

Stoke-on-Trent

Local system review progress report

Health and Wellbeing Board

Date of local system review:
4 September to 8 September 2017

Date of progress review:
21 November to 22 November 2018

Summary of findings from progress review

What were the key areas for improvement identified in the Local System Review?

Following the Local System Review of Stoke-on-Trent on September 2017, we revisited the system to look at progress against the submitted action plan. We revisited in November 2018 and found that there had been significant improvement. Relationships and joint working towards shared goals had improved, a collaborative approach and culture was emerging and we found that system leaders, in particular the City Director had worked hard to engage and lead the required change agenda. The appointment of a new Director of Adult Social Care and a Managing Director for the local Clinical Commissioning Group, coupled with strong leadership and support from the STP were also having a positive impact on both planning and performance.

We found that leaders had started to create conditions for real and sustained improvement in outcomes for older people living in Stoke on Trent.

In this report we have begun by highlighting the key areas for improved reported as part of the first Local System Review in September 17 and then made detailed comments regarding the progress made. The report should be read in this context.

For ease of reference, the key areas for improvement were:

- There must be better and more effective communication between leaders of the system.
- There must be effective joint strategic planning based on the needs of the local population with clear shared and owned outcomes.
- Attention should be given to long-term strategic planning across the system within an agreed performance framework.
- System leaders should ensure effective delivery of their integrated strategic plans.
- Strategic commissioning should be aligned to the agreed strategic plans and must include primary care.
- System leaders should ensure an integrated approach to market development which should include the monitoring of quality in the care and voluntary sectors.
- An effective system of integrated assessment and reviews of the needs of people using services should be introduced urgently.
- There should be integrated delivery plans which include resources and workforce.
- The trusted assessor scheme should be implemented as soon as possible.

What progress has been made following the Local System Review?

- System leaders should be commended on the significant progress they have made to build relationships and enable more effective communication across the system. When we conducted the Local System Review in September 2017, relationships between health and social care system leaders, and elected members, were particularly challenged. There was a lack of transparency between organisations. At our progress review we found that the culture had shifted. System leaders, including elected members, shared the same vision and were supportive of each other, which had enabled them to make progress. Greater transparency between leaders meant that they could address barriers jointly which was leading to improved outcomes for people. This was mirrored by operational staff across the CCG and the local authority who, within the new organisational culture, were enabled and empowered to develop solutions together.

- The quality of care in the independent social care market and how commissioners worked with providers had improved. At the time of the Local System Review, 16% of nursing homes, 2% of residential care homes and 3% of domiciliary care agencies were rated as inadequate. By September 2018, there were no services rated as inadequate and the percentage of nursing homes rated as good had increased from 26% to 42%. This was good progress given the timescales and would improve the lives of people receiving these services. There is still a need to continue this work at pace as the numbers of people living in services rated as good are still comparatively low compared to across England. Providers and people who use services had been engaged with in the development of a new domiciliary care contract framework which meant that the services delivered were more likely to meet people's needs and to reflect the strategic intent of the system.
- We had identified a need for effective joint strategic planning based on the needs of the local population. While there was still a lot of work to do around the wider system, there had been some good joint strategic work to develop plans for the forthcoming winter of 2018/19. At the last review the process for winter planning had been disjointed and reflected the lack of overall partnership working between organisations and sectors in the system. At this progress review we saw evidence that the plan had been jointly developed from the outset. The last winter had been particularly difficult for Stoke-on-Trent and system leaders had developed this year's plan around evidence based learning and a willingness for leaders and staff at all levels across the system to work together. Patient flow through the Royal Stoke Hospital had improved considerably and system leaders were confident that they would be able to maintain this throughout the winter and the additional pressures that would arise.

What improvements are still needed to be made?

- We had identified that system leaders needed to include the voluntary, community and social enterprise (VCSE) sector in an integrated approach to market development. This would support the transformation of services towards a more preventative approach. However, while system leaders focused on immediate pressures regarding the pathways for people out of hospital, work with the VCSE sector remained underdeveloped. VCSE sector representatives, system leaders and operational managers all acknowledged that this needed to be improved. Although the attendance of VCSE representatives at the Health and Wellbeing Board had been agreed in principle it had not yet happened in practice. There was still frustration from the sector owing to short-term contracts and short notice procurement.

- Workforce development was being undertaken within a Staffordshire-wide workstream linked to the Staffordshire Sustainability and Transformation Plan (STP). It was a truly multidisciplinary and cross sector approach. There was long term planning with the support of Health Education England (HEE) and Skills for Care (SfC) with some positive initiatives being developed. However, some strategies to recruit staff had not been successful yet they were being repeated. Leaders had not fully engaged with the local university and colleges, missing out on opportunities to broaden the portals of entry into health and social care careers and employ some quick wins. Workforce in primary care was still a challenge. Although a programme of physician associates was being rolled out across Staffordshire, when system leaders sent us their updated action plan, only one of these was based in Stoke-on-Trent.
- The Local System Review identified that integration across health and social care needed to be a priority. Key to the success of this would be improved information and data sharing across health and social care organisations. This was still a challenge and there was not a shared care record that could be accessed by professionals supporting people in Stoke-on-Trent. A procurement exercise had concluded with no contracts awarded and another one would be undertaken in January 2019. This meant that the earliest dates for implementation would be around December 2019. In the meanwhile, staff were reliant on workarounds to share information. There was a continued risk that people would have to tell their story many times and that professionals would not always be able to share the right information at the right time.

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 local system review to understand what progress has been made. This report presents the findings from our progress review in Stoke on Trent.

