

CARE QUALITY COMMISSION
STOKE-ON-TRENT LOCAL SYSTEM REVIEW

IMPROVEMENT PLAN
19th March 2018 – V19



INTRODUCTION AND BACKGROUND

Between 4th and 8th September 2017, the Care Quality Commission (CQC) undertook a Local System Review of the Stoke-on-Trent health and care system. The Review considered system performance along a number of ‘pressure points’ on a typical pathway of care with a focus on older people aged over 65.

The Review was carried out following a request from the Secretaries of State for Health and for Communities and Local Government to undertake a programme of 20 targeted reviews of local authority areas. The CQC will produce a national report for government to bring together key findings from across the 20 local system reviews.

The Local Summit was held on Thursday 9th November. Senior leaders from the five organisations – Stoke-on-Trent City Council, Stoke-on-Trent Clinical Commissioning Group, North Staffordshire Combined Healthcare NHS Trust (NSCHT), University Hospitals of North Midlands NHS Trust (UHNM), and Staffordshire and Stoke-on-Trent Partnership NHS Trust (SSOTP) – committed at the Summit to work together to develop an Improvement Plan in response to the Review Report. The Chief Executive Officers (or equivalent) met weekly to monitor development of the Plan, which was co-ordinated by NSCHT.

Two workshops were held, facilitated by Richard Jones, at which the details of the Improvement Plan were populated. Attendees were:

- Trish Rowson – Associate Chief Nurse, Quality and Safety, UHNM
- Rebecca Bowley - Strategic Manager, Commissioning and Partnerships, Stoke-on-Trent City Council
- Becky Scullion - Deputy Director of Commissioning, North Staffordshire CCG
- Claire Bailey - Acting Director Strategy, Business and Redesign, SSOTP
- Simmy Akhtar - Chief Executive, Healthwatch Stoke-on-Trent
- Andrew Hughes – Joint Director of Strategy & Development, NSCHT and North Staffordshire GP Federation
- Jane Munton-Davies – Head of Directorate for Neuro and Old Age Psychiatry, NSCHT

- Charlotte Bennett - Strategic Liaison Officer Health, VAST
- Andrew Brown - Programme Manager - Staffordshire Shared Care Record, UHNM

The Improvement Plan has been approved by the Stoke-on-Trent Health and Wellbeing Board, which will be responsible for assuring the Plan's delivery.

PROCESS OF ASSURANCE

RAG Rating Criteria	Rating
Complete with Assurance	BLUE
On target for delivery	GREEN
Risk to delivery, plan in place	AMBER
Not deliverable by target	RED

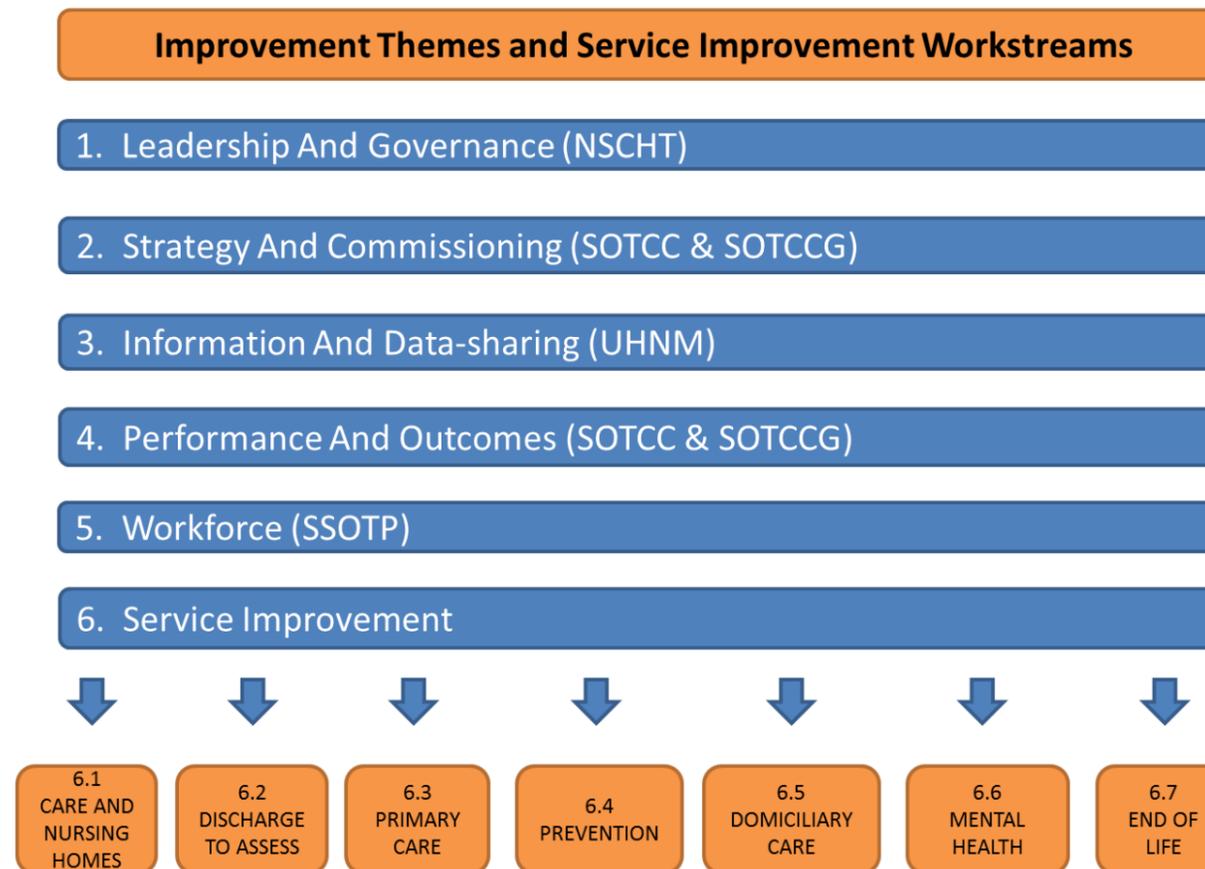
- From reassurance to assurance
- Measurable where possible – baseline, target metric, trajectory with realistic timescales
- Demonstrate assurance over time (normally 3 months) before RAG blue
- Testing assurance

REPORTING TIMELINE

Process	Date
Assurance meeting	22 nd January 2018
Alliance Board	24 th January 2018
Deadline for Progress Update to PMO	7 th February 2018
Assurance meeting	13 th February 2018
CEO feedback meeting	
Alliance Board	21 st February 2018
Papers due for CCG Governors meeting	26 th February 2018
Deadline for Progress Update to PMO	7 th March 2018
CEO feedback meeting	9 th March 2018
Assurance meeting	16 th March 2018
CQC Local System Review Workshop	20 th March 2018
Alliance Board	21 st March 2018
Papers due for CCG Governors meeting	3 rd April 2018
Deadline for Progress Update to PMO	4 th April 2018
Assurance meeting	10 th April 2018
CEO feedback meeting	13 th April 2018
Deadline for Health & Well-being Board papers	To be confirmed
Alliance Board	18 th April 2018
Health and Well-being Board	18 th April 18
Deadline for Progress Update to PMO	2 nd May 2018
Assurance meeting	11 th May 2018
CEO feedback meeting	16 th May 2018
Alliance Board	16 th May 2018
Papers due for CCG Governors meeting	23 rd May 2018
Deadline for Progress Update to PMO	13 th June 2018
Assurance meeting	22 nd June 2018
CEO feedback meeting	26 th June 2018
Deadline for Health & Well-being Board papers	To be confirmed
Alliance Board	27 th June 2018
Health and Well-being Board	28 th June 2018
Deadline for Progress Update to PMO	4 th July 2018
Assurance meeting	10 th July 2018
CEO feedback meeting	11 th July 2018
Alliance Board	18 th July 2018
Deadline for Progress Update to PMO	1 st August 2018
Assurance meeting	7 th August 2018
CEO feedback meeting	8 th August 2018
Alliance Board	15 th August 2018
Deadline for Progress Update to PMO	5 th September 2018
Assurance meeting	13 th September 2018
CEO feedback meeting	14 th September 2018

Deadline for Health & Well-being Board papers	To be confirmed
Alliance Board	19 th September 2018
Health and Well-being Board	27 th September 2018
Deadline for Progress Update to PMO	3 rd October 2018
Assurance meeting	9 th October 2018
CEO feedback meeting	10 th October 2018
Alliance Board	17 th October 2018
Deadline for Progress Update to PMO	7 th November 2018
Assurance meeting	13 th November 2018
CEO feedback meeting	14 th November 2018
Alliance Board	21 st November 2018
Deadline for Progress Update to PMO	28 th November 2018
Assurance meeting	4 th December 2018
CEO feedback meeting	5 th December 2018
Deadline for Health & Well-being Board papers	To be confirmed
Health and Well-being Board	13 th December 2018
Alliance Board	19 th December 2018

The Plan is based on six key themes and seven service improvement work-streams as shown in the figures below.



