with the One Team supporting the ongoing development of a supported discharge approach at home.
 4. **Enhanced health in care homes:** The system had introduced a Care Home Virtual Team which provided a wraparound service, bringing together primary care staff with support from a consultant geriatrician and community mental health teams to support care home residents. A Care Home and Dementia Team was also providing a seven-day service to support people being discharged from hospital as well as providing training to care home staff.

* **SAFER: S - Senior Review.** All patients will have a senior review before midday by a clinician able to make management and discharge decisions; **A – All patients** will have an Expected Discharge Date (EDD) and Clinical Criteria for Discharge (CCD), set by assuming ideal recovery and assuming no unnecessary waiting; **F - Flow** of patients to commence at the earliest opportunity from assessment units to inpatient wards. Wards routinely receiving patients from assessment units will ensure the first patient arrives on the ward by 10am; **E – Early discharge.** 33% of patients will be discharged from base inpatient wards before midday; **R – Review.** A systematic multi-disciplinary team (MDT) review of patients with extended lengths of stay (>7 days – also known as 'stranded patients') with a clear 'home first' mindset.

- Operational staff we spoke with told us that the implementation of the high-impact changes had a positive impact on people's experiences of transfers of care, including assessments, and were also facilitating better multi-disciplinary working. A 'home first' or 'why not home, why not today?' culture was beginning to embed within the hospital. We were told that this, along with the revised approach to SAFER, had a positive impact on people moving through the hospital quickly and the integrated discharge team were better able to support people with a more timely and collaborative approach to discharge planning. The implementation of seven-day working for social workers and discharge liaison nurses, while not increasing the overall discharge at weekend rate was showing improvements in progressing plans at weekends. The Complex Discharge Steering Group had also developed a performance framework based on collectively agreed improvement targets to measure impact of initiatives.
- The One Team, which brought together health intermediate care (community response team and primary care short term care service) with local authority reablement services and voluntary sector wellbeing support, had developed its approach to integrated care and reablement. The team had developed universal documentation and a single point of referral which meant that people did not have to wait to be seen by as many professionals and reduced duplication in assessments. Parts of the team had become co-located since the 2017 LSR. The system had intentions to move towards commissioning the One Team as a single service to remove the barriers and inefficiencies created by operating from different organisations, however this was still in early development.
- The Local Area Coordinator service in York had expanded since the 2017 LSR from covering three to now seven of the 21 electoral wards. Each coordinator covered areas of 9,000 to 12,000 people and had undertaken work to embed a strengths-based approach and further developed links between support services that were able to support people in their usual place of residence.

Medicines management

- At our LSR in October/November 2017 we said that medicine optimisation was not fully embedded in the system and that progress was needed in this area. At our Progress Review in November 2018 the system told us that funding secured through NHS England had helped to increase the level of pharmacy support in the system. By the time of our Progress Review the system had recruited six practice pharmacist posts with the funding secured from NHS England who would work to support people living in care homes.

Continuing healthcare

- At our LSR in October/November 2017 we identified that there was a lack of awareness of continuing healthcare (CHC) funding arrangements amongst frontline staff and that the

system should work to ensure arrangements were more robust and person-centred. By the time of our Progress Review in November 2018, significant work had been undertaken within the CCG and the Complex Discharge Steering Group to improve processes for completing CHC assessments. Improvements had been made to pathways, joint training was being provided to staff involved in CHC assessments and information packs for staff and people who use services had been produced. At the time of our Progress Review in November 2018 the CCG was now meeting key national performance targets for the location and timeliness of assessments.

- The CCG had placed significant emphasis on ensuring they had an acute understanding of the challenges with CHC, and had undertaken a 'deep dive' audit relating to the whole system fast track pathway. The Trust had undertaken a deep dive audit relating to delays in patient flow. These audit reports identified that the fast track tool was not always being used in line with the national framework and that the right documentation was not always being used to make decisions. These audits have led to a refresh of fast track application templates, the development of a fast track referral policy, and improved care plans for patients who are at the end of life.

Digital interoperability

- At our LSR in October/November 2017 we said that a review of IT interconnectivity should be completed to ensure appropriate data sharing and a more joined up approach across health and social care. Staff told us that progress had been slow in this area however a multi-agency Digital Integration Group had been established to begin to explore opportunities. The group met monthly and was overseen by the Chief Constable of the North Yorkshire Police, demonstrating a commitment to developing digital solutions for health and social care as well as in wider public services. To progress digital interconnectivity operational staff felt that there was a need for more senior sponsorship from across the system as it was difficult to see how progress was to be made in this area.

What improvements are still needed to be made?