Findings from original Local System Review

When we undertook the Local System Review in September 2017 we identified the following areas for improvement:

- There must be better and more effective communication between leaders of the system.
- There must be effective joint strategic planning based on the needs of the local population with clear shared and owned outcomes.
- Attention should be given to long-term strategic planning across the system within an agreed performance framework.
- System leaders should ensure effective delivery of their integrated strategic plans.
- Strategic commissioning should be aligned to the agreed strategic plans and must include primary care.
- System leaders should ensure an integrated approach to market development which should include the monitoring of quality in the care and voluntary sectors.

- An effective system of integrated assessment and reviews of the needs of people using services should be introduced urgently.
- There should be integrated delivery plans which include resources and workforce.

How we carried out the progress review

Our review team was led by:

- Ann Ford, Local System Review Programme Delivery Lead, CQC
- Deanna Westwood, Lead Reviewer, CQC

The review team included: The review team included two Inspection Managers, an Analyst and an Integrated Care Manager. We were supported by three Specialist Advisors; one from a health background and two from the Local Government Association.

This progress review considered system performance against the action plan that was developed in response to the findings of the initial Local System Review.

We looked at:

- Performance across key indicators
- Performance against the system action 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 action 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 we also consulted with organisations that represent people who use services, their families and carers.

The people we spoke with included:

- System leaders from the local authority, the Staffordshire Clinical Commissioning Groups (CCGs), the Midlands Partnership Foundation Trust, the North Staffordshire Combined Healthcare NHS Trust and the Health and Wellbeing Board.

- Staff members including nursing and healthcare staff, physiotherapists, occupational therapists, social work staff
- Local Healthwatch, voluntary, community and social enterprise (VCSE) services
- Provider representatives
- The views of people who use services, their families and carers, gathered by Healthwatch.

Detailed findings

System progress against key indicators

When we carried out Stoke-on-Trent's Local System Review in September 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.

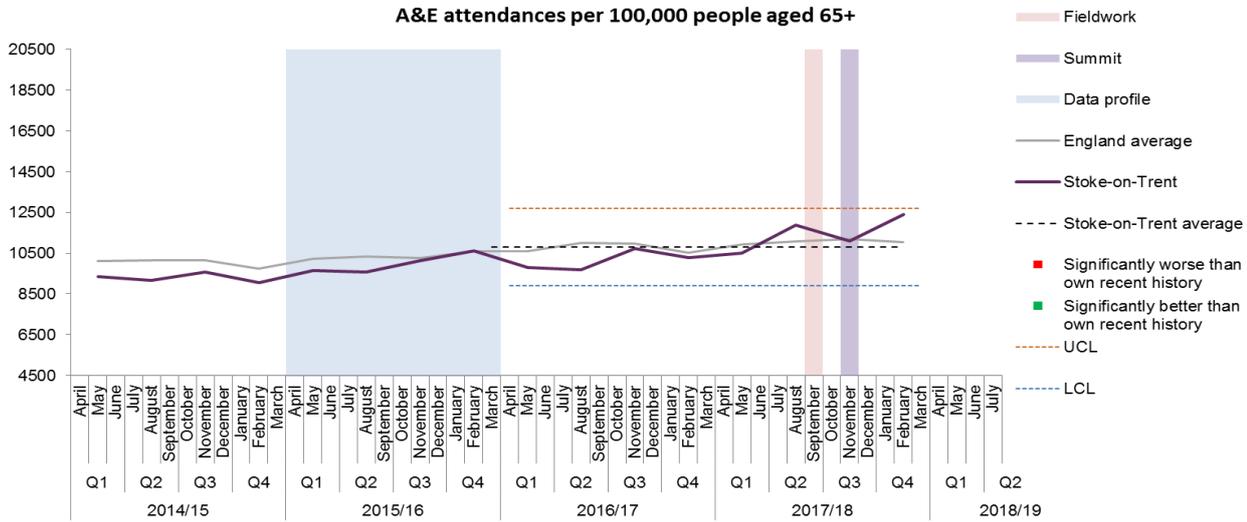
For the purpose of this progress review we also analysed Stoke-on-Trent's performance over time for six indicators:

- 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 Stoke-on-Trent's performance against the England average has changed since the original data profile was produced, and at how performance has changed against their own history. With the exception of DToC, the data goes up to March 2018. DToC data goes up to July 2018.

