AGENDA

<table>
<thead>
<tr>
<th>Agenda No</th>
<th>Item description</th>
<th>Enc / Table / Pres.</th>
<th>Decision / To Note / Discussion / Information</th>
<th>Item Presenter</th>
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<tr>
<td>1</td>
<td>Welcome and Apologies for Absence: Andrew Bartlam, Margy Woodhead, Val Lewis, Louise Rees</td>
<td>Verbal</td>
<td>To Note</td>
<td>RC 1.30pm</td>
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<tr>
<td>2</td>
<td>Declarations of Interest</td>
<td>Verbal</td>
<td>To Note</td>
<td>RC 1.30pm</td>
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<tr>
<td>3</td>
<td>Confirmation of Quoracy (following consideration of interests declared pertaining to the agenda)</td>
<td>Verbal</td>
<td>To Note</td>
<td>RC 1.30pm</td>
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<tr>
<td>4</td>
<td>Minutes from previous meeting held on 1st December 2015 Action List and Matters Arising</td>
<td>Enc 4.1 Enc 4.2</td>
<td>To Note / Decision</td>
<td>RC 1.30pm (10 mins)</td>
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<tr>
<td>5</td>
<td>Chair’s Address</td>
<td>Enc 5</td>
<td>To Note</td>
<td>RC 1.40pm (10 mins)</td>
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<td>6</td>
<td>Clinical Accountable Officer’s Report • Executive Forum Chair’s Report • Planning Committee Chair’s Report • Organisational Development Committee Report</td>
<td>Enc 6</td>
<td>To Note / Decision</td>
<td>SF 1.50pm (15 mins)</td>
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<tr>
<td>7</td>
<td>Risk Register Lisa Taylor, Governance Manager</td>
<td>Enc 7</td>
<td>To Note</td>
<td>LT 2.05pm (5 mins)</td>
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<td>8</td>
<td>Governing Body Finance Report Iain Stoddart, CCG Chief Finance Officer</td>
<td>Enc 8</td>
<td>To Note</td>
<td>IS 2.10pm (15 mins)</td>
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<tr>
<td>9</td>
<td>Governing Body Assurance Report CCG Clinical Leads</td>
<td>Enc 9</td>
<td>To Note</td>
<td>C Leads 2.25pm (30 mins)</td>
</tr>
<tr>
<td>10</td>
<td>Planning Guidance Update Noreen Dowd, Interim Director of Strategy</td>
<td>Enc 10</td>
<td>To Note</td>
<td>ND 2.55pm (10 mins)</td>
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<tr>
<td>11</td>
<td>Quality Report</td>
<td>Jayne Downey, Director of Quality and Nursing</td>
<td>Enc 11</td>
<td>To Note</td>
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| 12  | Patient and Public Engagement / Patient Congress Update | Citizen Jury  
Sally Parkin, Joint Director of PPI | Enc 12.1  
Enc 12.2 | Decision | SP 3.15pm (10 mins) |
| 13  | Transforming Care Update  
Dr Waheed Abbasi, Clinical Director Mental Health and Specialist Services | Enc 13 | To Note | WA 3.25pm (10 mins) |
| 14  | Equality & Inclusion Update  
Sandra Chadwick, Chief Operating Officer | Enc 14 | To Note | SC 3.35pm (10 mins) |
| 15  | Health and Wellbeing Strategy  
Sandra Chadwick, Chief Operating Officer | Enc 15 (To follow) | To Note | SC 3.45pm (10 mins) |
|     | Any Other Business |  |  |  |
| 16  | Questions from the Public  
Any other key issues | Verbal | Information | RC 3.55pm |

**DATE/TIME OF NEXT MEETING:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Venue</th>
<th>Chair</th>
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<tbody>
<tr>
<td>Tuesday 5th April 2016</td>
<td>1.30pm</td>
<td>The Minton Room, Stoke-on-Trent CCG, 79 London Road, ST4 7PZ</td>
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## Agenda Item 4.1

### Minutes of the Public Meeting of Stoke-on-Trent Clinical Commissioning Group Governing Body

**Held on Tuesday 1st December 2015 at 1.30pm – 4.30pm**

**The Minton Room, Stoke-on-Trent CCG, Herbert Minton Building, 79 London Road, Stoke-on-Trent**

**UNCONFIRMED MINUTES**

<table>
<thead>
<tr>
<th>Present:</th>
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<tbody>
<tr>
<td>Dr Prasad Rao (Chair)</td>
<td>(PR)</td>
<td>CCG Chairman</td>
</tr>
<tr>
<td>Dr Andrew Bartlam</td>
<td>(AB)</td>
<td>CCG Clinical Accountable Officer</td>
</tr>
<tr>
<td>Sandra Chadwick</td>
<td>(SC)</td>
<td>CCG Chief Operating Officer</td>
</tr>
<tr>
<td>Iain Stoddart</td>
<td>(IS)</td>
<td>CCG Chief Financial Officer</td>
</tr>
<tr>
<td>John Howard</td>
<td>(JH)</td>
<td>CCG Lay Member – Governance</td>
</tr>
<tr>
<td>Dr Steve Fawcett</td>
<td>(SF)</td>
<td>CCG Clinical Director, Acute Services</td>
</tr>
<tr>
<td>Dr Waheed Abbasi</td>
<td>(WA)</td>
<td>CCG Clinical Director, Mental Health &amp; Specialist Groups</td>
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<tr>
<td>Dr Simon Mellor</td>
<td>(SM)</td>
<td>CCG Secondary Care Doctor</td>
</tr>
<tr>
<td>Jayne Downey</td>
<td>(JD)</td>
<td>CCG Director of Nursing and Quality</td>
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<tr>
<td>Louise Rees</td>
<td>(LR)</td>
<td>Interim Director of Adult Social Care and Protection, Stoke City Council</td>
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<tr>
<td>Zafar Iqbal</td>
<td>(ZI)</td>
<td>Public Health Director</td>
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<tr>
<td>Val Lewis</td>
<td>(VL)</td>
<td>Manager, Health Watch</td>
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<th>In attendance:</th>
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<tbody>
<tr>
<td>Rachel Barker</td>
<td>(RB)</td>
<td>CCG Executive Assistant</td>
</tr>
<tr>
<td>Lisa Taylor</td>
<td>(LT)</td>
<td>CCG Quality and Governance Manager</td>
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<tr>
<td>Filippa St Aubin D’Ancey</td>
<td>(FD)</td>
<td>Communications and Press Manager</td>
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<tr>
<td>Rita Symons</td>
<td>(RS)</td>
<td>Transformation Director</td>
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<thead>
<tr>
<th>Apologies:</th>
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<tbody>
<tr>
<td>Margy Woodhead</td>
<td>(MW)</td>
<td>CCG Lay Member – Patient and Public Involvement</td>
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<tr>
<td>Dr Harald Van Der Linden</td>
<td>(HvdL)</td>
<td>LMC Secretary</td>
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<tr>
<th>Members of the Public:</th>
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<tr>
<td>Ian Syme</td>
<td>IS</td>
<td>Member of the Public</td>
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<tr>
<td>Dave Blackhurst</td>
<td>DB</td>
<td>Member of the Press</td>
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<td>Autin Trundle</td>
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<td>F. Ahmed</td>
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### Action

1. **Chairman’s Introduction, Welcome and Apologies**

   PR welcomed members to the Governing Body meeting and introduced Jayne Downey as the Director of Quality and Nursing for both Stoke-on-Trent and North Staffordshire CCG.

   PR welcomed Rita Symons, Transformation Director to the meeting and advised that Rita would be presenting item 7 to provide an update to members of the work undertaken as part of the Transformation Programme and a progress report for the Staffordshire Commissioning Congress.

   Apologies of absence were noted as above.

2. **Members’ Declaration of Interest**

   There were no Declaration of Interests declared.

   The Declaration of Interest Register was available for review at the meeting.
3. **Confirmation of Quoracy**
The meeting was confirmed as quorate.

4. **Minutes from previous meeting held on 6th October 2015**
The minutes of the meeting held on the 6th October 2015 were noted and agreed as a true and accurate record of the meeting.

5. **Chairman’s Address**
PR presented the report to the Governing Body to provide an address to the meeting of Stoke-on-Trent Clinical Commissioning Group Governing Body. Details as follows:

**Introduction**
PR thanked all of the teams both within the CCG and the frontline staff across the health economy for their continued hard work and acknowledged the outstanding efforts across the CCG. It was noted that it had been another challenging two months as the CCG continued to respond to the pressures on urgent care, along with a continued focus on the financial position, Financial Recovery Plan, NHS Constitutional Targets, and the Pan Staffordshire Transformation Programme.

**Quarter 4 Annual Assurance 2014 / 2015**
PR highlighted the formal feedback on the CCG’s annual assurance for 2014/15, advising that whilst the CCG had been fully assured on 5 of the 6 domains, the domain relating to constitutional targets had been rated “not assured” because of deterioration in the A&E, RTT and cancer targets. Therefore the CCG overall rating was ‘not assured’. It was agreed that while this was very disappointing, there was much recognition of the excellent work the CCG had done and were doing in the other domains.

AB advised that the CCG was following the correct processes to ensure that it moved to being assured. The achievement of being fully assured in the other five domains was noted.

**Update on Executive Staffing**
PR welcomed Jayne Downey, Director of Nursing and Quality, a shared appointment with North Staffordshire CCG to the meeting and thanked Lorraine Cook, Head of Quality and Governance, who had provided continuous support to the Governing Body since its authorisation.

**Stoke-on-Trent CCG Constitution**
PR highlighted the membership event on Thursday 24th September 2015 that had taken place and the constitutional changes that had been agreed at this event. These changes had been incorporated into the revised Constitution, achieving the national submission deadline of the 1st November 2015. Formal feedback from NHS England was awaited.

**Lay Member Tenures**
PR confirmed that all three of the CCG’s Lay Members had agreed to extend their tenures with effect from the 1st April 2016, to support the CCG. Both John Howard, Lay Member for Governance and Margy Woodhead, Lay Member for PPI would extend their tenure for a full three year term, whilst Simon Mellor, Secondary Care Doctor would remain in his role for a further 12 months initially. PR highlighted the positive news for the CCG which would ensure that the organisational memory was retained and that there was continuation of the sound governance and communication at Governing Body level and thanked John, Margy and Simon for their continued support, input and challenge provided to the CCG.
**Agenda Item 4.1**

<table>
<thead>
<tr>
<th>NHS Properties</th>
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<tr>
<td>PR advised that three properties had been discussed at the Joint Director’s Meeting which had been transferred to NHS Property in 2013 as part of the dissolution of the PCT. NHS Property Services wrote to the CCG to advise that the properties were vacant and asked if the CCG had any future intentions to the use of the properties. Following discussion it was agreed that there were no plans going forward from the CCG, therefore NHS Property Services could dispense with these properties accordingly.</td>
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The Governing Body duly received and noted the Chair’s Report.

6. **Clinical Accountable Officer’s Report**

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<tr>
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<tr>
<td><strong>Primary Care</strong></td>
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<td>AB highlighted that Stoke-on-Trent and North Staffordshire CCGs were making good progress on developing a primary care strategy that would sit within a broader pan Staffordshire primary care strategy. The strategy would provide a clear vision for primary care and co-commissioning and the role that the Federation and the primary care professions would play in the development and delivery of new models of care across Staffordshire.</td>
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The Staffordshire CCGs’ application for Level 2 co-commissioning had been accepted by NHS England and the CCG would be working towards Level 3 across Staffordshire by April 2017 at the latest. It was noted that the Staffordshire CCGs would work ever more closely through co-commissioning with the NHS England North Midlands Area Team to enable primary care to play an even more pivotal and effective role in shaping and providing healthcare services, recognising that it was critical given the increasing pressure on primary care that practices were adequately resourced to do so. A Primary Care Strategy was being produced and would be presented to the Governing Body in February 2016.

<table>
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<th>My Care, My Way – Home First</th>
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<tr>
<td>AB advised that the Case for Change for ‘My Care, My Way – Home First’ was approved by NHS England in early October. This was necessary before the formal consultation was started. The Case for Change concerned the new model of care and the shift of community services and in particular intermediate care, into the community and people’s homes. Whilst this would impact on the use of community beds for intermediate care, any consultation on community beds and hospitals would now be part of the consultation on the Staffordshire transformation programme, ‘We’re Better Together’, which would be the vehicle to drive provider transformation and configuration across Staffordshire and Stoke-on-Trent. The first draft ‘We’re Better Together’ Case for Change would be submitted to NHS England at the end of December 2015.</td>
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<td>AB advised that the urgent care system remained under significant and sustained pressure and the monthly 95% quality metric had not been met within 2015/16. As a result, all contractual levers had been put in place and a Remedial Action Plan had been agreed between Commissioners and the Provider. Diagnostics on the system were being undertaken through an ECIP (Emergency Care Improvement Programme).</td>
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It was confirmed that the System Winter Plan was presented to the Staffordshire System
Resilience Group (SRG) and through this collective review and constructive challenge process; the plan would be strengthened in four areas (additionality, workforce resilience, contingencies and escalation bed capacity in the community). This would be monitored on a weekly basis. A key component of the System Winter Plan was the patient communication activities, which would assist our patients with self-care and to access the most clinical suitable service for their needs.

**Financial Recovery**
AB advised that the CCG had made good progress in the delivery of its financial plan to date. The requirement from NHS England was for the CCG to achieve the planned surplus position of £3.73m and the CCG continued to maintain a tight grip on its financial position through a fortnightly Financial Recovery Group, which was run jointly with North Staffordshire CCG. This enabled close scrutiny of performance against the Financial Recovery Plan (FRP) and provided the opportunity for deep dives into areas of concern. In addition, there was a weekly Performance and Delivery Steering Group, which supports and holds to account the leads for the schemes that constitute the FRP.

**Patient Transport Services**
AB advised that on the 25th August 2015 a Performance Notice was served to NSL due to breach of KPIs. Following this, on the 9th & 25th September, Governing Bodies of co-ordinating commissioners were informed that the Remedial Action Plan (RAP) had not been agreed. In line with contractual process Commissioners had the option to withhold a temporary 2% of contract value until the RAP was agreed, however Commissioners chose not to withhold funds as the agreement of the RAP was imminent.

On the 9th November 2015 a revised RAP was submitted to Commissioners with actions and trajectory for the achievement of agreed quality standards was jointly agreed between the Provider and the Coordinating Commissioner.

Co-ordinating Commissioners will monitor the progress of the actions being taken to achieve the trajectory on a monthly basis. In line with Contractual agreements financial penalties will be imposed for non-achievement.

**DEVELOPMENT**
Chairman
AB confirmed that Dr Prasad Rao would be stepping down in his role as CCG Chair for Stoke-on-Trent CCG at the end of his tenure period and thanked Prasad for all of the hard work and commitment he had shown in leading the CCG from authorisation to where it is today, leading the CCG with panache and holding the reins for the membership and the stakeholders.

Prasad had supported not only members of the CCG but also the membership, the local population of Stoke-on-Trent and the Local Health Economy and encouraged the close clinical working that the CCG was extremely proud of, whilst showing strong leadership throughout the difficult financial times and helping to create a strong and efficient CCG. AB highlighted that Prasad had extended his original tenure period in order to keep the continuity and to retain the stability of the CCG. The recruitment process for a new Chair was underway. It was anticipated the successful Chair would commence in post in early 2016, following the necessary appointment checks. A formal announcement on the successful candidate would be issued once this appointment was confirmed.

**Specialised Collaborative Commissioning Oversight Group Membership**
AB advised that the Specialised Collaborative Commissioning Oversight Group (SCCOG)
was a group established by agreement of the Commissioners in order to discuss matters relating to the commissioning of Specialised Services. The membership includes NHS England, CCG representatives covering each geographical area, Public Health representative, a Public and Patient Representative, and Co-opted members, such as Strategic Clinical Networks and sub-regional hub colleagues for other areas of direct commissioning, as and when required. The Group is responsible for providing advice and recommendations to NHS England in relation to the commissioning of Specialised Services within the Hub.

Both Stoke-on-Trent CCG and North Staffordshire CCGs had signed agreements to participate in the group and have appointed Sharon King (Senior Commissioning Manager) and Dr Steve Fawcett (Clinical Director Acute Services), as representatives who would take responsibility for communication, engagement and gaining information from across the CCGs in order to adequately represent their views at the SCCOG.

DIRECTION
Chairs Reports
AB highlighted the key areas of business undertaken since the last Governing Body at the Organisational Development Committee, the Executive Forum, and the Joint Planning Committee.

Community Gynaecology Service
The Executive Forum duly approved the 24 month extension to the current contract.

Crisis Care Concordat – Updated Action Plan
The Crisis Care Concordat Updated Action Plan was presented to the Executive Forum to advise members of the proposed amendments to the Crisis Care Concordat Action Plan for Northern Staffordshire, and the process to complete the recommendations made by the Minister for Community and Social Care for submitting the plans to the national website.

Mental Health And Wellbeing Strategy: Implementation Plan
The report was presented to the Executive Forum to advise of the progress to date in the development of an Implementation plan that will start to deliver the outcomes set out in the Mental Health and Wellbeing Strategy.

Transforming Care Update
The report was presented to update on the CCGs current position with regard to the Transforming Care agenda and progress against NHS England trajectory for reduction of the learning disability inpatient cohort for delivery in 2015 / 2016.

Primary Care Strategy
It was highlighted that the strategy was expected to be completed by the end of December 2015 and that the objective was to provide a system wide strategic direction for Primary Care across Northern Staffordshire. In addition, the Northern Staffordshire Primary Care Strategy would integrate into the Pan Staffordshire Primary Care Strategy.

Joint Strategy
An update on the development of the Northern Staffordshire Strategy was presented to the Joint Planning Committee which outlined the proposed structure of the strategy and timeline for completion. The Joint Planning Committee **approved** the approach for the Joint Strategy and engagement with the recommendation that it be ratified at both CCG Governing Bodies once completed.
The Governing Body duly **received** and **noted** the Clinical Accountable Officer’s Report and **ratified** the decisions made at the Sub Committee’s as detailed as above.

### 7. Staffordshire Commissioning Congress: Progress Report

RS presented the report to update the Governing Body on the progress on the Transformation Programme and the timelines and process for developing the case for change. Details as follows:

RS advised that The Transformation Programme was established as a system wide response to the challenges facing the Staffordshire and Stoke-on-Trent health and care economies and the external view that many of the solutions lay in collaborative planning. The Programme was developing at pace and there was emerging clarity on what the transformational projects were and how this linked to individual CCG plans and business. There was mutual accountability between the CCGs. The Transformation Programme would provide increased benefits to the CCGs and a pooled resource would make it easier to manage improvements with Providers.

RS provided an update around the work streams noting that Stoke-on-Trent would be leading on Frail and Elderly and Long Term Conditions.

RS highlighted that the diagram attached as appendix 1 had been updated following the circulation of the report, and that an updated version would be circulated following the meeting. **ACTION:** RS to send to RB for circulation.

There was a need to create a clear outcome statement for each of the work streams and to look at work both locally and nationally in order to ensure that there was a fully informed Programme in place. There was a need to set milestones to ensure that there was clinical sustainability and to close the financial gap. This would be a five year process but a large volume of the delivery would be in 2016/2017 with the longer term changes taking place in 2017/2018.

RS advised that (1) the basic governance processes had been established for the Programme; (2) the Terms of Reference of the Collaborative Commissioning Congress (CCC) had been through various iterations and legal advice had been sought to set the CCC up as a Committee in Common; (3) delegation to the CCC would be through the individual senior representative; (4) work was ongoing with individual CCGs to agree the final definition of Category 1 and Category 2 decisions. (Category 1 decisions are those required to go back to statutory organisations); (5) workstream leads meetings and the Transformation Board had been established; (6) individual workstreams have Boards or Steering Groups. Enabling Workstreams would need to establish such groups and the core team will be working with leads; (7) clear sovereignty of CCGs would remain; and (8) the Terms of Reference of the Clinical Leaders Group would be finalised shortly.

RS highlighted that the first major deliverable for the programme was the Case for Change Document. The timescale for this to be shared with NHSE is challenging, therefore, there was a recognition that it would not be formally signed off by organisations until January. A Leadership Summit is planned for 15th December, to which Chairs and Accountable Officers are invited. A draft will be shared before that date to allow internal review. CCGs may choose to have specific meetings or extraordinary meetings of the Governing Bodies to discuss.

A discussion took place around (1) the category 1 / category 2 decisions; (2) the need to clarify the descriptors particularly in relation to the decision making linked to prioritisation; (3)
the need for good communication and engagement with the local population of Stoke-on-Trent; (4) the involvement of Healthwatch; (5) the need to ensure that learning had been taken from previous engagement events where communication had been poor; (6) that although transformation is part of the ‘CCG day job’, the need to ensure that other priorities were not side-lined as a result of this work; (7) the need to engage the Clinical Directors; (8) the recruitment of the Clinical Leads; and (9) the Programme resource.

RS advised that the Transformation Team would comprise of CCG representation and although this would be at cost to the CCG, ultimately the work would reduce duplication and ensure that the CCGs worked smarter and more efficiently. A cloud based management tool would be used, to ensure that teams could work together and to achieve the outcomes. A workshop would be held in the New year around Leadership behaviours and OD.

PR confirmed that the CCGs were fully behind the Transformational Programme.

AB advised that a Leadership Event would be held on the 15th December and that the draft report would be circulated prior to the event to allow members to feed their comments back.

PR requested questions from the public.

Ian Syme raised concerns around the resource for the Programme and the need to be open and transparent around the discussions taking place.

RS advised that the Programme had only recently been developed and it was agreed that transparency was critical at all stages. A website was being established that would be up and running in the New Year and it would be ensured that there would be patient and public voice within the decision making framework. The behaviour concordat would help to hold a mirror up to each organisation and would allow the focus to be on the system not the organisational boundaries.

The Governing Body duly received and noted the Staffordshire Commissioning Congress: Progress Report.

8. Finance Report

IS presented the finance report to highlight the month financial monitoring position and the initial forecast outturn position based on month 7 Acute data. Details as follows:

IS advised that (1) the reported forecast outturn position to the year-end remained at the planned level of £3.7m surplus, but that the CCG would need to deliver the QIPP, the majority of which is scheduled for delivery in the latter part of the year and manage risks that were arising/forecast to arise to achieve this; (2) the cumulative surplus to month 7 position was £654k which was slightly better than the planned position for this point in the year; (3) all plans assumed that any contingent sums were applied e.g. full utilisation in full of the 0.5% contingency of £1.8m; (4) forecast out-turn positions were now built into all areas of Programme expenditure; (5) the Step Up and Step Down contract variation had not been signed at the expected levels; and (6) the Financial Turnaround processes now explicitly focuses on 3 areas: The range of financial delivery across current plans, progressing current QIPP plans and focussing on new areas of financial saving.

IS highlighted that the executive summary and dashboard included within the report indicated a generally positive position, but with areas of concern on forecast QIPP delivery and areas of risk that would have a financial impact. It was highlighted that whilst the delivery against plan
to date was on track, the forecast for the remainder of the financial year was under considerable strain. As a result the CCG had determined that it needed to self-impose the processes of financial recovery. The Financial Recovery Group met on 18th November 2015 and discussed the updated Financial Recovery (2015/16) for both Stoke-on-Trent CCG and North Staffordshire CCG.

IS advised that the expenditure pressures within the planned budget levels were also evident within the Systems Resilience Schemes and potentially posed a further risk to the CCG’s planned positions. These issues were currently being worked through with the Systems Resilience Group.

IS confirmed that the underlying position for the CCG remained strong at an estimated 2.63% of its recurrent resource, which was a positive position moving into the 2016/17 planning round, but the CCG must remain aware of the impact that any deviation from this year’s plan may have on that position.

JH welcomed the new style reporting from the Finance Team and advised members that the Finance Recovery Group had met earlier that day and could assure members that the appropriate rigour was being applied across the Financial Recovery Plan Schemes. The processes in place to underpin QIPP were sufficiently robust, but here was a need to remain focussed as there were significant issues facing the CCG. It was important that the Governing Body were made aware of the pressures and mitigations in place and to examine the 2016/2017 and 2017/2018 plans and ensure that the lessons are learnt. A detailed update should be provided within the February report. **ACTION:** IS to ensure February’s report is detailed.

IS confirmed that the Governing Body would continue to be made aware of the issues and advised that a line by line analysis had been undertaken regarding Step Up Step Down. The next report would include more granular detail to provide assurance to members and to allow the pertinent questions to be asked.

AB highlighted that the Turnaround Director had been appointed and that this was providing additional capacity to the finance team.

The Governing Body duly **noted** the CCG’s month 7 position which stands at £654k surplus. Slightly better than the planned £631k surplus position at month 7; **noted** the CCG’s forecast outturn position which is in line with the planned surplus of £3.7m; **noted** the contract performance at University Hospitals North Midlands Hospitals Trust; and **noted** the current and forecast performance against the QIPP programme, together with the requirements to progress Financial Turnaround Actions.

9. **Governing Body Assurance Report**

The report was presented to provide assurance to the Governing Body on the CCGs performance against quality metrics, NHS Constitution targets and NHS Outcomes Framework indicators. Details as follows:

SF advised that the report offered assurance to the Governing Body on the CCGs performance against quality metrics, NHS Constitution targets and NHS Outcomes Framework indicators. The report was by exception and included only those indicators that were currently at risk or failing with narrative on key risks, actions and assurance included.

The following indicators were included as at risk (1) A&E four hour wait; (2) admitted patients
to start treatment within a maximum of 18 weeks from referral; (3) non admitted patients to start treatment within a maximum of 18 weeks from referral; (4) patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral; (5) maximum two week wait for first outpatients referred urgently for breast symptoms (where cancer was not initially suspected); (6) maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers; (7) maximum 31 day wait for subsequent treatment where that treatment is surgery; (8) maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer; (9) cancelled operations; and (10) recovery rate for individuals who access psychological therapies (IAPT).

A&E - A discussion took place around (1) the number of 12 hour breaches; (2) the work with ECIP around the flow through the Hospital; (3) the high conversion rates; (4) the activity levels which were higher than expected compared to last year; and (5) the number of work streams and action plans in place.

Referral to Treatment – UHNM had revised their trajectory and were now predicting achievement of all 31 days targets by January and 62 day from GP referral by March 2016. LHE actions Remedial action plans for both 31 day (overall and surgery) and 62 day from GP referral targets had been agreed.

Cancer – Following receipt of the recent national tripartite letter concerning the 62 day cancer standard, 19 providers nationally had submitted their improvement plan to deliver the 62 day standard, UHNM’s plan was assured.

A discussion took place around (1) the A&E conversion rates; (2) the flow through the hospital; (3) the need to manage more patients in the Community; (4) the need to ensure that patients that do not require admittance are not admitted; and (5) the need to manage the whole system effectively and to understand the capacity levels within the Providers.

VL highlighted the work being undertaken by Healthwatch around admission avoidance and how best to advise patients to access the right support. It was agreed that support would be provided from the CCG to Healthwatch. **ACTION:** VL to link with Dave Sanzeri, Head of Commissioning Community Services.

### Mental Health

**IAPT** – Performance had improved in October and the target had been achieved.

**Recovery Rate** – The target was not achieved. Formal contract queries were raised and there was continued work with Providers to ensure that patients were being seen.

**Transforming Care** – WA advised that the CCG had a higher number of patients than other local CCGs due to historical issues such as the resettlement of St Edwards, and a number of patients had been residing in accommodation for a large number of years. A small number of patients had been placed in out of area services due to the complex nature of their needs. Patients had also stepped down to CCG commissioning responsibility from Specialised Commissioning colleagues. NHSE have given each CCG a target trajectory to achieve discharges for their Transforming Care cohort, and although Stoke had missed month by month trajectory targets in October and November it remained on course to achieve required number of discharges by April 16. An Action Plan had been produced and submitted to NHSE. Currently 2 areas were RAG rated “red”, not achieving targeted discharge dates and future community model of services.

It was agreed that written reports would be received to the Governing Body as a standing
Agenda Item 4.1

<table>
<thead>
<tr>
<th>Action</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTION:</strong> WA to produce and RB to include as a standing agenda item. The report would include an update on the number of patients from Specialised Commissioning that would be stepped down to Stoke-on-Trent CCGs responsibility.</td>
<td></td>
</tr>
<tr>
<td><strong>The Governing Body duly received and noted the Governing Body Assurance Report.</strong></td>
<td></td>
</tr>
</tbody>
</table>

**10.1 Quality Open Report – 14th October 2015**

JD presented the report to support the delivery of the CCG vision of ensuring consistent high quality and safe care; and to provide assurance that the structures and processes are in place for sustaining and improving all three domains of quality; positive patient experience, safety and clinical effectiveness. Details as follows:

**Patient Story**
The patient and the Head of Quality and Governance at Stoke-on-Trent CCG met with the Director of Nursing and Quality and the Patient Experience Lead from UHNM to summarise the themes that had arisen within the story, which triangulated with the themes within the CQC Report and the Patient Survey and would be taken forward as part of the action plans.

**Infection Prevention and Control**
JD advised that The Joint Quality Committee received an update in relation to MRSA and C Difficile for the CCG and its Providers and confirmed that Infection Prevention and Control continued to be included on the CCG Risk Register focussing on patient experience and safety.

JD confirmed that the Head of Infection Prevention and Control (HIPC) had formed a short life working group involving all stakeholders across the health economy to agree how best to reduce the local incidence of CDI and continued to monitor this closely on a daily and weekly basis. The C Difficile Recovery Plan would be presented to the next meeting of the Quality Committee.

**Patient Safety Alert**
A Patient Safety Alert had been received during September entitled ‘Addressing antimicrobial resistance through implementation of an antimicrobial stewardship programme’. Actions were required for all organisations providing NHS funded care where antibiotics are prescribed, dispensed or administered. These actions are required to commence immediately and to be completed by the 31st March 2016.

**Inclusion of Nursing on the Shortage Occupation List**
On the 15th October 2015, it was announced that the Home Secretary had agreed to the inclusion of nursing on the shortage occupation list. This was an interim measure whilst the Migration Advisory Committee (MAC) conduct a review of nurse supply and demand to determine whether nursing should be included on the list beyond this interim period. The MAC have been asked to report to the Home Office by 15 February 2016.

**Learning and Development**
JD advised that (1) 19 HCA staff across both CCGs were undertaking either module 1 or 2 of the HCA award commencing October 2015, which includes some of the new staff.
Agenda Item 4.1

appointments; (2) the New Practice Nurse Course commenced October 2015; (3) Keele University was offering a new BSc (Hons) Clinical Practice / Graduate Certificate – Fundamentals in General Practice Nursing; and (4) the CCG was aware of the challenges facing general practice in respect of releasing staff for training opportunities. The funding stream available previously from NHS England which supported first year salary contribution and training bursaries was no longer available to practices.

The Governing Body duly received and noted the Quality Open Report.

10.2 Quality Report (Open) – 11th November 2015

<table>
<thead>
<tr>
<th>JD highlighted the key areas (focusing on Stoke-on-Trent CCG) discussed at the November 2015 meeting. Details as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infection Prevention and Control (IPC) Work Plan</strong></td>
</tr>
<tr>
<td>JD advised that (1) a verbal update was provided as part of a deep dive into Infection Prevention Control; (2) the Head of Infection Prevention and Control (HIPC) presented the monthly IPC report and quarter 1 report and described actions taken as part of the IPC Work Plan; (3) an event was planned in January 2016 to bring together all stakeholders, NHS England, the Trust Development Authority and commissioners to focus on the work being undertaken and the actions required as a local health economy to improve this position; (4) Infection Prevention and Control continue to be included on the CCG Risk Register focussing on patient experience and safety; and (5) it was agreed that the two risks on the CCG Risk Register relating to MRSA and C Difficile would be reviewed and updated accordingly.</td>
</tr>
<tr>
<td><strong>North Staffordshire Combined Healthcare NHS Trust (NSCHT)</strong></td>
</tr>
<tr>
<td>JD highlighted that safer staffing had been discussed at recent CQRM’s with assurance received that these had also been reviewed by NSCHT Quality Committee and Trust Board, with the information available on the Trust’s website. The Care Quality Commission carried out a comprehensive inspection which included an announced inspection. Representatives from North Staffordshire CCG and Stoke-on-Trent CCG met with the CQC inspectors to share soft intelligence, areas of good practice and areas for development ahead of the announced inspection as part of their stakeholder engagement. The Quality Summit following the Comprehensive Inspection had been rescheduled.</td>
</tr>
<tr>
<td><strong>Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP)</strong></td>
</tr>
<tr>
<td>The Care Quality Commission commenced their comprehensive inspection which included an announced inspection visit. Representatives from North Staffordshire CCG and Stoke-on-Trent CCG met with the CQC inspectors to share soft intelligence, areas of good practice and areas for development ahead of the announced inspection as part of their stakeholder engagement.</td>
</tr>
<tr>
<td><strong>University Hospitals of North Midlands NHS Trust (UHNM)</strong></td>
</tr>
<tr>
<td>Following the publication of the Care Quality Commission (CQC) Inspection Quality Report on the 28th July 2015 with the CQC rating the Trust as ‘requires improvement’, the CQC report was received at the August CQRM and a subsequent action plan received in October, with further focus at the December meeting to give assurance that recommendations were being measured and how UHNM were implementing these actions.</td>
</tr>
<tr>
<td><strong>Serious Incident Policy Update</strong></td>
</tr>
<tr>
<td>JD highlighted the progress being made to review the CCG’s Serious Incident Policy following the release of the national guidance noting that this was progressing on a local health economy basis to ensure revised policies focus on the learning from serious incidents rather...</td>
</tr>
</tbody>
</table>
Agenda Item 4.1

than the number. The revised policy would be submitted to the Quality Committee for review at a future meeting prior to ratification by the Governing Body, to be implemented with the new contracts from the 1st April 2016.