Improvement Theme 1: **LEADERSHIP and GOVERNANCE**

Lead Organisation: North Staffordshire Combined Healthcare NHS Trust (Caroline Donovan, Chief Executive)

Reporting Officer Lead: Andrew Hughes, Executive Director of Strategy, Development and Estates, NSCHT

Explanation: The CQC identified deficiencies within the system, particularly relating to inter-organisational, partnership working. The aim is to create a system where leadership is visible and coherent and where there is clarity in direction of travel, delivery and assurance. Our review of existing structures and arrangements will address the best solutions for system leadership, joint decision-making, accountability, collaboration and delivery.

CQC Identified issue	Intended Outcome		Action	Owner	Operational lead	Month due	Revised date	Description of Assurance	Progress/ Any Actions due this period	Month RAG	On target RAG
<p>The governance structure does not always enable system partners and the local community to hold each other to account regarding performance and delivery.</p> <p>The Health and Wellbeing Board (HWB) is a forum for reporting progress on service delivery and does not function as a driver for change. Partnership working is under-developed, and relationships are fragile.</p> <p>There is little evidence of a joint approach to service design and delivery.</p> <p>There is siloed working coupled with cross-</p>	<p>An integrated governance structure that defines clear and separate responsibilities for: setting direction of travel; delivery against agreed plans and outcomes; assurance and performance monitoring; and communication and engagement with citizens and their representative bodies.</p> <p>The voice of the citizen is at the heart of the system</p>		<p>Define and introduce a governance system that will deliver the improvement plan and foster sustained integrated working. Key features will include:</p>	NSCHT All partners		Jan 2018		Arrangements agreed by all Boards and Councils	Workshop facilitated by LGA on 8 February 2018. Unanimous support by all Partners to principles of scope and governance moving forward.		
		1.1	<ul style="list-style-type: none"> A reconstituted Health and Wellbeing Board to lead and assure delivery of the system improvement. Healthwatch are members of the Health and Wellbeing Board 	City Director, Stoke-on-Trent City Council	Bridget Cameron Assistant Director Commissioning	April 2018		<p>Operating principles clearly demonstrate how the Board will function as a driver for change</p> <p>Membership revised at executive level</p> <p>Active attendance at senior level evidenced including Healthwatch representation</p> <p>New H&WB model in place which enables the board to focus on challenging and monitoring cross system priorities and performance to develop a medium to longer term place based approach.</p>	<p>Healthwatch are statutory Board members and represented by Chief Officer.</p> <p>New approach discussed at December's H&WB and developed further during HWB development workshop, facilitated by LGA, on 8 February.</p> <p>10 actions have been agreed from the workshop and are being used to reposition and refocus the H&WB. The agreed actions will ensure the Board provides efficient leadership as part of an integrated governance framework to lead and assure system improvement whilst continuing to meet its statutory requirements and deliver its commitments within the joint health and wellbeing strategy</p> <p>March H&WB was postponed. The revised model will be formally presented to the next Board which is to be arranged.</p>		
		1.2	<ul style="list-style-type: none"> A formal role for the North Staffordshire and Stoke-on-Trent Alliance ("the Alliance") as the delivery vehicle for the improvement plan specifically and enhanced partnership working and integrated care more 	Chair of the Alliance Board			Feb 2018		Formal sign off of revised membership and Terms of Reference	<p>The Northern Alliance has received updates on delivery against the Capital Plan at both its January and February meetings. The reconstituted HWB will need to formalise the role of the Alliance and reporting processes. This is unlikely to be delivered before May 2018.</p> <p>Alliance workshop facilitated by AQuA</p>	

organisational tensions.			generally. This will interface with the Alliance's responsibility to the STP						arranged for 21 st March		
The views of the voluntary sector are not always responded to, impacting on the credibility of delivery.		1.3	<ul style="list-style-type: none"> An expanded and formalised role for the voluntary sector to ensure plans and projects are co-developed 	Chair, H&WB		Feb 18		The Voluntary Sector Strategic Engagement Group is constituted and convened	<p>Meeting with Voluntary Sector Chief Officer Group representatives 4 January 2018 to develop next steps for engaging with the sector. The governance workshop gave further consideration to how best to engage with the voluntary sector and the public and this will be covered by the action plan arising from the workshop. This process is being led by Bridget Cameron.</p> <p>Strategic Liaison Officer Health, VAST meeting with the chair of VSCOG on 9th March and the chair of HWBB on 12th March to progress the process and mechanism for representation on the group.</p>		
		1.4	Establish a PMO to manage and monitor the delivery of the action plan	SRO / CEO, NSCHT		Jan 2018		Dedicated PMO oversight of the action plan	Additional resource provided to NSCHT from w/c 8 th January 2018		
<p>Front line staff feel they would benefit from visible and clear senior leadership.</p> <p>There has been no period of stability to enable relationships to embed, particularly in the last year where there had been numerous changes in leadership.</p>	Chief Executives (or their equivalent) behave in a way that demonstrates a united and integrated system	1.5	Stoke-on-Trent system CEOs attend the Health and Wellbeing Board	<ul style="list-style-type: none"> CEO, UHNM CEO, SSOTP CEO, NSCHT AO, CCG City Director, SOTCC 		Dec 2017		<p>CEOs commit their respective organisations to delivery of the improvement plan and commit personally to the process</p> <p>Monitor attendance at H&WB</p> <p>Reporting and delivery of actions from H&WB</p>	<p>All CEOs committed to be members of the H&WB and to driving the Improvement Plan, led by CEO NSCHT</p> <p>To be reaffirmed through delivery of the Action Plan arising from LGA Workshop.</p>		
There is no coherent structure to describe learning from best practice across the system.	It will be a learning system that uses service improvement methodologies to deliver continuous quality improvement.	1.6	Develop agreed approach to service improvement	Director of Leadership and Workforce, NSCHT		Mar 2018		Service improvement approach and methodologies agreed by all parties	Service Improvement Plan being developed		

Improvement Theme 2: **STRATEGY and COMMISSIONING**

Lead Organisations: Stoke-on-Trent City Council and Stoke-on-Trent Clinical Commissioning Group (Marcus Warnes, Accountable Officer SOT & Staffordshire CCGs)

Reporting Officer Lead: Mark Seaton, Managing Director- North Staffordshire & Stoke on Trent CCGs

Explanation: The CQC identified deficiencies and inconsistencies within the system, with no clear line of sight between commissioning approaches and to the wider Staffordshire priorities. The aim is to create a system where strategy, policy and commissioning intentions are consistent and targeting the same priorities.