Governance & alignment to STP

- The establishment of the PBIP demonstrated system partners' commitment to formalising partnership arrangements and improving collaboration. However, there was still more work to do to establish the PBIP as the driver for system improvement. At the time of our Progress Review in November 2018 the PBIP was still embryonic in its development, partners had not met many times and not all system leaders were clear on its purpose and priorities – some members were not familiar with the terms of reference for the group. While some system leaders felt that the PBIP was the place to deliver the vision of the Health and Wellbeing

Strategy, others were not familiar with the Health and Wellbeing Strategy and felt that the Partnership would be better utilised as a place to monitor performance and hold system partners to account.

- We heard that further work was planned to further establish the PBIP and its purpose, both amongst system leaders and with staff working within partner organisations. Three workstreams had been established through the PBIP and while partners had agreed to establish programme support to manage and co-ordinate the work, there was not a plan for how these would be delivered at the time of our Progress Review in November 2018. 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.

Relationships

- While certain relationships across York had improved, we found that there were still relationships that required significant development between some key partners. As was found in the LSR in October/November 2017, the difficult financial position of York's health system remained a significant barrier to partnership working and this was causing tensions between the CCG and the trust. This was exemplified by the approach to planning for winter 2018/19. At the time of our Progress Review there was not a shared understanding of the total financial resource available in the system for winter and strong differences in opinions on how money should be allocated was not helping to build trust between partners.
- Both the CCG and the trust said that they were experiencing 'significant financial challenge', while the local authority was projected to achieve financial balance for the upcoming financial year. At our LSR in October/November 2017 the difference in financial position was a barrier to joint working, this was still impacting on relationships at the time of the Progress Review in November 2018. The CCG and the trust had developed a long-term plan to address the financial deficit of both organisations collectively as a health system – the local authority was not part of this plan. Finance leads across health and the local authority were not meeting regularly and did not signal intentions to move towards any shared financial agreements outside of the Better Care Fund.
- Below the system leader level there was an increase in multi-disciplinary working and improved relationships at an operational level however some partners felt that there was still an opportunity to better involve GPs in multi-disciplinary working arrangements.
- At the time of our Progress Review in November 2018, the trust was in the process of recruitment for a new Chief Executive Officer. System partners highlighted the importance of this appointment in the interest of system working, and were offering to be involved in the recruitment of this post, if possible.

Joint commissioning

- At the LSR in October/November 2017 we said that the system should place a greater emphasis on joint commissioning, and by the Progress Review in November 2018 steps had been taken through the creation of the Assistant Director of Joint Commissioning post. However, this had not yet translated into increased joint commissioning activity outside of the Better Care Fund and a joint commissioning strategy was still not in place.
- At the time of the 2017 LSR a joint commissioning strategy had been approved by the Health and Wellbeing Board, however by the time of the Progress Review in November 2018 this had not been delivered. We were told that there had been strategies in the past that were not delivered, so the system had recently established a joint commissioning steering group to oversee the development of the strategy. Despite this, it was unclear what the timescales were for the development of a joint commissioning strategy and how this would be developed.
- While there had been a reduction in the proportion of emergency admissions (65+) lasting longer than seven days (length of stay) commissioners were unable to isolate specifically the initiatives which had contributed toward this. System leaders told us that they did not have access to sufficient data to effectively evaluate the impact of all services and schemes and that the Better Care Fund Performance and Delivery Group was exploring how they could improve access to greater levels of intelligence and data.

Managing social care capacity

- At our LSR in October/November 2017 independent providers told us they were not engaged in the system's strategic planning. At our Progress Review in November 2018 we found that independent providers now had greater opportunities for discussion with the system, however they told us that they did not yet feel they were fully engaged with as system partners, where they could work with commissioners to develop solutions to system problems, such as workforce and the home care market.
- Providers were not clear on the system's strategic approach to managing the social care market in the future, especially the home care market which was still experiencing significant challenge. While the local authority's market position statement (October 2017) identified the need to focus on preventative care, maintaining independence and promoting resilience, it did not set the system's commissioning intentions for home care, an important partner in helping the system realise these ambitions.
- Sixty-five per-cent of people who access social care in York fund their own care. The high proportion of people who fund their own care was impacting on the way the market functions, with people better able to exercise choice over what care they receive and care providers able to charge high fees that the local authority cannot sustain. These challenges aside,

progress had not been made to work with the sector to create capacity and enable commissioning of care in a sustainable way.

- At our Progress Review in November 2018 we found that establishing a sustainable workforce across health and social care continued to be a challenge for the system. The trust was continuing to use high numbers of agency staff, and in adult social care, estimated turnover rates had increased from 31.0% in 2016/17 to 36.3% in 2017/18. As part of the system's improvement plan they set out to develop a refreshed workforce strategy, however this had not materialised by the time of the Progress Review. Discussion about how the system should address workforce issues were still taking place at the time of our Progress Review and the VCSE sector had not been part of these discussions. While the system had established a workforce workstream that would report into the PBIP, work was not due to begin until programme management support had been established. The system should accelerate the development of a workforce strategy co-produced with partners.