AB welcomed the review into Infection Prevention and Control as there was a need to ensure that the plan is as robust as other areas. It was agreed that anti-microbial were key and to ensure that there were no lapses in patient care.

VL questioned if the Quality Summit that had been postponed would take place prior to Christmas and if assurance was being sought around how the Trust Workforce Toolkit was being utilised, as there was a need to ensure that inductions were taking place and that mentorship was in place to provide assurance that staff were supported effectively in order to deliver the service effectively. The public wanted assurance that this process was being managed correctly.

JD confirmed that the Quality Summit would now take place after the Christmas period and that a deep dive would take place around the Workforce Toolkit.

VL highlighted that the data from the survey undertaken in UHNM around patient experience and waiting times was currently being analysed but overall appeared to be positive.

**Safeguarding Children**

LR advised that an action plan had been submitted and no further actions had been requested, therefore this would not need further review and could be implemented.

The Governing Body duly received and noted the Quality Report.

<table>
<thead>
<tr>
<th>11. REVISED ASSURANCE FRAMEWORK 2015 / 2016</th>
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<tbody>
<tr>
<td>LT presented the identified principle risks which, if not mitigated against, may stop the CCG in achieving its strategic objectives. Details as follows:</td>
</tr>
<tr>
<td>LT advised that during 2015, the CCG had been working with North Staffordshire CCG to review the contents of each Assurance Framework and Risk Register and to align those risks that were applicable to both CCGs, to enable one risk register to be maintained.</td>
</tr>
<tr>
<td>A new electronic Assurance Framework Risk Register had been constructed by the Informatics Team which would allow staff across Stoke-on-Trent CCG and North Staffordshire to access one Risk Register to add and review risks ‘live’. This system had been streamlined to allow risks to be applicable to one, or both CCGs, and allowed risks to be allocated to each CCG’s strategic objectives. This maintained the clear link to each CCG’s own objectives and ensured sovereignty to its Governing Body, whilst reducing the workload for staff members who may lead on the same risk for each organisation, allowing them to review and update their risks once where possible.</td>
</tr>
<tr>
<td>The Framework identified the 8 principle risks to the CCG which if not mitigated against, may threaten each CCGs strategic objectives. Risk scores had been identified for each risk, along with risk owners and Board level leads, and work had commenced to populate the controls, assurances, gaps and actions to mitigate these risks, all of which were a focus of the Governing Body meeting agenda.</td>
</tr>
<tr>
<td>The Audit Committee received the revised draft Assurance Framework at its meeting on the 20th October 2015, and would continue to review this as a standing agenda item at each</td>
</tr>
</tbody>
</table>
Agenda Item 4.1

quarterly meeting, requesting exception reports, and attendance from executive leads to present where further assurance was required.

SC requested that the narrative of Risk ID 66 be reworded. ACTION: LT to review and update.

JH raised concerns around the joint framework and the differences between risks in each individual CCG.

LT advised that although the framework was joint, there was a clear separation and risks could be reviewed together and separately where required.

AB thanked LT and the team for the work undertaken to create the Assurance Framework.

The Governing Body duly adopted the contents of the revised Assurance Framework 2015 / 2016 and recognised the work being undertaken with North Staffordshire CCG to align the assurance framework and risk register.

12. Audit Committee Chair’s Report – Meeting Held On The 20th October 2015

JH presented the report to provide the Governing Body with an update of issues discussed at the Audit Committee meeting held on the 20th October 2015. Details as follows:

JH advised that report highlighted the key issues discussed at each meeting, in line with its Terms of Reference and key responsibilities to provide the Governing Body with formal assurance on the CCGs, systems and processes reviewed by the Audit Committee, to highlight any areas of concern and support the preparation of the Annual Governance Statement for inclusion in the Annual Report and Accounts.

Internal Audit Report
JH referred to the progress report against the Internal Audit Plan for 2015 / 2016 and highlighted the key areas of risk.

Delivery of the CCG Financial Recovery Plan (FRP) – Phase 1 (Advisory)
JH advised that members (1) noted the progress in relation to the workbooks; (2) noted the elements of disconnect of the information being planned as part of the scheme workbooks not being consistently monitored through each of the various reporting forums was noted; and (3) noted the differing levels of performance around the QIPP schemes at this point in the year and the need to ensure the schemes were being monitored accordingly.

JH advised that whilst Audit Committee members noted the development of the PMO structure and the improvement in the workbooks, members were not yet fully assured and exception reports had been requested for the next meeting to provide further assurance. Members noted the risk of the delivery of many elements of the QIPP Programme towards the latter end of the year and requested that the Finance Recovery Group increase the focus on this to include monitoring and management of any slippage. It was agreed that the Internal Audit Final Reports should be submitted to FRG and the Performance and Delivery Steering Group (PDSG) to aid these discussions. In addition, members requested an exception report on QIPP at its next meeting to be presented by a member of the Executive Team given the risk of any slippage in the QIPP Programme.

IS highlighted that the concerns in relation to the Better Care Fund had now been addressed and a detailed update would be provided to the next meeting of the Audit Committee.
### Declaration of Interest

The Audit Committee was pleased to note that declarations of interests' remained an area of discussion between the Clinical Accountable Officer and Directors as appropriate during 1:1 meetings, to ensure reporting within the CCG was accurate, open and transparent and up-to-date. The DOI register had been reviewed and updated by members since the last meeting as is standard practice within the CCG. A comparison of any new or amended interests against information contained within Companies House would be undertaken on a quarterly basis or as declared. It was agreed that the controls and assurances had been adequately strengthened and that no further work was currently required.


JH highlighted that 75 FOI requests were received which was an increase from 54 in the previous quarter. It was noted that the complexity of FOIs had increased and that performance in relation to response times remained lower than expected. Concerns had been raised with the Midlands and Lancashire Commissioning Support Unit regarding response times; however the Committee were concerned that internal controls within the FOI Team are not sufficiently robust to ensure that these FOIs are actively being monitored and responded to accordingly. It was agreed that the CCG should expedite this in the form of a letter from the Chair of the Audit Committee to the CSU, to seek assurance on the proposals and actions to improve this service along with the associated timeframe for implementation of any actions. Following the meeting a response had been received from the CSU which provided assurances.

### Annual Report and Accounts Timeline 2015 / 2016

JH advised that members had considered the Annual Report and Accounts 2015 / 2016 submission timetable for 2015 / 2016 noting the deadline dates of 22nd April 2016 for the draft submission, and the 27th May 2016 for the audited final submission. Members supported the programme of Audit Committee meetings provisionally scheduled to support this timetable, and received confirmation from External Audit that the schedule was appropriate for the necessary audit work to be completed. It was agreed that the meetings would remain individual to each CCG to ensure that the correct level of scrutiny would be undertaken.

JH highlighted a discussion that had taken place at the Finance Recovery Group and the financial challenges faced to the CCG, and as a result there was a need to ensure that the Governing Body were engaged in the process. Therefore it was suggested that the Audit Committee proposed to review the Annual Report and Accounts with delegated responsibility of the Governing Body, be widened to include voting members of the Governing Body.

It was agreed by the Governing Body that the Audit Committee have delegated responsibility for the Annual Report and Accounts for 2015 / 2016 however that the Governing Body voting members be invited to attend this meeting of the Audit Committee to widen the attendance and involvement to Governing Body level. **ACTION:** RB to send invitations to members.

PR thanked JH for the work done by the Audit Committee.

The Governing Body duly **noted** the contents of the Audit Committee Chair’s report of the meeting held on the 20th October 2015, and **confirmed** delegated responsibility to the Audit Committee to review and approve the Annual Report and Accounts 2015 / 2016 following the widening of the invite to include GB voting members, as per its delegation for the period 2014 / 2015 due to the timings of meetings.
13. **Equality & Inclusion Progress Report**

SC presented the report to inform the Governing Body of progress on the equality performance of Stoke-on-Trent Clinical Commissioning Group including delivery against the Public Sector Equality Duty (PSED 2011) and compliance assurance for (1) EDS (Equality Delivery System); (2) WRES (Workplace Race Equality Standard); (3) Equality & Inclusion 6 monthly progress report; and (4) Annual Equality & Inclusion Publication (Jan 2016). Details as follows:

SC advised that (1) Stoke-on-Trent CCG held its first EDS Annual Public Grading jointly with North Staffordshire CCG on the 27th October 2015; (2) the CCGs agreed that the focus would be on Goal 1: Better health outcomes; and Goal 4: Inclusive leadership at all levels; (3) evidence was available on each CCG website seven days in advance of the Public Grading; (4) senior staff and clinical leads from across both CCGs gave a presentation of summary evidence to trained EDS Stakeholders on the day; and (5) a joint EDS Grading Report had been produced and presented to the Joint Organisational Development Committee.

The CCG submitted an Annual WRES Report to NHS England by the compliance deadline of the 1st July 2015 and following this, a WRES Action Plan was developed which included reporting transparently on nine required metrics for workforce reporting on race. This had been supported by the Clinical Accountable Officer and the Joint ODC.

The Equality & Inclusion 6 monthly progress report was presented to the Joint Organisational Development Committee on 17th November 2015 and focussed on how both CCGs had continued to deliver each of their Equality Objectives and the PSED (Public Sector Equality Duty).

**Annual Equality & Inclusion Publication (Jan 2016)**

Following review at the Joint ODC held on the 17th November 2015, the draft Annual Equality and Inclusion Publication for Stoke-on-Trent CCG was approved for ratification by the Governing Body.

VL raised concerns around the engagement methods and the need to look at how this is undertaken particularly with hard to reach groups. **ACTION:** Concerns to be fed back to Julia Allen at the next CCG Organisational Development Committee.

A discussion took place around (1) the engagement with both Staffordshire and Stoke-on-Trent Healthwatch; (2) the changing demographic of the City; (3) the need to ensure that the needs of the population were being met; (4) the need to capture data in year rather than retrospectively; and (5) the need to ensure that the correct questions are being asked regarding diversity of people accessing the services.

IS highlighted that the number of Practices within the report was incorrect. **ACTION:** Comms to liaise directly with Julia Allen prior to uploading to the website.

The Governing Body duly (1) noted the outcome of the Joint EDS Annual Public Grading, and in particular ratify the EDS Grading Report and EDS Summary Dashboard Report for submission to NHS England; (2) noted the progress in relation to WRES and in particular the approval of the WRES Action Plan by the Joint ODC; (3) ratified the Annual Equality and Inclusion Publication following review by the Joint ODC and noted that this will be made publically available on the CCG website by the 31st January 2016; and (4) noted that Equality and Inclusion was delegated to the Joint ODC who would review and monitor progress on a regular basis and report to Governing Body as appropriate.
14. **Patient And Public Involvement (PPI) / Patient Congress Update**

   It was advised that the PPI update would be deferred until the February meeting.

16. **Questions From The Public**

   Ian Syme wished PR well for the future and highlighted that he would be greatly missed form the role and had served the local population well during his tenure.

   Ian Syme raised concerns that further spending reviews could negatively impact the CCG strategies.

   IS highlighted the real term growth and the ongoing work to deliver the strategies. Scenarios were being worked up and clear messages would be communicated through the Governing Bodies. This was not an isolated local issue.

   Ian Syme raised concerns around NSL Patient Transport Services and the Remedial Action Plan and the risk to the Provider.

   SF advised that there had been no modification to the contract. Performance targets had been set and if these were not achieved then further action would be taken.

   Dave Blackhurst advised that he had been informed that NSL were not interested in renewing their contract after July 2016 and questioned what assurances were in place around their performance up to this point.

   SF advised that there were risks at the end of all contracts but these would be monitored carefully to ensure that there was no slippage. There would be financial penalties if slippage did occur.

   Dave Blackhurst raised concerns around the RTT performance and questioned how long the £440k would be withheld.

   IS advised that this was a temporary measure until performance improved. A new RAP had been implemented to ensure delivery of targets.

   SF advised that this was part of the Pan Staffordshire work, as part of the Planned Care work stream and support was being provided.

   SC advised that this worked the same way as the Cancer RAP.

   Ian Syme questioned how the 4 hour target and LHE trajectory was measured.

   SC advised that Providers were measured separately to gain detailed understanding but the target was measured as an aggregate.

17. **Date, time and venue of next meeting**

   Tuesday 2nd February 2016 at 1.30pm in The Minton Room, Stoke-on-Trent CCG, Herbert Minton Building, 79 London Road, Stoke-on-Trent.

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All parties should note that the minutes of the meeting are for record purposes only. Any action required should be noted by the parties concerned during the course of the meeting and actions carried out promptly without waiting for the issue of the minutes.

These minutes are signed as being a true record of the meeting, subject to any necessary amendments being made, which will, if any, be recorded in the following meeting’s minutes.
### Action Tracker 2nd February 2016 (Public Meeting)

<table>
<thead>
<tr>
<th>MEETING DATE</th>
<th>REFERENCE</th>
<th>AGENDA ITEM</th>
<th>Action</th>
<th>Responsible Officer</th>
<th>Outcome / update</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd December</td>
<td>7</td>
<td>Staffordshire Commissioning Congress: Progress Report</td>
<td>To circulate the updated appendix 1 to members</td>
<td>Rita Symmons</td>
<td>Circulated within Terms of Reference on the 16th December 2015.</td>
</tr>
<tr>
<td>2nd December</td>
<td>8</td>
<td>Finance report</td>
<td>To ensure a detailed report is provided to February’s meeting.</td>
<td>Iain Stoddart</td>
<td>The finance report is enclosed within the papers.</td>
</tr>
<tr>
<td>2nd December</td>
<td>9</td>
<td>Governing Body Assurance Report</td>
<td>VL highlighted the work being undertaken by Healthwatch around admission avoidance and how best to advise patients to access the right support. It was agreed that support would be provided from the CCG to Healthwatch. VL to link with Dave Sanzeri, Head of Commissioning Community Services.</td>
<td>Val Lewis</td>
<td>Completed</td>
</tr>
<tr>
<td>2nd December</td>
<td>10</td>
<td>Transforming Care</td>
<td>To include as a standing agenda item at future meetings.</td>
<td>Dr Waheed Abbasi</td>
<td>Included a standing agenda item.</td>
</tr>
<tr>
<td>2nd December</td>
<td>11</td>
<td>Revised Assurance Framework 2015 / 2016</td>
<td>The narrative of Risk ID 66 be reworded. LT to review and update.</td>
<td>Lisa Taylor</td>
<td>Completed</td>
</tr>
<tr>
<td>2nd December</td>
<td>12</td>
<td>Audit Committee Chair’s Report – Meeting Held On The 20th October 2015</td>
<td>Governing Body voting members be invited to attend the meeting of the Audit Committee to approve the Annual Accounts.</td>
<td>Rachel Barker</td>
<td>Completed</td>
</tr>
<tr>
<td>2nd December</td>
<td>13</td>
<td>Equality &amp; Inclusion Progress Report</td>
<td>Clarification around engagement methods with Protected Groups was requested.</td>
<td>Julia Allen</td>
<td>Updated report included within the agenda. The E&amp;I Strategy is not in</td>
</tr>
<tr>
<td>Comms Team</td>
<td>Comms to liaise directly with Julia Allen prior to uploading to the website regarding the final version of the report to ensure that all information was correct.</td>
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<td></td>
<td>Comms Team final draft and engagement is ongoing. Meeting to be arranged with Sally Parkin to identify an existing stakeholder meeting at which to engage with protected group reps for further feedback on the strategy.</td>
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<td></td>
<td>Completed</td>
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</table>
**ENCLOSURE:** 5

<table>
<thead>
<tr>
<th>AUTHOR</th>
<th>REPORTING OFFICER /DIRECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Rachel Barker</td>
</tr>
<tr>
<td>Title</td>
<td>Executive Assistant</td>
</tr>
<tr>
<td>Name</td>
<td>Dr Ruth Chambers OBE</td>
</tr>
<tr>
<td>Title</td>
<td>CCG Chair</td>
</tr>
</tbody>
</table>

**REPORT TO**
Stoke-on-Trent CCG Governing Body

**TITLE OF REPORT**
Chair’s Report

**DATE OF THE MEETING**
2nd February 2016

**WHAT OTHER CCG COMMITTEE/GROUP/INDIVIDUAL HAS CONSIDERED THIS REPORT?**

<table>
<thead>
<tr>
<th>COMMITTEE/GROUP</th>
<th>INDIVIDUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
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</table>

**ACTION REQUIRED FROM COMMITTEE/GROUP/GOVERNING BOARD**

<table>
<thead>
<tr>
<th>Approve</th>
<th>Assurance</th>
<th>Discussion</th>
<th>For noting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
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</table>

**RECOMMENDATION**
The Governing Body is requested to note the Chair’s Report.

**STRATEGIC OBJECTIVES SUPPORTED BY THIS PAPER**
(identify appropriate goals)

<table>
<thead>
<tr>
<th>STOKE ON TRENT CCG</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Improve access</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. Improve health outcomes</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3. Improve quality</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4. Reduce health inequalities</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5. Cross Cutting / Statutory Duties (more than one of the above)</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
**PURPOSE OF THE REPORT, KEY POINTS, OUTCOMES, EXECUTIVE SUMMARY**  
This report will provide an update to the Governing Body around the current environment that the CCG has been operating in.

**SUMMARY OF RISKS RELATING TO THE PROPOSAL**  
None

**ANY STATUTORY / REGULATORY / LEGAL / NHS CONSTITUTION/ASSURANCE / GOVERNANCE / PRESCRIBING IMPLICATIONS**  
None

**QUALITY IMPACT ASSESSMENT AND/OR EQUALITY IMPACT ASSESSMENT**  
Date completed, please highlight any direct or indirect implications  
None

**ANY RELATED WORK WITH STAKEHOLDERS/PRACTICES/PUBLIC AND PATIENT ENGAGEMENT**  
Provide further information, including dates if applicable  
None

**ACRONYMS**  
If not listed in the report, please list  
N/A
Introduction
Introduction from Dr Ruth Chambers OBE as the Stoke-on-Trent CCG Chair.

I would like to acknowledge the outstanding efforts across the CCG and in collaboration with our partners.

I am, as always, grateful for the hard work and dedication of the CCG staff and front line staff in primary, community and hospital settings and would like to thank everyone for their continued professionalism and support.

Collaborative Working
Further progress has been made on collaborative working with North Staffordshire CCG in moving towards an integrated executive and management structure. The CCG’s Management of Change process concluded at the end of October following a 30 day consultation with all staff. Feedback from the consultation was taken into consideration and reflected in the final shared structure. Staff have been transitioning into the new structure and organisational arrangements from 1st January 2016 with an aim for full implementation by 1st April 2016.

The revised structure includes an expanded executive management function shared with North Staffordshire CCG whilst ensuring there is no dilution of clinical leadership at executive level.

Whilst the executive, clinical and managerial workforce; and the committee structure will be shared by both CCGs, this is not a merger and both CCGs will remain sovereign bodies with their own governing bodies and accountable officers.

Executive Staffing
I am pleased to announce that following final interviews on 9th December 2015, Marcus Warnes was successfully appointed and commenced the role of Accountable Officer for North Staffordshire CCG on 10th December. The appointment was subject to confirmation by NHS England, which has now been received.

Following the Accountable Officer appointment, the CCGs have now commenced the recruitment of the two further joint Director posts across Stoke-on-Trent and North Staffordshire CCGs, the Director of Commissioning and the Director of Strategy, Planning and Performance.

Whilst recruitment commences, Noreen Dowd will continue as Interim Director of Strategy, Planning and Performance until a substantive appointment has been made. This will ensure that we have the required senior leadership through the forthcoming annual planning round.

I am pleased to announce that following a robust interview process Cheryl Hardisty has been appointed to the post of Director of Commissioning on an interim basis, commencing from January 2016.

As both of these posts are joint between Stoke-on-Trent and North Staffordshire CCG, both Cheryl and Noreen are now voting members of the Stoke-on-Trent Governing Body.

I am sure you will join me in welcoming them both to the meeting.

Following the Management of Change process Stoke-on-Trent CCG has one Clinical Director vacancy and the recruitment process has now commenced. It is anticipated that we will be able to appoint by the end of February from our CCG Membership.
**NHS England Assurance**

Both Stoke-on-Trent and North Staffordshire CCGs continue to face close scrutiny from NHS England due to the financial position and performance against the Financial Recovery Plan, and performance against NHS Constitution standards. These remain the reasons for our 'not assured' status and must remain the focus of our collective attention. We have a plan in place with NHS England to address this. Given our good performance towards financial recovery and implementation of proposals to strengthen our senior leadership, we continue to receive positive feedback and support from NHS England through the assurance process, and will be aiming to move on from our 'not assured' status this Quarter.

**Stoke-on-Trent CCG Revised Constitution - NHS England Approval**

The CCG submitted proposed changes to its Constitution to NHS England in October 2015 which reflected the revised Governing Body structure as a consequence of working more collaboratively with our neighbouring North Staffordshire CCG, whilst still retaining our individual sovereignty.

The proposed amendments were shared with the Governing Body, Locality Leads and Local Medical Committee (LMC) for comment. The rationale and key areas of change were presented to GP member practices at a members’ event held on the 24th September 2015 where over two thirds of the CCG members were in support of the proposed changes. Member practices also gave their approval for a working group to be set up to review and agree the final wording to the Constitution with the delegated authority to approve the revised Constitution prior to submission on the 30th October 2015 to NHS England.

The attached letter dated 15 December 2015 was received from NHS England confirming they approved the proposed changes to the constitution in line with section 14 of the NHS Act 2006 (as inserted by the Health and Social Care Act 2012). The revised constitution will come into effect from the date of this Governing Body meeting. The CCG will publish the revised Constitution on its website as soon as possible. *(Letter included as Appendix 1)*
Dr Andrew Bartlam, Accountable Officer  
Dr Prasad Rao, Chair  
Stoke-on-Trent Clinical Commissioning Group  

Sent via Email  

Dear Andrew and Prasad,

Re: NHS Stoke-on-Trent Clinical Commissioning Group application to amend their constitution

Thank you for your application to amend the constitution of Stoke-on-Trent CCG, which we received on 26th October 2015.

Your proposed changes to the constitution have been reviewed by the NHS England (Midlands and East) regional team. We note in particular the revised governing body and sub-committee structure reflecting closer working with North Staffordshire CCG.

NHS England is happy to approve your proposed changes to your constitution in line with Section 14E of the NHS Act 2006 (as inserted by the Health and Social Care Act 2012).

In line with the above legislation, the CCG must publish its revised constitution as agreed, as soon as practicable.

If you have any queries relating to this process, please contact Melanie de Smith, Assurance Manager, at m.desmith@nhs.net
Yours sincerely

GRAEME JONES
Regional Director of Operations and Delivery (Midlands and East)

cc: Wendy Saviour, Director of Commissioning Operations, NHS England
    Lisa Taylor, Quality and Governance Manager, Stoke on Trent CCG
**AUTHOR**
<table>
<thead>
<tr>
<th>Name</th>
<th>Rachel Barker</th>
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<tr>
<td>Title</td>
<td>Executive Assistant</td>
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**REPORTING OFFICER /DIRECTOR**
| Name         | Dr Andrew Bartlam |
| Title        | CCG Clinical Accountable Officer |

**REPORT TO**
Stoke-on-Trent CCG Governing Body

**TITLE OF REPORT**
Clinical Accountable Officer’s Report

**DATE OF THE MEETING**
2\(^{nd}\) February 2016

**WHAT OTHER CCG COMMITTEE/GROUP/INDIVIDUAL HAS CONSIDERED THIS REPORT?**

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**ACTION REQUIRED FROM COMMITTEE/GROUP/GOVERNING BOARD**

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**RECOMMENDATION**

The Governing Body is requested to **note** the Clinical Accountable Officer’s Report and **ratify** the decisions made at the Sub Committees.

**STRATEGIC OBJECTIVES SUPPORTED BY THIS PAPER**

(identify appropriate goals)

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<th>STOKE ON TREN CENT CCG</th>
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<td>1. Improve access</td>
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<td>2. Improve health outcomes</td>
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<td>4. Reduce health inequalities</td>
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<td>5. Cross Cutting / Statutory Duties (more than one of the above)</td>
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### PURPOSE OF THE REPORT, KEY POINTS, OUTCOMES, EXECUTIVE SUMMARY

This report will provide an update to the Governing Body around the current environment that the CCG has been operating in and an update of the business undertaken at the Sub-Committees Chaired / Vice Chaired by Andrew Bartlam.

### SUMMARY OF RISKS RELATING TO THE PROPOSAL

None

### ANY STATUTORY / REGULATORY / LEGAL / NHS CONSTITUTION/ASSURANCE / GOVERNANCE / PRESCRIBING IMPLICATIONS

None

### QUALITY IMPACT ASSESSMENT AND/OR EQUALITY IMPACT ASSESSMENT

Date completed, please highlight any direct or indirect implications

None

### ANY RELATED WORK WITH STAKEHOLDERS/PRACTICES/PUBLIC AND PATIENT ENGAGEMENT

Provide further information, including dates if applicable

None

### ACRONYMS

If not listed in the report, please list

N/A
DIRECTION
Primary Care
Primary care remains a priority area for the CCG, given its critical importance to the delivery of new, community focussed models of care across the system. We continue to support the North Staffordshire GP Federation, which was established on 1 August 2015, whilst it develops its vision and plans. The Federation covers both Stoke and North Staffordshire and our 85 practices. The Federation is one of three in Staffordshire, with GP First and Alexin operating in the south of the County.

The Federation will play a key role in the northern Staffordshire provider landscape. The Federation is working with other providers, the CCGs and NHS England to develop and implement new models of care as set out in the Five Year Forward View. For example, the Federation is working with SSOTP to implement place based approaches to primary and community care provision in localities in Leek and Stoke, in line with the multi-specialty community provider model. The CCG will be working closely with the Federation and our providers to make this happen over the coming year.

The Staffordshire CCGs’ will be working towards Level 3 delegated commissioning across Staffordshire by April 2017 at the latest. The Staffordshire CCGs will work ever more closely through co-commissioning with the NHS England North Midlands Area Team to enable primary care to play an even more pivotal and effective role in shaping and providing healthcare services, recognising that it is critical given the increasing pressure on primary care that practices are adequately resourced to do so.

Stoke-on-Trent and North Staffordshire CCGs are making good progress on developing a primary care strategy that will sit within a broader pan Staffordshire primary care strategy. The strategy will provide a clear vision for primary care and co-commissioning and the role that the Federation and the primary care professions will play in the development and delivery of new models of care across Staffordshire.

Better Care Fund (BCF)
The NHS England guidance for 2016/17 BCF Plans has been delayed from December to January 2016. Planning activity is due to start shortly and in the absence of the national guidance will be based on a roll forward / update of the current BCF Plan. There will be ongoing work to ensure closer alignment between the BCF Programme and Commissioning Congress Together We’re Better Programme.

Scheme 1 and 2 - Approval to amalgamate the schemes was granted by the S75 BCF Partnership Board in November 2015. However further discussions were subsequently required to clarify the inter-relationship with the Schemes and the development of the proposed Multi-Speciality Care Providers (MSCP) and it has been agreed to develop the Schemes alignment with the MSCP’s.

Scheme 3a - A detailed options appraisal is currently being developed to identify the best way to jointly commission residential and nursing home placements and Continuing HealthCare places.

DELIVERY
A&E
The Urgent Care System remains under significant and sustained pressure with the 95% Constitutional Standard not achieved for any month or quarter in 2015/16. Performance in November was 85.3% with year to date being 86.1%. Commissioners have applied all contractual levers and as the improvement trajectory within the Remedial action Plan was not achieved, 2% of the contract line value has been withheld.
The system is working with the National Emergency Care Improvement Programme (ECIP) who have recently completed a further diagnostic review of the system and are working with us to ensure that the priorities we are focussing on are the right ones. They are also working with us to refresh the system capacity and demand model to ensure it accurately reflects the increase in demand both locally and from an expanded geographical footprint, in particular South Staffordshire.

Whilst the system has been under pressure with high escalation levels, daily senior leadership conference calls have been undertaken to ensure all partners work together to improve flow across the system, in particular at the interfaces. A system wide communication strategy has also been implemented to ensure that consistent messages aligned with the national winter campaign are shared with the public.

**RTT**

Both 18 Weeks RTT and Cancer performance remain areas of concern. The focus for 18 weeks RTT is on the incomplete pathways, with performance in November being 90.7% and year to date performance of 90.5% against the 92% target.

The CCG is applying contractual sanctions and as the Remedial Action Plan (RAP) that was in place has not been delivered, a request for a further improvement plan and RAP has been requested. The CCG is working with the TDA and NHS England to agree timelines for agreeing both the improvement plan and the RAP.

**Cancer**

In November the CCG failed to achieve the 2 week wait, 2 week wait (breast), 62 day from GP referral and 62 day from screening standards. Following the publication the NHS England Publication Gateway Reference: 03614 on 14th July 2015 and subsequent letter dated 30th July 2015 UHNM was required to submit a Cancer Improvement Plan and Assessment against the 8 key priorities identified by the Cancer Waiting Times Taskforce (CWTT) and Intensive Support Team (IST). Remedial action plans are in place for 31 day (overall and surgery) and 62 day from GP referral target; provisional data for November indicates that UHNM will achieve all trajectories. A performance notice has been raised for the 2 week wait breast target. Relatively small numbers of breaches have a significant impact on performance and we do recognise that due to the short waiting times involved some patients do choose to wait longer or in some cases do not attend appointments. This makes rebooking appointments difficult to achieve waiting time standards, but we must continue to work with our providers to ensure that all cancer patients receive timely treatment to ensure their care and longer term outcomes are not compromised due to waiting list pressures and management. Further detail is within the Assurance Report.

**Financial Recovery**

The CCG continues to progress the delivery of its financial plan and to mitigate identified risks to full delivery.

We need to ensure key initiatives such as step up and step down services deliver the required savings and we do have the requirement from NHS England to strive to deliver and improve where possible our predicted end of year position. Iain Stoddart, Chief Financial Officer provides more detail in his finance report later in the agenda.

The cumulative surplus to date stands at £2.692 and the plan is to improve on that by the year end to £3.731m. This means that a further £1m of further surplus will need to be generated in the last quarter of the financial year. This poses a significant challenge given the current level of risk in the health economy.

At the commencement of the financial year the planning assumptions have been to reinvest expected credits for marginal rate activity, fines and penalties. This was in recognition that contract levels had been set at significantly higher levels than assumed and as a consequence contractual underperformance would naturally arise as a by-product. In turn the QIPP plans would support the
delivery of this contractual underperformance with acute providers and allow the appropriate redirection of savings.

At this stage the overall CCG forecast is being held at £3.731m cumulative surplus on the expectation that agreement can be reached with our main providers (in particular UHNM) on a number of performance issues including activity forecasts, sanctions and application of contract levers.

The CCG continues to maintain a tight grip on its financial position through a fortnightly Financial Recovery Group, which is run jointly with North Staffordshire CCG. This enables close scrutiny of performance against the Financial Recovery Plan (FRP) and provides the opportunity for deep dives into areas of concern. In addition, we have voluntarily brought in an internal Turnaround Director, Alistair Mulvey, until the end of March 2016 to provide increased focus both on the achievement of this year’s FRP and the development of robust plans for 2016/17 and 2017/18. Alistair chairs the Performance and Delivery Steering Group, which meets weekly to both support and hold to account the leads for the schemes that constitute the FRP.

It is important to note we are subject to much more scrutiny by NHS England. Senior executives of Stoke and North Staffs CCGs attend monthly financial risk meeting with the North Midlands Area Team where progress against our plans is assessed. As such, we can make the Area Team aware of progress and provide early warning regarding areas that are not delivering as planned.

DEVELOPMENT

CCG Chair

Dr Prasad Rao’s tenure as Chair of Stoke-on-Trent CCG ended in early 2016. We would like to take this opportunity to thank Prasad for all of the fantastic work and commitment he has shown in leading the CCG from authorisation to where it is today.

I am pleased to announce that Dr Ruth Chambers OBE was appointed from our CCG Membership as our Chair and commenced in post on the 4th January 2016. Ruth brings to the appointment a wealth of experience, and will ensure that the CCG continues to grow from strength to strength for the population of Stoke-on-Trent. As a GP Partner at Furlong Medical Centre in Tunstall as well as an honorary professor at both Keele and Staffordshire Universities, Ruth has a good track record in quality improvement and much experience as a leader at national, regional and local levels in the NHS.

Chairs Reports

The recommendations captured in this report provide the key highlights of the business undertaken since the last Governing Body at three of the Governing Body’s sub-committees chaired by myself as the Clinical Accountable Officer, namely:

- Organisational Development Committee
- Executive Forum
- Planning Committee

Organisational Development (OD) Committee

The Governing Body is asked to note the items of business discussed at the meeting on the 19th January 2016 which included (1) Management of Change Update; (2) Staff Side Partnership Forum HR policies Updates; (3) OD Programme Update; (4) Equality and Inclusion Targeted Training; (5) EPRR Update; and (6) EDS Update.

The CCG Suspension and Removal Policy

In order for the CCG to operate effectively, high standards of performance and conduct are expected from all our Office Holders. Should the need ever arise to deal with any suspension issues relating to Office Holders the CCGs will be able to follow these policy guidelines to ensure the consistency of
application. This policy aims to ensure that where removal from office is being considered this is dealt with reasonably and in line with our constitution.