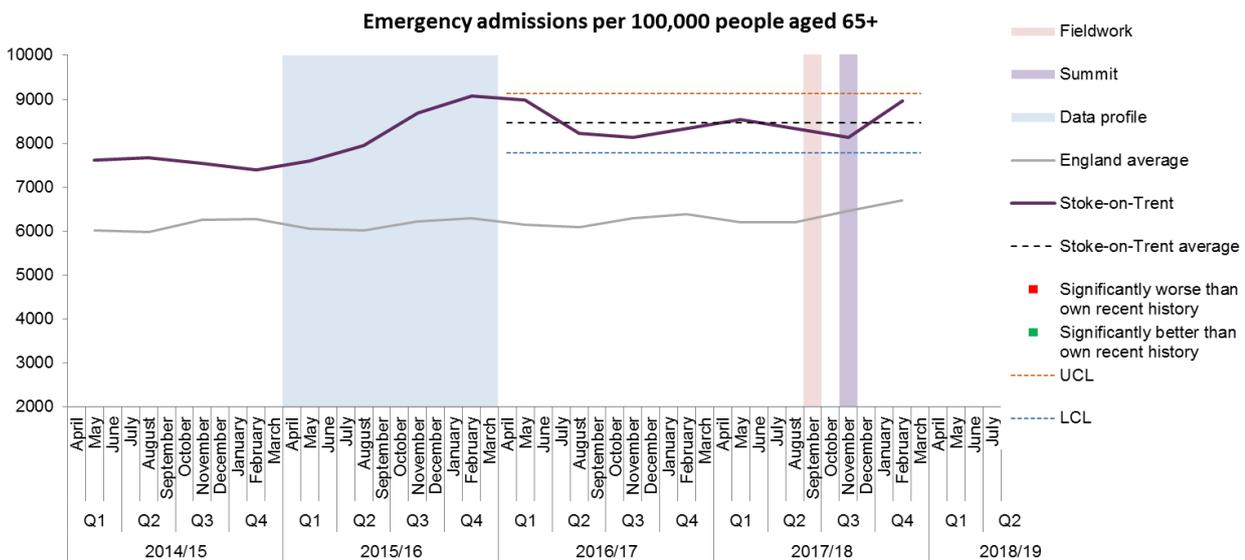
The graphs below show the data for the six indicators. Overall, our analysis of the data shows that attendances at A&E, including those from care homes remained higher than the England average and admissions to hospital for people aged over 65, including those from care homes, were higher than the England average. Fewer people who had been admitted as an emergency stayed for longer than 7 days although this figure was rising and was nearly in line with the England average. People who did stay in hospital were more likely to be delayed in returning to their home or new place of residence. This was improving however it remained higher than the England average.

Figure 1: A&E attendances (65+)



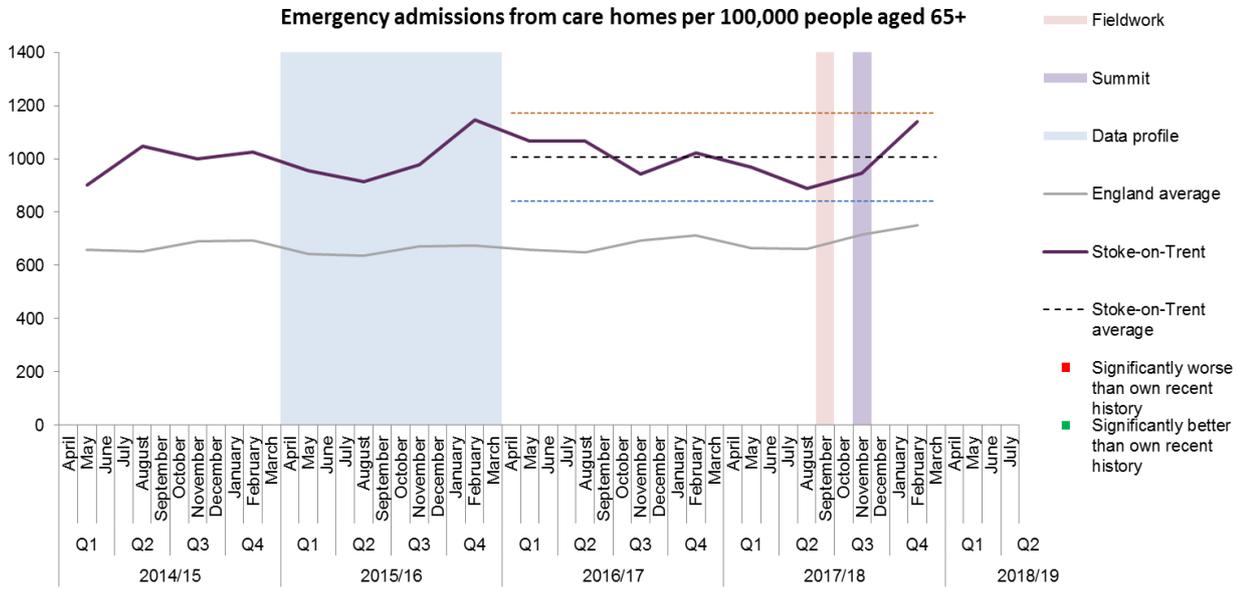
Since we produced the data profile for the original Local System Review, Stoke-on-Trent's performance for A&E attendance (65+) has declined. Rates of A&E attendance were higher than the England average (January to March 2018).

Figure 2: Emergency admissions (65+)