CQC Identified issue	Intended Outcome		Action	Owner	Operational lead	Month due	Revised date	Description of Assurance	Progress/ Actions due this month	Month RAG	On target RAG
<p>There must be effective joint strategic planning based on the needs of the population with clear shared and owned outcomes</p> <p>Strategic commissioning should be aligned to the agreed strategic plans and must include primary care</p> <p>System leaders should ensure effective delivery of their integrated strategic plans.</p>	<p>Clear strategic vision with strategies aligning to STP, JSNA, BCF and Stronger Together vision and priorities</p> <p>Co-designed asset based strategies which deliver improved outcomes, improved quality, better efficiency and reduced duplication across the system.</p> <p>Implement an Integrated commissioning approach within Stoke-on-Trent.</p> <p>Improved coordination of voluntary sector engagement and commissioning across health and social care.</p> <p>Reduced fragility of the care market as a result of integrated approaches including market development and collaboration with new models of care.</p>	2.1	<p>Deliver a joint, integrated health and adult social care commissioning strategy for Stoke-on-Trent supported by pooled budgets / programme budgeting.</p> <p>The strategy will incorporate:</p> <ul style="list-style-type: none"> • Voluntary sector capacity building and engagement • Public engagement • Service User engagement • 	<p>Accountable Officer and Director of Commissioning, CCG</p> <p>Assistant Director- Commissioning Health and Social Care, SOTCC</p> <p>Voluntary sector representatives</p>		March 2018	May 18	<p>The strategy will provide an approach to joint commissioning</p> <p>Strategy approved through CCG and LA governance routes and endorsed by Voluntary Sector Chief Officers Group</p>	<p>Joint LA and CCG engagement event held 19 December 2018 included workshop to explore approach to developing engagement strategy.</p> <p>Better Care Fund (BCF) plan regionally approved 20 December 2017 - this sets out key joint commissioning priorities. Scoping work progressing to build on BCF plan and identify further opportunities for joint commissioning.</p>	Yellow	Green
		2.2	<p>Gain system-wide agreement of the essential KPIs and deliver an implementation plan for the Integrated commissioning strategy</p>	<p>Accountable Officer and Director of Commissioning, CCG</p> <p>Assistant Director- Commissioning Health and Social Care, SOTCC</p> <p>Voluntary sector representatives</p>		Dash-board developed Feb 18	June 18	<p>Plan approved through CCG and LA governance routes and endorsed by Voluntary Sector Chief Officers Group</p> <p>KPIs and milestones of the plan</p>	<p>BCF key milestone plan now monitored by a newly implemented BCF Finance and Performance Group</p> <p>Key BCF performance measures finalised and will be reported to H&WB from March 18</p> <p>Further actions and KPIs to be established once new joint strategy developed</p>	Yellow	Yellow
		2.3	<p>A senior, joint commissioning post will be appointed to for an initial period of six months</p>	<p>AO, SOTCCG / City Director, SOTCC</p>			Jan 2018			<p>Senior joint commissioning post commenced 3rd January 2018 to lead development of strategy</p>	Blue

	Improved quality / CQC ratings	2.4	Establish a clinically led Frailty group including voluntary sector and statutory services - will define and implement an improved frailty pathway	Mark Seaton, Managing Director- North Staffordshire & Stoke on Trent CCGs		Feb 18 - Feb 19		<p>Group convened and terms of reference agreed and in place</p> <p>Pathway implemented and KPIs / milestones for implementation and intended outcomes are monitored and achieved in the agreed timeframes</p> <p>Overseen by Alliance Board</p>	<p>The role and remit of the Frailty Clinical Network meeting is being reviewed in alignment with STP workstreams</p> <p>A&EDB received a presentation from clinical leads within A&E department regarding the need for a "joined up" approach to frailty. It was agreed that following the outcome of the recent review a work-stream may be developed within the STP which will develop & deliver a frailty pathway. This would therefore supersede this action. The recommendations of the review will be shared with system CEOs for agreement regarding actions</p>		
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Improvement Theme 3: **INFORMATION and DATA SHARING**

Lead Organisation: University Hospitals of North Midlands NHS Trust (Paula Clark, Chief Executive)

Reporting Officer Lead: Mark Bostock, IM&T Director

Explanation: The CQC identified that the system is unable and potentially unwilling to share critical management and user information. The aim is to create a system where information securely flows between professionals to enable improved and more responsive care and to reduce hand-offs within and between organisations.

CQC Identified issue	Intended Outcome		Action	Owner	Operational lead	Month due	Revised date	Assurance	Progress/ Actions due this month	Month RAG	On target RAG
Systems do not share records through digital interoperability or use the NHS number. Service users have to tell their story numerous times.	Integrated care record is operationalised across all health and social care organisations. There will be joined-up data systems that place the service user at the centre of the system. Service users will have access to their own records.	3.1	Procure and Implement Integrated Care Record	IM&T Director		Dec 19		ICR delivered across all organisations Overseen by STP Digital Workstream Board Procurement: Start Jan 2018 Shortlist Mar 2018 Preferred bidder May 2018 Contract Award July 2018 Fully implemented Dec 2019	Responses to Pre-Qualifying Questions received from 9 suppliers on London framework. Evaluation taken place by people across the STP, short-listing meeting taking place on 8 March. Output Based Specification finalised and to be sent to short-listed suppliers. Continue work with stakeholder groups to produce model answers for OBS. Complete draft Memorandum of Understanding ("internal contract") between organisations to outline responsibilities		
	Data-sharing protocols will be agreed that normalise the safe and secure transfer of information between professionals and across organisations	3.2	Establish data sharing arrangements	Director of Commissioning, CCG		Dec 17		Data sharing arrangements in place across identified organisations	Data sharing arrangements are in place across providers as part of the Track and Triage initiative. This will be strengthened further with the on-going DTOC work		
Accessing help and support is confusing. There are issues with the local authority website and signposting.	There will be a clear system wide website for people to access. People are able to maintain independence longer by receiving appropriate support and signposting.	3.3	Co-design and implement an online information / e-market place system. <ul style="list-style-type: none">Design functionalityProcure websiteWork with market	Assistant Director of Commissioning, SOTCC	Rebecca Bowley Strategic Manager Commissioning and Partnerships	Jan 2019		Overseen by SOT CC Operational Business Meeting Sep 18: Phase 1 material (core information and signposting) Jan 19: Phase 2 - further development of information and content (incorporating universal services and extensive signposting)	Option analysis and recommendation provided to management team (SOTCC OBM) in Dec '17 with additional details to secure approval being provided in Jan/Feb '18 (including procurement) Proposals to be presented to SOTCC OBM Feb/March 2018 – completed 21st February 2018 – approval granted. Work now progressing to implement phase 1		

Improvement Theme 4: **PERFORMANCE and OUTCOMES**

Lead Organisations: Stoke-on-Trent City Council and Stoke-on-Trent Clinical Commissioning Group (David Sidaway, City Director SOTCC/)

Reporting Officer Lead: Mark Seaton, Managing Director- North Staffordshire & Stoke on Trent CCGs/ Fiona Froggatt, Interim Senior Joint Commissioner SOTCC

Explanation: The CQC identified a lack of coherence in performance planning and delivery aligned to inconsistencies and contradictions in reporting and outcomes. The aim is to create a system that is measuring and reporting on the key outcomes within strategy, policy and commissioning intentions and is therefore able to demonstrate improvement in quality, safety and delivery.