The Joint Organisational Development Committee duly approved the policy. The Governing Body are therefore requested to ratify the CCG Suspension and Removal Policy. (Attached at Appendix 1).

Executive Forum
The Governing Body is asked to note the items of business discussed at the meeting on the 24th November 2015 which included (1) Joint Integrated Finance and Performance Report; (2) Quality Report Open; (3) CCG Corporate Risk Register; (4) Cancer And End Of Life Report; (5) Transforming Care; and (6) Continuing Health Care Adoption of a Dynamic Purchasing System.

Transforming Care Learning Disabilities
Admissions & Discharge Protocol For Learning Disabilities Patients.
The Executive Forum duly approved the admissions and discharge protocol for people with learning disabilities who were at risk of admission or currently in receipt of specialist learning disability or mental health inpatient services.

Executive Forum 29th December 2015
The Governing Body is asked to note the items of business discussed at the meeting on the 29th December 2015 which included (1) Joint Integrated Finance and Performance Report; (2) Quality Report Open; (3) CCG Corporate Risk Register; (4) Cancer And End Of Life Report; (5) Transforming Care; (6) Learning Development Procurement Frameworks; (7) Developing a Joint Strategic Commissioning Board; (8) Joint Committee Proposals; and (9) a Voluntary Sector Grant Programme Update - Revival Intensive Home Support Service.

Transforming Care Learning Disabilities
The Executive Forum duly noted the Transforming Care Learning Disabilities Update.

Learning Disability Framework And Mini Competition Procurement
A full procurement process had been undertaken to assess the competency of providers bidding to be part of the LD Framework, overseen by CSU Procurement colleagues. Bids were received from 21 organisations and were assessed by the Commissioning Manager, Commissioning and Redesign Manager and Complex Case Nurse. Scores awarded by panel members were then moderated at a session held on 15th December 2015. A quality threshold of 60% of the available marks was set as the benchmark for admittance onto the Framework. 20 of the 21 organisations submitting bids achieved this threshold and a list of these organisations was provided for members to review.

The Executive Forum duly agreed that the organisations were taken forward to be placed onto a Framework to provide services to people with a learning disability and complex needs, subject to further checks being made on providers to ensure their financial stability.

Developing A Joint Strategic Commissioning Board
The Executive Forum duly approved the proposed structure for the development of a single Strategic Commissioning Board for Staffordshire and Stoke-on-Trent.

Joint Community Proposals
The proposal to amalgamate the Stoke-on-Trent CCG Executive Forum and the North Staffordshire CCG Commissioning Finance and Performance Committee into one committee, called the Finance and Performance Committee was presented to members. It was highlighted that over recent months, agreement had been reached to hold a number of meetings jointly between North Staffordshire and Stoke-on-Trent CCGs, to further embed the close working and collaboration across the two CCGs.
As a result of these discussions it was proposed that (1) the Executive Forum (SOTCCG) and Commissioning, Finance and Performance Committee (NSCCG) join together to become the Finance and Performance Committee, a formal Sub-Committee of each CCG Governing Body. This would enable adequate time and debate to take place focussing solely on finance and performance, given the joint plans already in place around Financial Recovery Plans, future Financial Plans, and the Integrated Performance Report; and (2) that the Joint Planning Committee becomes the Planning and Commissioning Committee enabling adequate time and debate to take place focussing on annual business planning cycles and ownership and decision making in respect of all of the CCGs planning and commissioning decisions.

The Executive Forum duly agreed the proposal to amalgamate the Executive Forum and the Commissioning Finance and Performance Committee into one committee, called the Finance and Performance Committee.

Planning Committee November 2015
The Governing Body is asked to note the items of business discussed at the meeting on the November 2015 which included (1) Terms of Reference; (2) Finance Update; (3) Joint Strategy Update; (4) Care Act; (5) Mental Health Implementation Plan; (6) CAMHS Implementation Plan; (7) Approach To Managing Service Developments; (8) Update on Contracts; and (9) Children’s Emergency Care Centre (CECC) – Pathway Redesign.

Key highlights to note are as follows:

The Mental Health and Wellbeing Strategy
The Mental Health and Wellbeing Strategy ‘Mental Health is Everybody’s Business’ was developed to clearly mark the intentions to improve outcomes for people in Staffordshire and Stoke-on-Trent. The Stoke-on-Trent and Northern Staffordshire Mental Health plan has been developed to support the implementation of this strategy. Key areas for action have been agreed with partners across the economy, including service providers, professionals, public health, service users and carers, local communities and through an ongoing engagement process with the wider public.

The Joint Planning Committee received and noted the Mental Health Implementation Plan.

CAMHS Implementation Plan
The report was presented to inform members of the Joint Planning Committee on the sign off and submission arrangements of the Pan-Staffordshire CAMHS Local Transformation Plan to NHS England. Following the Children and Young People’s Mental Health Taskforce ‘Future in Mind’, the Government had allocated additional resources to transforming mental health services for children and young people. A phased programme was announced, with the monies identified contingent on the development and approval of a Transformation Plan for each local area. It was agreed that there should be a single Transformation plan for the whole of Staffordshire and Stoke-on-Trent.

The CAMHS Implementation Plan aligns to the existing ‘Emotional Wellbeing and Mental Health of Children and Young People from both to 19 Commissioning Strategies’ across Staffordshire and Stoke-on-Trent.

The Joint Planning Committee duly noted the CAMHS Implementation Plan.

Planning Committee December 2015
The Governing Body is asked to note the items of business discussed at the meeting on the December 2015 which included (1) Terms of Reference; (2) Finance Update; (3) Contracting Update; (4) Contract Matrix 15/16; (5) Commissioning Intentions UHNM; (6) Pan Staffordshire Update; (7) Draft Joint Strategy; (8) Draft Primary Care Strategy; (9) Mental Health Implementation Plan; (10) Keele Research Institute; (11) CAMHS Implementation Plan / Governance Structure; and (12) Commissioning Timelines.
Contracting Update
Members were advised that a forum had been established to review individual contracts line by line. Commissioning Intentions had been issued. A formal draft contract would be available to share at the next meeting for approval.

The Joint Planning Committee duly noted the progress on the Contracting update.

Commissioning Intentions UHNM
The Joint Planning Committee duly received and noted the Commissioning Intentions UHNM update.

Pan Staffordshire Update
The Joint Planning Committee were advised of four different work streams that were operating Pan Staffordshire (1) fit and well; (2) high risk and independent; (3) receiving care; (4) providers. Each work stream houses several other work streams.

The Joint Planning Committee duly received and noted the Pan Staffordshire update.
Suspension and Removal Policy & Procedure for Those Office Holders Who Do Not Hold a CCG Employment Contract
DOCUMENT CONTROL

Reference Number

Version: 0.2

Status: DRAFT v2

Sponsor(s)/Author(s)

Amendments

Advisory revisions following comments from Governance Leads

Date  By whom
2015  C Lawrence

Intended Recipients: CCG

Group/Persons Consulted: Directors Meeting

Monitoring Arrangements and Indicators:

Training/Resource Implications: CCG Value: All

Approving Body: Organisational Development Committee and Governing Body

Date Approved:

Date of Issue

Review Date

Contact for Review

Policy Location:
POLICY OVERVIEW
Suspension and Removal Policy & Procedure

**Purpose**
In order to operate effectively, high standards for performance and conduct are expected from all our Office Holders. Office Holders can be removed from office for various reasons under the CCG’s constitution. This policy aims to ensure that where removal from office is being considered this is dealt with reasonably.

**Who this Policy applies to**
This Suspension and Removal Policy (“the Policy”) provides the process to follow for the suspension or removal of an office holder of the CCG (i.e. those that are not directly employed by the CCG under NHS employment contracts and terms and conditions). For the purpose of this Policy, these roles will be referred to as Office Holders.

This Policy applies to the following Office Holders described within the CCG Constitution:

- The Governing Body Chair
- Lay members / Non Executive members
- The Secondary Care Doctor

Any other non-employed individual who:
- Undertakes a role as authorised by the CCG
- Undertakes a role on Committees of the Governing Body, or;
- Fulfils a Lead Clinician role or operates as a Practice Representative for the CCG (such as Clinical Associates, Clinical / Managerial Locality Leads etc)

**Key Principles**
In the case of a proposed removal from office, the Office Holder will be advised of the CCG’s concerns and will be given the opportunity to respond to those concerns and state his or her case before any decision is made by a Suspension & Removal Panel.

**Legal Considerations**
Office Holders are not employees and are not able to claim unfair dismissal and do not have redundancy rights. It is possible to remove an Office holder for reasons specified under the CCG’s constitution.
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Introduction

This Policy has been designed to manage the suspension and/or removal of those Office Holders who are not directly employed under NHS direct employment contracts and terms & conditions.

The CCG’s constitution sets out the grounds for removal of an Office Holder and the process to be adopted to manage this is set out in this Policy. In some cases, prior to considering removal from office, a decision may be taken to suspend the Office Holder.

Wherever possible, an initial discussion should be held between the Office Holder and the Chair and Accountable Officer of the CCG. It is in everyone’s best interest for an issue to be dealt with quickly and fairly and we hope that the majority of concerns will be resolved at this stage. The Office Holder and the Chair/Accountable Officer should keep a note of the discussions.

Prior to any consideration of suspension, the Chair and Accountable Officer will seek HR guidance and follow the principles of the CCG Disciplinary Policy with regard to any investigation and timescales.

1 Suspension

1.1 In any case where removal of an Office Holder is being considered it may be necessary to suspend the Office Holder pending a determination of the concerns giving rise to removal being considered.

1.2 The decision to suspend an Office holder may be taken by the CCG Chair in consultation with the Accountable Officer, following advice sought from Human Resources. If the concerns are about the CCG Chair then the decision whether to suspend the CCG Chair may be taken by the Vice Chair in consultation with the Accountable Officer.

1.3 Suspension should be as brief as possible and should be kept under review.

1.4 Any suspension should be confirmed in writing to the Office Holder stating reason for suspension and any conditions.
Removal

2.1 The Governing Body should establish a Removal Panel to undertake removal from office considerations. As a minimum, the Removal Panel should consist of the Chair (or Vice Chair if the concerns relate to the Chair), the Accountable Officer, one other member of the Governing Body and a HR representative.

2.2 Prior to any decision to remove an Office Holder from office it is important for the Removal Panel to establish:

2.2.1 the reason for considering removal and;

2.2.2 the facts of the case.

2.3 The concerns which may give rise to a consideration of removing an Office Holder are set out in the Annex to this policy.

2.3 In some cases this will require the holding of an investigation before proceeding to a Removal Panel hearing. In others, the investigatory stage will be the collation of evidence by the CCG for use at a Removal Panel hearing. Any investigation will set out whether there is or is not a case to answer.

2.4 Any investigation under this policy will be carried out by an Executive Director / Head of Governance of the CCG. These individuals cannot be part of the Removal Panel other than in their capacity of presenting the report of their investigation.

2.5 Office Holders will be allowed to be accompanied by a companion (as defined below) at an investigatory meeting or Removal Panel Hearing held under this Policy.

3 Informing the Office Holder of the concerns

3.1 If it is decided that there is to be a Removal Panel hearing the Office Holder should be notified of this in writing. This notification should include a copy of any report and / or contain sufficient information about the concerns to enable the Office Holder to prepare to answer the case at a Removal Panel hearing. It would normally be appropriate to provide copies of any written evidence, which may include any witness statements, with the notification.

3.2 The notification should also give details of the time and venue for the Removal Panel hearing and advise the Office Holder of their right to be accompanied at the Removal Panel hearing.
The Removal Panel hearing

4.1 The hearing should be held without unreasonable delay whilst allowing the Office Holder reasonable time to prepare their case.

4.2 The Office Holder (and their companion) must make every effort to attend the Removal Panel hearing.

4.3 At the hearing the Panel Chair should explain the concerns which gave rise to the hearing and go through the procedure to be adopted at the hearing.

4.4 The evidence that has been gathered should be presented by the Investigating Officer and the Office Holder should be allowed to respond and to answer the concerns that have been raised. The Office Holder should also be given a reasonable opportunity to ask questions, present evidence and call witnesses.

4.5 Where either the CCG or Office Holder intends to call witnesses they are responsible for ensuring the availability and attendance of their own witnesses and should give advance notice to the Removal Panel of each witness they intend to call.

5 Deciding on appropriate action

5.1 After the Removal Panel hearing a decision will be taken whether or not to remove the Office holder from office and inform the Office Holder accordingly in writing setting out the reasons for the removal and the date on which this will take effect.

5.2 Appeal
   As Office Holders are not employees there is no right to appeal the decision of the Removal and Suspension panel. However, the Office Holder may request an independent review of the decision. The CCG will appoint an independent officer, who may be external to the organisation, to undertake a review of the decision made. The review will form a view of and submit this to the CCG for consideration.

5.3 If the Office Holder is removed from office the NHS England Local Area Team will need to be informed and appropriate communications will need to be considered.
The Companion

6.1 This Policy gives Office Holders the right to be accompanied by a companion at the investigatory and hearing stage of the process.

6.2 Office Holders must make a request to be accompanied and state the name of the companion who must be a CCG employee or Office Holder.

6.3 The CCG may refuse to allow the attendance of any particular companion if it considers that:

   6.3.1 their presence would prejudice the hearing

   6.3.2 they would not be available for the scheduled hearing date.

6.4 The companion may address the hearing to present and summarise the Office Holder’s case and confer with the Office Holder during the hearing. The companion does not, however, have the right to answer questions on the Office Holder’s behalf, address the hearing if the Office Holder does not wish it or prevent the CCG from explaining their case.

7 Supporting principles

7.1 The following principles apply to this Policy:

   • Concerns should be raised and dealt with promptly and meetings/hearings should not be unreasonably delayed.
   • This policy deals with concerns which may give rise to removal from office. Other concerns may be dealt with by informal action.
   • For formal action the Office Holder will be advised of the nature of the concerns and will be given the opportunity to state his or her case before any decision is made at a hearing. Office Holders will be provided, where appropriate, with written copies of evidence and relevant witness statements in advance of a hearing.
   • The CCG should carry out any necessary investigations, to establish the facts of the case.
   • The CCG should inform Office Holders of the basis of the concerns and give them an opportunity to put their case in response before any decisions are made.
   • The CCG should allow Office Holders to be accompanied at any investigation meeting or Removal Panel hearing.
Annex 1

Introduction

Set out below are the reasons for which removal from office of specific Office Holders may be considered under this policy.

CCG Chair

The Removal Panel may terminate this appointment by written notice with immediate effect if the Chair:

- is in breach of any of the terms of this appointment, which in the case of a breach capable of remedy shall not have been remedied by the Chair within 14 days of receipt by the Chair of written notice from the CCG Governing Body specifying the breach and requiring its remedy;
- in the reasonable opinion of the Removal Panel is incompetent, or the acts and/or omissions of the Chair amount to serious or persistent negligence in respect of his/her obligations under this appointment;
- is guilty of any fraud, dishonesty or serious misconduct; or is subject to sanctions delivered by his/her professional body in relation to his/her professional or clinical practice
- a motion of no confidence is carried by two thirds of member practices which will trigger a process in line with the CCG Constitution.
- a motion of no confidence is carried by over 50% of the Governing Body which triggers a process in line with the CCG Constitution.
- the office holder fails to attend at least 5 consecutive meetings of the Governing Body without prior consent in liaison with the Vice Chair.

Vice Chair

The Removal Panel may terminate this appointment by written notice with immediate effect if the Vice Chair;

- is in breach of any of the terms of this appointment, which in the case of a breach capable of remedy shall not have been remedied by the Chair within 14 days of receipt by the Chair of written notice from the CCG Governing Body specifying the breach and requiring its remedy;
in the reasonable opinion of the Removal Panel is incompetent, or the acts and/or omissions of the Vice Chair amount to serious or persistent negligence in respect of his/her obligations under this appointment;

- is guilty of any fraud, dishonesty or serious misconduct; or is subject to sanctions delivered by his/her professional body in relation to his/her professional or clinical practice;

- a motion of no confidence is carried by two thirds of member practices which will trigger a process through the CCG’s Constitution.

- a motion of no confidence is carried by over 50% of the Governing Body which triggers a process through the CCG Constitution.

**Lay members / Non Executive Members**

The Removal Panel may terminate this appointment by written notice with immediate effect if the Lay member of the CCG:

- is in breach of any of the terms of this appointment, which in the case of a breach capable of remedy shall not have been remedied by the lay member within 14 days of receipt by the lay member of written notice from the CCG Governing Body specifying the breach and requiring its remedy;

- in the reasonable opinion of the Removal Panel, is incompetent, or the acts and/or omissions of the lay member amount to serious or persistent negligence in respect of his/her obligations under this appointment;

- is guilty of any fraud, dishonesty or serious misconduct;

- the office holder fails to attend at least 5 consecutive meetings of the Governing Body without prior consent from the Chair.

- a motion of no confidence is carried by over two thirds of member practices or a motion which will trigger a process through the CCG Constitution.

- a motion of no confidence is carried by a majority of 50% of Governing Body Members which will trigger a process through the CCG Constitution.

**Secondary Care Specialist Doctor**
The CCG Governing Body may terminate this appointment by written notice with immediate effect if the Secondary care Specialist Doctor:

- is in breach of any of the terms of this appointment, which in the case of a breach capable of remedy shall not have been remedied by the Secondary care Specialist Doctor within 14 days of receipt by the Secondary care Specialist Doctor of written notice from the CCG Governing Body specifying the breach and requiring its remedy;

- in the reasonable opinion of the Removal Panel, is incompetent, or the acts and/or omissions of the Secondary care Specialist Doctor amount to serious or persistent negligence in respect of his/her obligations under this appointment;

- is guilty of any fraud, dishonesty or serious misconduct;

- is guilty of professional misconduct as determined by the GMC

- A motion of no confidence is carried by over 50% of member practices or a motion which will trigger a process through appropriate CCG policies.

- A motion of no confidence is carried by a majority of 50% of Governing Body Members which will trigger a process through appropriate CCG policies.

Any other non-employed individual who fulfils a Lead Clinician role or operates as a Practice Representative for the CCG

The Removal Panel may terminate this appointment by written notice with immediate effect if the Independent Committee Members of the CCG, Lead clinician or Practice Representative:

- is in breach of any of the terms of this appointment, which in the case of a breach capable of remedy shall not have been remedied by the independent committee member within 14 days of receipt by the independent committee member of written notice from the CCG Governing Body specifying the breach and requiring its remedy;

- in the reasonable opinion of the Removal Panel, is incompetent, or the acts and/or omissions of the independent committee member amount to serious or persistent negligence in respect of his/her obligations under this appointment;

- is guilty of any fraud, dishonesty or serious misconduct;
• A motion of no confidence is carried by over 50% of member practices or a motion which will trigger a process through appropriate CCG policies.

• A motion of no confidence is carried by a majority of 50% of Governing Body Members which will trigger a process through appropriate CCG policies.
Annex 2 – Equality Impact Assessment

Equality Analysis Initial Assessment

Title of the change proposal or policy:

CCG Suspension and Removal Policy – Office Holders

Brief description of the proposal:

To ensure that the policy is fit for purpose and follows due process for Office Holders. The policy follows the principles of treating office holders fairly and reasonably.

Name(s) and role(s) of staff completing this assessment:

Caroline Lawrence – Senior HR Business Partner

Date of assessment: December 2015

Please answer the following questions in relation to the proposed change:

Will it affect employees, customers, and/or the public? Please state which.

Yes it will affect all office holders covered by the policy

Is it a major change affecting how a service or policy is delivered or accessed?

No. It provides the CCG with a policy to follow should there be the need to use it
**Will it have an effect on how other organisations operate in terms of equality?**

| No |

If you conclude that there will not be a detrimental impact on any equality group, caused by the proposed change, please state how you have reached that conclusion:

| No anticipated detrimental impact on any equality group. There are no statements, conditions or requirements that disadvantage any particular group of people with a protected characteristic. |

<p>| From an assessment of this policy and consideration of employees with protected characteristics under the Equality Act 2010 there is no anticipated detrimental impact on any equality group. The policy makes all reasonable provision to ensure equity of access for all staff. There are no statements or conditions within this policy or requirements of this policy that disadvantage any particular group of people with a protected characteristic. |</p>
<table>
<thead>
<tr>
<th>AUTHOR</th>
<th>REPORTING OFFICER /DIRECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Lisa Taylor</td>
</tr>
<tr>
<td>Title</td>
<td>Quality and Governance Manager</td>
</tr>
</tbody>
</table>

**REPORT TO**  
Stoke-on-Trent CCG Governing Body

**TITLE OF REPORT**  
CCG Corporate Risk Register

**DATE OF THE MEETING**  
2\textsuperscript{nd} February 2016

**WHAT OTHER CCG COMMITTEE/GROUP/INDIVIDUAL HAS CONSIDERED THIS REPORT?**

<table>
<thead>
<tr>
<th>COMMITTEE/GROUP</th>
<th>INDIVIDUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Forum – December 2015</td>
<td>CCG Risk Owners</td>
</tr>
</tbody>
</table>

**ACTION REQUIRED FROM**  
COMMITTEE/GROUP/GOVERNING BODY

<table>
<thead>
<tr>
<th>Approve</th>
<th>Assurance</th>
<th>Discussion</th>
<th>For noting</th>
</tr>
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</table>

**RECOMMENDATION**

The Governing Body is asked to:

- **Note** the contents of the Corporate Risk Register for risks scoring 15 and above (enclosed at appendix 1)
- **Note** that a training session was held on the 18\textsuperscript{th} January 2016 across North Staffordshire and Stoke-on-Trent CCG’s to officially launch the Joint Risk Register to all staff across both CCGs.

**STRATEGIC OBJECTIVES SUPPORTED BY THIS PAPER**  
(identify appropriate goals)

<table>
<thead>
<tr>
<th>STOKE ON TRENT CCG</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Improve access</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Improve health outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Improve quality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Reduce health inequalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Cross Cutting / Statutory Duties (more than one of the above)</td>
<td>X</td>
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</tbody>
</table>
During 2015, the CCG has been working with North Staffordshire CCG to review the contents of each Risk Register and to align those risks that are applicable to both CCGs to enable one risk register to be maintained.

A new Risk Register has now been constructed by the Informatics Team which will allow staff across North Staffordshire and Stoke-on-Trent CCGs to access one Risk Register to add and review risks ‘live’. This system has been streamlined to allow risks to be applicable to one, or both CCGs, and allows risks to be allocated to each CCG’s strategic objectives. This maintains the clear link to each CCG’s own objectives and ensures sovereignty to its Governing Body.

During this process, risk owners also reviewed the risk descriptions for their risks and took the opportunity to update these where appropriate. By implementing a Joint Risk Register across both organisations, this reduces the workload for staff members who may lead on the same risk for each organisation, allowing them to review and update their risks once where possible.

The contents of the Corporate Risk Register for risks scoring 15 and above are enclosed at appendix 1. A training session was held on the 18th January 2016 across North Staffordshire and Stoke-on-Trent CCG’s to officially launch the Joint Risk Register to all staff across both CCGs.

Discussions are taking place with risk owners to add each constitutional target to the Corporate Risk Register individually, to monitor progress, whilst an overall principle risk relating to constitutional targets is detailed on the CCGs Risk Register Assurance Framework.

The CCG Risk Register captures identified financial, reputational and clinical risks to the organisation and the actions being taken to mitigate these risks. These risks link to the CCGs Board Assurance Framework which details the principle risks which if not mitigated against, may threaten the delivery of the CCGC’s strategic objectives.

Delivery of NHS Constitutional Targets; delivery of statutory duties.

N/A

N/A
<p>| Detailed within main body of report. |</p>
<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Date Added</th>
<th>Description of Risk</th>
<th>Initial Risk Score</th>
<th>Current Risk Score</th>
<th>Operational Lead</th>
<th>Date of Next Review</th>
<th>Last Controls to Mitigate</th>
<th>Last Action Comment</th>
<th>Assurance On Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>66</td>
<td>12/10/2015</td>
<td>There is a risk that the CCG may not achieve one or more of the constitutional targets, leading to NHS England not being assured, and the CCG receiving an overall rating of ‘not assured’.</td>
<td>20</td>
<td>15</td>
<td>Jolley Paul (5PJ) Stoke On Trent PCT Accountable Office</td>
<td>Feb/2015</td>
<td>The CCG is currently not achieving the following areas;</td>
<td></td>
<td>Monthly SRG Meetings.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• A&amp;E four hour wait</td>
<td></td>
<td>PMO in place.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• 18 week wait</td>
<td></td>
<td>Regular Performance Reports to Sub-Committee and Governing Board / Body, detailing actual performance against targets and actions to mitigate.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Cancer performance for some operational thresholds</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• IAPT recovery rate for individuals who access psychological therapies (IAPT).</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Contract monitoring and enacting levers where appropriate. Agreed plans and trajectories led and monitored by the Strategic Resilience Group, which meets on a monthly basis. This group will now be responsible for the monitoring of all constitutional targets (remit expanded wider than urgent care / A&amp;E).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92</td>
<td>17/11/2015</td>
<td>There is a risk domiciliary care capacity is currently under significant pressure which has an impact across the health economy.</td>
<td>16</td>
<td>16</td>
<td>Scullion Becky (CCG) NSCCG Clinical Director</td>
<td>Feb/2016</td>
<td>January 2016 - Both Stoke-on-Trent CC and Staffordshire CC are taking a number of actions to give some stability to the domiciliary care market. For example, Stoke CC have increased the lowest rates paid to Framework providers to £15.45 per hour to ensure that Terms and Conditions of staff are improving and this is being monitored to get feedback on the real increases applied and the impact that this has on recruitment. There are further proposals that Stoke are taking forward from April to try to ensure care staff are employed on set shifts which will further increase interest in the market and aid staff retention. Similar work is ongoing in Staffordshire and additional rotas have been put in place during the winter period.</td>
<td>SRoger is in place with Executive level representation.</td>
<td></td>
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</tbody>
</table>
AUTHOR
Name: Gill Gardiner
Title: Assistant CFO

REPORTING OFFICER
Name: Iain Stoddart
Title: Chief Finance Officer

REPORT TO
Governing Body

TITLE OF REPORT
Month 9 Financial Position

DATE OF THE MEETING
2nd February 2016

WHAT OTHER CCG COMMITTEE OR GROUP HAS CONSIDERED THIS REPORT?
Joint Directors (verbal)
Stoke Extra-ordinary GB (verbal), Financial Recovery Group 27/1/16
Joint Finance & Performance Committee 27/1/16
Challenge on assumptions and risk scenarios. Challenge around QIPP delivery and mitigating actions to deliver to planned positions. Risks noted and ongoing assurance sought.

ACTION REQUIRED FROM COMMITTEE/GROUP/GOVERNING BOARD
<table>
<thead>
<tr>
<th>Approve</th>
<th>Assurance</th>
<th>Discussion</th>
<th>For noting</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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</tbody>
</table>

RECOMMENDATION
Governing Body members are asked to note:

1. The CCG’s month 9 position which stands at £2.692m surplus. Albeit that the year to date position is slightly better than plan which stands at £2.652m, there remains a requirement to close the current position to planned out-turn levels.

2. The CCG’s forecast outturn position which is held at a planned surplus of £3.731m in line with the control total.

3. The current and forecast performance against the original QIPP programme levels together with risk scenarios highlighting the potential risk levels being managed that could impact on the out-turn performance.

4. That net risks of £1m are un-mitigated, but the forecast surplus is held at plan on the basis of satisfactory agreement of final contract values with providers around performance and contract levers. Further actions are being taken through the internal turnaround regime to deliver against plan in line with the gross level of assessed risks.

5. The contract performance at University Hospitals North Midlands Trust (UHNM) and negative run rate.

STRATEGIC GOALS SUPPORTED BY THIS PAPER
(identify appropriate goals)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase life expectancy and reduce inequality</td>
<td></td>
</tr>
<tr>
<td>2. Improve prevention, early detection &amp; effective management of those at increased risk</td>
<td></td>
</tr>
</tbody>
</table>
3. Enhance quality of life and improve health outcomes for people with LTCs
4. Ensure people receive the right care in the right place

PURPOSE OF THE REPORT, KEY POINTS, OUTCOMES, EXECUTIVE SUMMARY

This report highlights:

The month 9 reported position is a £2.692m surplus. This is an improvement from the planned surplus of £2.652m up to period 9 by £40k. It should be noted that planning assumptions for the current year saw funds reinvested at the outset for expected credits for marginal rate activity, fines and penalties. This was in line with a perceived view that contract levels had been set at artificially high levels and that underperformance would arise naturally as a by-product. As QIPP plans in the latter half of the year would ensure contractual underperformance with acute providers this would then allow redirection of savings to non-recurrent activities.

The basis of the financial position is through receipt of activity and costs up to month 8 for acute data and to month 7 for prescribing data. These latest details are now built into Programme expenditures.

Taking the latest spending projections into account and recognising that acute contracts are over-performing at a gross level (before assumptions for fines and MRET) there are now considered to be net risks of £1m not mitigated with identified actions (at the time of drafting this report). The divergence from plan can be largely attributed to 4 factors:-

1. Acute over-performance
2. Delayed delivery of QIPP assumptions in Q3
3. No specific alignment of BCF performance element to cover NEL general over-performance
4. Differences arising from assumptions and forecasts relating to appropriate charging of specialised commissioning activity between the CCG and NHS England.

The CCG needs to mitigate the current level of risk and fully deliver to QIPP programme levels in the last 3 months of the financial year, (delivery of £5.425m between January to March).

At this stage the overall CCG forecast is being held at £3.731m cumulative surplus on the expectation that final agreement can be reached with our main providers (in particular UHNM) on a number of performance issues including activity forecasts, sanctions and application of contract levers. All contingencies have been applied in full (predominantly the 0.5% contingency of £1.876m and “headroom” of £2.849m, plus all sums in budget now assessed as contingent).

SUMMARY OF RISKS RELATING TO THE PROPOSAL

The month 9 reported position is based on initial month 8 activity data from Providers which is now providing a more reliable indication of activity trends which to date show activity and costs to be above plan. A number of coding issues have been worked through with UHNM relating to specialised commissioning activity, and refunds expected for activity charged incorrectly to the CCG. At the time of compiling the report, these refunds have now been almost matched by charges made incorrectly to NHS England that should have fallen to the CCG. This has resulted in a variance to previously reported positions and a revised risk assessment of the overall forecast expenditure out-turn, resulting in approximately £1m of risks as yet to be mitigated.

Discussions are taking place with UHNM and other providers to reassess and agree expected year-end financial positions. These discussions will take into account all outstanding matters relating to system resilience claims, sanctions and contract levers applied and other matters including 18 week backlog clearance.
The CCG has now received 7 months Prescribing data reflecting the pricing process for prescriptions; which has a two months lead time for the production of cumulative expenditure. Forecasts based on the information received, indicate spending above plan at the year-end. The increasing trajectory of spending in the first half of the year for the CCG has been halted and the overspending forecast has seen a reduction over the past two months. Forecasting methods use comparisons of spending in previous years and take into account the expected delivery of QIPP schemes. Comparisons with spending in the later months of the year will show less significant increases year on year as a result of the pricing changes which were enacted from October 2014. It is expected that expenditure will continue to be above plan but QIPP schemes in this area will avoid further growth in costs.

To achieve the planned surplus position of £3.731m the CCG must continue to deliver on its QIPP programme of £10.57m. The contract variations with the Staffordshire and Stoke on Trent Partnership Trust (SSOTP) are still to be signed for the transfer of Step Down and Long Term conditions activity to UHN, and the final values are still to be agreed. In the interim, contract payments to SSOTP have been adjusted to reflect the transfer of responsibility.

A number of other risks are evident in the CCGs financial position; these will need to be mitigated in order to maintain the control totals. Significant pressures are evident within the system resilience planning budgets, which are over committed against the CCG baseline allocation that covers only “Tranche 1” costs of the system. The CCG has not accounted for the full risk of this wider system over commitment as it is considered that the bulk is covered through normal tariff payments and the payment for over performance. These issues are currently being worked through the wider system, however for the next financial year Systems Resilience plans must be better aligned with system finances and established at the commencement of the year.

The CCG has fully applied the 0.5% contingency of £1.876m and its headroom of £2.849m against its forecast out-turn position.

**ANY STATUTORY / REGULATORY / LEGAL / NHS CONSTITUTION/ASSURANCE / GOVERNANCE / PRESCRIBING IMPLICATIONS**

Whilst the CCGs forecast outturn position is estimated at £3.731 surplus the planned delivery is set against known risks and mitigations. On an upside case basis this would see the surplus marginally rise from planned levels to £4.191m surplus. On a down-side case, if all risk mitigation actions failed to materialise then the out-turn would be £4.139 deficit. Whilst the down-side case is the pessimistic view, the CCG has been working hard to ensure that the probability of the mitigations succeeding is increased. Within the reporting to NHSE in M9 the CCG indicated that it needed to improve on the probability of mitigations by around £1m to increase the confidence of delivering to its planning target of £3.731m. Clearly if this does not materialise then the CCG would be in breach of its set planning target.

In addition to financial issues outlined above, concern still remains regarding the delivery of constitutional targets, regardless of the direct application of commissioner investment to promote access and patient flow across the system.

**QUALITY IMPACT ASSESSMENT AND/OR EQUALITY IMPACT ASSESSMENT**

None

**ANY RELATED WORK WITH STAKEHOLDERS/PRACTICES/PUBLIC AND PATIENT ENGAGEMENT**

None

**ACRONYMS**

Set out in the body of the report.
Month 9 Financial Position 2015/16

1. Background
Stoke on Trent Clinical Commissioning Group (CCG) is required to report achievement against its key financial duties and plans, both monthly and annually. This report discusses the position to the end of December 2015 (Month 9 of financial year 2015-16).