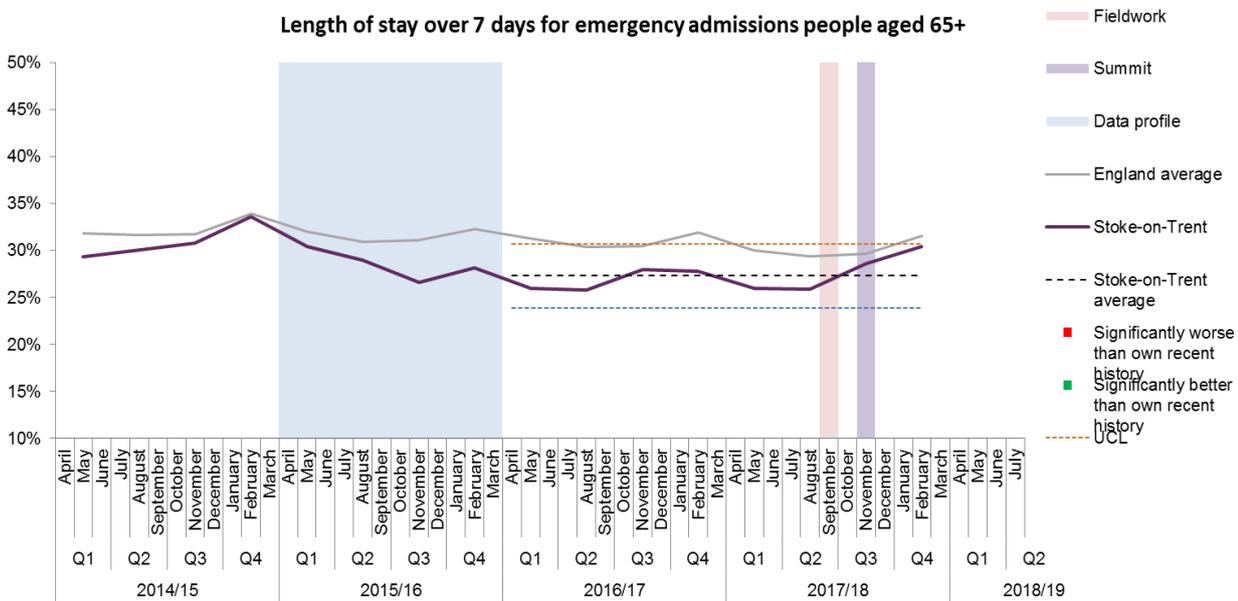
Rates of emergency admission (65+) have continued to remain significantly higher than the England average and activity is now similar to the high levels reported late 2015/16.

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



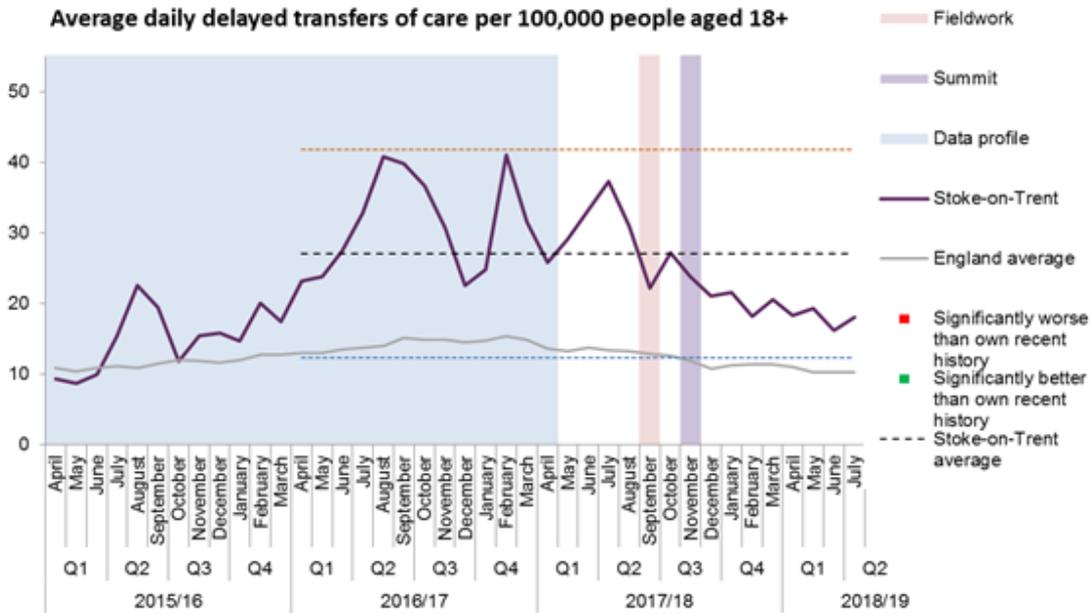
Since we produced the original data profile, rates of emergency admissions from care homes (65+) have continued to be higher than the England average. Despite previous improved performance activity returned to the level reported 2015/16.

Figure 4: Length of stay (65+)



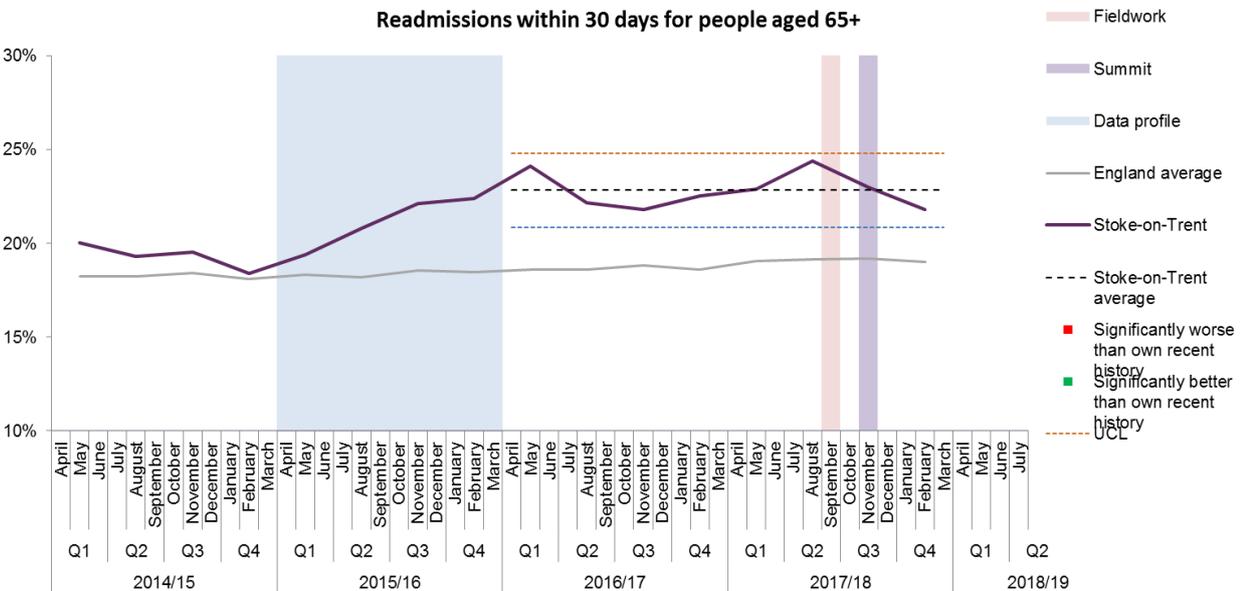
Percentage of emergency admissions (65+) who have a length of stay over seven days increased during 2017/18 from 26% to 30%, although remains better than the England average, 32%.