CQC Identified issue	Intended Outcome		Action	Owner	Operational lead	Month due	Revised date	Description of Assurance	Progress/ Actions due this month	Month RAG	On target RAG
<p>Information governance is not joined up across the system.</p> <p>There is no evidence of shared management information.</p> <p>Data and intelligence are not routinely shared. There are no integrated care records.</p> <p>Leaders and frontline staff feel that management information is guarded.</p> <p>There is no long-term strategic planning across the system with an agreed performance framework.</p> <p>System leaders have not developed common data sets which are routinely shared and key performance</p>	<p>There is clear and agreed management information demonstrating performance.</p> <p>Timely and evidenced based planning in place, owned by all system partners and contributing to improved performance</p> <p>There will be one agreed version of the truth. The urgent care dashboard will be live and include the relevant performance data from all partners to enable the West A&E Delivery Board to assure itself of the outputs from agreed actions</p>	4.1	Develop and implement a mechanism for patient information to be available on a daily basis to all partners to support discharge.	Director of Commissioning, CCG		Dec 17		<p>Daily availability of the patient record data</p> <p>Improved urgent care performance</p>	<p>Daily Unmet demand information is produced from the Complex Discharge System (CDS) by the Track & Triage team re CCG beds, Community hospitals, South Staffs patients in UHNM/County hospital and DTOCS. This information is shared each morning by SSOTP Data analyst to SSOTP, SOTCC, CCGs and SCC</p>		
		4.2	Implement a whole-system live urgent care dashboard and report through West Staffordshire A&E Delivery Board from December 2017	Deputy Chief Operating Officer, UHNM		Jan 2018		<p>A&E Delivery dashboard metrics</p> <p>Improved urgent care performance</p>	<p>A&E Delivery Dashboard is live (excluding Primary and Social care) – in place since Dec 17. This provides the system with an overview of the ED & community services and level of capacity/demand within the system.</p> <p>The next phase is to capture the in hospital patient flow, which is being scoped at present. The project team are determining how the next phase can be mobilised and will present their conclusions to the A&E Delivery Board later in March.</p> <p>A&EDB requested the A&EDB operational group to produce a paper for the 22nd February meeting identifying metrics, with targets and trajectories to improve urgent care performance. A&EDB did not receive the paper – PMO resource was requested to progress this work.</p>		
		4.3	Undertake an evidence based evaluation of the effectiveness of Winter plans	Director of Commissioning, CCG		From Jan 18		<p>Agreed credible plans in place for managing periods of surge</p> <p>Governance oversight through AEDB</p>	<p>Multi-agency Group established and winter plans developed. These are being regularly reviewed to ensure that they reflect any changes in capacity and demand</p> <p>External provider Fusion 48 to undertake evaluation of the winter plans. Presentation to next A&E Delivery Board.</p> <p>New national toolkit to be launched w/c 19th March to model demand/capacity in the urgent care system</p>		

Improvement Theme 5: **WORKFORCE**

Lead Organisation: Staffordshire and Stoke-on-Trent Partnership NHS Trust (Neil Carr, Chief Executive)

Reporting Officer Lead: Claire Bailey, Acting Director Strategy, Business and Redesign, SSOTP

Explanation: The CQC identified a lack of any unified approach to workforce planning or recruitment and limited evidence of inter-organisational multi-disciplinary working. The aim is to create a system that can attract, train and retain the best quality workforce to deliver its shared strategy.

CQC Identified issue	Intended Outcome		Action	Owner	Operational lead	Month due	Revised date	Description of Assurance	Progress/ Actions due this month	Month RAG	On target RAG
<p>There is no evidence of a collaborative approach to workforce planning. System leaders do not work together to ensure that the workforce has the right skills to support people across services. There is no single strategic workforce plan. There are significant pressures on GP and Domiciliary Care recruitment. There are particular pressures on OT, Domiciliary Care, SALT and GP caseloads.</p>	<p>The system will ensure the right skills in the right place at the right time to deliver on its shared strategy: Immediate response to capacity issues for domiciliary services</p>	5.1	<p>Develop a strategic workforce plan which is aligned to the STP workforce work stream. The strategic system workforce plan will include Domiciliary care Physicians Associates MDT</p>	<p>Acting Director – Strategy, Business & Redesign, SSOTP</p>		May 2018		<p>Strategic Plan agreed by all partners</p>	<p>The Workforce Programme Board meets monthly chaired by Greg Moores. Lead CB has met with Chair GM.</p> <p>Receive feedback from GM with regards to work-plan of Board (how the workforce plan will be reported, achieved) and process of assurance</p> <p>The Feb Programme Board was postponed and will reconvene on 28th March.</p>		
	<p>Increased supply into domiciliary care workforce</p>		<p>Domiciliary Care – See Service Improvement Work stream 6.5</p>								
	<p>Attraction and retention to existing roles, morphing in to a sustainable market that meets local demand A workforce plan that identifies immediate needs and future provision (new roles, skill set) and reflects GP sustainability and New Models of Care</p>	5.2	<p>Primary Care – develop the role of Physician Associates in primary care <i>[Also refer to Primary Care workstream plan 6.3]</i></p>	<p>Chair of the Alliance Board</p>		June 2018		<p>Increase in Physician Associates identified for SOT from 1 to 4</p>	<p>1 Physician Associate commenced in October. Further posts successfully appointed in December across Staffordshire to commence as Cohort 2 in February 2018. Monitored via Angela Hopper (STP).</p> <p>The position with regards to the commencement of the Physician Associates and their allocation against Stoke practices now confirmed: There are 11 Physician Associates appointed – 4 in North Staffs, of which 2 are in Stoke</p>		
<p>A workforce fit for purpose with applicable skills and competencies</p>	5.3	<p>Learning from Multidisciplinary Local Care Hub Projects inform workforce planning. 3 projects report to the Alliance Board: Newcastle Elderly care/frailty; Care Home project; Leek & Biddulph Respiratory project</p>	<p>Acting Director – Strategy, Business & Redesign, SSOTP</p>		Apr 18		<p>Mobilisation of projects by Jan 2018. Project objectives and outcomes reported to Alliance Board and in line with project milestone dates</p>	<p>Newcastle Extensivist model was due to commence January. Delay based on securing GP Fellow. Revised start date 9th April. Remaining 2 projects commenced. Reported to Alliance Board.</p> <p>Milestones and objectives in place for Respiratory project.</p> <p>GP Fellow appointed, due to commence 9th April. Confirm objectives for Care Home project.</p>			

Improvement Theme 6:

SERVICE IMPROVEMENT

Explanation:

The CQC identified areas of under-performance in seven workstreams – Care and Nursing Homes, Discharge to Assess, Primary Care, Prevention, Domiciliary Care, Mental Health and End of Life. The aim is to create a system that is a beacon of high quality inter-organisational system delivery, and which builds on the areas of emerging or existing good practice identified by the Review Team:

- Good support at the front of A&E to help prevent avoidable admissions.
- Extra care housing scheme.
- A willing workforce that is keen to work collaboratively.
- A voluntary sector that is willing to engage and support the system.
- GPs delivering ward rounds in care homes.
- Video technology in care homes, linking GPs with residents.
- A Care Home Matron.

The Service Improvement principal issues and intended outcomes are shown in the table below. Delivery will be monitored and assured by the Health and Wellbeing Board.

Service Improvement Workstream Leads

1. Care and Nursing Homes - SOTCCG

2. Discharge to Assess - SSOTP

3. Primary Care - SOTCCG

4. Prevention - SOTCC / SOTCCG

5. Domiciliary Care - SOTCC

6. Mental Health - NSCHT

7. End of Life - SOTCCG

Service Improvement Workstream 6.1: **CARE AND NURSING HOMES**

Lead Organisation: Stoke-on-Trent Clinical Commissioning Group (Marcus Warnes, Accountable Officer)

Reporting Officer Lead: Mark Seaton, Managing Director- North Staffordshire & Stoke on Trent CCG

Explanation: The CQC identified that the system has too many residential care homes, nursing care homes and social care homes are rated as Inadequate or Requires Improvement. The aim is to increase the quality of care provided, reduce the number of admissions from care and nursing homes to A&E and for more patients to die in their place of preference.