2. Executive Summary

<table>
<thead>
<tr>
<th>High Level Targets &amp; RAG Rating</th>
<th>Risks to Financial Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Revenue Allocation</strong></td>
<td>Prescribing expenditure above original plan but moving back to planned levels</td>
</tr>
<tr>
<td>notified - £377.770m</td>
<td>Elective activity below plan</td>
</tr>
<tr>
<td><strong>Programme Allocation</strong></td>
<td>Non elective activity above plan and case mix costs higher than expected</td>
</tr>
<tr>
<td>notified - £371.785m</td>
<td>Out of Area Placement costs above plan</td>
</tr>
<tr>
<td><strong>Running Cost Allocation</strong></td>
<td>Seasonal Resilience schemes over committed against funding allocated</td>
</tr>
<tr>
<td>notified - £5.985m</td>
<td>RTT Backlog clearance</td>
</tr>
<tr>
<td><strong>Capital Allocation</strong></td>
<td>QIPP delivery planned for Q4</td>
</tr>
<tr>
<td>notified - zero</td>
<td>Delivery of activity reductions in line with the Step Up plan implemented on 1st December</td>
</tr>
<tr>
<td></td>
<td>Recovery of payments for specialised commissioning incorrectly charged to the CCG</td>
</tr>
<tr>
<td></td>
<td>Year end agreement of final SLA values with major providers</td>
</tr>
</tbody>
</table>

**Other Areas of Focus**

Discussions are taking place with providers to agree final contract values taking account of activity to date including sanctions and penalties for under performance and outstanding matters relating to system resilience and service transfers.

**Overall Status**
The latest position identifies net risks to the value of £1m which are not mitigated. The control total remains at £3.731m based on expectations that contract settlements with providers will deliver reduced expenditure following application of contract levers and sanctions.

3. Financial Duties and Plans 2015-16

In 2015-16, the Income & Expenditure plans of the CCG are to:
- Deliver a £2.034m in year and £3.731m cumulative surplus against allocated Revenue Resource Limit (RRL) [Against a mandated planning requirement of 1% surplus]
- Contain expenditure within an overall cash limit
- Contain expenditure within the Running Cost target of £21.80 per head of population
- Deliver a QIPP of £10.57m

Throughout the financial year the CCG has reported on its achievement against meeting its key financial duties and delivery against its financial plans.
A summary of financial performance is shown below:

<table>
<thead>
<tr>
<th>Description of financial duties</th>
<th>YTD</th>
<th>Forecast</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain expenditure within the revenue resource limit and deliver to a planned surplus (normally 1%)</td>
<td>![Green Dot]</td>
<td>![Yellow Dot]</td>
<td>The CCG has achieved its forecast surplus target to end of Month 9. The target surplus is £3.731m for the year and comprises monthly targets.</td>
</tr>
<tr>
<td>Maintain expenditure within a Maximum Cash Drawdown Limit (Cash limit)</td>
<td>![Green Dot]</td>
<td>![Green Dot]</td>
<td>The CCG has drawn down £240.363m to date with BSA requirements of £371.025m giving total cash requirements of £277.465m. Drawings are below planned levels, reflecting the outstanding payments relating to the Better Care Fund [due to be settled in February and March 2016].</td>
</tr>
<tr>
<td>Maintain capital expenditure within the delegated limit from the Area Team</td>
<td>![Green Dot]</td>
<td>![Green Dot]</td>
<td>Nil allocation to the CCG. Capital expenditure is anticipated for GP IT and the CCG has planned commitments against this expenditure area. The CCG will revalue NHS England Area Team for these capital items which will be held on the NHS England balance sheet.</td>
</tr>
<tr>
<td>Ensure running costs are within the set allocation per head of population</td>
<td>![Green Dot]</td>
<td>![Green Dot]</td>
<td>The CCG has an allocation of £5.985m for running costs. At Month 9, the running costs position was £44k underspent.</td>
</tr>
<tr>
<td>Ensure a minimum of 0.5% contingency is held</td>
<td>![Green Dot]</td>
<td>![Yellow Dot]</td>
<td>The CCG has 0.5% contingency within the financial plan this is expected to be fully utilised within the forecast positions reported at Month 9. Risks totalling £1m are not mitigated.</td>
</tr>
<tr>
<td>Ensure that 1% of funds are spent Non Recurrently on approved projects</td>
<td>![Green Dot]</td>
<td>![Green Dot]</td>
<td>The CCG will utilise this fund against Risks identified against the Better Care Fund, clearance of Continuing Healthcare retrospective claims and additional pressure from Seasonal Resilience spending (Longton).</td>
</tr>
<tr>
<td>Delivery of QIPP targets</td>
<td>![Green Dot]</td>
<td>![Yellow Dot]</td>
<td>The CCGs original QIPP Plan is valued at £10.57m of schemes; a series of “plan B” schemes has been developed and turnaround activities agreed. The “step down” scheme is at increased risk as the net release of costs is currently below the levels required of the targeted £1.152m savings.</td>
</tr>
<tr>
<td>Ensure compliance with the Better Payment Practice Code (BPPC) – “Late Payment of Commercial Debt”</td>
<td>![Green Dot]</td>
<td>![Green Dot]</td>
<td>The CCG delivered 95.8% in 30 days against the number of NHS and 96.9% against non NHS invoices.</td>
</tr>
</tbody>
</table>

**Maintain expenditure within the resources allocated and deliver of planned deficit.**
At the end of month 9 the CCG Financial Plan baseline resource level stood at £377.770m. This is built up of £371.785m for Programme expenditure and £5.985m allocation to meet Running costs. Within these figures is the non-recurrent return of prior year surplus at £1.697m and other non-recurrent allocations for items such as GPIT.

**Maintain expenditure within a maximum cash drawdown limit**
The CCG manages cash flow on a monthly basis and draws down cash directly via NHS England. Net cash holding at the end of the month is within the 1.25% tolerance level. Payments are behind original plans due to some deferred remittance, but are expected to remain within planning parameters at the year end.

**Ensure running costs are contained within the allocated £21.05 per head of population**
Running Cost allocation is £5.985m for the financial year against a population of 284,342. To date, running cost expenditure is within that planned value.

**Deliver QIPP savings targets.**
QIPP saving schemes of £10.57m are planned for this financial year. These are a combination of transactional schemes and transformational schemes. Transactional schemes broadly fall in the first part of the financial year and transformational in the second part of the year. There has
been concern expressed over several months regarding the high value phasing of schemes in the latter part of the year, especially where investment decisions are critically interlinked eg Step Up/Step Down. There is expected to be slippage on delivery, but with attendant response to mitigating financial risk and delivery of financial control totals.

**Ensure compliance with the Better Payment Practice Code (BPPC)**
The CCG is expected to comply with the Confederation of British Industry (CBI) Prompt Payment Code. This requires the CCG to pay 95% of valid invoices within 30 days of receipt. CCG performance up to 31st December stood at 94.2% based on count for NHS payables (95.8% by value), an improvement on the November position. For non NHS payables the position was 95.1% based on count (96.9% by value).

The CCG continues to press for improved compliance with the better payment practice code and has during the course of the year introduced a “Controlled Environment for Finance” which supports the controlled access to data allowing invoices to be paid more promptly. Further internal actions are on-going to press for a higher percentage of BPPC compliance.

4. **Position to Date**
The CCG key financial duties were achieved in the cumulative position to December 2015 (Month 9). Appendix 1 highlights a summary table of performance against the range of budget headings and financial performance, together with more granular narrative at Appendix 2. The financial position as at the end of December (Month 9) shows a cumulative underspend of £2.692m which is within the profiled target level for the CCG’s planned surplus at this point in the year. This has resulted in the achievement of financial duties against plan and also on track, against the NHSE planning rules, which require delivery of 1% surplus.

The financial position set out within this report is based on external information provided to the CCG, e.g. acute activity initial month 8 data and Prescribing data for month 7 and also against a range of assumptions in compiling the position.

The Continuing Healthcare year end position is reflective of the forecast expenditure levels via the Commissioning Support Unit as at December 2015.

5. **Contractual Performance of Providers/Budgetary Performance**

Initial month 9 data received from University Hospitals North Midlands NHS Trust (UHNM) indicates that at the end of November (M8), activity and costs are above contracted levels and give rise to an initial (net) cumulative overspending of £1.866m against the plan. The main areas of overspending relate to emergency admissions and activity not included in finished consultant episodes. This data is subject to continuous validation processes relating to data queries, penalties, and assessment of when and to what extent the Marginal Rate Emergency Threshold is likely to be triggered. After taking into account the likely outcome of these adjustments the forecast for this contract is an underspending of £1.660m. A contract for Step Down activity is now agreed with UHNM from 1st December. Penalties forecast at £1.5m and to be levied in the main contract are re-invested in the delivery model for Step Down in 2015/16. Some of the activity increase is partly as a result of the outcome of investigation into charging of activity relating to specialised services.

Systems resilience planning is giving rise to potential expenditure pressures significantly above planned budget levels. This increases the risk profile for the CCGs planned financial position and achievement of the control total of a £3.731m deficit. These issues are currently being worked through with the Systems Resilience Group members.

There is a clear indication that activity and costs are significantly above planned levels and this marked increase has not abated as anticipated. This negative run rate is of concern and
overall the level of unmitigated risks for the CCG has risen by £1m. This poses a real threat to achieving the control total surplus.

Monthly reporting data to the end of November has been received from **West Midlands Ambulance Trust**; this indicates that activity is under plan which is forecast to the year end as an underspending of £0.086m.

The CCG is now in receipt of SLAM reporting information for **out of area acute contracts** with NHS and Private providers. These are indicating year to date activity to be above plan by £1.089m with the forecast year end position being £1.385m above plan. Significant overspending is evident in contracts with Trusts in Cheshire and overspending in the majority of other contracts. Further work is required to fully understand the reasons for the year to date over performance and the forecasting methodology to determine to what extent this might be influenced by activity to clear 18 week backlogs and any link with activity at UHNM.

The CCG has now received reporting information up to month 7 for **Prescribing** which indicates spend to be above plan. The forecast is that spend will continue to be at levels above plan but delivery of the QIPP programme savings in full would limit the forecast overspend to just under £0.192m.

**Continuing Care** information has now been received for expenditure up to December which indicates that costs are above plan. This includes the transfer of £1.301m to NHS England national risk pools relating to the payment of retrospective claims for pre-April 2013 claims. Monitoring reports indicate that the Continuing Healthcare QIPP programme under achieved its November savings target, and based on current trends, which now include expenditure on personal health packages, expenditure would be £0.587m over plan at year end.

The CCG has continued to see a rise in the costs relating to a number of **individual patients** being placed in out of area settings with either other NHS or Private sector providers mainly relating to **Mental Health cases**. At month 9 the cumulative costs are £1.291m above plan, and they are forecast to be £1.493m above plan at year end taking into account the proposed QIPP scheme delivery.

6. **Quality, Innovation, Productivity and Prevention (QIPP)**

The final Financial Plan detailed a required QIPP programme of £10.57m net of investment which is equivalent to 2.9% of the resource allocation.

The QIPP programme has a phased delivery with several of the larger schemes scheduled to deliver in the latter part of the year. The table below highlights the key assumptions being made in the month 9 report against the areas of focus for the 2015/16 QIPP programme.
### Stoke Quarterly Plan

<table>
<thead>
<tr>
<th>Category</th>
<th>Annual Plan £000</th>
<th>Plan at Month 9 £000</th>
<th>Actual Delivered £000</th>
<th>Year to date Variance £000</th>
<th>Forecast Variance £000</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step Up</td>
<td>4.49</td>
<td>2.24</td>
<td>2.28</td>
<td>4.49</td>
<td>-0.04</td>
<td>0.00</td>
</tr>
<tr>
<td>Planned Care</td>
<td>1.00</td>
<td>0.75</td>
<td>0.75</td>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Emergency Activity</td>
<td>0.94</td>
<td>0.69</td>
<td>0.83</td>
<td>1.07</td>
<td>-0.15</td>
<td>0.13</td>
</tr>
<tr>
<td>Other Acute</td>
<td>0.13</td>
<td>0.06</td>
<td>0.06</td>
<td>0.15</td>
<td>0.00</td>
<td>0.02</td>
</tr>
<tr>
<td>Mental Health OOA</td>
<td>0.40</td>
<td>0.30</td>
<td>0.10</td>
<td>0.32</td>
<td>0.20</td>
<td>-0.08</td>
</tr>
<tr>
<td>Other Programme Services</td>
<td>0.00</td>
<td>0.00</td>
<td>0.31</td>
<td>0.36</td>
<td>-0.31</td>
<td>0.36</td>
</tr>
<tr>
<td>Community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step Down</td>
<td>1.33</td>
<td>0.67</td>
<td>0.00</td>
<td>1.33</td>
<td>-0.07</td>
<td>0.00</td>
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<tr>
<td>Pathways</td>
<td>0.67</td>
<td>0.33</td>
<td>0.15</td>
<td>0.18</td>
<td>-0.18</td>
<td>-0.49</td>
</tr>
<tr>
<td>Other Community</td>
<td>0.00</td>
<td>0.00</td>
<td>0.20</td>
<td>0.30</td>
<td>-0.20</td>
<td>0.30</td>
</tr>
<tr>
<td>Continuing Care</td>
<td>0.79</td>
<td>0.59</td>
<td>0.77</td>
<td>1.18</td>
<td>-0.18</td>
<td>0.39</td>
</tr>
<tr>
<td>Prescribing</td>
<td>0.82</td>
<td>0.62</td>
<td>0.53</td>
<td>0.82</td>
<td>0.09</td>
<td>0.00</td>
</tr>
<tr>
<td>Total</td>
<td>10.57</td>
<td>6.24</td>
<td>5.98</td>
<td>11.20</td>
<td>0.26</td>
<td>0.63</td>
</tr>
</tbody>
</table>

The Month 9 savings target was £6.24m and actual reported delivery was £5.98m (95.8%), £260k under plan. A ramp up of savings targeted to be delivered in the 2nd half of the year is expected. These now include additional savings that have been identified as a result of the re-energising of the QIPP programme and some procurement which are at lower values than anticipated (eg NHS 111). These are being forecast as £0.2m.

Of the £10.57m program, £5.22m is scheduled to be delivered from December onwards. Assumptions within the forecasts are that this level of savings will be achieved.

The latest position is that 2 schemes are now unlikely to deliver the planned levels of savings – these are Physiotherapy and Mental Health. In order to mitigate these reduced savings, further plan B schemes have been identified to deliver the savings targets in full and create some headroom within the in-year financial position to accommodate any future risks. The forecast plan is now valued at £11.20m.

### 7. Audit Assurance

The CCG finance department will continue to work with Internal Audit to undertake assurance around various aspects of the CCG financials to provide audit opinion regarding accuracy of monthly accounts. In addition where further assurance work is required then this continues to be sourced as appropriate; predominantly from Internal Audit.

### 8. Strategic Support

The CCG was required to set aside 1% of its baseline recurrent allocation to be used each year on a non-recurrent expenditure basis, this equates to £3.7m.

This has been applied as Strategic Support to fund:

- Follow Up Backlog at UHNM £0.6m
- Risk Reserve for Better Care Fund £1.14m
- Seasonal Resilience funding of Longton Cottage hospital beds £1.22m
- Accelerated clearance of Continuing Healthcare Retrospective claims £0.5m

### 9. Balance Sheet
The CCG Statement of Financial Position as at 31st December 2015 shows the level of indebtedness between the CCG and other parties (mainly NHS providers). Significant entries include:

- Accounts Receivable £19m.
- Accounts Payable £29.5m
- Cash £161k - this level of cash ensured the CCG delivered its obligations in relation to cash.
- Provisions £0.92m – provisions created relating retrospective continuing healthcare claims

<table>
<thead>
<tr>
<th>Statement of Financial Position</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Current Assets</td>
<td>0</td>
</tr>
<tr>
<td>Cash</td>
<td>161,484</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>18,876,645</td>
</tr>
<tr>
<td>Current Assets</td>
<td>19,038,129</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>19,038,129</td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>29,345,443</td>
</tr>
<tr>
<td>Accrued Liabilities</td>
<td>916,879</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>30,262,322</td>
</tr>
<tr>
<td>Long Term Liabilities</td>
<td>0</td>
</tr>
<tr>
<td>Retained Earnings incl. In Year</td>
<td>(11,224,193)</td>
</tr>
<tr>
<td>Total Taxpayers Equity</td>
<td>(11,224,193)</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY + LIABILITIES</strong></td>
<td>19,038,129</td>
</tr>
</tbody>
</table>

10. Cash flow

The updated CCG plan for 2015/16 is £373.096m of cash for the period April to March including the requirements notified from the Business Services Authority. At the start of the year UHNM was advanced its March 2016 contract payment, resulting in the cash profile for the CCG being front loaded. This is consistent with the approach taken in previous years, but is not considered an “industry norm”.

11. Main Risks

The CCG set a QIPP programme for 2015/16 of £10.57m (net) with the majority of the savings profiled to be achieved in the latter part of the year. Performance to month 9 is behind trajectory but monitoring information suggests this slippage will be recovered in year. The QIPP programme continues to be monitored bi-weekly through the Finance Recovery Group, and a number of additional schemes are in development to deliver additional savings in year. Given recent challenges in QIPP delivery the CCG has moved towards strengthening its delivery through the appointment of a Turnaround Director.

**Systems resilience** planning is giving rise to potential expenditure pressures significantly above planned budget levels. This has the potential to increase the risk to the CCGs planned financial position and achievement of the control total. These issues are currently being worked through with the Systems Resilience Group.

**Key Areas of Focus and Commissioning Implications**
Tight fiscal control was undertaken to deliver Commissioning plans within budgetary allocations in the CCGs last financial year. Prioritisation on spending plans is again necessary and Commissioning and Finance will work together to deliver the commissioning intentions within the available financial envelope. Part of the strategy objectives, are to review all aspects of commissioning to ensure value for money and achievement of the CCG’s financial targets both this year and in the future. The work of the Project Management Office is essential to this strategy.

12. Risk scenarios

The CCG has worked up 3 high level risk scenarios that stem from a base position as per the current forecast.

On an **upside (optimistic)** basis it is assumed that full delivery of the current QIPP programme arises and risks are fully mitigated. In that circumstance the year end position could be improved to deliver a marginally increased surplus to £4.19m; an improvement of £460k on the planned surplus of £3.731m. This is unlikely to arise in practice.

On a **downside (pessimistic)** basis it is assumed that no further QIPP delivery arises and risks identified materialise in full. In that circumstance the year end position would decline to a £4.1m deficit at year end; a worsening of position from plan by £7.831m. The CCG cannot afford for any further deterioration of its financial position and practically this situation is unlikely to arise in full.

On a **realistic** basis and interpolating between the upside and downside cases it is assessed that there still remains a c.£1m of unmitigated risk to deliver against the £3.731m surplus control total.

**Recommendation**

The Governing Body is asked to note the contents of this report and executive summary regarding CCG performance against 2015-16 financial duties at the end of Month 9 of the financial year. In addition, the Governing Body is requested to note the risks to the 2015-16 financial plans and to support the actions being taken through the PMO to redress the financial shortfall against plans.
Month 9 2015/16 and Forecast Outturn Financial Summary

<table>
<thead>
<tr>
<th>Stoke on Trent CCG</th>
<th>CCG Current Position</th>
<th>CCG Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YTD Budget £000</td>
<td>YTD Actual £000</td>
</tr>
<tr>
<td>Acute</td>
<td>125,546</td>
<td>125,795</td>
</tr>
<tr>
<td>Mental Health</td>
<td>30,549</td>
<td>31,959</td>
</tr>
<tr>
<td>Continuing Care</td>
<td>16,415</td>
<td>16,544</td>
</tr>
<tr>
<td>Community</td>
<td>55,466</td>
<td>54,914</td>
</tr>
<tr>
<td>Primary care</td>
<td>42,931</td>
<td>43,389</td>
</tr>
<tr>
<td>Other</td>
<td>3,920</td>
<td>3,707</td>
</tr>
<tr>
<td>TOTAL PROGRAMME</td>
<td>274,827</td>
<td>276,308</td>
</tr>
<tr>
<td>Running Costs</td>
<td>4,488</td>
<td>4,444</td>
</tr>
<tr>
<td>Reserves (incl Contingency)</td>
<td>-654</td>
<td>-2,131</td>
</tr>
<tr>
<td>TOTAL SPEND</td>
<td>278,661</td>
<td>278,621</td>
</tr>
<tr>
<td>Surplus</td>
<td>2,652</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>281,313</td>
<td>278,621</td>
</tr>
</tbody>
</table>

CCG Underlying position

<table>
<thead>
<tr>
<th>Stoke CCG</th>
<th>£'m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource</td>
<td></td>
</tr>
<tr>
<td>Programme Allocation (month 9)</td>
<td>371.785</td>
</tr>
<tr>
<td>Running Costs Allocation</td>
<td>5.985</td>
</tr>
<tr>
<td>less non rec surplus return</td>
<td>-1.697</td>
</tr>
<tr>
<td>Less additional non rec allocations</td>
<td>-2.175</td>
</tr>
<tr>
<td>Total Recurrent Allocation</td>
<td>373.898</td>
</tr>
<tr>
<td>Expenditure</td>
<td></td>
</tr>
<tr>
<td>Programme Spend</td>
<td>366.178</td>
</tr>
<tr>
<td>Contingency</td>
<td>1.876</td>
</tr>
<tr>
<td>Running Costs Spend</td>
<td>5.985</td>
</tr>
<tr>
<td>less non recurrent spend (1%)</td>
<td>-3.738</td>
</tr>
<tr>
<td>less non recurrent spend (CHC Topslice)</td>
<td>-1.068</td>
</tr>
<tr>
<td>less non recurrent spend (BCF Top Up)</td>
<td>-3.000</td>
</tr>
<tr>
<td>less non recurrent spend (other)</td>
<td>-2.175</td>
</tr>
<tr>
<td>Total Recurrent Spend</td>
<td>364.058</td>
</tr>
<tr>
<td>Underlying position</td>
<td>9.84</td>
</tr>
</tbody>
</table>

In line with NHS England guidance the CCG is also reporting an underlying surplus position of £9.84m (2.63%) when removing non recurrent resource allocation and spend.
1. **Contract Performance**

**University Hospital of North Midlands (UHNM)**

The agreed contract value for UHNM stands at £143.62m following the protracted negotiation round earlier in 2015 and as a result of a contract variation relating to additional A&E activity signed off as part of the final plan approved by NHS England in May. The contract was set on a full Payment by Results (PbR) cost and volume basis where any activity carried out was paid for at tariff and the full National contract rules are applied.

### Summary by Point of Delivery

<table>
<thead>
<tr>
<th>Point of Delivery</th>
<th>SLA</th>
<th>Activity</th>
<th>Finance</th>
<th>Month: November 2015</th>
<th>Activity</th>
<th>Finance</th>
<th>Year to Date</th>
<th>Activity</th>
<th>Finance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Plan</td>
<td>Actual</td>
<td>% Var</td>
<td>Plan</td>
<td>Actual</td>
<td>% Var</td>
<td>Plan</td>
<td>Actual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>%</td>
<td></td>
<td></td>
<td>%</td>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>A&amp;E</td>
<td>56402</td>
<td>£7,081,177</td>
<td>5396</td>
<td>3355 94</td>
<td>-36 -2%</td>
<td>£572,795</td>
<td>£561,194</td>
<td>-9512 -2%</td>
<td>44841</td>
</tr>
<tr>
<td>Day Case</td>
<td>32777</td>
<td>£25,653,327</td>
<td>1954</td>
<td>2034 80 4</td>
<td>-114 -4%</td>
<td>£3,354,254</td>
<td>£397,667</td>
<td>-8%</td>
<td>15762</td>
</tr>
<tr>
<td>Elective</td>
<td>453</td>
<td>£3,231,151</td>
<td>390</td>
<td>330 20 30</td>
<td>-6 -1%</td>
<td>£1,020,821</td>
<td>£960,202</td>
<td>-64,619 -7%</td>
<td>2844</td>
</tr>
<tr>
<td>Regular Day Attendees</td>
<td>1095</td>
<td>£760,590</td>
<td>174</td>
<td>85 39 53</td>
<td>-53 -8%</td>
<td>£524,041</td>
<td>£524,064</td>
<td>-2352 -8%</td>
<td>3451</td>
</tr>
<tr>
<td>Emergency</td>
<td>32273</td>
<td>£25,304,271</td>
<td>2754</td>
<td>2998 240 8</td>
<td>-198 -7%</td>
<td>£1,021,122</td>
<td>£969,709</td>
<td>-50,417 -5%</td>
<td>21292</td>
</tr>
<tr>
<td>Non Emergency</td>
<td>11795</td>
<td>£18,596,569</td>
<td>967</td>
<td>860 76 3</td>
<td>-103 -9%</td>
<td>£700,574</td>
<td>£803,332</td>
<td>42877 6%</td>
<td>7066</td>
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<tr>
<td>Elective XBD</td>
<td>1441</td>
<td>£3,314,319</td>
<td>126</td>
<td>63 43 -51</td>
<td>-63 -50%</td>
<td>£290,487</td>
<td>£14,387</td>
<td>-15,100 -51%</td>
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<tr>
<td>Emergency XBD</td>
<td>10130</td>
<td>£2,168,651</td>
<td>839</td>
<td>853 267 -32</td>
<td>-61,084</td>
<td>£125,758</td>
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<td>Non Emergency XBD</td>
<td>437</td>
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<td>34</td>
<td>37 3 3</td>
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<td>Outpatient First</td>
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<td>2253 542</td>
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<td>Non RCE</td>
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<td>SLAM Total</td>
<td>£545,638,132</td>
<td>39673</td>
<td>112801</td>
<td>184800</td>
<td>457</td>
<td>£13,127,681</td>
<td>£13,224,472</td>
<td>£96,789</td>
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</table>

At the time of finalising the Month 9 financial position the CCG was in receipt of the initial month 8 Service Level Agreement Monitoring (SLAM) information, this is shown within the table above and indicates activity levels across most Points of Delivery to be above or in line with plan in the year to date. Month 8 saw a further rise in emergency admissions, day cases and outpatient procedures. The SLAM report highlights over-performance at £1.866m at month 8 before data challenges, penalties and other contractual adjustments are applied.

**Key variations to month 8**

- A&E attendances 869 below plan (2%) and £98k under (2%)
• Elective / Daycases 145 below plan (0.7%) and £442k under (2.23%)
• Non Elective admissions 566 above plan (3%) and £1.776m above (6%)
• Out Patient First appointments 2985 below plan (6%) and £263k under (4%)
• Out Patient Follow Up appointments 4117 below plan (5%) and £42k under (1%)

Significant validation work continues following receipt of the data to ensure the activity is valid. This has now identified activity being charged to the CCG that should be paid for by NHS England Specialised Services, and other charges which should be directed to the CCG. The impact of this is close to cost neutral and is a significant change on previous indications.

The validation work is continuing to inform the year end position and the CCG is working through all contractual issues to arrive at a year-end proposal with the Trust covering all penalties, contract levers and performance on activity. At this stage the contract is forecast to be spending below the contract value, taking all matters into account.

The CCG is now forecast to spend around £4.48m outside of the main contract for the provision of activity for long term condition and the step down model. Around £1.5m of this is covered by reinvestment of the penalties levied on the Trust in 2015/16.

Staffordshire and Stoke on Trent Partnership Trust (SSOTP)

The contract value for SSOTP is £54.1m. The contract operates predominantly on a block basis with cost and volume arrangements relating to PbR activity for Rheumatology and Anti TnF drugs costs. The budget has been reduced by £0.654m to take account of the transfer of long term conditions management to UHNM. The CCG is finalising the contract value reduction relating to the transfer of Step Down intermediate care which will see a further £2.03m being reduced from the block value of the contract.

Monitoring information for month 8 has been received from SSOTP with indications of overspending in the cost and volume activities in rheumatology blood monitoring and administering of anti-TNF drugs. The forecast position is currently an overspending of £0.663m.

Combined Healthcare (CHC)

The contract value with CHC is £31.3m and operates on a ‘block contract’ basis. Work continues with Combined Healthcare to deliver activity reporting on a ‘Cluster’ basis. Month 9 and forecast positions both reflect a small overspending of £0.059m above planned levels.

West Midlands Ambulance (WMAS)

The contract value with WMAS for the Emergency Ambulance service is £9.63m. This operates predominantly on a cost and volume tariff basis, each Ambulance journey has a cost of £162, with some elements of the contract relating to wider West Midlands programmes being funded on a block basis. At the time of finalising the month 9 position activity reporting up to the end of November has been received from the Provider, this indicates activity to be 377 journeys below plan (1.04%) this has been built in at month 9 as £57k below planned expenditure levels and forecast to year end as £86k under plan.

2. Other CCG Spend

Continuing Healthcare
The CCG has an annual budget for Continuing Care and Funded Nursing Care of £21.8m; this budget also covers the CSU costs relating to the assessment and nursing team. Monitoring information received at the end of November records expenditure below plan.

The CCG received written notification from NHS England that it will again be expected to contribute to a National risk pool relating to the payment in year of retrospective continuing healthcare claims, this equates to £1.3m for the CCG, this spend is now being accommodated within the planned budget.

As part of the 2014/15 Finance Recovery Plan the CCG approved a business case supplied by the CSU that through increased clinical and administrative support would result in reduced spend through regular up to date case reviews and workload processing for 2015/16; additional costs of £790k have been avoided as a result of the QIPP plan for this activity. The month 9 position is an overspending of £130k which is predicted to be £0.587m by the year end.

Prescribing
When compiling the month 9 report national Prescribing data up to the end of month 7 has been received for 2015/16. This indicates that to the end of October spend was £0.624m above plan. There is some evidence that growth in spending is levelling off as a result of the full year increase in category M prices from October 2014 having now been processed. The assumption made in this report is that the forecast spend will continue at current levels but delivery of the planned QIPP savings in the latter part of the year would reduce the forecast overspend to £0.192m.

Within the financial plan there is an expectation that QIPP savings of £820k will be achieved and the Medicines Optimisation team have profiled delivery of these schemes. To date costs totalling £510k have been avoided, with expectations that the full £820k will be achieved by the year end.

Running Costs
The CCG received a significantly reduced allocation for 2015/16 to deliver the running costs of the Organisation £5.985m. The CCG is not permitted to exceed this allocation; any funds that are not fully utilised can be used to support additional programme costs.

The month 9 position is on plan overall; this is also reported as the forecast position. The CCG continues to work in conjunction with North Staffordshire CCG to ensure maximum efficiency is achieved within the running costs envelope through working in a collaborative way and avoiding duplication wherever possible. There are currently several vacancies within the CCG and these are being reviewed as part of that process.
**AUTHOR**

<table>
<thead>
<tr>
<th>Name</th>
<th>Laura Janda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Senior Planning and Development Manager</td>
</tr>
</tbody>
</table>

**REPORTING OFFICER /DIRECTOR**

<table>
<thead>
<tr>
<th>Name</th>
<th>Noreen Dowd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Interim Director or Strategy and Performance</td>
</tr>
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</table>

**REPORT TO**

Stoke-on-Trent CCG Governing Body

**TITLE OF REPORT**

Governing Body Assurance Report

**DATE OF THE MEETING**

2nd February 2016

**WHAT OTHER CCG COMMITTEE/GROUP/INDIVIDUAL HAS CONSIDERED THIS REPORT?**

**COMMITTEE/GROUP**

Performance in the round has been considered at the Executive Forum and from January will be presented at Joint Finance and Performance Committee.

**INDIVIDUAL**

Business Intelligence and Commissioner colleagues have considered and provided input into the CCG Assurance Report.

**ACTION REQUIRED FROM COMMITTEE/GROUP/ GOVERNING BOARD**

<table>
<thead>
<tr>
<th>Approve</th>
<th>Assurance</th>
<th>Discussion</th>
<th>For noting</th>
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<tbody>
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</tbody>
</table>

**RECOMMENDATION**

The Stoke-on-Trent CCG Governing Body is asked to **consider** and **receive** the CCG Assurance Report.

**STRATEGIC OBJECTIVES SUPPORTED BY THIS PAPER**

(identify appropriate goals)

<table>
<thead>
<tr>
<th>STOKE ON TRENT CCG</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Improve access</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>2. Improve health outcomes</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>3. Improve quality</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>4. Reduce health inequalities</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>5. Cross Cutting / Statutory Duties (more than one of the above)</td>
<td></td>
<td>x</td>
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</tbody>
</table>
### Purpose of the Report, Key Points, Outcomes, Executive Summary
To provide assurance to the Governing Body on the CCGs performance against quality metrics, NHS Constitution targets and NHS Outcomes Framework indicators.

### Summary of Risks Relating to the Proposal
The attached report offers assurance to the Governing Body on the CCGs performance against quality metrics, NHS Constitution targets and NHS Outcomes Framework indicators. The report is by exception and includes only those indicators that are currently at risk or failing. Narrative on key risks, actions and assurance is provided. For the February 2015 assurance report the following indicators are included as at risk:

- A&E four hour wait
- Non admitted patients to start treatment within a maximum of 18 weeks from referral
- Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral
- Maximum two week wait for first outpatients following urgent GP referral
- Maximum two week wait for first outpatients referred urgently for breast symptoms (where cancer was not initially suspected)
- Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer
- Maximum two month (62 day) wait from urgent referral from cancer screening service to first definitive treatment for cancer
- Recovery rate for individuals who access psychological therapies (IAPT)

NHS Constitution targets feature on the CCG Risk Register.