Figure 5: Delayed transfers of care (18+)



Since we produced the original data profile, Stoke’s rate of DToC (18+) initially increased and performance was significantly worse than the England average up until Q3 2017/18. Performance has since improved overall, however it continues to remain worse than the England average.

Figure 6: Readmissions within 30 days (65+)



The percentage of emergency hospital readmissions (65+) within 30 days of discharge continues to remain worse than the England average. Although the rate has reduced slightly overall, it has not changed significantly in the last two years.

System progress against the action plan

What progress has been made since the Local System Review?

System leaders built their action plan around the areas for improvement identified by CQC in the September 2017 Local System Review report. In addition, they identified other concerns that had been raised throughout the report and used the action plan as an opportunity to address these. At the time of our progress review, the system was one year into a two-year action plan. The action plan was built around six improvement themes and service improvement workstreams:

1. Leadership and governance
2. Strategy and commissioning
3. Information and data sharing
4. Performance and outcomes
5. Workforce
6. Service Improvement (this was supported by seven operational subsets)

Leadership and Governance

- In September 2017 our Local System Review identified that relationships across the system needed development. The relationships between system leaders and elected members of the council lacked transparency which led to tensions between organisations and prohibited joint working to address pressures in the system. There had been numerous changes in leadership, and frontline staff felt that they would benefit from more visible stable leadership.
- At the time of the Progress Review in November 2018 there had been further changes in leadership owing to restructures within the CCG and the local authority. The six CCGs across Staffordshire and Stoke-on-Trent were led by a single Accountable Officer supported by an executive management team. The North Staffordshire and Stoke-on-Trent CCGs were led by a managing director. The restructure of the local authority had resulted in an interim Director of Adult Social Services (DASS) who had taken up the post on a permanent basis in July.
- The City Director of Stoke-on-Trent City Council had shown exemplary leadership in addressing the findings of the Local System Review, supported by strong leadership at the STP. The City Director and the Accountable Officer of the Staffordshire CCGs had worked

together to address the issues of relationships and culture. The Chief Executive Officer of the North Staffordshire Combined NHS Trust led on the development and oversight of the action plan. The improvement in relationships between system leaders extended to elected members. There was greater transparency between leaders and constructive and meaningful challenge where appropriate. This meant that elected members felt engaged with system developments and could work with health and social care organisations to develop the strategic direction for services.

- Frontline staff we spoke with were engaged and enthusiastic about the new leadership. We could see how they had fostered a culture of collaborative working and staff felt enabled and empowered to make change. The DASS was visible and frontline staff stated that he would 'join in and roll his sleeves up' which made them feel valued. Staff were enthusiastic about trying new ways to overcome barriers to joint working.
- Our Local System Review in September 2017 identified that system leaders were missing opportunities to share learning and best practice. In the progress review we found learning and evaluation being used to inform planning and practice. This was particularly evident in their 2018/19 winter planning. System leaders had analysed and evaluated previous winter pressures and worked together to put a robust plan in place. They felt assured that recent performance improvements made in terms of patient flow and people's discharges from hospital would be maintained over winter. The system had previously been inward-looking. At this review we found staff were enabled to visit and learn from other areas, undertake research, and use this knowledge to develop services and better outcomes for the people of Stoke-on-Trent.

Strategy and Commissioning

- Our Local System Review in September 2017 identified the need for more effective joint strategic planning and that strategic commissioning should be aligned to joint strategic plans. At the progress review we found that some steps had been taken towards the development of this. An integrated strategy had been approved by the Health and Wellbeing Board in April 2018. A joint commissioning board had been established and immediate priorities to address operational pressures identified.
- The Northern Staffordshire and Stoke-on-Trent Alliance Board had been formed bringing together health organisations, local authorities and the voluntary sector. The Alliance Board aimed to improve strategic partnerships and to develop as a potential provider of integrated care across north Staffordshire and Stoke-on-Trent. This would be the accountable care system that interfaced with the Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP). The Alliance Board would focus on service delivery initially with the potential to develop into a broader commissioning role.

- The winter following our Local System Review had been particularly challenging. At the time of our review, staff told us that winter planning had been reactive and crisis driven without taking into account lessons learned from the previous winter. At this progress review we found that a collaborative winter plan had been developed across health and social care organisations. An external consultancy had been commissioned to undertake an evaluation so that learning could be incorporated into planning for this winter. Operational managers had greater confidence in the plan and felt that they had been given an opportunity to input to it. Providers from the VCSE sector and the independent social care sector had not been engaged with in the same way and there was further progress to be made in this regard.
- The quality of care in the independent social care market and how commissioners worked with providers had improved. This was good progress given the timescales and would improve the lives of people receiving these services. There was still a need to continue this work at pace and to ensure that improvements are sustained as the numbers of people living in services rated as good are still comparatively low. At the time of the Local System Review, 16% of nursing homes were rated as inadequate, 2% of residential care homes and 3% of domiciliary care agencies were rated inadequate. By September 2018, there were no services rated as inadequate and the percentage of nursing homes rated as good had increased from 26% to 42%.
- Independent social care providers told us that the tendering process for contracts was 'reasonably' collaborative and there had been some improvements. We heard from commissioning managers that people who used services had supported the development of a new domiciliary care commissioning framework.