CQC Identified issue	Intended Outcome		Action	Owner	Operational lead	Month due	Revised date	Description of Assurance	Progress/ Actions due this month	Month RAG	On target RAG
Too many residential care homes, nursing care homes and social care homes are rated Inadequate or Requires Improvement.	Care and Nursing Homes' CQC ratings reflect higher quality care.	6.1.1	Develop and implement an integrated care home and nursing home quality improvement strategy/plan including; <ul style="list-style-type: none"> the review of contractual requirements of care homes e.g. admission criteria trusted assessments 	Mark Seaton, Managing Director- North Staffordshire & Stoke on Trent CCG Bridget Cameron Assistant Director Commissioning STOCC	SOTCC Karen Capewell, Strategic Manager Safeguarding Quality and Commissioning Jo Adams SOTCCG	June 18		<p>Strategy/plan completed with key actions/ timeframes identified</p> <p>Decrease in number from 14 homes with an overall rating of Inadequate/RI during 2018/19</p> <p>Nursing Home Quality Improvement Group in place</p> <p>Improved standardisation of approach to monitoring quality across LA and CCG – June 18</p> <p>Trusted Assessor working group established Trusted assessor model agreed implemented</p> <p>Evidence/ numbers of trusted assessments</p> <p>Reduced DTOCs</p>	<p>Nursing Home Quality Improvement Group established. CCG leading strategy refresh in April, post restructure</p> <p>LA Care Home fee review completed January 2018. Contractual proposals workshop held 21 Feb 18 Final proposals now being developed prior to consultation with the market. Work commenced on stratifying monitoring activity so that it is coordinated across the organisations</p> <p>Care Home Strategy Meeting 9 April 18 – includes SOT CC, Staffs County Council and CCG representatives</p> <p>Trusted assessor working group established by Staffs County Council. Claire MacKirdy, UHNM attends group and exploring feasibility of Stoke on Trent work stream becoming part of the group to ensure approach is consistent for providers which operate across Stoke-on-Trent and Staffordshire Matthew Jenkins taking forward with care home forum</p>		
		6.1.2	Pilot Care Excellence Framework through UHNM with the "Safe Harbour" group of care homes. If successful this will be rolled out to other care homes in North Staffordshire if commissioned.	Director of Nursing, Quality and Safety, UHNM	Trish Rowson/ Amanda Farquar	Jan 2018		<p>Number of Care Homes awarded "Silver" or above accreditation under the scheme.</p>	<p>TR has met now met with the 5 Care Homes and first session on 5/3/18. Funding in place and recruitment underway for a band 7 Quality Improvement Facilitator to roll put the programme. Homes involved include:</p> <ul style="list-style-type: none"> New Park Agnes & Arthur The Place up Hanley Haversham House Florence House 		

		6.1.3	Develop training through the Care Home project	Head of Directorate, NSCHT / CCG	Dr. Paul Roberts	Commenced Jan 2018		Training programme developed. Number of staff trained Number sessions	Training underway: <ul style="list-style-type: none"> Observation equipment training being undertaken by Ann Hughes (CCG Telehealth) with Care homes to support SKYPE programme. £6k budget now identified to purchase equipment to support this. Resource pack being developed to support care homes through HEE grant Training around "Homely Remedies" and "Red Bag" project currently being scoped.		
There are no dedicated primary care delivery models for care homes	There will be fewer patients admitted to A&E from the top 28 care homes	6.1.4	Commence Care Home Co-ordination Centre to support reduction in unplanned admissions. This will be a 7 day, 8am-8pm rapid primary care and MDT response.	Head of Directorate, NSCHT / CCG	Jane Munton-Davies HOD NOAP NSCHT	Sep 18		A reduction in unplanned attendances at A&E from the top 28 care homes by 526 (50%) (based on 16/17 data)	CHCC in place. Partial data is available for February and initial indications show that a 15% reduction in attendances at A&E for the 28 targeted care homes compared to the same period last year. This is compared to an 18% increase in attendances for all other care homes within North Staffordshire. Admissions from the 28 targeted homes show a 2% Increase compared to the same period last year against a 55% increase from the non-targeted care homes.		
	Patients will die in dignity in their place of preference.	6.1.5	Support Care homes to ensure that all patients have appropriate ceilings of care and advanced decisions in place. New approach to care homes piloted through North Staffordshire GP Federation.	Director of Commissioning CCG	Jo Adams NSCCG	Apr 18		Reduction in the number of patients admitted to Royal Stoke from a care home who then die in hospital An increased % of patients in care homes with an advanced decision. Audit to be completed by end April 18	Care Home Initiative funded through Winter Pressures money. Delivered from 8th December 17 Dedicated EOL Community post seconded from DM 3 days per week from w/c 12.2.18 for 10 weeks to undertake clinical EOL audit targeted at the top 28 care homes - to include how many people are EOL, ACPs, ceilings of care, DNAR/CPR forms, ReSPECT forms.		
		6.1.6	Rationalisation of the current 18 Care home initiatives	TBC	TBC	TBC					

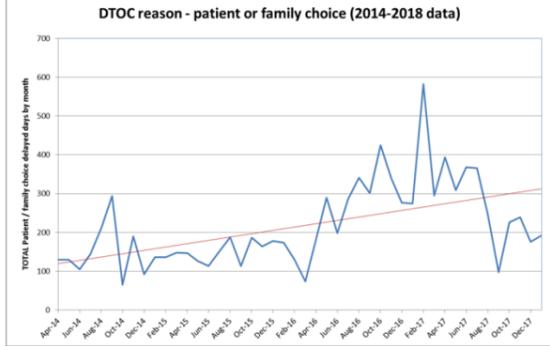
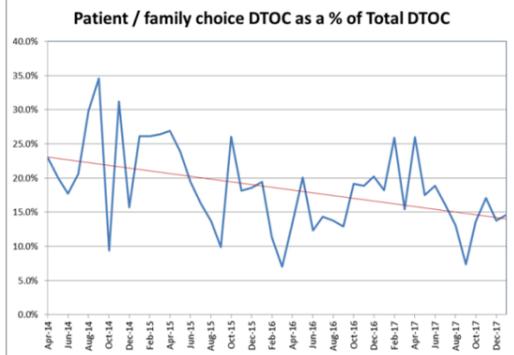
Service Improvement Workstream 6.2: **DISCHARGE TO ASSESS**

Lead Organisation: Staffordshire and Stoke-on-Trent Partnership Trust (Neil Carr, Chief Executive)

Reporting Officer Lead: Claire Bailey, Acting Director Strategy, Business and Redesign, SSOTP

Explanation: The CQC identified that the system did not have a cross-sector D2A delivery plan nor that there were robust mitigation plans should D2A not deliver as anticipated. The aim is to create a system that enables people to follow robust pathways for safe and effective discharge.

CQC Identified issue	Intended Outcome		Action	Owner	Operational lead	Month due	Revised date	Description of Assurance	Progress/ Actions due this month	Month RAG	On target RAG
<p>There is no evidence of a cross-sector D2A delivery plan or that there are robust mitigation plans should D2A not deliver as anticipated.</p> <p>The total delayed days per 100,000 18+ population averaged 32 compared to England average of 14, and 11 in similar areas. CHC referral conversion rate and assessment conversion rates were much lower than England and North Midlands regional averages.</p> <p>Patient choice delays accounted for on average 7.3 delayed per 100,000 population compared to 1.5 delayed days across England</p> <p>Systems for discharging people from hospital did not always protect</p>	A robust pathway that informs and supports patients throughout their acute journey and enables a prompt, safe and effective discharge from acute services to their community setting	6.2.1	DTOCs are reduced to 36.8 per day by end March 2018	Claire Bailey, Acting Director Strategy, Business and Redesign, SSOTP		From Jan 18	Mar 18	DTOCs are reduced to target level.	<p>Social Care delays DTOC official target for January- 158.4 days Actual for January - 145 days 42 day reduction on December total and 150 days lower than January 2017.</p> <p>NHS Delays DTOC official target for January – 891.6 days Actual for January – 1,113 days 60 day increase compared to December but 50 days lower than January 2017.</p> <p>Joint Delays DTOC official target for January – 90.8 days Actual for January – 54 days</p>	Yellow	Yellow