### Any Statutory / Regulatory / Legal / NHS Constitution/Assurance / Governance / Prescribing Implications
The NHS Constitution targets outlined in the attached report are a statutory duty for the Clinical Commissioning Group as outlined in the NHS Constitution, the NHS Mandate, and the CCGs Membership Constitution.

### Quality Impact Assessment and/or Equality Impact Assessment
N/A

### Any Related Work with Stakeholders/Practices/Public and Patient Engagement
N/A

### Acronyms
N/A
**UNPLANNED CARE**

**NHS CONSTITUTION**

<table>
<thead>
<tr>
<th>Operational Standard</th>
<th>Lower Threshold</th>
<th>Reporting Month</th>
<th>SOT</th>
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<tbody>
<tr>
<td>NOV15</td>
<td>95%</td>
<td>90%</td>
<td></td>
</tr>
</tbody>
</table>

**A&E waits**

Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department

**12 hour trolley waits**

Activity levels will exceed the SLA

The planned improvements will not lead to attainment of the 95% Constitutional Standard

Supporting Narrative

During November 2015:

- ED attendances averaged 320 per day, against the SLA of 318 per day
- Non-elective admissions at M8: Plan = 21,293, actual = 21,859, variance = +566 (+3%)
- Conversion Rate: 38% (ED attendance to admission)
- Front of House Service commissioned and over-performing against the planned activity (plan = 25, average in November = 41)

**PLANNED CARE**

**NHS CONSTITUTION Indicator**

<table>
<thead>
<tr>
<th>Operational Standard</th>
<th>Lower Threshold</th>
<th>Reporting Month</th>
<th>SOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOV15</td>
<td>95%</td>
<td>90%</td>
<td></td>
</tr>
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</table>

**RTT Non-admitted**

The percentage of non-admitted pathways within 18 weeks for non-admitted patients whose clocks stopped during the period (E.B.8)

<table>
<thead>
<tr>
<th>Standard</th>
<th>Current</th>
<th>YTD</th>
<th>94.7%</th>
<th>95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOV15</td>
<td></td>
<td></td>
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**RTT Incomplete**

The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period (E.B.8)

<table>
<thead>
<tr>
<th>Standard</th>
<th>Current</th>
<th>YTD</th>
<th>92%</th>
<th>90.5%</th>
<th>90%</th>
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</thead>
<tbody>
<tr>
<td>NOV15</td>
<td></td>
<td></td>
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</table>

**Key risks:**

The incomplete target is the only RTT measure that formally remains and there is currently no recovery date identified by the Trust.

**Actions:**


**Assurance:**

Performance reported monthly to the Commissioning, Finance and Performance Committee (North Staffordshire) and the Executive Forum (Stoke) and then reported as part of the respective CCGs Governing Body monthly assurance reports.

**RTT SUPPORTING NARRATIVE**

Commissioners raised a Contract Performance Notice relating to the failure to deliver the incomplete target and agreed the trajectory which indicated overarching delivery of the 92% standard by the end of October 2015. The Trust failed to achieve against this RAP and as a result, the CCGs withheld 2% of the contractual value for a period of one month. However, the CCGs made the decision to close the CPN to enable us to submit a further contract performance notice with the intention of the Trust providing a RAP with overarching actions at a specialty level to deliver the constitutional target of 92%. This RAP was received by the CCGs on the 20th December 2015 and was not agreed due to a lack of measurable actions being included. The CCGs are now following the contractual process outlined under GCR of the contract for failure to agree a RAP and continue to work with the Trust to create a robust and assured plan for delivery.

The backlog has also increased due to the number of cancelled operations to accommodate winter pressures and as of the 10th January, the backlog overall stood at 2756 which is 10% of the total waiting list.
Current Position as at 03.01.16:

<table>
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<tr>
<th></th>
<th>0 - 4</th>
<th>5 - 8</th>
<th>9 - 12</th>
<th>13 - 17</th>
<th>18 - 25</th>
<th>26 - 38</th>
<th>39 - 51</th>
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<td>Total</td>
<td>11274</td>
<td>5773</td>
<td>4311</td>
<td>4152</td>
<td>4236</td>
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<tr>
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<td>9 - 12</td>
<td>13 - 17</td>
<td>18 - 25</td>
<td>26 - 38</td>
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<tr>
<td>Total</td>
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<td>3687</td>
<td>3943</td>
<td>3238</td>
<td>774</td>
<td>31190</td>
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</table>

Table 1: Overall follow up waiting list in weeks waited. Source BI tools

- The total number of patients who are overdue their follow up appointment is 33854 – this excludes the County and includes all CCG’s. This is a reduction of over 780 patients since the previous report.
- 22580 patients have waited 5+ weeks past their due appointment date, of which 5947 have appointments.
- Of the total backlog, 12% have waited over 26 weeks.

Trend:

Monthly trend: source BI tools

The specialties that are especially affected are similar to previous experience – General Surgery, Urology, ENT, Ophthalmology, Plastic Surgery, Trauma & Orthopaedics, Cardiology, Neurology, Gastroenterology, Respiratory Medicine. However, evidence informs that patients are being seen i.e. there is a steady turnover

40+ week waiters

Cancer waits - 2 week wait

<table>
<thead>
<tr>
<th>Urgent GP Referrals</th>
<th>Standard</th>
<th>93%</th>
<th>Current</th>
<th>86.4%</th>
<th>Month</th>
<th>Nov-15</th>
<th>93%</th>
<th>88%</th>
<th>NOV15</th>
<th>86.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer</td>
<td>93%</td>
<td>86.4%</td>
<td>Month</td>
<td>Nov-15</td>
<td>93%</td>
<td>88%</td>
<td>NOV15</td>
<td>86.4%</td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Breast Symptoms Referrals</th>
<th>Standard</th>
<th>93%</th>
<th>Current</th>
<th>11.0%</th>
<th>Month</th>
<th>Nov-15</th>
<th>93%</th>
<th>88%</th>
<th>NOV15</th>
<th>11%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected</td>
<td>93%</td>
<td>88%</td>
<td>Month</td>
<td>Nov-15</td>
<td>93%</td>
<td>88%</td>
<td>NOV15</td>
<td>11%</td>
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</table>
Cancer waits - 62 days

<table>
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<th>Operational Standard</th>
<th>Lower Threshold</th>
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<tbody>
<tr>
<td></td>
<td>50%</td>
<td>n/a</td>
<td>MB</td>
</tr>
<tr>
<td></td>
<td>85%</td>
<td>NOV15</td>
<td>82.1%</td>
</tr>
<tr>
<td></td>
<td>85%</td>
<td>NOV15</td>
<td>88.2%</td>
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</tbody>
</table>

Key risks:
- In November the CCG failed to achieve the 2 week wait, 2 week wait (breast), 62 day from GP referral and 62 day from screening standards.
  1) There has been a significant increase in referrals for all CCGs and all sites (particularly breast). However conversion rates suggest that GP referrals are comparably appropriate to other areas of the country. The breast two week wait service at UHNM is currently experiencing an influx of referrals which is beyond the capacity of the service to absorb. Both the General Surgery & Urology and the imaging directorates have been working together to run additional one stop clinics to cope with the additional demand, however the national challenges faced in recruiting radiographers and mammographers means that current vacancies are not being filled quickly. This is limiting the services ability to flex capacity to meet demand, resulting in a backlog of patients to be appointed and a significant drop in achievement of the two week standard for breast.
  2) Significant % of patients who do not accept their first offered 2 week wait appointment. Offering appointments at County to RSUH has not had a significant increase.
  3) 44% of breaches relate to capacity issues

Actions:
- Following the publication the NHS England Publication Gateway Reference: 03614 on 14th July 2015 and subsequent letter dated 30th July 2015 UHNM was required to submit a Cancer Improvement Plan and Assessment against the 8 key priorities identified by the Cancer Waiting Times Taskforce (CWTT) and Intensive Support Team (IST).

Remedial action plans are in place for 31 day (overall and surgery) and 62 day from GP referral target;

Trajectory

UHNM have revised their trajectory and are now predicting achievement of all 31 days targets by January and 62 day from GP referral by March 2016. Actions specific to the breast pathway have been agreed and incorporated into the 62 day cancer improvement plan.

LHE actions

The guidance received on 29 October 2015 (NHS England Publications Gateway Reference: 04235) describes that good progress has been made in delivering the Action Plan and sets out an update on key areas, communicates decisions and highlights further development in the following five areas: Backstop policy of 104 days, Demand and Capacity Planning, Inter-provider transfers and breach allocation, PTL management, Good Practice. In response to this, commissioners and UHNM have commenced the process of updating the local position against the eight key priorities and the further development of the Action Plan to improve cancer 62 day performance to reflect the additional requirements.

As part of the contractual process for under performance against standards in Cancer, 2 Remedial Action Plans (RAP) have been agreed:
- 31 days diagnosis to first definitive treatment & 31 days for subsequent treatment where the treatment is surgery
- 62 days from urgent GP referral for first definitive treatment

The RAP includes trajectories for the 3 standards and specific trajectories for the 3 most challenged pathway for 62 days from urgent GP referral for first definitive treatment (lung, colorectal, urology) from November 2015. Provisional data for November indicates that UHNM will achieve all trajectories. A performance notice has been raised for the 2 week wait breast target.

MENTAL HEALTH AND SPECIALIST GROUPS

<table>
<thead>
<tr>
<th>NHS CONSTITUTION</th>
<th>Operational Standard</th>
<th>Lower Threshold</th>
<th>Reporting Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery rate for individuals who access psychological therapies (IAPT)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key risks:
- Achievement of targets, as these have been set at:-
  - 15.5% Population Accessing IAPT
  - 51.5% Recovery Rate
  - Written feedback from National Team highlighting under funding
  - Registered population has increased since service procurement took place in 2012/13 which will mean we are not commissioning sufficient capacity

Actions Stoke-on-Trent:
- Trajectories received for both target + contracted activity from CHCT 2015/16
- Work ongoing to forecast underfunding prevalence population – paper being prepared for the Board
- National Team feedback report has been received and all actions are being implemented and reviewed at the monthly Contract Review Meeting

Assurance:
- Quality issues reported through joint CQRM – 62 day breaches: Route Cause Analysis’ reviewed from quality aspect through CQRM and will be picked up routinely through Contract review board.

Performance reported monthly to the Commissioning, Finance and Performance Committee (North Staffordshire) and the Executive Forum (Stoke) and then reported as part of the respective CCGs Governing Body monthly assurance reports.

LHE responsibility and oversight of the plan delivery is undertaken through the bi-weekly LHE SRG. A standard routine report will be presented to SRG to manage performance against the delivery plan and trajectory.

- The monthly LHE Planned Care Forum, a formal sub group of the SRG, will deliver the LHE cancer plan with reporting from Planned Care to SRG as per the LHE governance structure.
- In addition to the above, the LHE has in place a bi-monthly Cancer LIT forum, this group supports pathway work and the outputs from the joint investigation and the IST review will be monitored and driven through this forum.
- Performance against the cancer 62 day standard, and delivery of the RAP once this is finalised and signed off by all parties will be managed by the monthly Contract Review Board.
**ENCLOSURE:** 10

<table>
<thead>
<tr>
<th>AUTHOR</th>
<th>REPORTING OFFICER /DIRECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Laura Janda</td>
</tr>
<tr>
<td>Title</td>
<td>Senior Planning And Development Manager</td>
</tr>
<tr>
<td>Name</td>
<td>Noreen Dowd</td>
</tr>
<tr>
<td>Title</td>
<td>Interim Director of Strategy and Planning</td>
</tr>
</tbody>
</table>

**REPORT TO**  
Stoke-on-Trent CCG Governing Body

**TITLE OF REPORT**  
Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21

**DATE OF THE MEETING**  
2nd February 2016

**WHAT OTHER CCG COMMITTEE/GROUP/INDIVIDUAL HAS CONSIDERED THIS REPORT?**

<table>
<thead>
<tr>
<th>COMMITTEE/GROUP</th>
<th>INDIVIDUAL</th>
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<tbody>
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**ACTION REQUIRED FROM COMMITTEE/GROUP/GOVERNING BOARD**

<table>
<thead>
<tr>
<th>Approve</th>
<th>Assurance</th>
<th>Discussion</th>
<th>For noting</th>
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**RECOMMENDATION**

The Governing Body is requested to note the update on Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21 and to note that the Planning Submission will be signed off by the Governing Body at the extraordinary meeting on the 8th March 2016.

**STRATEGIC OBJECTIVES SUPPORTED BY THIS PAPER**

(identify appropriate goals)

<table>
<thead>
<tr>
<th>STOKE-ON-TRENT CCG</th>
<th>YES</th>
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<tbody>
<tr>
<td>1. Improve access</td>
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<td>2. Improve health outcomes</td>
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<td>X</td>
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<td>3. Improve quality</td>
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<td>4. Reduce health inequalities</td>
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<td>5. Cross Cutting / Statutory Duties (more than one of the above)</td>
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To update members of the Joint Planning Committee on Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21 which was issued on 22 December 2015.

NHS Planning Guidance issued on 22 December sets out steps to deliver a sustainable, transformed health service and includes key system priorities, agreed by all national health and care bodies, which relate to the Government Mandate to NHSE. It also includes business rules and incentives that will support delivery.

Key points to note:

- Mandate is not solely for commissioning system, but sets objectives for NHS as a whole.
- All NHS organisations are to produce two separate but interconnected plans:
  - Local health and care system ‘Sustainability and Transformation Plan’ (STP), which will cover October 2016 to March 2021. STPs are due in June 2016 and are linked to accessing transformation funding from 17/18 onwards; and
  - 2016/17 Operational Plan by organisation which will count as year one of Sustainability and Transformation plan.
- As part of the STP we also need to develop system wide local financial sustainability plans including (i) demand moderation; (ii) allocative efficiency; (iii) provider productivity, and; (iv) income generation.
- New dedicated funding streams accessed via Sustainability and Transformation Funding (STF) relate to (i) further implementation and spread of new models of care; (ii) primary care access and infrastructure; (iii) technology roll-out, and; (iv) driving clinical priorities such as diabetes prevention, learning disability, cancer and mental health.
- Where geographies are already involved in ‘Success Regime’ this will determine STP ‘transformation footprint’, we are in the Staffordshire footprint.
- National ‘must dos’ for 2016/17 include (i) advancement in spread of seven day working; (ii) producing a high quality and agreed STP; (iii) returning the system to aggregate financial balance; (iii) developing plans to address sustainability and quality of general practice; (iv) meet access standards across all NHS Constitution targets including new mental health access targets; (v) deliver actions set out in local plans to transform care for people with learning disabilities; (vi) develop and implement an affordable plan to make improvements in quality, and; (vii) development of new care models to feature prominently within STPs.
- Operational process for 16/17 to cover activity, capacity, finance and 2016/17 deliverables from emerging STP. This is to be agreed April 2016. Plans need to demonstrate (i) how we reconcile finance with activity; (ii) planned contribution to efficiency savings; (iii) plans to deliver key must dos; (iv) how quality and safety will be maintained and improved for patients; (v) how risks across local healthy economy plans have been jointly identified and mitigated through an agreed contingency plan, and; (vi) how plans link with and support with local emerging STPs.
- Overall primary care spend will rise by 4-5% each year. Spec services funding will rise by 7% in 16/17, with growth of at least 4.5% in each subsequent year.
- CCGs (i) have been set firm three year allocations, followed by two indicative years; (ii) for 16/17 CCG allocations will rise by an average of 3.4%, and; (iii) real terms element of growth in CCG allocations for 17/18 onwards will be contingent upon development and sign off of a robust STP during 16/17.
- During 16/17 NHS provider trusts will be required to return to financial balance, the £1.8b of income from 16/17 Sustainability and Transformation Fund will replace direct DoH funding; distribution of funding will be calculated on a trust by trust basis. NHSE and NHS Improvement are working together to ensure greater alignment between commissioner and provider levers.
- Quarterly release of Sustainability Funds to provider trusts will depend on achieving recovery milestones for (i) deficit reduction; (ii) access standards, and; (iii) progress on transformation.
- Consultation on tariff will propose a 2% efficiency deflator and 3.1% inflation uplift for 16/17, this is reflective of Monitor and NHSE assessment of cost inflation. 2% efficiency requirement is predicated
upon provider system meeting forecast deficit of £1.8b at end of 15/16, any further deterioration of this position will require relevant providers to deliver higher efficiency levels to achieve control totals to be set by NHS Improvement.

- It is planned to remain on HRG4 for a further year and there will be no changes to specialist top-ups in 16/17; specialised service risk is to be suspended for 16/17
- Work is underway with stakeholders to better understand impact of moving to HRG4+
- 2016/17 business rules for commissioners remain similar to last year
- CCGs and councils will need to agree a joint plan to deliver requirements of Better Care Fund (BCF) in 16/17, CCGs will be advised on minimum amounts required to pool as part of notification of wider allocations
- There will be a new CCG Assessment Framework and CCG assurance framework which will apply from 2016/17 and link directly to planning guidance.

### SUMMARY OF RISKS RELATING TO THE PROPOSAL

| None |

### ANY STATUTORY / REGULATORY / LEGAL / NHS CONSTITUTION/ASSURANCE / GOVERNANCE / PRESCRIBING IMPLICATIONS

| None |

### QUALITY IMPACT ASSESSMENT AND/OR EQUALITY IMPACT ASSESSMENT

| Date completed, please highlight any direct or indirect implications |
| None |

### ANY RELATED WORK WITH STAKEHOLDERS/PRACTICES/PUBLIC AND PATIENT ENGAGEMENT

| Provide further information, including dates if applicable |
| None |

### ACRONYMS

| If not listed in the report, please list |
| N/A |
**Introduction**

- Spending Review provides credible basis to accomplish three interdependent and essential tasks (i) implement Five Year Forward View; (ii) restore and maintain financial balance, and; (iii) deliver core access and quality standards for patients.
- Review included £8.4b real terms increase in NHS funding by 2020/21 which is needed to close (i) health and wellbeing gap; (ii) care and quality gap, and; (iii) finance and efficiency gap.
- NHS Planning Guidance issued on 22 December sets out steps to deliver a sustainable, transformed health services and includes key system priorities, agreed by all national health and care bodies, which relate to the Government Mandate to NHSE. It also includes business rules and incentives that will support delivery.
- Mandate is not solely for commissioning system, but *sets objectives for NHS as a whole*.
- All NHS organisations are to produce two separate but interconnected plans:
  - Local health and care system ‘Sustainability and Transformation Plan’ (STP), which will cover October 2016 to March 2021. STP is linked to accessing future transformation funding; and
  - Operational Plan by organisation for 2016/17 which will count as year one of Sustainability and Transformation plan.
- Scale of what is needed for next five years is determined on how well we end current year. Guidance asks local systems to go faster on transformation in a few priority areas in Q4 of 15/16 as a way of building momentum. We are asked to spend next six months delivering core access, quality and financial standards while planning properly for next five years.

**Local health and system Sustainability and Transformation Plans (STPs)**

- **STPs due to NHSE by June 2016 and will be subject to formal assessment in July 2016.**
- Every local health and care system is to create its own ambitious local blueprint for accelerating implementation of Five Year Forward View and addressing locally the ‘national challenges’ outlined in planning guidance.
- STPs must cover all areas of CCG and NHS England commissioned activity including (i) spec services; (ii) primary medical care, and; (iii) must also cover integration with local authority services.
- Local health systems are also asked to develop their own system wide local financial sustainability plans including (i) demand moderation; (ii) allocative efficiency; (iii) provider productivity, and; (iv) income generation.
- Planning by individual institutions will increasingly be supplemented with planning by place for local populations.
- System leadership is needed which involves (i) local leaders coming together as a team; (ii) developing a shared vision with local community; (iii) programming a coherent set of activities to make it happen; (iv) execution against plan, and; (v) learning and adapting.
- Inclusive planning is expected to involve clinicians, patients, carers, citizens, local community partners including independent and voluntary sectors and local government through Health and Wellbeing Boards

**Access to future transformation funding**

- Local NHS planning process will have significant central money attached.
- STPs are single application and approval process for being accepted onto programmes with transformational funding from 17/18 onwards.
- Limited available 16/17 transformation funding will be allocated through separate process.
- Dedicated funding streams relate to (i) further implementation and spread of new models of care; (ii) primary care access and infrastructure; (iii) technology roll-out, and; (iv) driving clinical priorities such as diabetes prevention, learning disability, cancer and mental health. Many of these streams form part of new wider national Sustainability and Transformation Fund (STF).
- Most compelling and credible STPs will secure earliest additional funding from April 2017 onwards. Following will be considered when assessing plans:
  - Quality of plans, including scale of ambition and track record;
Best plans will have a clear and credible vision, create coherence across different elements, borrow good practice and adopt national frameworks;

- Reach and quality of local process;
- Strength and unity of system leadership and partnerships with clear governance structures;
- Have a clear sequence of implementation actions with defined governance and demonstrable capabilities.

Agreeing ‘transformation footprints’

- **STP** will be umbrella plan, holding a number of different specific delivery plans underneath it (some necessarily will have different geographic footprints to STP itself).
- First task for local health and care systems it so consider their transformation footprint. **Proposals need to be with NHSE by 29 January.**

- Footprints should be (i) locally defined; (ii) based on natural communities; (iii) existing working relationships; (iv) patient flows, and; (v) take account of scale needed to deliver services, transformation and public health programmes required.
- Where geographies are already involved in Success Regime or devolution bids NHSE expects that these determine transformation footprint.
- Further brief guidance on footprints is due in January which will set out a timetable and early phasing of transformation products and engagement events.
- Early reactions are being sought and NHSE would like to work with early exemplar sites with fast-track plans.

National ‘must dos’ for 2016/17

- **Seven day working:**
  - Reduce excess deaths by increasing level of consultant cover and diagnostic services available at weekend
  - Improve access to out of hours care by achieving better integration and redesign of 111, minor injuries units, urgent care centres and GP out of hours to enhance patient offer
  - Improve access to primary care at weekend and evenings
  - By March 2017:
    - 25% of population will have access to acute hospital services that comply with four priority clinical standards on every day of week
    - 20% of population will have enhanced access to primary care
- Develop a **high quality and agreed STP** and achieve critical milestones for accelerating progress in 16/17
- Return system to **aggregate financial balance**, secondary care focusing on Lord Carter provider productivity programme and CCGs tackling unwarranted variation by implementing RightCare programme
- Develop plan to address **sustainability and quality of general practice**
- Meet access standards for **A&E and ambulance waits**
- **Improvement of RTT standard and no one waiting over 52 weeks**
- **Improvement of cancer waiting standards and improvement in one year survival rates**
- Achieve and maintain **two new mental health access standards** and continue to meet **dementia diagnosis rates**
- Deliver actions set out in local plans to transform care for people with **learning disabilities**
- Develop and implement an affordable plan to make **improvements in quality**
- **Development of new care models** to feature prominently within STPs. NHSE interested in trialling two new specific approaches with local volunteers:
  - Secondary mental health providers managing care budgets for tertiary mental health services; and
  - Reinvention of acute medical model in small district general hospitals

Operational plans for 2016/17

- Contracts to be signed by March 2016
- Operational process for 16/17 to cover activity, capacity, finance and 2016/17 deliverables from emerging STP, to be agreed April 2016
- Plans need to demonstrate:
o How they reconcile finance with activity
o Planned contribution to efficiency savings
o Plans to deliver key must dos
o How quality and safety will be maintained and improved for patients
o How risks across local healthy economy plans have been jointly identified and mitigated through an agreed contingency plan
o How plans link with and support with local emerging STPs

- Building credible plans for 16/17 will rely on clear understanding of demand and capacity, alignment between commissioners and providers and skills to plan effectively – a support programme is being developed jointly by national partners to help local economies in preparing robust activity plans for 16/17 and beyond.

Allocations
- Allocations to commissioners intended to achieve (i) greater equity of access through pace of change; (ii) closer alignment with population need; and (iii) faster progress of our strategic goals through higher funding growth for GP services and mental health and introduction of Sustainability and Transformation Fund.
- Overall primary care spend will rise by 4-5% each year.
- Spec services funding will rise by 7% in 16/17, with growth of at least 4.5% in each subsequent year.
- CCGs (i) have been set firm three year allocations, followed by two indicative years; (ii) for 16/17 CCG allocations will rise by an average of 3.4%, and; (iii) real terms element of growth in CCG allocations for 17/18 onwards will be contingent upon development and sign off of a robust STP during 16/17.

Returning NHS to financial balance
- During 16/17 NHS trusts will be required to return to financial balance.
- £1.8b of income from 16/17 Sustainability and Transformation Fund will replace direct DoH funding. Distribution of funding will be calculated on a trust by trust basis.
- NHSE and NHS Improvement are working together to ensure greater alignment between commissioner and provider levers.
- Quarterly release of these Sustainability Funds to provider trusts will depend on achieving recovery milestones for (i) deficit reduction; (ii) access standards, and; (iii) progress on transformation.
- Deficit reduction in providers will require (i) forensic examination of spend and embed a culture of relentless cost containment; (ii) trusts to focus on cost reduction and not growth; (iii) greater consistency between financial plans and workforce plans; (iv) workforce productivity to be a priority, and (v) all providers will be expected to report and share data on what they are paying for common non-pay items and be required to pay only best price available for NHS.
- There is constrained levels of capital resource from 16/17, this will need to be funded through from within Trusts own internally generated resource.

Efficiency assumptions and business rules
- Consultation on tariff will propose a 2% efficiency deflator and 3.1% inflation uplift for 16/17, this is reflective of Monitor and NHSE assessment of cost inflation.
- 2% efficiency requirement is predicated upon provider system meeting forecast deficit of £1.8b at end of 15/16, any further deterioration of this position will require relevant providers to deliver higher efficiency levels to achieve control totals to be set by NHS Improvement.
- It is planned to remain on HRG4 for a further year and there will be no changes to specialist top-ups in 16/17; specialised service risk is to be suspended for 16/17.
- Work is underway with stakeholders to better understand impact of moving to HRG4+.
- For planning purposes there is an indicative price list being made available on Monitor website.
- NHS England are developing single national purchasing and supply chain arrangements for spec commissioning high cost tariff excluded devises with effect from April 16.
- 2016/17 business rules for commissioners remain similar to last year (i) deliver a cumulative reserve (surplus) of 1%; (ii) commissioners unable to meet cumulative reserve must deliver an in year break-even position; (iii) drawdown process same as last year; (iv) CCGs should plan to drawdown all cumulative surpluses in excess of 1% over next three years; (v) CCGs are required to spend 1% of their allocations non-recurrently which should
be uncommitted at start of year, and: (vi) commissioners will also be required to hold an additional contingency of .5%.

- CCGs and councils will need to agree a joint plan to deliver requirements of Better Care Fund (BCF) in 16/17, CCGs will be advised on minimum amounts required to pool as part of notification of wider allocations

**Measuring progress**

- There will be a new CCG Assessment Framework to be consulted on in January 2016 and aligned with planning guidance. This is to be new version of CCG assurance framework and will apply from 2016/17.

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<tr>
<th>Timetable</th>
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<tbody>
<tr>
<td>Publish planning guidance</td>
<td>22 December 2015</td>
</tr>
<tr>
<td>Publish 16/17 indicative prices</td>
<td>22 December 2015</td>
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<tr>
<td>Issue commissioner allocations, and technical annexes to planning guidance</td>
<td>Early January 2016</td>
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<tr>
<td>Launch consultation on standard contract, announce CQUIN and Quality Premium</td>
<td>Early January 2016</td>
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<tr>
<td>Issue further process guidance on STPs</td>
<td>January 2016</td>
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<tr>
<td>Localities to submit proposals for STP footprints and volunteers for mental health and small DGHs trails</td>
<td>By 29 January 2016</td>
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<tr>
<td>First submission of full draft 16/17 operational plans</td>
<td>8 February 2016</td>
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<td>National tariff S118 consultation</td>
<td>January/February 2016</td>
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<tr>
<td>Publish national tariff</td>
<td>March 2016</td>
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<tr>
<td>Boards of providers and commissioners approve budgets and final plans</td>
<td>By 31 March 2016</td>
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<td>National deadlines for signing of contracts</td>
<td>31 March 2016</td>
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<tr>
<td>Submission of final 16/17 Operational Plans, aligned with contracts</td>
<td>11 April 2016</td>
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<tr>
<td>Submission of full STPs</td>
<td>End June 2016</td>
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<tr>
<td>Assessment and Review of STPs</td>
<td>End July 2016</td>
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AUTHOR
Name: Lorraine Cook
Title: Head of Quality

REPORTING OFFICER /DIRECTOR
Name: Jayne Downey
Title: Director of Nursing and Quality

REPORT TO
Stoke-on-Trent CCG Governing Body

TITLE OF REPORT
Quality Report

DATE OF THE MEETING
2nd February 2016

WHAT OTHER CCG COMMITTEE/GROUP/INDIVIDUAL HAS CONSIDERED THIS REPORT?
COMMITTEE/GROUP
Joint Quality Committee – 13th January 2016
INDIVIDUAL
N/A

ACTION REQUIRED FROM COMMITTEE/GROUP/ GOVERNING BODY
Approve
Assurance
Discussion
For noting

RECOMMENDATION
The Governing Body is asked to note the contents of the report and request further information as required.

STRAIGHT OBJECTIVES SUPPORTED BY THIS PAPER
(identify appropriate goals)

STOKE ON TRENT CCG

1. Improve access
2. Improve health outcome
3. Improve quality
4. Reduce health inequalities
5. Cross Cutting / Statutory Duties (more than one of the above)

YES
X
NO

PURPOSE OF THE REPORT, KEY POINTS, OUTCOMES, EXECUTIVE SUMMARY
This report aims to provide Stoke-on-Trent CCG Governing Body with assurance that structures and processes are in place to promote, monitor and ensure safe, high quality health services for the people of Stoke-on-Trent. This report focusses on items of business discussed at the Quality Committee held in January 2016.

SUMMARY OF RISKS RELATING TO THE PROPOSAL
Detailed within the main body of the report.

ANY STATUTORY / REGULATORY / LEGAL / NHS CONSTITUTION/ASSURANCE / GOVERNANCE / PRESCRIBING IMPLICATIONS
N/A

QUALITY IMPACT ASSESSMENT AND/OR EQUALITY IMPACT ASSESSMENT
N/A

ANY RELATED WORK WITH STAKEHOLDERS/PRACTICES/PUBLIC AND PATIENT ENGAGEMENT
N/A
1. **Joint Quality Committee Terms of Reference and Business Cycle**

   All Quality Committee members across North Staffordshire and Stoke-on-Trent CCGs were recently invited to comment on the effectiveness of the Joint Quality Committee since it has been meeting in common across the two CCGs since April 2015. This exercise was undertaken in December 2015 via a questionnaire.

   Following review of the feedback there were many common areas identified. Feedback largely focused on the size of the membership, with agreement that the committee is too big for optimal performance, with clarity required around the role of individuals attending and the information contained within reports.

   As part of the Findings Report presented at the January 2016 meeting of the Quality Committee, members also received a revised Terms of Reference and a draft Business Cycle for consideration. Key changes to note were the reduction in the size of the committee and the invitation to Clinical Directors to attend when receiving Provider Quality Reports relating to their portfolio areas. In addition, it was proposed that presenters will now be required to attend in line with the Business Cycle rather than to each meeting with Healthwatch having a more formal role presenting / sharing information and intelligence that they hold.

   In addition, two workshops are to be held, one in February focussing on report content / presentation to ensure consistency in information reported for each Provider, and one in March to outline the role of the collective committee and individual members.

   The revised Terms of Reference were discussed in detail and concern was raised that representation from patient and public involvement colleagues had been reduced when looking to streamline representation across the two CCGs. It was also noted that whilst two separate Patient Congress’ for each CCG remain, it was important that there be a representative from each on this Committee. Following discussion it was agreed that representation from this remit would be revisited taking into account representation from Lay Members and Clinical Directors who cover these portfolio areas to propose a suitable way forward. It was also proposed that a benchmark of membership for other Quality Committees be reviewed to compare and contrast.

   In addition, discussions are taking place outside of Quality Committee in respect of patient and public involvement which will help to inform the revised arrangements moving forward. Members agreed to receive a revised draft for discussion at the next meeting along with a flow diagram to show the supporting structure to the Quality Committee and membership of these groups.

2. **Healthcare Associated Infections (HCAI) Presentation**

   Members received a detailed presentation in respect of the current position in relation to MRSA and C Difficile within the CCG and its main providers, along with comparative information for other CCGs within the West Midlands.