Information and data sharing

- Progress on this theme in the action plan was limited. A 'track and triage' system provided by the Midlands Partnership Foundation Trust (MPFT) and based at Royal Stoke University Hospital consisted of a multidisciplinary team including social care, clinical, administration, voluntary sector and mental health staff who could share information from people's care records to determine the most appropriate and prompt route out of hospital.
- In our Local System Review we identified that people who needed support had difficulties finding information about what was available, particularly for non-statutory low-level support such as befriending schemes and lunch clubs. At the progress review we heard that a project was underway, with a dedicated commissioning officer, to produce a single directory of services across health and social care. This was due to be completed in February 2019. In addition, there was collaboration with the VCSE sector to provide neighbourhood based

community link workers who would enable people to access local services that support them to remain well at home.

Performance and outcomes

- In our Local System Review in September 2017, we found that system leaders did not have shared metrics to jointly monitor management information. Without shared data they could not resolve system pressures jointly which entrenched siloed working. At this progress review system leaders were transparent about their performance and seeking ways to support each other. An agreed set of performance indicators had been developed and would be shared through the Urgent and Emergency Care (UEC) Programme dashboard following ratification at the UEC board at the end of October 2018. We heard from system leaders that shared data was trusted which meant they could agree where to jointly focus activity to improve pathways for people into, through, and out of hospital. A set of metrics was under development to support wider system monitoring across health and social care at the Health and Wellbeing Board.
- Meetings known as ‘Multi-agency discharge events’ (MADE) were taking place three times a day in the hospital. These meetings relied on shared data to support discussions about patient flow. We heard that this had been effective and that people were being discharged from hospital sooner as a result.

Workforce

- At the time of our revisit, the STP Workforce Programme Board had completed a primary care workforce strategy and work had started on the design of a domiciliary care strategy. There was health and social care leadership directing these workstreams and system leaders told us in their SOIR that they had developed a data capture tool which would enable them to model demand. This information would inform the workforce plans. Long-term workforce planning involved Health Education England and Skills for Care.
- The system was collaborating with local schools to develop apprenticeship schemes that would encourage young people to work in the care sector. This work was still in its infancy with the first cohort due to begin in May 2019. It will take some time before the benefits could be felt in Stoke-on-Trent.

Service Improvement

- A&E attendances for the general population in Stoke-on-Trent (65+) in 2017/18 were lower than the comparators’ average, and slightly above the England average. A&E attendances (65+) for people living in care homes however were higher than both the comparators and the

England averages and at the end of 2017/18 they were at their highest level for the year. A 'Care home Admission Avoidance Pilot' had been implemented at the end of 2017 and supported 28 care homes in North Staffordshire which included Stoke-on-Trent. This provided enhanced support from GPs who would contact the care homes daily to provide support. Visits were coordinated with the paramedic acute visiting service and there was also nursing support. We were told that admissions from the care homes that were supported by this pilot were not rising at the same rate as those that were not.

- Our analysis and data profile for the original Local System Review showed that Stoke-on-Trent's rate of delayed transfers of care (18+) for 2016/17 was significantly higher than the England average. Our analysis for the progress review showed that in 2017/18 the rate of delayed transfers of care remained higher than England and comparator averages, but had reduced over the year and was no longer a significant outlier. Some of the success in reducing delayed transfers of care was attributed to the implementation of a 'Home First' model which provided community reablement, assessment, end of life care and clinical care. A range of initiatives had been introduced to support timely discharge. The hospital had implemented a 'track and triage' service provided by the MPFT using data that was updated on a daily basis. The 'discharge to assess' model provided by the Home First service was in place and this meant that people requiring continuing healthcare or complex assessments were more likely to receive these out of hospital, rather than waiting in hospital for an assessment. A newly implemented patient choice policy was understood to be contributing to a reduction in delays due to patient and family choice.
- Our Local System Review in September 2017 found that relationships between GPs and the local CCG had been tense and adversarial. We found on the Progress Review that relationships had improved. We heard that there were good relationships between the GP federation and the Northern Staffordshire and Stoke-on-Trent Alliance Board. GPs described receiving improved support from the CCG and there were more opportunities to jointly work to improve outcomes for people living in Stoke-on-Trent. The move to a 'hub' model of GP working, where GPs collaborated in a locality, was welcomed as this would help to manage workforce pressures such as sickness. GPs welcomed the Care Homes Admissions Avoidance Pilot, but also shared concerns about the gap in provision when the pilot ended. A primary care commissioning strategy had been published in September prior to the progress review but this was yet to translate into a cohesive care homes support provision.
- We previously raised concerns around how older people living with dementia were supported by the system. We were assured that this had been addressed. From December 2018 the mental health liaison service at A&E would be available 24 hours a day. Training had been delivered to staff to improve their understanding of a range of related topics including dementia, mental capacity and behaviour management. We heard that pathways were streamlined and that there had been positive feedback from people who used services.