<p>people from harm.</p> <p>Discharge summaries were not always available at the time of discharge for both social care providers & community pharmacies.</p> <p>There were delays in medication reviews post discharge.</p> <p>Social workers were not routinely involved in MDT care planning, particularly re D2A.</p>							<p>13 day increase compared to December and 6 days higher than January 2017.</p> <p>Total (All Delays) DTOC official target for January – 1,140 days Actual for January – 1,312 days. Therefore 172 days higher than target (15%) 31 days increase compared to December but 192 days lower than January 2017.</p>		
	6.2.2	<ul style="list-style-type: none"> High Impact Change (HIC) Patient Choice Strategy developed and implemented 			Mar 18	<p>Patient choice delays are equal to or less than the national average (from 7.3 delayed days per 100,000 population to the England average of 1.5 delayed days per day).</p>	<p>The Patient Choice Policy has been approved by all partners and is in place. It is recognised that a period of time is now needed to embed the policy.</p> <p>The overall trend for Patient choice delays is increasing since April 2014 but since Feb 2017(582 delay days) there is a reducing trend (the recent average is 200 days per month).Note this is NHS and Social Care delays.</p>  <p>However, the proportion of delays attributable to choice is reducing:</p> 		
	6.2.3	<ul style="list-style-type: none"> HIC Continuing Healthcare and complex assessments completed outside hospital 		Craig Bayliss, Strategic Manager, Stoke-on-Trent City Council	Mar 18	<p>Health care funding assessments will be streamlined and the time of completion will be reduced from 3.3 delayed days (per 100,000 population) towards 2.5</p>	<p>Social Care has introduced fortnightly clinics with senior social workers for social care staff to access guidance / support with CHC process and assessments.</p> <p>Senior Social Work Leaders for CHC have recently attended external training with NHS England - proposals for them to continue to be involved in Health training re</p>		

									CHC Framework.		
	6.2.4	<ul style="list-style-type: none"> HIC Embed track & triage within acute hospital 			Jan 18	Mar 18	KPIs TBC	Track & Triage service is fully implemented within acute hospital. The KPI dashboard remains in development. Performance data is collected daily.			
	6.2.5	<ul style="list-style-type: none"> HIC Roll out D2A/Home First model 		Craig Bayliss, Strategic Manager, Stoke-on-Trent City Council	Jan 18	Mar 18	Service fully staffed and working to the model	Relevant Stoke-on-Trent City Council staff TUPE transferred are trained and delivering the service. Evidence of staffing capacity monitoring, and recruitment trajectory. Gap in capacity is being mitigated by AMG & Austin Ben.			
		<ul style="list-style-type: none"> HIC Trusted Assessor – see Service Improvement Workstream 6.1.1 Care and Nursing Homes 									
People are supported and enabled to have a safe and effective discharge to their community setting, and ensures that they receive the right care in the right place at the right time.	6.2.6	Implement Patient profile form	All organisational leads	SOTCC - Craig Bayliss Strategic Manager	Jan 2018	Mar 18	There is an increase in the number of patients that are discharged to their planned destination. Reduction in DTOCs	The patient profile is fully implemented and in use. Form to be kept under review to ensure that it can be used effectively by all partners SOTCC accepting Patient Profile as referral mechanism. Social Care monitoring PPs and escalating quality issues to Patient flow/Track and Triage.			
The percentage of people who receive reablement services and are still at home after 91 days post discharge is equal to or higher than the national average of 82.7% (currently 74.5%).	6.2.7	Introduce Pharmacy technician in Track & Triage Team	Claire Bailey, Acting Director Strategy, Business and Redesign, SSOTP		June 2018		D2A patients have MARS form in care file. Care files include authorisation to administer forms.	Technician has commenced in post Monday to Friday. The Partnership Trust are recruiting in to the capacity to enable to move to a 7 day service. Expected to commence June 2018. MAR charts in care file in all cases where support is in place. Impact is being measured. Meeting has taken place with Keele to formally evaluate. Progress update will be received monthly Confirm with Clinical Director with regards to assurance.			

Service Improvement Workstream 6.3: **PRIMARY CARE**

Lead Organisation: Stoke-on-Trent CCG (Marcus Warnes, Accountable Officer)

Reporting Officer Lead: Mark Seaton, Managing Director- North Staffordshire & Stoke on Trent CCGs

Explanation: The CQC identified that the system lacked effective clinical engagement with primary medical services with people experiencing difficulties accessing services both in and out of hours. The aim is to create a system focused on the sustainability of primary care, which is integrated with wider health and care services.

CQC Identified issue	Intended Outcome		Action	Owner	Operational lead	Month due	Revised date	Description of Assurance	Progress/ Actions due this month	RAG	
<p>There is no effective clinical engagement with primary medical services (PMS), which has resulted in a lack of confidence from GPs in the CCG.</p> <p>There is a shortage of GPs with GPs managing large caseloads.</p> <p>Local people experience difficulty in gaining a GP appointment in a timely way.</p>	<p>The system is focused on the sustainability of primary care, which is integrated with the wider health and care system.</p>	6.3.1	Develop and implement an engagement strategy to increase engagement with CCG Membership	Mark Seaton, Managing Director- North Staffordshire & Stoke on Trent CCGs	Clinical Director for Engagement	March 2018		Primary Care trust and confidence in the CCG increases as measured by LMC members.	Engagement plan drafted- to be shared and discussed with members at locality meetings through April.		
		6.3.2	Improve access to primary care services in hours, building on the successes of the Meir and Hanley Primary Care Access Hubs and review of the additional in-hour capacity that has been commissioned.	Mark Seaton, Managing Director- North Staffordshire & Stoke on Trent CCGs		March 2018	Oct 18	<p>Patients have timely access to high quality primary care services in hours.</p> <p>Performance information demonstrates increase in timely access to services.</p>	<p>National funding for extended Primary care access goes live October 2018.</p> <p>CCG plans being developed in collaboration with local GP Federation.</p> <p>Procurement strategy agreed</p>		
		6.3.3	Marketing campaign to recruit more GPs	Mark Seaton, Managing Director- North Staffordshire & Stoke on Trent CCGs	Lynn Millar- Director of Primary Care	Apr 18 – Apr 19		Marketing campaign results in more GPs being recruited	Funding for campaign agreed at Primary care committee in March for 12 month programme. To commence April 2018		

Service Improvement Workstream 6.4: **PREVENTION**

Lead Organisation: Stoke-on-Trent City Council / Stoke-on-Trent CCG (David Sidaway, City Director SOTCC / Marcus Warnes, Accountable Officer SOT & Staffordshire CCGs)

Reporting Officer Lead: Becky Bowley, Strategic Manager Commissioning & Partnerships SOTCC/ Mark Seaton, Managing Director- North Staffordshire & Stoke on Trent CCGs

Explanation: The CQC identified that the local population encountered barriers to maintaining their health and wellbeing through inconsistent access to services. The aim is to create a system that empowers individuals to take responsibility to look after themselves and to live independently for longer