   Members received assurance of the range of actions being undertaken in relation to HCAIs; namely the CCG HCAI Work Plan, C Difficile Recovery Plan, along with individual Provider Work Plans which are monitored and reviewed at each Trusts Infection Prevention and Control (IPC) Committee and at the local IPC Forums held in the North and South of Staffordshire.
Further assurance was provided in relation to the key areas currently being addressed through the IPC Strategy which include:

- Prevention of avoidable infection
  - Short life working group to address the high incidence of CDI across the health economy but particularly in the north of the county
- Improvement in standards of IPC in the Care Home setting
- Reduction in the incidence of catheter associated infection in the care home setting
- Support improvement of IPC in Primary Care
- Reduction in Antimicrobial Prescribing across the Health Economy

In addition, a key area of priority is to further enhance antimicrobial stewardship with the following areas of focus identified:

- Re-establish the Health Economy antimicrobial prescribing forum. Identify a Chair and vice Chair for this forum
- Implement the UK 5 year antimicrobial resistance strategy across the Staffordshire Health Economy
- Assessment of Acute prescribing of antimicrobials in accordance with guidelines
- Promote completion of the antimicrobial stewardship competences by all prescribers as part of the implementation of the UK 5 year antimicrobial resistance strategy

Care Homes

This year there are a small number of new key performance indicators pertaining specifically to infection prevention and control in nursing homes, with which each home across the health economy must comply. These are as follows:

- Every home will be required to complete and submit an Infection Prevention Society audit which will be scrutinised for deviation from the baseline results. The top and bottom 10 performers will receive an unannounced inspection visit, in addition to homes with any unexplained deviation from the baseline audit result
- Every home must identify at least one IPC link practitioner, one of whom must be a registered nurse able to agree competence
- All patient facing staff must complete the competency based educational framework (to be added as a contract variation when launched)

The CCG’s current HCAI position as at the end of November 2015 is detailed below:

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CDI Trajectory combined = 87
CDI actual =71 (against a cumulative objective of 56)
The graph below provides the cumulative counts of actual C. Difficile reports by CCG against set ceiling. Members will note that Stoke-on-Trent CCG is currently within its CDI ceiling, with 71 cases reported against a trajectory of 87.

3. Quality Reports

Members received Quality Reports in respect of its main providers covering the three domains of quality; patient experience, safety and clinical effectiveness. Below are the key areas to bring to the Governing Body’s attention at this time.

3.1 Non Urgent Patient Transport Service (NSL)

The Quality Committee was advised that the 3 year contract with NSL Care Services terminates on the 31st July 2016. The CCG is aware that NSL has made a strategic business decision to withdraw from the PTS market and therefore the CCG is appraising various options to ensure continuity of service delivery post 1st August 2016 on a Staffordshire-wide basis. As part of this process, the CCG will be undertaking market engagement events with providers ensuring robust patient involvement.

The CCG and NSL continue to focus on performance and NSL has a range of initiatives underway to improve performance and patient experience focussing on:

- Recruitment of additional staff
- Transferring zero hours contracts to permanent FTE contracts
- Maximising fleet efficiencies
- Improving the reaction time to escalated delays in order to reduce breaches of quality standards

In addition, the Quality Committee noted a significant reduction in the number of complaints received during December compared to the previous 6 months. These continue to be monitored and discussed at
the Contract Meetings. Assurance was given to the Quality Committee that the focus on quality would continue right through to the end of the contract.

3.2 North Staffordshire Combined Healthcare NHS Trust (NSCHT)
Following the Comprehensive Inspection, the Trust are currently awaiting the final report from the Care Quality Commission (CQC) which will be presented and discussed at the Quality Summit currently planned for the 9th February 2016. The CCGs Director of Nursing and Quality will be attending.

Members were advised of work being undertaken by the Trust to improve the waiting times within the Child and Adolescent Mental Health Service (CAMHS). It was noted that waiting time levels have developed over a period of time due to demand and the level of resource available. Members noted that work is ongoing to understand the current position whilst a range of initiatives are being implemented as a priority.

The Quality Committee requested further information and assurance in respect of the timeline for an improvement plan for this service. It was noted that the CCG has formally requested this from the Trust for discussion at the next Clinical Quality Review Meeting (CQRM) and the Quality Committee will be updated at its next meeting.

3.3 Staffordshire Doctors Urgent Care (SDUC)
Workforce assurance continues to be an area of focus and discussion at the Clinical Quality Review Meetings with SDUC. Whilst the service continues to have above the minimum safe staffing levels on duty there are high volumes of patients using the service. A number of measures continue to be implemented to support the staffing levels such as pressure comfort calling to inform the patient of delays and to ascertain if symptoms have worsened. GP and Advanced Nurse Practitioner (sessional and permanent) recruitment remains a priority. A national recruitment campaign is being developed by Vocare (the parent company) and as part of this, placed advertisements in the Nursing Times and Royal College Nursing publications in November 2015.

SDUC formally incorporated the use of the Friends and Family Test (FFT) into their patient questionnaires in Out of Hours in May 2015, prior to this a variation of this question was used. During October 2015, the FFT results highlight that 96% of patients across Staffordshire would recommend SDUC and 0% would not recommend SDUC based on 376 responses.

3.4 Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP)
Members received assurance that community hospitals safe staffing has been maintained during October / November 2015 across the community hospital in-patient wards. In addition, members noted that an announced visit was carried out by the CCG on the 17th December 2015 to the inpatient wards at Bradwell Hospital. There were no concerns requiring escalation at the time of the visit.

3.5 University Hospital of North Midlands (UHNM)
As members will be aware, the local health system has been under varying degrees of pressure during December 2015 and into January 2016 sustaining EMS level 4 with 12 hour trolley breaches identified. The Quality Committee received assurance that the 12 hour breach (quality) framework has been re-enacted from last year which includes:

- Each patient experiencing a 12 hour breach is interviewed
- An A&E breach report is received weekly for review and feedback and submitted to the Clinical Quality Review Meeting for UHNM on a monthly basis
- UHNM hold a 12 hour Breach Panel to review the Root Cause Analysis’, which the CCG, as the Commissioner attends.
- Unannounced visits to the outlier wards have been scheduled to try and better understand the main issues with patient flow and medically fit for discharge within the hospital. Members received assurance that there were no major quality issues to highlight following these visits.
In addition, patient safety visits to Accident and Emergency with UHN and the CCG are undertaken (to date visits have taken place on the 22nd December and 7th January) to seek assurances with regards to the safety of care delivered in A&E and to provide constructive recommendations and support for improvement. The Committee received assurance that there were no immediate concerns to raise and a range of good practice was evident and noted.
ENCLOSURE: 12.1

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<tr>
<th>AUTHOR</th>
<th>REPORTING OFFICER /DIRECTOR</th>
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<tbody>
<tr>
<td>Name</td>
<td>Laura Janda</td>
</tr>
<tr>
<td>Title</td>
<td>Senior Planning and Development Officer</td>
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**REPORT TO**  
Stoke-on-Trent Clinical Commissioning Group Governing Body

**TITLE OF REPORT**  
Update on Patient and Public Involvement

**DATE OF THE MEETING**  
2nd February 2016

**WHAT OTHER CCG COMMITTEE/GROUP/INDIVIDUAL HAS CONSIDERED THIS REPORT?**

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<thead>
<tr>
<th>COMMITTEE/GROUP</th>
<th>INDIVIDUAL</th>
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<tbody>
<tr>
<td>Patient and public involvement is discussed at Stoke-on-Trent Clinical Commissioning Group Patient Congress and the CCGs PPI Steering Group.</td>
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**ACTION REQUIRED FROM COMMITTEE/GROUP/GOVERNING BOARD**

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**RECOMMENDATION**

The Governing Body is asked to **note** the contents of the report.

**STRATEGIC OBJECTIVES SUPPORTED BY THIS PAPER**  
(identify appropriate goals)

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<thead>
<tr>
<th>STOKE ON TRENT CCG</th>
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**PURPOSE OF THE REPORT, KEY POINTS, OUTCOMES, EXECUTIVE SUMMARY**

The document is a summary of progress in relation to the Patient and Public Involvement and is underpinned by the following documents:

- PPI element of the Communications and Engagement Strategy
- Commissioning Support Unit Product Matrix
- Patient and Public Involvement Refresh Strategy and Strategic Implementation Plan
- PPI Steering Group action notes
- Patient Congress minutes
In respect of PPI, the CCG is supported by Midlands and Lancashire Commissioning Support Unit (CSU).

---

**SUMMARY OF RISKS RELATING TO THE PROPOSAL**

Appropriate patient and public involvement is a statutory responsibility as set out in the NHS Constitution and NHS Mandate. Without adequate, proportional engagement we stand to be in breach of our statutory responsibilities. PPI, comms and engagement is currently not featured on our risk register.

---

**ANY STATUTORY / REGULATORY / LEGAL / NHS CONSTITUTION/ASSURANCE / GOVERNANCE / PRESCRIBING IMPLICATIONS**

Appropriate patient and public involvement is a statutory responsibility as set out in the NHS Constitution and NHS Mandate. We are assessed for how we involve the public as part of the NHS assurance framework.

---

**QUALITY IMPACT ASSESSMENT AND/OR EQUALITY IMPACT ASSESSMENT**

Not applicable on this document.

---

**ANY RELATED WORK WITH STAKEHOLDERS/PRACTICES/PUBLIC AND PATIENT ENGAGEMENT**

As outlined in document, we have undertaken a number of patient engagement events throughout quarter three.

---

**ACRONYMS**

Not applicable
**General**

The CCG’s current PPI Strategy contains a commitment to communicate the nature and content of our PPI and associated work programmes in ongoing ways, via different formats to the public, specific patient and community groups, member general practices, and local stakeholder organisations – this update is part of this commitment and assurance via the Governing Body of the CCG.

Both the PPI Strategy and CCG Communication and Engagement Strategy are due for review, this work will be completed in Q1 of 2016/17.

**Patient Congress Update**

The Patient Congress met in November 2015 and again in January 2016. In November the Congress discussed the GP Out of Hours and Front of House Design programme and asked for further assurance from commissioners on engagement with the public before any service change was implemented. Members were also asked what they would like to see considered in the Northern Staffordshire Five Year Strategy proposals.

In January the Congress had an update on the My Care My Way consultation and gave feedback on how future consultations could be improved. Members were also brought up to speed and gave feedback on the proposed Primary Care Strategy being developed pan-Staffordshire.

The next Patient Congress meeting is to be held in February which will be joint with North Staffordshire Patient Congress, looking at the Voluntary and Community sector.

The recruitment process for outstanding members of the Patient Congress has commenced with a closing date for applicants of 31 January 2016.

**Patient and Public Involvement Steering Group Update**

In October the PPI Steering Group:

- refreshed it’s terms of reference
- received updates on the city-wide Stronger Together engagement
- reflected on the CCG wide scale engagement held on 30 June, the You Said, We Did approach adopted on the website and topics for future events
- commented on the Patient Experience Report produced by the CSU
- received an update on the CSU project plan
- received an update on the recent EDS Grading event

A review of both the PPI Steering Group and Patient Congress will be undertaken in line with the new committee structure and commencement of Sally Parkin, our newly appointed Clinical Director for PPI, Comms and Engagement.

**CCG Membership Scheme**

We’ve currently 1,939 people in our CCG membership scheme. The membership scheme is used for engagement purposes and members also receive our monthly CCG newsletter. We are working with CSU colleagues during Q4 on focusing further recruitment ensure adequate representation of our local population and demographics. We are also targeting underrepresented wards across Northern Staffordshire. From initial investigation the first targets will be:-

- Increase the number of males on both schemes
- Increase the 16 – 25 and 86+ age groups for Stoke on Trent CCG
- Increase the number of people registered who feel they have a disability
- Further investigate the ethnicity range on both CCG schemes

**Wide scale engagement**
We are holding our second large scale engagement event on 27 January. Entitled ‘Our Plans for Your NHS: a Community Conversation’, we will be engaging on urgent care access via walk in centres and A&E front of house and also engaging on the SEND reforms and what this means locally. The event will be hosted by Margy Woodhead, our PPI Lay Member and Sally Parkin. The event will also give us an opportunity to feedback initial findings from our My Care, My Way consultation which concluded in January.

There have been several local engagement events taking place throughout Quarter 3, including:

- Walk in centre
- Front of house
- NHS 111
- My Care, My way
- Better Together

**Working with the Local Authority**
The Better Together (formally My City, My Say) campaign concluded in Q3 with more than 500 local citizens engaging in conversations about services in their City. This exercise has enabled us to engage on a wider footprint across the City asking the same questions which were posed at the engagement event on 30 June. We expect a final report to be share in January.

**Recruitment to the Head of Communication and Engagement**
As part of the Management of Change process, a new Head of Communication and Engagement will be recruited to support and work across both Stoke-on-Trent and North Staffordshire CCGs. A job description has been drafted and it is anticipated that the post will go out to advert by the end of January.
AUTHOR

<table>
<thead>
<tr>
<th>Name</th>
<th>Sally Parkin</th>
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<tr>
<td>Title</td>
<td>Clinical Director for Partnerships and Engagement</td>
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<td>Clinical Director for Partnerships and Engagement</td>
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REPORT TO

Stoke-on-Trent CCG Governing Body

TITLE OF REPORT

Second Citizens Jury

DATE OF THE MEETING

Tuesday 2nd February 2016

WHAT OTHER CCG COMMITTEE/GROUP/INDIVIDUAL HAS CONSIDERED THIS REPORT?

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<thead>
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<th>COMMITTEE/GROUP</th>
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<tbody>
<tr>
<td>North Staffordshire CCG Patient Congress 17th December 2015</td>
<td>Discussed by Sally Parkin, Patient Engagement budget holder and Elaine Price, Interim CCG Accountant 10th November 2015</td>
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<tr>
<td>Stoke on Trent CCG Patient Congress 5th January 2016</td>
<td>Margy Woodhead Lay Board Member for PPI Stoke on Trent CCG</td>
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<td>North Staffordshire CCG Governing Board 6th January 2016</td>
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ACTION REQUIRED FROM COMMITTEE/GROUP/ GOVERNING BOARD

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RECOMMENDATION

The Governing Body is asked to consider the options for a second Citizen’s Jury proposed by the Patient Congress and:

1. to support a second Citizens Jury investigation
2. to agree the broad topic for the next Citizens Jury (see point 2.4 areas of support identified by North Staffordshire CCG at their Governing Board)
3. to agree that the next Citizens Jury will be jointly sponsored by both North Staffordshire and Stoke-on-Trent Boards.

STRATEGIC GOALS SUPPORTED BY THIS PAPER

(identify appropriate goals)

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4. Ensure people receive the right care in the right place

PURPOSE OF THE REPORT, KEY POINTS, OUTCOMES, EXECUTIVE SUMMARY

The report summarises the benefit of a Citizens Jury to the CCG as a commissioning organisation and to the patients it serves. The first jury focusing on diabetes generated several practical recommendations to improve the quality of the CCGs commissioned services which have been accepted and are being acted on.

This form of patient and public involvement provides a different perspective and complements more traditional engagement activities.

The Patient Congress proposes a second Citizens Jury investigation and provides a shortlist of proposals. It is proposed that the Citizens Jury costs are met by the patient engagement budgets across North Staffordshire and Stoke-on-Trent CCGs.

SUMMARY OF RISKS RELATING TO THE PROPOSAL

None

ANY STATUTORY / REGULATORY / LEGAL / NHS CONSTITUTION/ASSURANCE / GOVERNANCE / PRESCRIBING IMPLICATIONS

None

QUALITY IMPACT ASSESSMENT AND/OR EQUALITY IMPACT ASSESSMENT

The jury will be asked to pay due regard to the 9 protected groups in terms of ensuring their voice is heard and considering their experience of the service in question.

The main purpose of the jury is for patient leadership to influence improvements in the quality of commissioned health services.

ANY RELATED WORK WITH STAKEHOLDERS/PRACTICES/PUBLIC AND PATIENT ENGAGEMENT

The proposed Citizens Jury is an integral part of the CCGs’ commitment to meaningful engagement at each stage of the commissioning cycle. The process is commissioned by the two Patient Congresses and led by patients and members of the public.

ACRONYMS

CCG Clinical Commissioning Group
LTC Long Term Condition
PPI Patient and Public Involvement
NS North Staffordshire
1. Background

1.1 The first Citizens Jury, convened by North Staffordshire CCG in September 2014 under the auspices of the Patient Congress, and in association with Stoke CCG, examined the services and experiences of people with diabetes, and resulted in a report which was published in March 2015.

http://www.northstaffscgg.nhs.uk/download.cfm?doc=docm93jjm4n7223.pdf&ver=11256

The CCGs accepted the recommendations and are working towards implementing them, with regular updates received at the Patient Congress and at Board.

1.2 A Citizens Jury is made up of patients and interested members of the public and has Lay leadership. It agrees the scope of the investigation and works over a short period of time, and engages collaboratively with patients, carers, clinical commissioners, service managers and healthcare professionals. It is sponsored by but independent from the CCGs, which adds credibility to its findings.

1.3 The approach puts patients, carers and the interested public at the heart of healthcare commissioning, and gives a real opportunity for patients to lead in the shaping of future services. It demonstrates the effectiveness of lay wisdom in identifying strengths, weaknesses and opportunities for improvement of healthcare services.

1.4 Patients and members of the public provide a fresh and objective perspective, which leads them to ask different questions and challenge assumptions that might be made by NHS commissioners and providers and identify potential blind spots. The Citizens Jury complements other methods of patient and clinical engagement which provides for the CCGs the benefit of wider intelligence.

1.5 In addition it reinforces the CCG’s culture of openness and inclusion and is based on the NHS constitutional tenet that the NHS belongs to the people.

1.6 The First Citizens Jury in North Staffordshire received attention in the local media; it has been praised by NHS England and was referred to at the 2015 National Voices annual conference.

1.7 Proposal

1.8 The North Staffordshire and Stoke-on-Trent Patient Congresses propose that a second jury should now be convened, adopting a similar approach to the first jury.

1.9 The proposals from NS CCG Patient Congress were discussed with the Stoke-on-Trent CCG Patient Congress on 5th January and the following suggestions were put forward: mental health (with an emphasis on family and carer support), children with learning disabilities and mental health problems, pain management, nutrition of frail, elderly people.

1.10 The congresses agreed that the criteria for selection should include a focus on a service which would benefit from having a spotlight shone upon it and where there are opportunities for improvement. Both congresses were mindful of other service reviews and investigations which may be planned for 2016 and they were keen that the Citizens Jury should provide additionality and not duplicate or conflict with any other work in our health economy. Congress members were clear that the selection of jury members, good leadership and professional administration are the keys to success and that there was a significant learning from the first jury which should be taken into account.
1.11 **Mental health** was mentioned more than once in discussions at both congress meetings and this was the topic supported by NS CCG Governing Board.

1.12 **Rationale:** Our patient leaders have often highlighted the importance of mental health and emotional wellbeing in the management of physical health conditions. One in four people will suffer from mental health issues at some point during their lives. It is a service which has not received much board-level attention because of the problems facing urgent and emergency care in the local health economy. The recent reporting of events at Southern Health and the national drive for ‘parity of esteem’ suggest that we need to turn our attention to this client group. The recently published joint mental health strategy for Staffordshire provides a useful and timely starting point for a jury investigation into services and experiences of people who suffer from mental health problems and their carers.

1.13 It would be for the jury itself to determine the precise scope and the shape of the inquiry.

1.14 Any decision of the Stoke on Trent CCG Governing Board would be subject to agreement with North Staffordshire CCG Governing Board.
ENCLOSURE: 13

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<tr>
<th>AUTHOR</th>
<th>REPORTING OFFICER /DIRECTOR</th>
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<tbody>
<tr>
<td>Name</td>
<td>Kevin Day</td>
</tr>
<tr>
<td>Name</td>
<td>Dr Waheed Abbasi</td>
</tr>
<tr>
<td>Title</td>
<td>Joint Commissioning Unit</td>
</tr>
<tr>
<td>Title</td>
<td>Clinical Director Mental Health and Specialist Services</td>
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REPORT TO STOKE-ON-TRENT CCG GOVERNING BODY

TITLE OF REPORT TRANSFORMING CARE UPDATE

DATE OF THE MEETING 2nd February 2016

WHAT OTHER CCG COMMITTEE/GROUP/INDIVIDUAL HAS CONSIDERED THIS REPORT?

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ACTION REQUIRED FROM COMMITTEE/GROUP/GOVERNING BOARD (please identify all applicable and provide details below)

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RECOMMENDATION

The Governing Body is asked to note the Transforming Care Update;
The Governing Body is asked to note that there are risks to achieving some of the planned discharges by March 2016 which may impact on delivery of the targets set by NHS England.

STRATEGIC OBJECTIVES SUPPORTED BY THIS PAPER (identify appropriate goals)

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<th>STOKE ON TRENT CCG</th>
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PURPOSE OF THE REPORT, KEY POINTS, OUTCOMES, EXECUTIVE SUMMARY

To update the Stoke-on-Trent CCG Governing Body on:

• The CCGs current position with regard to the progress against NHSE trajectory for reduction of the learning disability inpatient cohort for delivery in 15/16.
• The Transforming Care work programme and next set of key milestones, in respect of implementing the national plan – ‘Building the Right Support’.

SUMMARY OF RISKS RELATING TO THE PROPOSAL

Stoke-on-Trent CCG current situation
As of the 19th January 2016 there are 15 patients on the Stoke-on-Trent Transforming Care Register. Of these:

• 5 are currently in active treatment
• 3 require a suitable placement to be identified
• 5 have a placement identified and are in various stages of discharge/transitioning. One of these is a delayed discharge due to issues around staff recruitment
• 2 were new admissions in early January due to unexpected deteriorations in patient’s mental health

Whilst the overall number of patients on the Register remains at 15, it can be seen that the CCG has achieved 2 discharges from hospital into community placements since the December 2015 update.

NHSE Trajectory
The NHSE Trajectory states that by the end of March 2016 there shall be 10 patients on the Stoke-on-Trent Transforming Care Register and our projections indicate that the CCG is in-line to meet this target. However, it should be acknowledged that there are risks to achieving some of the planned discharges between now and the end of March (availability of suitable placements, recruitment of staff for example)

An action plan has been produced for delivery and achievement of the trajectory along with the key risks and how the CCG shall mitigate against these.

Current performance/trend SOT:

• 2/9 areas RAG rated “red” – not achieving targeted discharge dates and future community model of services.
• 2/9 areas RAG rated “green”.

Transforming Care Partnership
As previously reported, Transforming Care planning and commissioning is now taking place on a Transforming Care Partnership basis across both Stoke on Trent and Staffordshire.

The first meeting of the Transforming Care Partnership Board tasked with overseeing this work programme will be held on 28th January.

Each Partnership area has been tasked by NHS England with developing an Action Plan showing how the national model of care for specialist LD services will be delivered. An Action Plan template has been issued by NHS England and this is to be completed and returned by 8th February. The Action Plan for Stoke on Trent and Staffordshire will be ratified at the initial Board meeting.
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<tr>
<th>ANY STATUTORY / REGULATORY / LEGAL / NHS CONSTITUTION/ASSURANCE / GOVERNANCE / PRESCRIBING IMPLICATIONS</th>
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ENCLOSURE: 14

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<th>AUTHOR</th>
<th>REPORTING OFFICER /DIRECTOR</th>
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<tbody>
<tr>
<td>Name</td>
<td>Julia Allen</td>
</tr>
<tr>
<td>Title</td>
<td>Equality &amp; Inclusion Business Partner</td>
</tr>
<tr>
<td>Name</td>
<td>Sandra Chadwick</td>
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<tr>
<td>Title</td>
<td>Chief Operating Officer</td>
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REPORT TO: Stoke-on-Trent CCG Governing Body

TITLE OF REPORT: Equality & Inclusion (standing agenda) updates for (1) EDS and (2) WRES

DATE OF THE MEETING: 2nd February 2016

WHAT OTHER CCG COMMITTEE/GROUP/INDIVIDUAL HAS CONSIDERED THIS REPORT?

<table>
<thead>
<tr>
<th>COMMITTEE/GROUP</th>
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<td>Joint Organisational Development Committee (ODC)</td>
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ACTION REQUIRED FROM COMMITTEE/GROUP/ GOVERNING BOARD

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RECOMMENDATION

The Governing Body is asked to note:
(1) A joint CCG EDS Action Plan 2015-17 has been developed to progress the recommendations detailed within the EDS Public Grading Report and this is reviewed on a regular basis at the Joint ODC;
(2) The Equality & Inclusion Strategy 2015-17 is to go out to electronic engagement, taking place with local communities of interest in early January until April 2016;
(3) Equality and Inclusion (E&I) is delegated to the Joint ODC who review and monitor progress on a regular basis and report to Governing Body as appropriate;
(4) Equality Impact & Risks Assessments (EI&RAs) are a primary source for demonstrating how CCG have considered legal duties under the Human Rights Act 1998, The Equality Act 2010 and the Public Sector Equality Duty 2011 – for employment and service delivery issues;
(5) The RAG status of EDS & WRES website display ‘compliance with NHS England’ of our larger providers (appendix 2) for which compliance is monitored annually.

STRATEGIC OBJECTIVES SUPPORTED BY THIS PAPER

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PURPOSE OF THE REPORT, KEY POINTS, OUTCOMES, EXECUTIVE SUMMARY

To inform the Governing Body of progress on the equality performance of Stoke-on-Trent Clinical Commissioning Group including delivery against meeting the Public Sector Equality Duty (PSED 2011) and progress updates for:

Overview of Progress

1. A joint CCG EDS Action Plan 2015-17 has been developed to progress the recommendations detailed within the EDS Public Grading Report and this is reviewed on a regular basis at the Joint Organisational Development Committee (next review of finalised plan on 29/03/16). The Equality and Inclusion Action Plan contains agreed actions for progressing:
   - 3 Equality Objectives (within the new E&I Strategy)
   - WRES
   - EDS

2. The Equality & Inclusion Strategy 2015-17 is to go out to electronic engagement, taking place with local communities of interest in early January until April 2016.

3. Equality and Inclusion (E&I) is delegated to the Joint ODC who review and monitor progress on a regular basis and report to Governing Body as appropriate.


They evaluate the likely impact in a given scenario on people with a protected characteristic to ensure that employment practices and service provision do not discriminate and promote equality of opportunity. They provide an evidence trail from inception to decision making should an organisation be legally challenged or for Freedom of Information requests

Whilst they are not a means for ensuring or delivering legal compliance they are a receptacle for capturing all the considerations made and evidence during key activities such as:
   - Policy Development and Review (service delivery and workforce)
   - Budget planning and allocation
   - Service planning, review and re design
   - Projects and work programmes
   - Commissioning and procurement.

Interdependencies: The EI&RA process should capture evidence of the CCG meeting the requirements of both the Brown Principles (‘due regard’), and Gunning Principles (engagement), as well as evidence (of good outcomes for people from protected groups) for the next joint annual EDS public grading.

The next joint EDS public grading (held with North Staffordshire CCG) on 17 May 2016 will focus on EDS Goal 2: Improved patient access and experience (The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience). This links closely to: commissioner engagement with feedback from local protected group reps pre senior committee approval and service spec stage followed by CCG consideration of mitigations; and to provider monitoring of service take up and experience for people from local protected groups. The CCGs want to understand how this equality data is being used for practical improvements i.e. You said. We listened. We did.
5. EDS & WRES website display ‘compliance with NHS England’ status of larger providers

Appendix 2 provides a summary table detailing the RAG status for our larger NHS providers in respect of their EDS and WRES website display compliance with NHS England (compliance as at 18/01/16). Compliance is monitored annually.

SUMMARY OF RISKS RELATING TO THE PROPOSAL

EDS and WRES are mandated by NHS England from April 2015, applying to all CCGs and their larger provider partner organisations. Providers are monitored annually for compliance, although providers have until 31 March 2016 to comply with a requirement to carry out a public grading of equality performance evidence (over a 4 year cycle to 2017). Some providers carry out an internal self-assessment, whereas an internal public grading of evidence is required.

There are close interdependencies between EDS, WRES and Equality Impact and Risk Assessment (EI&RA scrutiny). EDS includes approximately 80% engagement with local protected group reps to seek their feedback on any adverse impacts arising in key healthcare changes under early stage consideration.

CCGs are required to evidence their deliberate consideration or ‘due regard’ of people from protected groups, in all they do / all planning and decision making. CCGs are continuing to develop different ways of trying to involve protected group reps to provide regular feedback re any adverse impacts arising from healthcare changes being considered by CCG.

Our larger provider partners are also required to submit their evidence of compliance for EDS annual public grading of equality evidence by local communities of interest representatives (not an internal grading of evidence) by 31 March 2016, as well as their WRES reporting and findings from workforce data for ethnicity by 1 July 2015. An annual website display of compliance information has been carried out in January 2016 with our larger (public sector) providers now displaying as a result, improved PSED compliance information on their websites. The CCGs are pursuing via cyclical contract meetings any significant gaps in timely data display for compliance which supports the wider requirements of the Public Sector Equality Duty. If any of our larger providers (including private sector) are not seen to be compliant, then the lead CCG is also not compliant in this area of meeting the PSED. EDS and WRES were mandated by NHS England from April 2015 as one means of evidencing how a commissioner and provider organisation is meeting the PSED.

ANY STATUTORY / REGULATORY / LEGAL / NHS CONSTITUTION/ASSURANCE / GOVERNANCE / PRESCRIBING IMPLICATIONS

The public sector Equality Duty (section 149 of the Act) came into force on 5 April 2011. The Equality Duty applies to public bodies (CCGs) and others carrying out public functions on their behalf. It supports good decision making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services which are efficient and effective; accessible to all; and which meet people’s needs.

The Equality Duty is supported by specific duties, set out in regulations which came into force on 10 September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives. Publishing relevant information will make public bodies transparent about their decision making processes, and accountable to their patients / service users.

The Equality Delivery System (EDS v2) is the NHS wide equality performance framework. NHS England mandated the framework from April 2015. It provides a means of CCG (and their larger combined annual contract value provider public and private sector partners) evidencing how they are meeting the public sector equality duty – through their annual equality performance re how do local people from protected groups fare compared to people overall [in healthcare]? The CCG annually agree priority care pathways as the focus of EDS evidence, which is then publicly evaluated by the EDS stakeholder group over a 4 year

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<th>ANY RELATED WORK WITH STAKEHOLDERS/PRACTICES/PUBLIC AND PATIENT ENGAGEMENT</th>
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Appendix 1: EDS and WRES background

1. **EDS v2 (Equality Delivery System)**

EDS v2 is the NHS wide equality performance framework mandated by NHS England from April 2015, for all commissioning organisations and their larger provider partners (public and private sector). The aim is to make access to healthcare information, services, premises and employment opportunities good and fair for everyone across our local communities, including vulnerable people from protected characteristic groups, and to decide what the NHS needs to do next for improvements.

Annual evidence from the CCG must show ‘how do local people from protected groups fare compared to people overall?’ 4 Goals and 18 required Outcomes are delivered and publicly graded by local trained volunteers over a 4 year delivery cycle up to 13 October 2017. A first joint EDS annual public grading took place on 27 October 2015. The subsequent public grading report with recommendations from stakeholders, is displayed on the CCG website [www.stokeccg.nhs.uk](http://www.stokeccg.nhs.uk).

2. **WRES (Workplace Race Equality Standard)**


This followed an announcement by the NHS Equality and Diversity Council Chair by Simon Stevens – Chief Executive of NHS England – that action will be required to ensure employees from Black and Minority Ethnic (BME) backgrounds have equal access to career opportunities and fair treatment in the NHS workplace. It should be noted that CCGs have smaller workforces than their larger provider partners, however they are required to evidence showing ‘due regard’ or deliberate consideration of the WRES findings from workforce data held.

Stoke-on-Trent CCG has developed a joint Equality & Inclusion Action Plan which includes agreed WRES actions and evidence of scrutiny of workforce data held. Progress made is routinely reviewed by the E&I CCG Lead / Governance Lead and at the Joint ODC meeting. The CCG are focusing on evidence of CCG inputs and resulting good outcomes for BME staff eg You said. We listened. We did.

The Equality and Diversity Council pledged its commitment, to implement two measures to improve equality across the NHS, which started in April 2015. The first measure – a workforce race equality standard - required, for the first time, organisations employing almost all of the 1.4 million NHS workforce to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation (Black minority ethnic).

(NB the second measure is making the Equality Delivery System (EDS) mandatory through the NHS Standard Contract – including an external annual public grading of equality performance evidence).

All NHS organisations covered by the NHS Standard Contract are now expected to collect this data and to analyse the data and work out how to reduce any differences in treatment for which there is no objective justification.

NHS Standard Contract 2015/16 except ‘small providers’ and primary care, are expected to implement the Standard from April 2015. A Small Provider in contract terms is one who expects to earn less than £200K in the relevant year from all contracts it holds that are based on the NHS Standard Contract.

An annual report is required to be submitted to the Co-ordinating (Lead) Commissioner outlining the provider’s progress in implementing the Standard. Provider organisations should publish their Annual
Summary Report on the standard as a separate report on their website so the progress on implementing the Standard is easily accessible to all patients, staff and the wider public.

CCGs are also required to submit an annual WRES Summary Report to NHS England showing 9 metrics or indicators of race equality across their workforce, including one for Board membership linked to diversity. CCGs must similarly publish this WRES report publicly on their website.

Rational for the Standard
WRES would then be used to gauge the current state of race equality within NHS organisations and track what progress is being made to identify and promote talented BME staff as well as helping to eliminate wider aspects of discrimination in the treatment of BME staff.

The Standard takes a small number of indicators and requires NHS organisations to close the gap between the BME and white staff experience for those indicators.
So for example, research by Kline (2013) Discrimination by Appointment. Public World. http://www.publicworld.org/files/Discrimination_by_appointment.pdf suggests the likelihood of BME staff being appointed from shortlisting is much less than the likelihood of white staff being appointed from shortlisting. Similarly there are significant differences in many Trusts between the likelihood of BME and white staff accessing non-mandatory training – the kind that improves career development and promotion opportunities.