Discharges of people with mental health needs were being managed more appropriately to ensure that people received support in care homes or the community from people who could meet their needs. However independent social care providers felt that mental health support to their services had reduced. It was important that system leaders communicated changes in practice clearly to providers so that they could understand different pathways of support available.

- We previously highlighted that people often had poor experiences with services when they were at the end of their lives. System leaders were monitoring this and fast track pathways had been agreed across the system including work with the Track and Triage team and the hospice. Training was being delivered system-wide and we heard about non-statutory support organisations arranging for access to this training as they sometimes supported people with hospital appointments. There was an End of Life Programme Board that was chaired by the Accountable Officer of the CCGs. The End of Life Programme Board identified that documentation to support end of life care planning was identified as a barrier to seamless transition between services. Different parts of the system were using different forms. Work was underway to streamline this to ensure that information flowed smoothly between services.

What improvements are still needed to be made?

Leadership and governance

- System leaders in Stoke-on-Trent had made some progress in developing the role of the Health and Wellbeing Board (HWB). In our Local System Review in September 2017 we found that the HWB was not functioning well. As a consequence, members of the board were considering its role and reshaping to better focus on challenging and monitoring system priorities and performance, however we found little evidence of it carrying out this role. At the progress review membership of the board had been extended to representation from the GP federation and the VCSE sector. This would enable wider system stakeholders to be partners in setting the strategic direction for Stoke-on-Trent, which in turn would ensure greater buy-in to delivery of the transformation of services.
- Engagement with the VCSE sector had been slow to develop and at the time of our progress review the VCSE sector representatives had not yet attended a meeting. A miscommunication meant the VCSE sector representatives believed they were awaiting sign off to do so, while system leaders believed that it had been agreed. All system leaders we spoke with, and frontline staff, acknowledged that engagement with the VCSE sector was still underdeveloped

and that there were opportunities to harness the expertise and resources in the sector more effectively.

- Although more stakeholder partners now had a seat at the board, there were still challenges around ensuring attendance and active engagement at meetings. System leaders were candid about the current position and although some progress had been made, it was described as being 'still on a journey'.
- There was still work to do to develop a single compelling vision for the people of Stoke-on-Trent. There was an overarching Staffordshire-wide vision articulated through the STP. Many of the actions on the STP's action plan were being replicated throughout Staffordshire as well as wider developments in Staffordshire informing the Stoke-on-Trent action plan. The focus for improvement had rightly been on resolving immediate pressures in the system. We heard that the action plan would be incorporated into business as usual, but there was not a clearly articulated vision for Stoke-on-Trent that would ensure these improvements would continue. Through the refreshed HWB there was now an opportunity to develop a vision and strategy which the people of Stoke-on-Trent with their particular demographic challenges could sign up to.

Strategy and Commissioning

- The Integrated Commissioning Strategy that had been agreed by the HWB in April 2018 was high level but did not describe operational plans for delivery. Joint commissioning across the CCG and local authority was underdeveloped and focused on priorities related to Home First, discharge to assess and care homes. These were important areas to be addressed, but there had been little development in terms of wider commissioning of services across health and social care.
- Our Local System Review in September identified that commissioning arrangements with the VCSE sector were not effective. At the progress review VCSE representatives told us that there had been some improvement but that the pace of change was slow. A 'Think Tank' had been reformed which enabled dialogue between system leaders and the VCSE sector. We heard that the sector had been asked to put forward proposals to support the winter planning, but system leaders were not able to tell them what budget they needed to work to. This meant that the sector was unable to formulate realistic proposals based on resources. Representatives were concerned that they would be asked to provide support at the last minute, when the system was experiencing severe pressures.
- Uncertainty about the availability of long-term funding arrangements from health and social care commissioners was causing pressures in the VCSE sector. Representatives felt frustrated by this. We heard an example of an agency that had had to put staff on redundancy

notice on an annual basis for six years running because contracts were not renewed until shortly before they were due to end. This risked losing skills as staff left for more secure employment and it could be distressing for people who did not know if the services that supported them would be continued.

- There was still work to do to engage effectively with independent social care providers to develop strategies for commissioning of services. Providers had been invited to an event to support winter planning but they acknowledged that attendance at the event had been poor. There was a need for system leaders to ensure that lines of communication were open and to actively encourage provider involvement.

Information and data sharing

- Our Local System Review in September 2017 found that owing to a lack of record sharing across health and social care organisations, people were having to tell their story numerous times. This impacted on frontline health, primary and social care staff's ability to work together to meet people's needs. Since then an exercise to procure an integrated care record had been unsuccessful and would be repeated in January 2019 with a view to a system being in place by December 2019. Staff were managing the development of this work alongside their other roles and there was a risk of further slippage as staff might have competing priorities.

Workforce

- The STP's Workforce Programme Board was responsible for developing a workforce strategy across Stoke-on-Trent and Staffordshire. However, we found that work to support recruitment and retention within Stoke-on-Trent was still underdeveloped and there were missed opportunities to secure quick wins. Although there was engagement with schools through the apprenticeship team, we did not see engagement with the local university to provide opportunities for students of health and social care to that would encourage them to work in Stoke-on-Trent.
- The domiciliary care workforce strategy for Stoke-on-Trent was available in draft but not agreed at the time of the progress review. We heard that domiciliary care workforce and training was a problem in Stoke-on-Trent, although our analysis of data showed that estimated adult social care vacancy rates for 2017/18 were lower than the England and comparators averages. The estimated rate of staff turnover had also reduced. Some work had been undertaken to attract care workers into the market such as the 'Can you put Care into your CAREer' campaign, however this attracted very few responses. There were plans to relaunch the campaign with a different strapline and system leaders referred to creating a 'drip feed effect into the public consciousness'. System leaders needed to consider a more proactive approach.