CQC Identified issue	Intended Outcome		Action	Owner	Operational lead	Month due	Revised date	Description of Assurance	Progress/ Actions due this month	Month RAG	On target RAG
<p>There is little evidence of pathways across primary, community and secondary care that support the wider objectives of health maintenance.</p> <p>People living in Stoke-on-Trent encounter barriers to maintaining their health and wellbeing through inconsistent access to services.</p> <p>The system is the 10th highest (women) and 17th highest (men) nationally for emergency admissions due to falls</p>	<p>A system that empowers individuals to look after themselves and to live independently for longer.</p> <p>People will take responsibility for their own health but will be supported by the highest quality services when needed.</p> <p>Improved integration of pathways, assessments and processes</p> <p>Integrated health and social care strategies for maximising opportunities within the voluntary and community sector</p> <p>Reduction in falls related harm</p>	6.4.1	Redesign adult social care structure based on a strengths based model that aligns to the system-wide development of MCPS including the local voluntary sector offer	Assistant Director- Commissioning Health and Social Care, SOTCC	Craig Bayliss, Strategic Manager Adult Social Care	April 2018		<p>New staffing structure implemented</p> <p>Feb 18 : Vision for Adult Social Care developed with partners</p> <p>March 18: Agree final structure</p> <p>April 18: Implementation of new structure commences</p>	<p>Redesign programme well underway – 4 key workstreams established.</p> <p>Staff consultation closes 15 January 2018</p> <p>Redesign of vision on track– implementation and embedding new ways of working will continue post Feb</p> <p>Vision workshop held 15th February with partner organisations and ASC teams</p>		
		6.4.2	Develop an integrated approach to social prescribing on a North Staffordshire footprint to ensure that a sustainable model is developed which is community based and owned.	Mark Seaton, Managing Director- North Staffordshire & Stoke on Trent CCGs	Nicola Austerberry- Snr Comm Manager SOTCCG	Sept 2018		<p>Working group established</p> <p>Approach agreed and implemented</p> <p>Social prescribing is in place</p>	<p>Working group established and progressing. Chaired by Margy Woodhead</p> <p>Steering group met following the workshop on 12th Feb. Drafting ToR for next meeting on 15th March.</p> <p>Agreement at Governing body w/c 26 Feb to extend funding for Social prescribing to include link worker posts to be provided across the 5 localities.</p>		
		6.4.3	Redesign Falls pathways to focus on prevention.	Mark Seaton, Managing Director- North Staffordshire & Stoke on Trent CCGs			April 2018	To be agreed	<p>Written pathways in place and understood by professionals</p> <p>Contract awarded</p> <p>Falls related injuries are reduced by 5% in 2017/18</p>	<p>The falls work is ongoing. The decision was made by CCG Governing body not to proceed with the planned procurement as the bids received significantly exceeded the available finance.</p> <p>A new specification will be drafted based on the Cannock service which is less expensive and achieves better outcomes - Cannock Chase, for example, has one of the lowest rates of falls when compared to North Staffordshire & Stoke-on-Trent.</p>	

		6.4.4	<p>Design a falls risk assessment tool</p> <p>Incorporate falls assessment within other services provision to make every contact count (e.g. GP reviews etc)</p>			April 2018	<p>Assessment tool developed and adopted by all parties</p> <p>Improved performance in national benchmarking for the number of emergency hospital admissions due to falls.</p>	<p>Risk assessment tool developed locally by Falls team – Pilot underway in Primary care – details to be provided</p>		
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Service Improvement Workstream 6.5: **DOMICILIARY CARE**

Lead Organisation: Stoke-on-Trent City Council (David Sidaway, City Director)

Reporting Officer Lead: Becky Bowley, Strategic Manager Commissioning & Partnerships SOTCC

Explanation: The CQC identified that the domiciliary care market was fragile and there was no clear plan of how to manage operational pressures. The aim is to create a system that has high quality domiciliary care services where people who would benefit from a domiciliary care package have timely access to one.

CQC Identified issue	Intended Outcome		Action	Owner	Operational lead	Month due	Revised date	Description of Assurance	Progress/ Actions due this month	Month RAG	On target RAG
The domiciliary care market is fragile and there is no clear plan of how to manage operational pressures	Domiciliary Care CQC ratings reflect high quality care. People receive high quality care from experienced and skilled staff All people who are eligible for a domiciliary care package have timely access to it.	6.5.1	Develop joint CCG / LA Market Position Statement for care market including the voluntary sector	Assistant Director-Commissioning Health and Social Care, SOTCC Director of Commissioning CCG Strategic Liaison Officer – Health, VAST	SOTCC Karen Capewell, Strategic Manager Safeguarding Quality and Commissioning	April 2018	May 18	Published Market Position Statement	Demand/capacity modelling work underway during March 2018 to inform MPS and links with joint commissioning strategy – theme 2 The MPS needs to be developed in alignment with the joint commissioning strategy. There is slippage of 4 weeks on this due to absence	Yellow	Yellow
	Model promotes improved income viability for providers which in turn will improve care worker recruitment and retention Financial penalties for failure to deliver against key performance targets and contract requirements Will support smaller businesses to develop and provide more frequent opportunity for businesses to enter into a contract with the council	6.5.2	Undertake strategic review of direct payment policy and practice to inform; • service redesign/ commissioning intentions • explore opportunities for integrated personal health budget and direct payment support offer.	Assistant Director-Commissioning Health and Social Care, SOTCC Director of Commissioning CCG	SOTCC Rebecca Bowley Strategic Manager Commissioning and Partnerships	April 2018		Strategic review report completed and recommendations identified and considered	Strategic review completed Feb 18. This includes analysis of current provision and recommendations for future delivery. The review has identified the benefit of bringing together a number of work-streams to develop an enhanced care brokerage offer. A 'Dynamic Brokerage' working group has been established Feb 18 to develop detailed commissioning /delivery proposals – the scope includes care brokerage, direct payment support, day opportunities and new ways of meeting non-personal care needs. Representatives on the working group include ASC, children services, voluntary sector, CCG.	Green	Green

	<p>There is an integrated commissioning approach to domiciliary care</p> <p>Improved market stability by purchasing guaranteed hours (70% of current demand)</p> <p>'Awaiting care package in own home' delays are equal to or less than the England national average (from 9.3 delayed days per 100,000 population to the England average of 3.1 days).</p>	6.5.3	<p>Implement new domiciliary care model from July 2018 to incentivise optimum outcomes and makes best use of the resources we have available. Service specification focuses upon wellbeing and person centred care, and is compliant with the Care Act</p>	<p>Assistant Director- Commissioning Health and Social Care, SOTCC</p> <p>Strategic Liaison Officer – Health, VAST</p>	<p>Rebecca Bowley Strategic Manager Commissioning and Partnerships</p>	<p>Feb 19</p>	<p>Implement new dom care model:</p> <p>70% of current demand provided through guaranteed purchased hours</p> <p>Feb/Mar 18: Advertise tender</p> <p>March 18: Procure joint LA&CCG provider of last resort model</p> <p>Feb 19: Contract commencement (to avoid winter pressure period)</p> <p>BCF metrics: Unmet demand (end of month snapshot) target 500 hours</p> <p>Average weekly care hours delivered per month – baseline 12,500 hours</p> <p>Reduction in DTOC (Target 1140)</p>	<p>Tender process commenced. Since agreeing the original action opportunities have been identified to develop a joint LA and CCG approach to the development of domiciliary care and enablement. The revised actions are:</p> <p>Commence joint LA and CCG commissioning arrangement Feb 18</p> <p>Publish revised domiciliary care tender Feb 18 with new contracts commencing Feb 19</p> <p>Unmet demand Feb – 594 Monthly care hours - 11,029</p> <p>Joint tender between LA/CCG advertised 22 Feb 18 - evaluation taking place w/c 5 March 18</p> <p>OJEU for LA tender submitted for publication 26 Feb 18 – closing date 21 May 18 at 2pm</p>		
	6.5.4	<p>Implement the Domiciliary care – 'Workforce Taskforce Action Plan Focus Two: Improved staffing resource in domiciliary care</p>	<p>Assistant Director for Commissioning SOT CC</p>	<p>Karen Capewell, Strategic Manager Safeguarding, Quality and Commissioning</p>	<p>June 2018</p>	<p>Increase in the numbers of people in the care industry – baseline to be established</p> <p>Increase in the ratio of employed domiciliary care workers versus care agency</p> <p>Reduction in turnover of domiciliary care workers (contributing to reduction in ASC turnover from 31% to 27.4%)</p> <p>Evaluation of the impact of the recruitment campaign to be undertaken in July 18</p>	<p>Action plan in place and reported to Workforce Programme Board.</p> <p>Working group established to progress agreed actions.</p> <p>In order to meet the challenges of recruitment and retention across the care market, a number of pieces of work are underway:</p> <ul style="list-style-type: none"> Partnership working established with key partners at UHNM, CCG, Skills for Care, Staffordshire County Council and with Care Providers. Growing membership to ensure wider influence. A communications initiative is due to commence in April that will run until the end of the year, designed to raise awareness of care as a 			