Organisations will be expected to do what the best ones already do, to scrutinise and understand the data and act on it, and then work towards a level playing field where the treatment of staff is not unfairly affected by their ethnicity.
Appendix 2 (Stoke on Trent CCG Governing Body meeting 02/02/16)
Equality & Inclusion

Stoke on Trent and North Staffs CCGs larger provider ‘compliance with NHS England’ chart EDS & WRES website display of data

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<tr>
<th>CCG</th>
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<td>EDS RAG WRES</td>
<td>RAG</td>
<td>EDS report Nov 2015 to CCGs re 2014/15. Internal self-assessment only. Not displayed on website (check 18/01/16)</td>
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<td>EDS implementation &amp; engagement plan 26 Sept 2015 displayed (previous was Jan 2015). First public grading of evidence taking place by Aug 2016.</td>
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<td>Trust will self-assess its EDS performance from April 2015 involving staff and local groups to agree grading scores.</td>
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<td>EDS to be graded by 31 March 2016. External public grading with EDS stakeholders. Equality Objectives set &amp; displayed - being re-shaped by EDS findings and actions in 2015.</td>
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Website check 18/01/16. J Allen
**AUTHOR**

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<tr>
<th>Name</th>
<th>Kerry Madden</th>
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<tr>
<td>Title</td>
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**REPORTING OFFICER /DIRECTOR**

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<tr>
<th>Name</th>
<th>Sandra Chadwick</th>
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<td>Title</td>
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**REPORT TO**
Stoke-on-Trent CCG Governing Body

**TITLE OF REPORT**
Consultation: Draft Stoke-on-Trent Joint Health and Wellbeing Strategy & the Adults’ and Children and Young People’s Strategic Plans 2016-20

**DATE OF THE MEETING**
2nd February 2016

**WHAT OTHER CCG COMMITTEE/GROUP/INDIVIDUAL HAS CONSIDERED THIS REPORT?**

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<td>Please indicate name of individual and date agreed/approved (as necessary), for example HR, Finance, Quality, Medicines Optimisation or other</td>
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**ACTION REQUIRED FROM COMMITTEE/GROUP/GOVERNING BOARD**

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**RECOMMENDATION**

The Governing Body is asked to note the draft consultation.

**STRATEGIC OBJECTIVES SUPPORTED BY THIS PAPER**
(identify appropriate goals)

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<td>1. Improve access</td>
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<td>5. Cross Cutting / Statutory Duties (more than one of the above)</td>
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The draft Stoke-on-Trent Joint Health and Wellbeing Strategy & the Adults’ and Children and Young People’s Strategic Plans 2016-20 are now available for public consultation and we welcome any comments that you and/or the people you work with have on them.

A consultation web page has been designed on the City Council website which contains all the information and resources required.

The strategy and plans have been developed in line with national guidance and local needs, and are aimed at improving health and wellbeing outcomes for the people of Stoke-on-Trent. The views of young people, adults, carers, families, staff, professionals and the wider community have been gathered a result of a series of stakeholder engagement events and public consultation that took place during Autumn 2015, and have been integral to the development of these documents.

The final strategy and plans are scheduled to be published in April 2016, and you are warmly encouraged to comment on the drafts via our short online questionnaire.

We have also produced a guide for the consultation that can be used by staff and other professionals to inform those people they work with.

The closing date for comments is midnight on Sunday 21 February 2016.

If you have any questions, please contact the Strategic Governance and Planning Team on 01782 233494, or email either AdultsStrategicPartnership@stoke.gov.uk or cyp.partnership@stoke.gov.uk

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Draft Stoke-on-Trent Joint Health and Wellbeing Strategy 2016-2020

Draft for consultation 28th January 2016 – 21st February 2016
This strategy has been developed by the Stoke-on-Trent Health and Wellbeing Board with input from the wider partnership in the city which includes colleagues from public, private, voluntary and community sector organisations.

We would like to thank all organisations and individuals who have helped to develop this strategy and the priority areas which we believe will improve the lives of people who live, learn and work in Stoke-on-Trent.

Meet the Stoke-on-Trent Health and Wellbeing Board:

- Diane Lea – Independent Chair of the Board
- Councillor Ann James - Cabinet Member for Health and Social Care and Vice Chair of the Board
- Councillor Janine Bridges – Cabinet Member for Education and Economy
- Dr Andrew Bartlam – Clinical Accountable Officer, Stoke-on-Trent Clinical Commissioning Group
- Sandra Chadwick – Chief Operating Officer, Stoke-on-Trent Clinical Commissioning Group
- Louise Rees – Executive Director of People Services, Stoke-on-Trent City Council
- Dr Lesley Mountford – Director of Public Health, Stoke-on-Trent City Council
- Val Lewis – Manager, Healthwatch Stoke-on-Trent
- Martin Evans – Chief Superintendent, Staffordshire Police
- Caroline Donovan - Chief Executive, North Staffordshire Combined Healthcare Trust
- Geraint Griffiths – Deputy Chief Executive, Stoke-on-Trent and Staffordshire Partnership NHS Trust
- Andrew Butters – University Hospitals North Midlands

For more information on the Stoke-on-Trent Health and Wellbeing Board see our webpages www.stoke.gov.uk/health and wellbeing

Our Joint Strategic Needs Assessment can be accessed online at www.stoke.gov.uk/JSNA
Foreword from the Chair and Vice Chair

We are delighted to be writing the foreword for our second Health and Wellbeing Strategy. The launch of our new strategy signifies a key point in the city with a new political administration and a committed Health and Wellbeing Board in place, recently expanded to include NHS providers in the city. The Board is fully aware of the challenges that exist but is ready to rise to those challenges and provide the leadership to see an improvement in health outcomes over the next four years.

Where we live, what we earn, how well we do at school, and how safe we feel all affect our health and wellbeing. Some people in the Stoke-on-Trent experience and enjoy far better health than others in the city, but people in the city as a whole are less likely to experience good health compared to people in other parts of the country. We believe this is fundamentally wrong, and the purpose of our Health and Wellbeing Strategy is to make sure we focus on the things that we think are going to address these inequalities. But whilst the Council, NHS and public sector partners can and will work hard to improve lives, they are just one part of the solution – to make long lasting and real change every person who lives and works in Stoke-on-Trent needs to play their part too, so this strategy really is a Call to Action for all of us. We know that together we have a better chance to change people’s lives for the better. In the strategy you will read about the 7 priorities that we are going to focus on and examples of some of the things we commit to do over the coming years. This is just the start, we are asking you to think about how you as someone who lives in the city, works in the city, employs people, are a neighbour, friend, volunteer, relative can also make a difference. Working together across communities is the only way we will really bring about lasting change. So are you up for it? We hope so.
Introduction

Our vision is for Stoke-on-Trent to be a vibrant, healthy and caring city which supports its citizens to live more fulfilling, independent and healthy lives.

A vibrant city where everyone will live, work and play in a successful, attractive environment which supports them to live healthy and fulfilling lives;
A successful city where children enjoy the best start in life and everyone will live longer and healthier lives with equal access to health and care services should they need them and
A caring city where everyone is supported to live independent lives with fair access to high quality, integrated health and social care services when needed.

Good progress has been made since the launch of our first Health and Wellbeing Strategy in 2013 with achievements including:

- Through our 1000 Community Champions programme we met our target of recruiting 1000 members of the community across the city who are having a positive influence on their communities and improving health and wellbeing.
- We launched the Stoke-on-Trent Dignity and Respect Charter, signed up to by all Health and Wellbeing Board members. It is now integrated into health and social care services.
- We launched and began the implementation of our new Emotional Wellbeing and Mental Health Strategy for Children and Young People including redesign of services so that children, young people, parents, carers and professionals have access to online services 24/7.
- We worked with our colleagues from across Staffordshire and launched our Joint Mental Health Strategy for adults, promoting mental health as everybody's business.
- We implemented our Dementia Strategy which included redesigning services for people who are affected by Dementia and improving how as a city we support people with Dementia through awareness raising.
- Our strong commitment to integrate services has translated into action and we have transformed our services so that they focus directly on understanding and addressing the needs of the person. Our Community Wellbeing Service focusses on health and social care for vulnerable adults and our ground breaking Co-operative Working Service has brought together multiple council services and partners across the city to provide an integrated service to meet the needs of citizens.
- We developed our approaches to domestic violence and abuse including enhanced training for frontline NHS staff, support services for victims and their wider families.
- We redesigned and implemented a new integrated drug and alcohol service for children and young people and adults.
- We worked with our partners in Staffordshire to launch a new Integrated Carers’ Hub in the city so that all people with caring responsibilities have direct access to the support, information and services they need.

But there is still much more to do so that people who live in the city experience much healthier and longer lives. That’s why in this, our second Health and Wellbeing Strategy, we’ve decided to focus on improving seven priorities that we think we can have a significant impact on improving in the life of this document. We know through evidence that addressing these will have impact on wellbeing overall and ultimately people will live healthier lives for longer.

Our priorities have been shaped by using the latest information available to us about the health and wellbeing of the population through our Joint Strategic Needs Assessment, we’ve listened to what people tell us is important through consultation and made sure that our strategy and supporting plans take on board national policy requirements and evidence of what works.
Our priorities are to:
- Increase breastfeeding
- Make healthy weight the norm
- Reduce under 18 conceptions
- Control tobacco and reduce smoking
- Reduce alcohol related health harms
- Improve emotional wellbeing and mental health
- Keep older people safe and well

This is not an exhaustive list of everything that needs to be tackled in the city it is a set of priorities that we think are the most important to focus on. We can make improvements and start on the journey to win these by working together.

We think that working collectively as a city, and by that we mean all of us – public services such as the Council, NHS, Fire and Police, schools and academies, the voluntary and community sector, local businesses, local media in the city and above all, all of us as parents, children and young people, families, friends, neighbours – that if we all do our bit, however big or small, together we are stronger and really can make a difference and make Stoke-on-Trent a much healthier place to live, learn and work in.

The launch of this new strategy comes at a key point in the development of the city with residents voting a new administration to represent them in May 2015. The coalition administration of the City Independent, Conservative and UKIP parties is now in place and has published its priorities and direction for the City, Stronger Together, which supports and complements the vision and priorities of the Health and Wellbeing Board.

This strategy is also launched at a time of significant challenge. With continued financial austerity, changing population and increasing demand for services we need a different approach. That is why working together as a whole city and shifting our focus towards prevention will be crucial. The Health and Wellbeing Board will be key to delivering this through strong local leadership across health, social care and other partners.

In view of this we’ve committed to make sure that the following cross cutting themes will be at the core of our Health and Wellbeing Strategy and all of our supporting plans:

We will:
- Proactively promote personal responsibility.
- Make sure that prevention, early intervention and promoting independence are at the core of what we do.
- Involve communities in shaping services to address needs and encourage community leadership.
- Make sure we explain things clearly.
- Work together so people can access our services easily.
- Ensure that we have a strong focus on efficiency and value for money.

We recognise that prevention can mean different things to different people so have agreed for the purposes of the work we do in partnership that we will think about prevention at three levels with the following definitions:

Preventing people from getting ill in the first place - this level offers the biggest gain in health terms by reducing the number of people who die from preventable disease and helping people to live longer, healthier lives. Examples of prevention at this level include:
• Legislation such as the Clean Air Acts.
• Political initiatives such as the development of the NHS and the welfare state.
• Public health campaigns highlighting health risks such as the impact of tobacco smoking.

Protecting people who are already unwell, or at risk of being unwell, from getting any more ill - spotting disease early and getting people into the right treatment are important at this level. So is helping people to change their lifestyles so they can become healthier and reduce their risks of developing disease. Examples of prevention at this level include:
• Early diagnosis and effective treatment of cancer.
• Helping people to quit smoking tobacco.
• NHS Health Checks.

Ensuring people who have developed serious health problems get the right treatment and are helped and supported to stop their illness becoming worse - this is the area where there is the least to be gained in terms of improving health. There some areas however that do still contribute significantly to public health. Examples are:
• Bariatric surgery to combat morbid obesity.
• Effective management of diabetes to prevent other complications such as circulatory disease.
• Cardiac rehabilitation following a heart attack or cardiac surgery.

About Stoke-on-Trent
Stoke-on-Trent is a great city with strong community pride, rich heritage and huge potential. The city is home to over 250,000 people with the population set to continue to rise.

The city is changing, with new housing and retail developments, state of the art learning facilities, a new University Hospital, the announcement that we are European City of Sport 2016 and the recent confirmation as a new Enterprise Zone for Ceramics Valley in the recent Government Spending Review. Our economy is growing, in the period 2009 to 2014 Stoke-on-Trent saw a 29% growth.

But there remains much to do, and this strategy and supporting plans aim to tackle these issues:

• Life expectancy for men at birth is 76.5 years which is significantly lower than the national average of 79.4 years, and the gap is increasing. For women, average life expectancy at birth is 80.6 years which is also significantly lower than the average of 83.1 years in England.

• Infant mortality (deaths amongst infants during the first year of life) is a key indicator of the population’s health. Tragically, infant mortality rates are worse than the England average, at 6.9 compared to 4.1 per 1000 live births.

• Teenage conceptions are almost double the national rate. Smoking related deaths are also almost double the national rates and one in five pregnant women smoke at the time of delivery.

• One in ten 4-5 years olds are obese by the time they reach primary school and by the time they are 10-11 years old this figure has doubled to one in five.

• The employment rate is rising and unemployment is falling but remains above the national rate. The proportion of those in higher paid occupations is less than 75% of the national rate and the numbers of those in unskilled occupations is approaching double that seen across England as a whole.

• Around a quarter of the city’s children are living in poverty, with child poverty set to increase by 2020.
• Welfare benefit reforms are underway with single parents and low earning families likely to be most affected.

• One in four of us will suffer from mental health problems, with Stoke-on-Trent currently having the 5th highest suicide rate in England.

• The number of older people using health and care services is increasing.

**About the Health and Wellbeing Board**
The Health and Wellbeing Board is a statutory Board that came into effect on the 1st April 2013. The core statutory membership of the Board is set out in the Health and Social Care Act 2012 and includes elected members of the City Council, representatives from Stoke-on-Trent Clinical Commissioning Group, Healthwatch and the statutory roles of Director of Children’s Services (DCS), Director of Adults Social Services (DASS) and Director of Public Health. In Stoke-on-Trent the roles of DCS and DASS are combined into one role – Executive Director of People and this post is a member of the Board. Membership of the Stoke-on-Trent Health and Wellbeing Board also includes representation from the key strategic partnership groups that support the work of the Board (Children and Young People’s Strategic Partnership Board, Adults Strategic Partnership and Responsible Authorities Group). The Board has extended membership to include representation from major health providers in the city as non-voting members.

Since the launch of our first strategy, strong links and governance to the Health and Wellbeing Board have been developed with the three strategic partnership groups. All of these groups will play a key role in supporting the delivery of and promotion of the priorities in the Health and Wellbeing Strategy.

**What is the role of the Health and Wellbeing Board?**
The Board is a forum where key leaders and decision makers from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

They do this by collaborating to understand the local community’s needs, agree priorities and encourage commissioners to work in a more joined-up way so that people who live in the city experience more joined-up services from the NHS and local councils.

The Health and Wellbeing Board is a strategic board, so they need to use the information available, their collective knowledge and expertise, and listen to what people say is important to them so that they can provide leadership, direction and challenge using their influence to encourage everyone who lives, works and provides services in the city to work together to improve health and wellbeing so that together we reduce the inequalities that exist.

The Board has a number of duties that they have to deliver on by law which include the requirement to produce Joint Strategic Needs Assessment a Joint Health and Wellbeing Strategy, and to promote integrated working between the NHS and the local authority. The Board are empowered by law to encourage organisations involved in delivering services that affect health (such as education, housing, employment, transport, planning and the environment) to work closely with those who plan and deliver health and care services and with the Health and Wellbeing Board itself.

Through strong leadership and influence the Board will drive forward a ‘health in every policy’ approach in which all local plans and strategies maximise health gain and minimise negative impacts on health. Board members also have a key role in providing leadership and influence to ensure smooth transition for services users between services for example from Child and Adolescent Mental Health Services to adult mental health, and transition to adulthood for young people with learning difficulties and/or disabilities.
The wider system
The Health and Wellbeing Board has a clear systems leadership role and is part of a wider system. Working in partnership comes in many different forms, and one size won’t fit all of what we do, so where it makes sense we will integrate services; we will always collaborate to share good practice and learn from others; above we will work together for the right reasons and for the purpose of improving outcomes.

Working together to keep our children and vulnerable adults safe remains crucial. We will continue to ensure that the work of our strategic partnerships supports and complements the work of the Stoke-on-Trent Safeguarding Children Board and Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Boards. The Health and Wellbeing Board will continue to provide support and systems leadership to ensure that safeguarding remains paramount. Our strategy and underpinning plans will also contribute to the vision and delivery of the Stoke-on-Trent Community Cohesion and Integration Strategy.

The Stoke-on-Trent and Staffordshire Local Enterprise Partnership (LEP) play an important role in reducing inequalities in the city through their work of generating business growth and employment. The Stoke-on-Trent Health and Wellbeing Board will actively seek to strengthen work with the LEP so that together we can maximise the collective impact we can have on improving the health and wellbeing of the local workforce and improving education, skills and employment outcomes that greatly impact on the health and wellbeing of the population.

Working with other areas where we share priorities will continue to be important as we deliver this strategy. We will continue working with our partners in Staffordshire, the West Midlands and other areas where it makes sense to collaborate. For example the work we undertake as partners of the Staffordshire wide Commissioning Congress will form a key part of our approach to improving outcomes for older people in particular.
Priority - Increase breastfeeding

We want to increase the number of mothers who initiate breastfeeding following delivery and maintain breastfeeding up to 6-8 weeks so that breastfeeding becomes normal with most mothers choosing to breastfeed their babies in Stoke-on-Trent.

Why is this important?
- The Marmot Review (2010) into health inequalities identified giving every child the best start in life as its first policy objective. This includes promoting breastfeeding in pre conception, during pregnancy and the early days.
- Evidence shows that babies are five times more likely to be admitted to hospital with gastroenteritis and more likely to be overweight or obese in later life if not breastfed.
- There is a correlation between breastfeeding rates and a mother’s relative deprivation and educational attainment, therefore increasing breastfeeding rates in these groups can help to reduce health inequalities.
- There is also evidence to suggest breastfeeding helps to improve attachment.
- Mothers who breastfeed may also have a reduced risk of both breast and ovarian cancer.

Where are we now?
- Within Stoke-on-Trent breastfeeding rates for initiation (62.8%) and maintenance at 6-8 weeks (34.1%) are significantly lower than national rates (74.3% and 43.6% respectively).

What are we going to do?
- Ensure that there is a coordinated action plan driven by clear leadership and multi-agency working.
- Ensure a robust evidence base for action across the city.
- Ensure high quality breastfeeding data for the city.
- Understand barriers and opportunities to support breastfeeding.
- Provide ongoing breastfeeding information and support to women in the antenatal and postnatal stages.
- Develop and deliver a robust training process to support breastfeeding.
- Achieve and maintain UNICEF Baby Friendly Initiative (BFI) accreditation throughout the city.
- Make breastfeeding part of normal life within Stoke-on-Trent.
- Ensure that there are effective communications (between partner organisations and the public) which support all the other objectives within this action plan.

Other ways that partners can help to make a difference
- All partners can commit to ensuring that their organisations and those which they commission are breastfeeding friendly to both staff and any members of the public who use the services.

What difference will we make by 2020?
Outcomes and measures will be provided in the final strategy.

Underpinning plans and strategies
Stoke on Trent Healthy Weight Strategy 2016-19.
Draft breastfeeding action plan.
Priority – Make healthy weight the norm

Our aim is that families and communities living in Stoke-on-Trent aspire to a healthy weight and have the skills and opportunities to take decisions that will benefit them today and in the future, we want organisations and businesses in the city to provide an environment which promotes healthy living and tackles obesity to help people to do this.

Why is this important?

- Losing weight is difficult so it is important to focus on the maintenance of a healthy weight and the management of obesity. Prevention must start at the earliest opportunity.
- Preventing obesity needs to start before birth with women of child bearing age encouraged and supported to maintain a healthy weight before conception and during pregnancy, as neonatal deaths are more common in women who are overweight or obese.
- Obesity is associated with premature death and increases the risk of type-2 diabetes, cardiovascular disease and cancer. It is estimated that on average obesity reduces life expectancy by between 3-13 years.
- Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than normal weight children. Overweight and obese children are also more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood.
- Levels of obesity in England are closely associated with poverty, with higher levels of obesity found among more deprived groups.

Where are we now?

- By the time Stoke-on-Trent children reach primary school a quarter are overweight or very overweight. Rates continue to increase throughout children’s time at primary school and by the age of 10-11 almost 40% are overweight or very overweight.
- Two-thirds of adults are also overweight or obese. Perhaps even more worryingly, it is estimated that by 2030 89% of men and 85% of women will be overweight or obese, unless we take action.
- Around a quarter of children are living in poverty in the city with this figure set to rise by 2020.

What are we going to do?

Deliver the Stoke-on-Trent Healthy Weight Strategy focusing on:

- Positive parenting and action in schools - promote healthy infant feeding and positive behaviours such as healthy eating and physical activity.
- Stoke-on-Trent: a Sustainable Food City – so that food is not just good for people and their health, but good for the local economy and business too.
- Create healthy weight neighbourhoods and towns - building public health considerations into planning policies, decisions and programmes.
- Timely identification and management of overweight and obesity - identify changes in weight status as early as possible and provide effective advice, support and treatment.
- Effective communication for tackling obesity – provide clear and concise messages to local residents and organisations at every opportunity to strengthen and reinforce people’s knowledge and skills.
- Influencing change through advocacy - for our healthy weight ambition to be achieved organisations from across the city and across all sectors must commit to preventative action and be accountable for its delivery.

Other ways that partners can help to make a difference

Making healthy weight the norm across all ages starting with children will require partnership action. Partners are encouraged to take the following actions:

- Sign up to the Workplace Health Charter.
• Support the delivery of Making Every Contact Count.
• Ensure good food is available to pupils, patients, clients and staff by working towards national food and drink guidance for your setting.
• Schools, colleges and employers provide supportive environments to reinforce positive messages for example healthy eating, physical activity.

What difference will we make by 2020?
Outcomes and measures will be provided in the final strategy.

Underpinning plans and strategies
Stoke-on-Trent Healthy Weight Strategy 2016-19; tackling obesity
Childhood obesity strategy for England (under development)
**Priority – Reduce under 18 conceptions**

Our aim is that the Stoke-on-Trent under 18s conception rate is reduced with an improvement in our position in relation to other Local Authority areas.

**Why is this important?**
Teenage pregnancy and early motherhood are widely understood to lead to disproportionately poor outcomes for young parents and their children including:

- The rate of postnatal depression is 3 times higher in teenage mothers and a higher risk of poor mental health for 3 years after the birth.
- Infant mortality is 41% higher than babies born to older women.
- Babies tend to have lower than average birth weight.
- Children of teenage mothers have high accident rates and are more likely to experience behavioural problems.
- High levels of lone parents resulting in an increased risk of poverty, poor housing and poor nutrition for the children.

**Where are we now?**

- Stoke-on-Trent currently has the second highest under 18s conception rate in the country at 43.9 per 1,000 15-17 year olds.
- Whilst this is a reduction on our 1998 baseline rate of 68.5, it is still higher than both the West Midlands 28.9 and national rate 24.3.

**What are we going to do?**

- Deliver good quality relationships and sex education (RSE) to help delay early sex.
- Target prevention for young people at risk.
- Provide practical information for young people, parents and practitioners.
- Offer young person friendly contraceptive and sexual health services.
- Deliver dedicated support for teenage parents.
- Ensure strategic leadership and accountability.

**Other ways that partners can help to make a difference**

- Ensure that relationships and sex education/sexual health training sessions are delivered to young people.
- Campaigns to delay early sex aimed at young people.
- Provide Why Young Women Get Pregnant questionnaires to be completed during initial assessments offered by Young Pregnancy Support Service and Family Nurse Partnership.
- If providing venues that young people access, become a C Card distribution point. C Card distribution points are venues that are accessible to young people under 24 where they can use their C Card to access free condoms and lubricant.

**What difference will we make by 2020?**
Outcomes and measures will be provided in the final strategy.

**Underpinning plans and strategies**
Reducing under 18s Conception Strategy 2016-19 and supporting action plan.
Priority – Control tobacco and reduce smoking

Though rates of smoking are falling nationally, in Stoke-on-Trent we have not seen the same level of reduction. We need to strive to ensure we have far fewer smokers amongst the local population, and to achieve this we must be ambitious.

Why is this important?
• Smoking is the main cause of preventable illness, disability and premature death in England and the main reason for the gap in healthy life expectancy between the rich and the poor.
• Smoking in pregnancy increases the risk of miscarriage, still birth, premature birth, low birth rate, perinatal morbidity and mortality, neonatal or sudden infant death.
• Tobacco control is highly effective and offers a significant return on investment. For example, smoking prevention programmes in schools can return as much as £15 for every £1 spent.

Where are we now?
• 28% of adults in Stoke-on-Trent smoke compared to just 18% nationally.
• Locally one in five (19%) pregnant women continue to smoke throughout their pregnancy.
• Smoking causes more deaths locally than drug use, road accidents, other accidents and falls, preventable diabetes, suicide and alcohol abuse combined.
• Smoking costs the local economy around £80 million in lost productivity, sickness absence, healthcare costs and smoking related fires.

What are we going to do?
• Help tobacco users to quit smoking.
• Help young people to be tobacco free.
• Establish ‘smokefree’ as the norm.
• Tackle cheap and illicit tobacco.
• Make sure we have effective communications for tobacco control.
• Influence change through advocacy, raising the profile of tobacco control via local partnerships and providing lobbying and support for national policy and legislation.

Other ways that partners can help to make a difference
• Contribute to a coordinated approach to local tobacco control through engagement with the Stoke-on-Trent Tobacco Control Alliance and its action plan.
• Individual organisations can support and enhance local tobacco control activity through active promotion of the Stoke-on-Trent Stop Smoking Service and Smokefree Homes Service.
• Organisations from all sectors (including schools) to adopt Smoking Policies which promote smokefree sites and allow staff to access stop smoking support during working hours.

What difference will we make by 2020?
Outcomes and measures will be provided in the final strategy.

Underpinning plans and strategies
Stoke-on-Trent Tobacco Control Strategy 2015-18
Priority – Reduce alcohol related health harms

We want to reduce the numbers of people whose health is affected by alcohol related health harms so that the city is healthier and safer.

Why is this important?
- Alcohol is one of the key causes of preventable death within Stoke-on-Trent and a determinant of health inequalities in the City.
- Alcohol dependency leads to significant harms and places financial burden on communities. Investment in prevention, treatment and recovery interventions reduces this burden. For every £1 invested in specialist alcohol treatment services, £5 is saved on health, welfare and crime costs. Every £1 spent on young people’s drug and alcohol treatment brings a benefit of up to £8 in long term savings and almost £2 within two years.
- Nationally it is estimated that there could be between 780,000 and 1.3 million children affected by parental alcohol problems but more recent reports conclude that the numbers for children and young people living in drug and alcohol using families could far exceed earlier estimates.
- Screening and brief advice have been shown to save £58,000 per 1,000 people screened in primary care and specialist alcohol treatment can deliver savings of nearly £1,138 per dependent drinker treated and reduce hospital admissions.
- Every 100 alcohol dependent people treated can prevent 18 A&E visits and 22 hospital admissions (costs £40k, saves £60k).

Where are we now?
- Alcohol specific and alcohol related mortality are amongst the worst in England, and over a third higher than the England average in some categories (male alcohol related mortality, mortality for chronic liver disease persons).
- Alcohol specific mortality for women is almost twice as high as the England average.
- We continue to have some of the highest rates of alcohol related hospital admissions in the country and hospital costs alone exceed £13million in the city, per year.
- Rates for alcohol related crime, including violence and sexual offences, ranks the city within the worst 24 authorities (of 326); with violent crime placing the city the 7th worst.
- Both NICE and the Department of Health have recommended a target of 15% for higher risk drinkers to have treatment locally. Fully implementing this guideline in England would save £9.3 million per year.

What are we going to do?
- Ensure people are aware of the health harms caused by alcohol through campaigns, e.g. Know Your Limits.
- Train front line staff in assessing people’s drinking habits where possible, in order to raise awareness that they may be at risk and signpost to support services if necessary.
- Increase the number of people who are misusing alcohol to access support at the earliest opportunity.
- Prevent and tackle alcohol-fuelled crime and disorder.
- Establish and celebrate recovery communities.
- Improve the health and wellbeing of people not yet ready for abstinence.

Other ways that partners can help make a difference
- Stoke-on-Trent City Council will commission alcohol services which will deliver accessible, modern and high-quality support which provides care options which maximise the number of higher risk drinkers who engage in treatment.
- Stoke-on-Trent City Council will utilise opportunities available through licensing to create safer, thriving and diversified night time economies.
• UHNM (Royal Stoke Hospital) will identify patients with alcohol related health harm and support them to access services.
• Staffordshire Police will prevent and tackle alcohol-fuelled crime and disorder in a way which supports behaviour change.

What difference will we make by 2020?
Outcomes and measures will be provided in the final strategy.

Underpinning plans and strategies
Stoke-on-Trent Alcohol Strategy (2016-20 TBC)
Stoke-on-Trent Safer City Partnership Plan 2014 – 17
Stoke-on-Trent Violence Reduction Strategy (2016 – 2020 TBC)
Drug and Alcohol Harm Reduction Delivery Plan 2015-16 (refreshed annually)
Priority – Improve emotional wellbeing and mental health

Our aim is that Stoke-on-Trent is a city where people experience good mental health and wellbeing so they can fulfil their potential, cope with the stresses of life and make a contribution within their community. Stoke-on-Trent will have healthier communities and be a healthier city as a result.

Why is this important?
- Poor mental health and wellbeing is closely associated with a range of poor outcomes, for example:
  - Family breakdown, debt and unemployment, homelessness and isolation.
  - Lower levels of educational achievement, as well as poor physical health.
  - Low employment - only around 27% of working age adults in England with a mental illness are in employment.
- Good mental health is associated with better outcomes such as longer, healthier life expectancy, stronger resilience to adverse life events and higher self-esteem.
- Improving the mental wellbeing of the population is the first step in increasing the numbers of people who enjoy good mental health. This can be achieved by:
  - Increasing emotional resilience.
  - Getting a good start in life and positive parenting.
  - Reducing inequality.
  - Increasing employment rates.
  - Helping young people make a positive transition to adulthood, e.g. not using risk taking behaviours to cope.
  - Reducing social isolation, especially for older people.

Where are we now?
- Stoke-on-Trent has the 26th highest excess mortality rate in England and 2nd highest in the West Midlands for people 18 – 74 with serious mental illness.
- The rate of suicides in Stoke-on-Trent is the highest in the West Midlands and 5th highest in England. During 2011 – 2013 there was an increase in suicides in the city.
- Stoke-on-Trent has the second lowest gap in the employment rate (in relation to mental health) in the West Midlands. The percentage point gap is larger for males than females.
- Significant numbers of people in Stoke-on-Trent experience poor mental wellbeing with over 26,000 low happiness, and over 14,000 poor satisfaction with life.
- These rates place Stoke-on-Trent amongst the lowest ranked nationally in terms of population wellbeing.

What are we going to do?
- Promote the Five Ways to Wellbeing.
- Ensure young people get a good start in life based on positive parenting.
- Strengthen communities by promoting and supporting community action.
- Ensure mental health services give young people with mental health problems the right support when moving from Child and Adolescent Mental Health Services to Adult Mental Health Services.
- Focus on reducing social isolation, especially for older people.
- Take action to prevent suicide.

Other ways that partners can help make a difference
- Support staff working with young people to undertake the CAMHS training on recognising and addressing common mental health problems.
- Have parent friendly workplace policies.
- Promote volunteering in the workforce.
• Ensure the mental health needs of staff are supported through good workplace policies.
• Work in partnership to deliver mental wellbeing strategies and plans.

**What difference will we make by 2020?**
Outcomes and measures will be provided in the final strategy.

**Underpinning plans and strategies**
North Staffordshire and Stoke-on-Trent Mental Health and Wellbeing Strategy Implementation plan
Suicide Prevention Action Plan 2015
Crisis Care Concordat Action Plan
Emotional Wellbeing and Mental Health of Children and Young People from birth to 18 years, Stoke-on-Trent Commissioning Strategy
Priority – Keeping older people safe and well

Our aim is that Stoke-on-Trent is a place where older people’s health and wellbeing will be maintained or improved so they experience a quality of life acceptable to them and live independently for as long as possible.

Why is this important?

- The Care Act 2014 requires Local Authorities to collaborate, cooperate and integrate with other public authorities to take steps to prevent, reduce or delay the need for care and support for local people.
- Older people, because of their wealth of skills, knowledge and life experience have a vital role to play in the community.
- The number of older people using health and care services e.g. GPs, hospitals and residential care, is increasing. Whilst there are older people who need these services there are increasing instances where older people are using services because the right care and support is not in place when they need it or because older people are not always aware of the range of care and support that is available to them in their communities.
- Demand for primary, secondary and domiciliary services is continuing to grow. The number of people entering long term care is increasing also.
- Evidence confirms that people maintain a higher level of independency and health and wellbeing outcomes are consistently better when people remain in and receive treatment in their own homes.
- In the 2011 census, over 27,000 people in Stoke-on-Trent identified themselves as a carer. It is estimated that within the next 3-4 years the number of people requiring care will outstrip the number of people caring.

Where are we now?