Communicating with people who use services

- The system had come a long way in improving the way in which it communicates with people who use services, exemplified by the development of Live Well York, which was providing more accurate information and advice to people who use services, their families and carers. However, further work was needed to better engage health partners such as the trust and the mental health trust in its ongoing development. We found there was also an opportunity, through the website, to improve the offer to people who fund their own care or people who receive direct payments.

The High Impact Change Model and multi-disciplinary working

- At our LSR in October/November 2017 we found that the system had not made enough progress in establishing the high-impact changes for managing transfers of care. At our Progress Review in November 2018 we found that while progress had been made to establish four of the high-impact changes (with plans to further establish three more in 2019) there was still work to do to ensure that these were fully embedded into practice. For example, while the system had begun to establish the 'home first' culture in the hospital, operational staff felt that progress was needed to ensure this was embed into practice. It is important that the system continues to monitor and evaluate the impact of initiatives to support the implementation of the high-impact changes so that they become embedded into practice.
- The system had set ambitions to establish seven-day working across the system by Q4 2018/19, however at the time of our Progress Review in November 2018 there was still significant work to do to achieve this aim. In the system's Better Care Fund return they acknowledged that care homes and domiciliary care homes can be unwilling to accept new referrals at the weekend which is a barrier to providing seven-day services. Through the

development of strategic provider forums there is an opportunity to work more closely with providers to establish a model for system-wide seven-day working.

- Limited progress had been made to implement the trusted assessor model and this was acknowledged by system leaders. There was evidence of trusted assessments taking place within the One Team however progress had not been made to develop a trusted assessor model across health and social care. In the system's Better Care Fund return, system leaders felt that there was a low appetite from providers to develop a trusted assessor model. Again, through the development of strategic provider forums there is opportunity to work with care homes and home care providers to build better relationships and co-produce a trusted assessor model.
- Good progress had been made in the development of the One team, however the team is still operating as three different organisations, and this created practical barriers and inefficiencies in collaborative working.

Continuing Healthcare

- Despite improvements to pathways and processes and the system now meeting key performance targets, there had been an increase in the proportion of people who were dying in hospital. An internal audit of Fast Track CHC requests showed that during a four-month period, 173 Fast Track requests were made, and 33% (57) of these people died in hospital. Staff told us that the limited home care provision had been having an impact on the ability to deliver CHC Fast Track in York and that in some cases, home care visits were being overprescribed to people, which was placing pressure on the already limited capacity. Staff told us that work had led to some reduction in the size of care packages being prescribed for Fast Track recipients which was helping with capacity. The system reported to us that changes made to the discharge to assess pathway to enable more assessments to be undertaken outside of hospital have resulted in more DTOC being attributed to CHC, while packages of care and placements are sought. There was clear commitment from CHC leads to improve CHC processes and improve people's experiences, especially people making Fast Track applications.

Digital interoperability

- No significant progress had been made in digital interoperability since our LSR in October/November 2017. System leaders acknowledged that challenges of organisations working on different systems had not been resolved. The One Team still found information sharing a barrier, for example we were told that they did not have a single point for referrals and had to develop 'work arounds' to these challenges. A project to support the One Team with dedicated management resource was being scoped at the time of the Progress Review in November 2018.

What are the reflections of system leaders in York?

- Following the LSR in October/November 2017 the system developed a 'York Improvement Plan' using the areas for improvement identified in the LSR report. Using the York Improvement Plan system leaders established actions and sub-actions against each area for improvement. At the time of the Progress Review in November 2018 many of these actions had been completed, however system leaders reflected to us that they did not feel the completed actions fully reflected the wider system impact against the areas for improvement and that further progress was needed. System leaders told us that the improvement plan no longer provided the framework that would set out what they needed to achieve over the next year to deliver on the priorities set out in the 2017 LSR report and they would need to continue to build on the progress they had made.
- System leaders told us that while they had made improvements in some areas, there were issues identified in our LSR in October/November 2017 that were still prevalent when we returned for the Progress Review in November 2018. Relationships had improved but there was still work to do to establish a culture of system working across health and social care. System leaders acknowledged the importance of the appointment of the Chief Executive Officer of the trust in building this culture.
- System leaders recognised that the pace of change in York was slow and that while many of the actions in the York Improvement plan had been completed this did not reflect the impact that system leaders wanted to have achieved.
- System leaders told us that considering the changes in leadership in some of the partner organisations, relationships and partnership working had improved. System leaders told us that the PBIP had been established as the place for senior leaders to come together and drive system working but acknowledged that this would take time to embed.

Direction of travel

Areas for future focus

- 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 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.