									<p>career option, to change misconceptions of care, to aid recruitment, to help with retention, and to raise the aspirations of the wider care workforce</p> <ul style="list-style-type: none"> • Conversations with Training/Apprenticeship Providers have commenced. Work has started to link training/apprenticeship providers of appropriate quality to employing care companies to maximise apprenticeship opportunities. • This will provide the City Council with improved understanding of the quality of training provided to care staff and work towards improving the quality of care services across the City • Recruitment campaign will be launched end of March and will run through April and June 		
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Service Improvement Workstream 6.6: **MENTAL HEALTH**

Lead Organisation: North Staffordshire Combined Healthcare NHS Trust (Caroline Donovan, Chief Executive)

Reporting Officer Lead: Jane Munton-Davies, Head of Directorate, NSCHT

Explanation: The CQC identified that acute and community inpatient settings did not always take into account the mental health needs of patients. The aim is to create a system where mental health needs are considered equally to physical health needs.

CQC Identified issue	Intended Outcome		Action	Owner	Operational lead	Month due	Revised date	Description of Assurance	Progress/ Actions due this month	Month RAG	On target RAG
<p>People's mental health needs, when in an acute / community inpatient setting, are not always met.</p> <p>Access to effective Liaison Psychiatry 24/7</p> <p>Education programme to increase knowledge and skill of acute staff in supporting patients with mental health needs.</p> <p>Reflection of mental health resource requirements to support discharge to assess services</p>	Timely access to mental health assessments and signposting to services	6.6.1	RAID to operate 24/7 from 1/12/17	Head of Directorate, NSCHT		Dec 2017		Service accessible 24/7 95% or above compliance with the one hour response target in A&E	In place 1/12/18 All-age RAID from January 2018 95% performance maintained		
	Specialist advice and guidance available at all times of day and night.	6.6.2	Education programme underway through RAID across the acute trust.	Head of Directorate, NSCHT		Ongoing		Improved quality of assessment documentation and patient profile forms demonstrated through audit and peer review Improved staff awareness of dementia and improved patient experience on acute older peoples wards	Training plan in place with dates throughout 2018 for ED staff. Consultation underway with wards to develop bespoke training Medical staff training dates have been arranged through Dr Arnold to cover: "Management of delirium", CT/blood results", "Brain injury and associated behavioural concerns".		
	Parity of esteem for Mental Health in the Acute Trust Holistic completion of assessment documentation Adequate specialist resource to support patient pathways	6.6.3	Strengthen mental health skills in D2A resources with the CCG	Head of Directorate, NSCHT / CCG		Jan 2018		Skill mix of D2A resource will reflect mental health demands	CCG Intentions communicated to recurrently commission enhanced Outreach service.		

Service Improvement Workstream 6.7: **END OF LIFE**

Lead Organisation: Stoke-On-Trent CCG (Marcus Warnes, Accountable Officer SOT & Staffordshire CCGs)

Reporting Officer Lead: Mark Seaton, Managing Director- North Staffordshire & Stoke on Trent CCGs

Explanation: The CQC identified that the provision of end of life care could be improved across the system.

CQC Identified issue	Intended Outcome		Action	Owner	Operational lead	Month due	Revised date	Description of Assurance	Progress/ Actions due this month	Month RAG	On target RAG
<p>Concerns were expressed about the timeliness of discharges for people who were on end-of-life care pathways.</p> <p>Older people in Stoke-on-Trent have suffered a poor experience of care - because the local health and social care services have not been working together effectively</p>	<p>Improving timeliness of discharge for people who were on end-of-life care pathways</p> <p>Improved identification of the people at the end of life - Increase numbers</p> <p>Improved Advance Care Planning</p> <p>Holistic approach to the last 12 months of life linking with Staffordshire EOL strategy</p>	6.7.1	Key stakeholder meeting Northern Staffordshire to implement actions to improve timeliness of discharge (specific actions to support end of life pathway)	Mark Seaton, Managing Director- North Staffordshire & Stoke on Trent CCGs	SOTCCG Sharon King Head of Comm.	Mar 2018		Action plan delivered to improved timeliness of discharge	<p>22/1/18 actions to improve timeliness of discharge agreed including information to UHNM wards to aid communication with community services (SSOTP and hospice. Follow-up meeting to monitor progress against plan and identify further actions 22/3/18</p> <p>Fast track pathway agreed Feb 18 with Track & Triage, PCCC, CCG & CHC. The CCG is receiving daily reports detailing the number of fast tracks received/approved the same day. In March (to 14th) 75 fast tracks received – 71 approved same day (2 withdrawn/2 pending further information).</p>		
		6.7.2	Review of community End of Life co-ordination in Northern Staffordshire	Mark Seaton, Managing Director- North Staffordshire & Stoke on Trent CCGs	SOTCCG Sharon King Head of Comm.	Mar 2018		Review of community End of Life co-ordination in Northern Staffordshire completed with recommendations	Review of Community End of Life co-ordination commenced.		
		6.7.3	Re-commission End of Life co-ordination in Northern Staffordshire	Director of Commissioning CCG	SOTCCG Sharon King Head of Comm.	Sept 2018		Implementation of EOL care co-ordination service	Review of Community End of Life co-ordination commenced – findings will inform the specification for recommissioning		
		6.7.4	Procure Fast track (palliative) home care service	Director of Commissioning CCG		Dec17		Fast track (palliative) home care service procured and delivery of KPIs	Service started Nov 17. KPIs monitored monthly and are being met		
		6.7.5	New approach to care homes piloted through North Staffordshire GP Fed. (Also refer to Care & Nursing Homes 6.1.5)	Mark Seaton, Managing Director- North Staffordshire & Stoke on Trent CCGs	SOTCCG Sharon King Head of Comm.	Dec 17		Dashboard detailing % of patients identified at the end of life with trajectories for improvement at STP/CCG level STP End of Life Board and working	<p>Nursing home pilot commenced 4/12/17</p> <p>STP End of Life Board and working groups established – Nov 17</p>		

			<p>STP End of Life Board and working groups to be established</p> <p>STP Plan developed for primary care/community and for ensuring consistent robust approach to Advance Care Planning</p>			<p>Nov 17</p> <p>Jun 18</p>	<p>groups established</p> <p>STP plan in place</p> <p>Agreed principles for DNARCPR</p> <p>Agreed suite of Advance Care Planning documentation across Staffordshire</p>	<p>Staffordshire wide principles for DNARCPR agreed – to be approved and communicated via EOL STP Board 29/3/18</p> <p>Suite of Advance Care Plan documentation developed by Northern clinicians to be presented to EOL STP board 29/3/18 with a view to implementing STP-wide</p>		
		6.7.6	<p>Training and skills development for staff in collaboration with hospices</p> <p>STP Plan to be developed for wider training in primary care/community</p>	<p>Mark Seaton, Managing Director- North Staffordshire & Stoke on Trent CCGs</p>		<p>Apr 2018</p> <p>Jun 18</p>	<p>Training package developed and delivered as planned</p>	<p>Palliative care training/education package jointly developed with SSOTP for care homes. Initially will target the top 28 homes. Phased training to be rolled out from April 18. However SSOTP staff unable to sign off of care home staff competency therefore an alternative provider is being sought.</p> <p>HEE grant funding of £50k awarded to the Federation – 50% identified for EOL (plan being developed)</p>		