- Part of the strategy to alleviate GP shortages in Stoke-on-Trent was the training and development of physician associates. This was also a Staffordshire wide approach and shortly before our progress review we were told that there were nine physician associates across Staffordshire but only one was based in Stoke-on-Trent. System leaders were aware of the difficulties in recruiting and retaining GPs in Stoke-on-Trent particularly as many GPs were due to retire in the following years.

Service Improvement

- Although we heard that the Care Home Admission Avoidance Pilot had reduced the rate of A&E attendances from participating care homes to be lower than the rate from care homes overall in Stoke-on-Trent, there was no formal evaluation to support this. The pilot was due to end in March 2019 and there was some anxiety from primary care, health and social care staff about this. A similar pilot had been running in south Staffordshire and staff understood the need for a consistent approach. There was a risk that the support to the 28 care homes would end in the interim and that the relationships built through the pilot and buy-in across the system would be lost. It is important that support is put in place quickly for the remaining care homes given the rate of increased A&E attendances from care homes.
- Delayed discharges from hospital for all adults in Stoke-on-Trent had reduced, however more people were still staying in hospital longer than they should than in comparator areas. The Home First service which included community reablement had workforce capacity issues and a diagnostic undertaken by an independent consultancy showed that there were delays in people being able to access the service. There were also some concerns about the focus on quick discharges resulting in people being discharged from hospital too soon and inappropriately, risking them being readmitted to hospital. We heard this from people who used services, independent social care providers and frontline staff. It is important that system leaders are able to measure and assure themselves that discharges are safe and appropriate.
- GPs, despite improved relationships, still did not feel fully engaged with by system leaders. Membership Engagement Groups (MEGs) were in their infancy and primary care representatives did not feel as though they had a voice with regard to transformation plans, particularly within the STP.
- There were high numbers of people in Stoke-on-Trent attending A&E and people in Stoke-on-Trent were more likely to be admitted to hospital than the England average. Although people were less likely to wait on trolleys in A&E than they had been at our last review, and would be seen quicker, there was still work to do to prevent people arriving at A&E. There was some activity to better support people in the community and social prescribing was due to be rolled out across 20 GP practices from early 2019. The VCSE sector would be integral to this

approach, but VCSE sector representatives felt that there was still a lack of understanding of their offer and missed opportunities to harness this. There was frustration from the VSCE sector that they had not been engaged with in the development of these services.

- While work was being undertaken to improve end of life pathways at a strategic level, through training and through streamlining documentation and processes, this was not happening on a practice level, at a pace that could make a difference to people now at the end of their lives. Care homes were being encouraged to have discussions with people about advanced care planning and their preferred place of death. However too many people were being admitted to hospital and dying in hospital. Providers we spoke with identified some of the same concerns as we heard the previous year about people arriving at their services with only hours to live.

What are the reflections of system leaders in Stoke-on-Trent?

- Greater transparency and improved relationships between the CCG and the local authority were noted by all the people we spoke with during our progress review. We found an increase in confidence and trust in the leadership which in turn meant that frontline staff, and stakeholder partners were more willing to engage in the transformation of services.
- System leaders across health and social care had gained the support of elected members of the council. This meant that consideration could be given to difficult decisions following constructive and respectful challenge.
- We found that there were still barriers to be overcome to deliver improvements for the system. System leaders had brought the health and social care systems, including the hospital, through a period of significant change in structure and leadership. This meant that some changes could not be delivered as quickly as they needed to be while the new structures bedded in. We heard from the VCSE and independent sector providers that there had been some loss of organisational memory and relationships had to be built afresh. This highlighted the importance of stronger strategic engagement with these sectors.
- The CCG and acute trust were particularly financially challenged and the local authority was also required to make savings. This meant that system improvements had to be made while at the same time achieving savings. Again, this impacted on commissioning arrangements particularly around the VCSE sector who found it hard to put forward proposals when information about funding streams was limited.

- System leaders told us that conflicting regulatory frameworks of NHS England and NHS Improvement were a barrier to transforming services as regulation could reinforce contradictory actions. For example, the CCG was working towards developing preventative services to reduce hospital attendance and admission, while the trust needed to make up a financial deficit which would be achieved by delivering more care to people in hospital.

Direction of travel

Areas for future focus

We recommend the following areas for future focus in Stoke-on-Trent:

- System leaders should continue to build on the steady progress that has been made since our last review.
- The joint commissioning strategy is high-level and should be developed into a deliverable operational plan that enables the integration of health and social care pathways.
- Engagement with the VCSE sector needs to be further developed and embedded with opportunities for VCSE organisations to contribute to the development of strategies and delivery plans.
- System leaders should increase the pace at which preventative support is offered in localities. Analysis of admissions and readmissions to hospital should be undertaken so that admissions to hospital can be reduced.
- System leaders should consider the rollout of the enhanced support offer to care homes to reduce A&E attendances and admissions from care homes. Plans should be in place before the end of the Care Home Admission Avoidance Pilot in March 2019.
- Work with the GP Membership Engagement Groups should extend at pace and the role of GPs in supporting the design of transformed services should be developed.

- Delayed transfers of care from hospital, while improving, should continue to be closely monitored. System leaders should seek assurance that discharge and reablement pathways are being applied appropriately and at the right time.
- While the development of end of life pathway processes continues, system leaders should ensure that people who are in the last days of their lives are receiving the care they need in their preferred setting.