- The adult population of Stoke-on-Trent aged 65 and over is estimated to rise by 22% to 53,200 by 2030. Older people aged 65 and over are the majority of general hospital users in England.
- The largest increase will be seen in the over 80 age group, whilst the number of people over 90 is expected to increase by almost 45%.
- At any one time, patients aged 65 and over account for 70% of the bed days in Stoke-on-Trent’s acute hospital.
- Stoke-on-Trent has the 3rd lowest score for health related quality of life in the West Midlands for older people and the 4th highest rate of hip fractures in the over 65s in the West Midlands which is significantly higher than the national average.
- The rate of injuries due to falls is the highest in the West Midlands, with a sharp increase between 2011/12 and 2013/14.
- Vaccination coverage for flu and PPV (Pneumococcal Polysaccharide Vaccine) are both lower than the national average and PPV coverage has continued to drop year on year since 2010/11.
- There continues to be an undersupply of supported housing suitable for the needs of older people and it is expected that demand will be further exasperated as the number of older people is set to increase, particularly those in the over 79+ age group; this includes those with a physical and/or mental frailty as well as other long term health conditions.

What are we going to do?

- Map and analyse need, demand and support provision available so that we can improve co-ordination and address gaps.
- Work together to develop a local collaborative model that can be shaped in localities within the city for example we will establish integrated health and wellbeing teams.
• Drive and deliver succession and workforce planning so that the skills and abilities needed to respond to the care needs of older people now and in the future are available and that the workforce needs of health and social care providers can be met.
• Provide timely access to high quality support, advice and information for service users, their families and carers, communities and professionals.
• Help people to stay safe within their home, delaying or preventing hospital or social care interventions.
• Develop befriending networks in communities.
• Improve the health and wellbeing of older people through, for example, increased take up of flu and PPV vaccination rates for over 65s.
• Support people to maximise their income and independence.

**Other ways that partners can help to make a difference**

To follow

**What difference will we make by 2020?**

Outcomes and measures will be provided in the final strategy.

**Underpinning plans and strategies**
Stoke-on-Trent Adults Strategic Partnership Plan
Stoke-on-Trent Joint Carers Strategy
Stoke-on-Trent Joint Dementia Strategy
Staffordshire Frail Elderly Strategy
North Staffordshire and Stoke-on-Trent CCG Care Home Commissioning Strategy
Stoke-on-Trent Better Care Fund Plan 2015/16 (2016/17 plan to follow – Integration plan required to be developed in 2017)
Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership
Pan Staffordshire Commissioning Congress ‘Together we’re Better Programme (includes case of change)
Stoke-on-Trent Older People’s Housing Strategy
How we will deliver this strategy

**Monitoring our progress**
Nominated strategic leads will take responsibility for the progress and performance of each priority working with partnership groups to deliver the actions set out in this strategy. The Health and Wellbeing Board will monitor progress against defined indicators and measures for each priority through its performance management framework.

We will produce an annual report showing how we have performed, identifying any areas that we need to review or where we need to take further action.

**Resourcing our strategy**
The cost of achieving the vision and priorities of the strategy will be met through existing transformational work programmes and within existing resources. We recognise the strategy will be delivered during a period of continuing local and national austerity and declining budgets, that it is why it is crucial that we work together to maximise the impact that our collective resources have on improving outcomes and reducing inequalities.
Stoke-on-Trent Adults’ Strategic Partnership

Adults’ Strategic Partnership
Plan 2016–2020

Draft for consultation
This plan was developed in partnership between the Stoke-on-Trent Adults’ Strategic Partnership Board and the Stoke-on-Trent Health and Wellbeing Board with input from wider partners including private and voluntary providers and organisations.

We would like to thank all organisations and individuals who have helped to develop this plan and identify priority areas which we believe will improve the lives of adults living in Stoke-on-Trent, especially vulnerable adults, their families and carers.

**Stoke-on-Trent Adults’ Strategic Partnership Board**

The Board of the Adults’ Strategic Partnership consists of representatives from the following organisations:

- Healthwatch Stoke-on-Trent
- North Staffordshire Combined Healthcare NHS Trust
- North Staffordshire and Stoke-on-Trent Local Pharmaceutical Committee
- Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership
- Staffordshire and Stoke-on-Trent Partnership NHS Trust
- Staffordshire Fire and Rescue Service
- Staffordshire Police
- Stoke-on-Trent City Council
- Stoke-on-Trent Clinical Commissioning Group
- University Hospitals of North Midlands NHS Trust
- Voluntary and Community Sector
Foreword from the chair

We are delighted to be presenting our first Adults’ Strategic Partnership Plan for the city, which sets out our priorities over the next four years, aimed at improving health and wellbeing in Stoke-on-Trent and explains how this will make a positive difference for local people.

We know that a wide range of factors impact upon an individual’s health and wellbeing, such as whether they have a regular income, are able to access social and leisure activities and feel a sense of belonging in their local neighbourhood. The broad scope of these factors highlights the importance of a partnership approach to achieving our vision. To that end, this plan has been developed, and will be delivered, by the Stoke-on-Trent Adults’ Strategic Partnership, which draws together representatives from statutory, community, voluntary and private sectors.

It is vital that we work across and beyond traditional service boundaries to address the full range of needs each of us will have throughout our lives.

In delivering our priorities, we are committed to making local services flexible and responsive to individual needs, meeting people’s wishes for independence and greater control over their lives.

We will build on what we have already achieved, focussing more on prevention and early intervention and ensuring that mainstream services cater for everyone within our community.

We recognise that, if we are to be successful in delivering our plan, we must effectively listen to, consult and involve service users and the wider community at every stage in the process of developing and delivering services and empower communities to come together to help each other and work with us to make Stoke-on-Trent a much healthier place to live, learn and work.

An important aspect of this work is providing the information and support to enable and inspire people to take responsibility for their own health and wellbeing; for example in making healthy lifestyle choices and in planning for their future.

We would like to thank all those who have worked to make the plan an effective document which will translate our vision into tangible results for the community.

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Chair of the Stoke-on-Trent Adult Strategic Partnership
Introduction

The vision of the Stoke-on-Trent Adults’ Strategic Partnership is to support local adults to lead healthy and fulfilling lives and enjoy wellbeing and independence.

Since the launch of the city’s first Health and Wellbeing Strategy in 2013 much good progress has been made, with achievements including:

- Stoke-on-Trent has achieved Age Friendly City status and continues to be designated a WHO European Healthy City.
- The pan-Staffordshire Frail Elderly Strategy has been implemented for older people with long term conditions.
- We have developed and implemented the Stoke-on-Trent Joint Carers Strategy 2014-19.
- The Integrated Carers Hub has been commissioned working in partnership with Staffordshire County Council and the six Staffordshire Clinical Commissioning Groups, which went live in October 2015.
- City Council in-house assessment care and reablement has been being realigned to localities to support local communities better through the Community Wellbeing Service.
- We have developed and implemented the Stoke-on-Trent Joint Dementia Strategy (Stoke-on-Trent City Council and Stoke-on Trent Clinical Commissioning Group). We have redesigned Dementia Services – new services are due to go live in early 2016.
- We are developing Dementia Friendly Communities and have a Dementia Ambassador for the City.
- Apprenticeships for young people aged 16-18 increased by 7.7% whilst the nationally they went up by 4.6%.
- A Chronic Worklessness debate held and commitment to increasing levels of volunteering activity in the City agreed, alongside development of city wide approach to social prescribing.
- Launch of the Pan-Staffordshire Joint Mental Health Strategy – Mental Health is Everybody’s Business, along with implementation plan to drive forward the strategy is in development.
- The launch of the Stoke-on-Trent Dignity and Respect Charter that has been signed up to by all Health and Wellbeing Board member organisations and is now integrated into health and social care commissioning procurement processes.
- Our strong commitment to integrate services has translated into action and we have transformed our services so that they focus directly on understanding and addressing the needs of the person. Our Community Wellbeing Service focuses on health and social care for vulnerable adults and our ground breaking Co-operative Working Service has brought together multiple council services and partners across the city to provide an integrated service to meet the needs of citizens.

Our priorities

Building on our recent achievements and drawing on strong evidence of need and demand; messages and feedback from people living and working in Stoke-on-Trent; alignment to local and national priorities and policy; and the extent to which they build on existing strengths across the partnership; we have chosen the following priorities to focus on for our Adults’ Strategic Plan:

- **Keeping older people safe and well**
  With a focus on early help, independence and social inclusion for older and vulnerable people, allowing them to stay in their own homes as long as possible.
- **Improve Emotional Wellbeing and Mental Health**  
  With a focus on timely access, early intervention and improved outcomes for people in mental health crisis.

We will work jointly with the Children and Young People’s Strategic Partnership on:

- **Improving Skills and Employability**  
  With a focus on skills levels, career pathways and access to good quality, sustainable employment.

- **Preparing for Adulthood**  
  With a focus on good transition into adulthood for children and young adults, giving them choice and control over their support including independent living and employment.

These priorities are intended to complement and overlap with each other and also with the Stoke-on-Trent Joint Health and Wellbeing Strategy and Children, Young People and Families Plan. In delivering our plan we will ensure that we contribute towards improving the outcomes set out in the overarching Health and Wellbeing Strategy.

The plan identifies how we will improve outcomes for adults in the city, especially vulnerable adults, their families and carers; defines how the Adults’ Strategic Partnership contributes to the Joint Health and Wellbeing Strategy; and reflects the close working relationship between the Health and Wellbeing Board, Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership, and the Adults’ Strategic Partnership. The plan will also contribute towards the delivery of the Stoke-on-Trent Community Cohesion and Integration Strategy.

This plan supports the overall ambition of the Stoke-on-Trent City Council’s strategic plan ‘Stronger Together - Working together to create a stronger city we can all be proud of’ and also reflects the vision of Stoke-on-Trent Clinical Commissioning Group (CCG) and support its strategic priorities of improving the health outcomes for the people of Stoke-on-Trent, reducing health inequalities, ensuring quality services and ensuring access to appropriate healthcare.

Likewise, it aligns to the Staffordshire Commissioning Congress ‘Together we’re Stronger’ programme and reflects outcomes across the three workstreams of ‘Fit and Well’, ‘High Risk and Independent’ and ‘Receiving Care’, as well as complimenting other partner strategic plans.

**Cross cutting themes and principles**

The principles of personalisation underpin all the priorities outlined in the Adults’ Strategic Partnership Plan, and as such, the Adults’ Strategic Partnership is committed to promoting independence, choice and control for all the community enabling individuals to stay healthy and actively involved in community life.

All of our strategic partnership plans focus on six key cross-cutting themes that will be at the core of what we do, we will:

- Proactively promote personal responsibility.
- Make sure that prevention, early intervention and promoting independence are at the core of what we do.
- Involve communities in shaping services to address needs and encourage community leadership.
- Make sure we explain things clearly.
- Work together so people can access our services easily.
- Ensure that we have a strong focus on efficiency and value for money.
We will also ensure that all of our partnership plans complement the work to safeguard children and vulnerable adults by working closely with the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board and the Stoke-on-Trent Safeguarding Children Board.

About Stoke-on-Trent

Stoke-on-Trent is a city steeped in history and tradition, with a legacy of pottery, coal and steel industries. It is experiencing encouraging improvements in its economic and social environment, with the city’s economy growing by 29% between 2009 and 2014, compared with 20% across the UK\(^1\), and has seen unemployment fall by 31% during 2015.

The City has been confirmed as a new Enterprise Zone in the recent Government Spending Review, with the creation of ‘Ceramic Valley’ and has also been awarded the status of European City of Sport 2016 which will be a catalyst to increase participation in sport and to promote an active and healthy lifestyle that is accessible to everyone.

Approximately 250,000 people live in the city, over 61,000 of which are children aged 19 and below and under and almost 39,000 are adults aged 65 years and over.

The city is ranked as the 14\(^{th}\) most deprived area in the country\(^2\) and still has deep health inequalities, for example life expectancy, at birth, for both men and women in the city is significantly lower than nationally\(^3\), the number of households experiencing fuel poverty is higher than both regionally and nationally\(^4\), and the percentage of adult social care users who have as much social contact as they would like is lower than both regionally and nationally\(^4\).

Almost 27,500 people in the city have identified themselves as being an informal carer and the percentage of adult carers who say that they have as much social contact as they would like is higher than both regionally and nationally\(^4\), as is the effectiveness of reablement services for over 65s\(^5\).

Permanent admissions to residential / nursing care is lower than both regionally and nationally for people aged 18-64, but significantly higher for over 65s\(^6\). Dementia diagnosis rates are significantly higher than the national average\(^7\).

Policy

Recently there have been some significant policy and legislative changes introduced that are designed to provide a system that provides care for those who need it, and which enables people to retain their independence and dignity. Some of these changes include:

Introduction of the Care Act 2014, designed to put people in control of the support they receive, placing the wellbeing of the individual, and what is important to them, at the centre of any decisions. The Care Act will help to improve people’s independence and wellbeing. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support, or delay people deteriorating such that they would need on-going care and support.

\(^1\) Source: ONS Regional Gross Value Added (Income Approach) NUTS3 2014
\(^2\) Source: English Indices of Deprivation 2015
\(^3\) Source: Public Health Outcomes Framework (PHOF), September 2015
\(^4\) Source: Health and Social Care Information Centre (HSCIC), September 2015
\(^5\) Source: NHS Outcomes Framework (NH Sof), September 2015
\(^6\) Source: Adult Social Care Outcomes Framework (ASCOF), September 2015
\(^7\) Source: NHS England
The **Better Care Fund**, implemented to improve outcomes for the public, provide better value for money, and provide more sustainable, health and social care services. It is a programme that will pool some funds and integrate plans between the NHS and local authorities in every area throughout England in 2015/16. It is intended to reduce emergency admissions into hospital, in turn saving money for both the NHS and local authority services.

The **NHS Five Year Forward View**, which sets out a clear direction for the NHS – showing why change is needed and what it will look like. Some of what is needed can be brought about by the NHS itself, but other actions require new partnerships with local communities, local authorities and employers. Patients' needs are changing, new treatment options are emerging, and the NHS face particular challenges in areas such as mental health, cancer and support for frail older patients, which means that service pressures are building. When people do need health services, patients will gain far greater control of their own care – including the option of shared budgets combining health and social care.

The revised **Mental Health Act Code of Practice** which aims to provide stronger protection for patients and clarify roles, rights and responsibilities. This includes:
- Involving the patient and, where appropriate, their families and carers in discussions about the patient’s care at every stage.
- Providing personalised care.
- Minimising the use of inappropriate blanket restrictions, restrictive interventions and the use of police cells as places of safety.

**Stoke-on-Trent Adults’ Strategic Partnership**

To improve the health and wellbeing of the thousands of people who live and work in Stoke-on-Trent requires cooperation and commitment of many individuals and organisations. The city's Health and Wellbeing Board is well established and provides leadership, direction and influence to encourage everyone who lives, works and provides services in the city to work together to improve health and wellbeing and so reduce the inequalities that exist.

Underpinning the Health and Wellbeing Board are three strategic partnership groups in the city, the Adults Strategic Partnership, the Children and Young People’s Strategic Partnership and the Responsible Authorities Group.

The Adults' Strategic Partnership (‘the Partnership’) is made up of a number of organisations within the city who have a strong commitment to work together to improve the lives of adults living in Stoke-on-Trent, especially vulnerable adults, their families and carers.

The purpose of the partnership is to deliver measurable improvements on agreed outcomes for local adults and to help achieve the priorities of the Stoke-on-Trent Health and Wellbeing Board.

The Partnership is led by the Adults’ Strategic Partnership Board and includes representation from social care, health, housing, Police, education, employment and skills, Fire and Rescue Service, the voluntary and community sector and Healthwatch.

The Board reports directly to the Health and Wellbeing Board and provides strategic leadership for the Partnership in terms of setting the strategic direction and shared priorities; making major joint commissioning decisions; resource allocation; and strategic coordination and performance management to the Partnership.

The Board will maintain working relationships with the other partnership groups that report to the Health and Wellbeing Board (namely the Children and Young People’s Strategic Partnership and Responsible Authorities Group) as well as other relevant partnership boards and will work closely with the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board.

As part of the wider system, the Partnership will also ensure collaboration with the Stoke-on-Trent and Staffordshire Local Enterprise Partnership (SSLEP) to maximise the collective impact we can
have on improving health and wellbeing of the local workforce and improving education, skills and employment outcomes for local people.

We will also share priorities and undertake work as partners of the Staffordshire wide Commissioning Congress (led by NHS England) and these will form a key part of our approach to improving outcomes for older people in particular.

The plan will help to ensure that the resources and contributions of partners in improving outcomes for adults are deployed in a strategic way at a time of rising need and budget pressures.
Priority – Keeping older people safe and well

Our aim is that older people’s health and wellbeing will be maintained or improved so they experience a quality of life acceptable to them and live independently for as long as possible.

Why is this important?

- The Care Act 2014 requires Local Authorities to collaborate, cooperate and integrate with other public authorities to take steps to prevent, reduce or delay the need for care and support for local people.
- The adult population of Stoke-on-Trent aged 65 and over is estimated to rise by 22% to 53,200 by 2030 (Office for National Statistics - population projections).
- Older people, because of their wealth of skills, knowledge and life experience have a vital role to play in contributing to and building upon already existing community capacity.
- The number of older people using health and care services e.g. GPs, hospitals and residential care, is increasing. Whilst there are older people who need these services there are increasing instances where older people are using services because the right care and support is not in place when they need it or because older people are not always aware of the range of care and support that is available to them in their communities.
- Demand for primary, secondary and domiciliary services is continuing to grow and the number of people entering long term care is increasing also.
- Evidence confirms that people maintain a higher level of independency and health and wellbeing outcomes are consistently better when people remain in and receive treatment in their own homes.
- Enabling older people to remain independent in their own home for longer requires homes that are flexible enough to take account of changing needs as people age; more choice in relation to supported housing options; and improved housing information and advice services enabling older people to make an informed choice about their housing options.
- In the 2011 census, over 27,000 people in Stoke-on-Trent identified themselves as a carer. It is estimated that within the next 3-4 years the number of people requiring care will outstrip the number of people caring.

Where are we now?

- Older people aged 65 and over are the majority of general hospital users in England (65% - Age & Ageing, BGS 2011).
- At any one time, patients aged 65 and over account for 70% of the bed days in Stoke-on-Trent’s acute hospital (Local point prevalence studies).
- The largest increase will be seen in the over 80 age group, whilst the number of people over 90 is expected to increase by almost 45% (ONS).
- Stoke-on-Trent has the 3rd lowest score for health related quality of life in the West Midlands for older people (PHE 2014).
- Stoke-on-Trent has the 4th highest rate of hip fractures in the over 65s in the West Midlands and significantly higher than the national average (PHE 2014).
- The rate of injuries due to falls is the highest in the West Midlands, with a sharp increase between 2011/12 and 2013/14 (PHOF Sept 2015).
- Vaccination coverage for flu and PPV are both lower than the national average and PPV (Pneumococcal Polysaccharide Vaccine) coverage has continued to drop year on year since 2010/11 (PHE 2014).
- There continues to be an undersupply of supported housing suitable for the needs of older people and it is expected that demand will be further exasperated as the number of older people is set to increase, particularly those in the over 79+ age group; this includes those with a physical and/or mental frailty as well as other long term health conditions.
What are we going to do?

- Map and analyse need, demand and support provision available so that we can improve co-ordination and address gaps.
- Work together to develop a local collaborative model that can be shaped in localities within the city.
- Drive and deliver succession and workforce planning so that the skills and abilities needed to respond to the care needs of older people now and in the future are available and that the workforce needs of health and social care providers can be met.
- Provide timely access to high quality support, advice and information for service users, their families and carers, communities and professionals.
- Help people to stay safe within their home, delaying or preventing hospital or social care interventions.
- Develop befriending networks in communities.
- Improve the health and wellbeing of older people through, for example, increased take up of flu and PPV vaccination rates for over 65s.
- Support people to maximise their income and independence.
- Implement the Older People’s Housing Strategy 2014-19 through delivery of the associated delivery plan.

Other ways that partnership can help to make a difference

To be confirmed

What difference will we make by 2020?

Outcomes and measures will be included in the final plan

Underpinning plans and strategies

Stoke-on-Trent Joint Carers Strategy
Stoke-on-Trent Joint Dementia Strategy
Staffordshire Frail Elderly Strategy
North Staffordshire and Stoke-on-Trent CCG Care Home Commissioning Strategy
Stoke-on-Trent Better Care Fund Plan 2015/16 (2016/17 plan to follow – Integration plan required to be developed in 2017)
Pan Staffordshire Commissioning Congress ‘Together we’re Better Programme (includes case of change)
Stoke-on-Trent Older People’s Housing Strategy
**Priority – Improving Skills and Employability**

Our aim is that everyone who can and wants to work has the right support, advice and guidance to do so and once in work people are able to progress their career, reskill, upskill and achieve a good quality of life.

This is a shared priority with the Children and Young People’s Strategic Partnership

**Why is this important?**

- Getting people into sustainable, quality work is of critical importance for reducing health inequalities.
- Evidence shows that long-term unemployment is damaging to individuals and communities; it affects mental and physical health, and holds back economic growth.
- Out of work older people can find it more difficult to get a job and they are more likely than younger people to remain unemployed for longer.
- For young people, securing that first foothold into a good career is a lot harder than it used to be as opportunities to combine work and study decline.
- Higher than average rates of people claiming out of work benefits increase the risk of negative impacts from the welfare reforms.
- The financial viability of full time employment will be challenged through various factors including the introduction of welfare reforms and the accessibility and affordability of childcare.
- Lack of skills and qualifications prevent local residents from securing more sustainable and better paid employment.
- Low skill levels dissuade potential inward investors from locating in the city because they believe they will not be able to recruit a suitably qualified workforce.
- Although our Children in Care make good progress in education, they often enter the care system already a long way behind their peers, and therefore too many leave education without the requisite qualifications, which means they are not able to undertake apprenticeships without some pre-apprenticeship programme.
- The number of care leavers who are not engaged in education, training or employment is too high. This is particularly problematic with regards to employment, and general support programmes around employment have not had any significant impact in supporting care leavers into work.
- Vulnerable people, for example people with disabilities or mental health needs and care leavers, without employment, because of their overall vulnerability, are particularly at risk of homelessness and poor physical and mental health and wellbeing.
- Adult education is essential to competitiveness and employability, social inclusion, active citizenship, and personal development, and provides an important first step back into second chance learning for many adults. The challenge is to provide learning opportunities for all, especially disadvantaged groups who need them most.
- Informal carers make up over 12% of the workforce in Stoke-on-Trent, equating to 1 in every 7 employees\(^8\). Over a quarter of all carers’ ability to take up or stay in work has been affected by their caring responsibilities with nearly 40% having to leave work altogether and over a third having to reduce their hours\(^9\). Personal Social Services Survey of Adults Carers in England 2009/10 found that 41% of carers had experienced financial difficulties as a direct consequence of their caring role.

**Where are we now?**

- The proportion of people in higher paid occupations is less than 75% of national rate.
- Employment in routine (unskilled) occupations is approaching double that seen across England.
- Almost 15% of households in the city experience fuel poverty above the national average.

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\(^8\) Carers make up 11% of the workforce nationally, Regionally 12.3% Census 2011
\(^9\) Survey of Carers in Households 2009/10
• Around a quarter of children in the city live in poverty.
• The rates of people claiming out of work benefits remain 1½ times the national average.
• Despite continuing economic growth over the past six years, the Employment Support Allowance (ESA) claimant count has remained broadly unchanged as a percentage of the city’s workforce while the proportion of JSA claimants and workless lone parents has reduced.
• Since 2011, Stoke-on-Trent has seen an 88% reduction in the proportion of school leavers ending up NEET (Not in Education, Employment or Training), from 7.6% of 16-18 year olds to just 0.9% in 2015.
• The city experiences high levels of part-time, low paid temporary jobs.
• Less than 50% of our school leavers have 5 GCSEs, A* to C, including English and Maths.
• Within the working population, the city has more than double the national average of people with no qualifications and nearly half with a Level 4 qualification.
• There are high levels of NEETs within vulnerable groups, for example, only 47% of our over 18 care leavers are in education, employment or training.
• Children in Care and Care Leavers are given good support to access and maintain education e.g. 0% permanent exclusions but only 10-15% gain the benchmark 5 GCSEs, A* to C, including English and Maths.
• In the city we offer a range of accredited adult learning provision from English, Maths and First Aid to Family Learning workshops and a wide range of non-accredited Adult Learning opportunities. The courses cover a wide range of topics including the crafts, computers, employability, yoga and languages. Courses are held across 130 venues throughout the city to ensure that they are easily accessible to people citywide.
• We have developed and implemented a Workplace Health Charter which provides a clear structure that organisations can use to create an environment that fosters good health and wellbeing for their staff, and in turn, their business.

What are we going to do?
• Develop the City Council into an exemplar employer with the ability to influence.
• Engage businesses more effectively so that they clearly identify and articulate their skills needs, which will then be met by local providers through a responsive and flexible skill offer.
• Improve labour market information so that people understand what jobs are available and the skills they require to be able to secure sustainable, quality employment.
• Develop a cohesive employment strategy for the city which will articulate clear career pathways and implement Pathways to Employment for young people and adults across the city, ensuring routes to employment match the Stoke-on-Trent Local Enterprise Partnership (SSLEP) priorities and that training and employability skills are embedded into delivery models.
• Influence national policy to ensure we have a local flavour, e.g. devolution and growth deals.
• Influence national programmes, such as ESF (European Social Fund) and ERDF (European Regional Development Fund), to ensure that local needs are met.
• Support employers to develop flexible employment policies to support those with specific needs, for example, people with enduring mental health issues or physical/learning difficulties, or those with caring or parental responsibilities, etc.
• Continue to increase the number of 18-24 year olds who gain the skills necessary to secure a job of their choice.
• Increase the number of local people moving into work and securing good quality work.
• Embed the RPA (Raising Participation Age) model and the tracking of client participation through data sharing with Jobcentre Plus and other providers.
• Provide support in obtaining ESF funding for 2016 to 2018 to fill the gap in provision and support for the Risk of NEET Indicator (RONI) and at risk young people groups.
• Ensure there is co-ordinated partnership delivery and improved employer engagement to deliver the apprenticeships required to meet the government's target for the city of 5,000 apprenticeships p.a. by 2020 and to establish this as a route to quality employment.
• Participate in the Post 16 area review which will seek to ensure provision which meets the needs of employers and the demand for the new growth sector jobs within the SSLEP priority sectors.
● Develop meaningful activities (e.g. formal/informal volunteering, adult learning opportunities, work like activity, skills for employment, etc.) for those not in work, including those experiencing chronic worklessness.

Other ways that partnership can help to make a difference
To be confirmed

What difference will we make by 2020?
Outcomes and measures will be included in the final plan

Underpinning plans and strategies
Stoke-on-Trent and Staffordshire Local Enterprise Partnership (SSLEP) Skills Strategy
SSLEP European Structural Investment Fund (ESIF) Strategy
SSLEP ESIF Commissioning Plan and Prospectus 2014 - 2020
SSLEP Apprenticeship Strategy
SSLEP Information, Advice and Guidance Framework
Stoke-on-Trent and Staffordshire Post 16 area review
Hardship Commission Stoke-on-Trent Initial Report 2015
Stoke-on-Trent Employability Strategy
SSLEP Strategic Economic Plan (March 2014)
Priority – Improve emotional wellbeing and mental health

Our aim is that people will be supported to be healthier and more independent, feel safe, happier and more supported in and by their community.

Why is this important?

- It is estimated that one in four of us will suffer from mental health problems in our lives.
- People with mental health issues are less likely to have a job, stable housing and their life expectancy is lower.
- For adults who have mental health needs and are parents, this can have an extra negative impact on their children and partners (links to Toxic Trio\(^{10}\)) and replicates strains and stresses on the family.
- Poor mental health can be both a cause and a consequence of family breakdown, debt and unemployment, homelessness and isolation.
- Poor mental health is consistently linked with lower levels of educational achievement, as well as poor physical health.
- It is no coincidence that the most deprived communities have the poorest health and well-being and the highest levels of mental illness.
- Only around 27% of working age adults in England with a mental illness are in employment.
- A focus on recovery will enable adults with mental health related issues and their families and friends and others to live and maintain their optimum social roles.
- There are clear connections between mental health disorders and substance abuse, and any number of combinations can develop, each with its own set of unique causes and symptoms.
- In England during 2013/14, admissions to hospital with a primary diagnosis of a drug related mental health and behavioural disorder increased by 8.5% from 2012/13.
- The pressures of caring can take a toll on carers’ physical and mental health, with over 90% of informal carers saying that caring has had a negative impact on their mental health, including stress and depression\(^{11}\).
- When young people are no longer eligible for CAMHS (Child and Adolescent Mental Health Services) there is often a period of no support as they may not be eligible for or may have to wait to access Adult Mental Health Services and are put back on waiting lists. For some young people this can result in never making the transition.

Where are we now?

- Stoke-on-Trent has the 26th highest excess mortality rate in England and 2nd highest in the West Midlands for people 18 – 74 with serious mental illness.
- The rate of suicides in Stoke-on-Trent is the highest in the West Midlands and 5th highest in England. During 2011 – 2013 there was an increase in suicides in the city.
- Stoke-on-Trent has the second lowest gap in the employment rate (in relation to mental health) in the West Midlands. The percentage point gap is larger for males than females.
- Joint Staffordshire and Stoke-on-Trent Mental Health Crisis Care Concordat Action Plan in place.

What are we going to do?

- Create a wider common workforce training programme and ensure it is delivered and embedded across a wide range of services.
- By working in partnership, positively encourage wider workforce across the Mental Health agenda to support independence and early intervention.
- Develop shared care services that will give parity of esteem for mental health.

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\(^{10}\) The term ‘Toxic Trio’ has been used to describe the issues of domestic abuse, mental ill-health and substance misuse which have been identified as common features of families where harm to children has occurred. They are viewed as indicators of increased risk of harm to children and young people.

\(^{11}\) Source: Carers UK (2013) State of Caring 2013
• Stoke-on-Trent Mental Health Strategy and Implementation Plan which focuses on:
  o Prevention
  o Stigma and Discrimination
  o Access to Mental Health services
  o Employment
  o Recovery
  o Early Intervention
  o Mental & Physical Health
  o Housing
• Use the Crisis Care Concordat (formal agreement) we have developed as a partnership to make sure we can provide the best response to people in mental health crisis, in relation to:
  o Access to support before crisis point.
  o Urgent and emerging access to crisis care.
  o Quality of treatment and care when in crisis.
  o Recovery and staying well.

Other ways that partnership can help to make a difference
To be confirmed

What difference will we make by 2020?
Outcomes and measures will be included in the final plan

Underpinning plans and strategies
North Staffordshire and Stoke-on-Trent Mental Health and Wellbeing Strategy Implementation plan
Suicide Prevention Action Plan 2015
Crisis Care Concordat Action Plan
Priority – Preparing for adulthood

Our aim is for children and young adults to lead happy, healthy and fulfilled lives, with choice and control over their support and successful preparation for adulthood, including independent living and employment.

This is a shared priority with the Children and Young People’s Strategic Partnership.

Why this is important?
- The process of transition can be a vulnerable and stressful time for young people and their families. Often, they stop receiving services that they have had from a young age and move on to equivalent adult services (subject to criteria being met) which can be delivered and funded very differently.
- With the recent introduction of a new statutory framework, education, health and social care services will work together to provide support for children and young people up to the age of 25, who have a special educational need or disability. The Education, Health and Care Plan (EHC) brings education, health and social care needs into a single, legal document.
- The Children and Families Act (2014) and the Care Act (2014) are designed to work in partnership to enable us to prepare children and young people for adulthood from the earliest possible stage, including their transition to adult services. We have a responsibility to ensure that correct people co-operate, the right information and advice is available and that timely assessments can be carried out jointly. It is crucial that the young person, their parents and professionals are supported to work together to ensure successful transition.
- Those leaving care often struggle to cope with the transition into adulthood. They may experience social exclusion, unemployment, health problems or end up in custody. Care leavers often have to start living independently much earlier than their peers.

Where are we now?
- Over 1500 children and young people with SEN have an Education Health and Care Plan or formal Statement of Special Educational Need in the city.
- 7.57% of school pupils in the city have an identified learning disability (2,828 children and young people) This is a significant increase from 2014 (4.26% and 1,570 respectively).
- More than 1 in 5 children or young people have or may have a special educational need.
- Data records that 5.3 adults (aged 18-65) per 1000 in the city are known to the local authority with a client type ‘learning disability’.
- Outcomes for young people with SENs are worse than their peers in a number of areas, for example, there is an increased risk of exclusion and absence from school.
- Anecdotally parents and young adults tell us that transition is difficult.
- There is currently a much higher demand for the Aiming High programme than previously experienced.
- There are currently 260 care leavers in the city, of which 170 are aged 18 or over.

What are we going to do?
- Commissioners and providers make choice and control a reality by listening to, involving and learning from young people and their families to gain clear understanding what they want/need from support services including the transition pathways.
- Follow the new legislative framework, and national guidance, so that young people are appropriately supported through their transition with all their social care, education and health needs.
- Develop co-ordinated services across education, health and social care which work closely with the parent and carers so that individual needs of children and young adults with SEN and/or disability are met and delivered in a way so that families report that they have had a positive experience.
- Offer high quality personalised provision which ensures good health, care and educational progress which allows timely preparation for independence in adulthood and into employment.
• The Local Offer will continue to be developed, delivered and promoted, ensuring that information, advice and guidance is clear, transparent and accessible.
• Ensure that plans written for education, health and care needs are aspirational, with clearly defined outcomes and goals.
• Ensure effective data sharing arrangements are in place to enable more collaborative planning.
• Continue to improve outcomes for all pupils - including closing the gap for vulnerable pupils, SEND in mainstream, higher attaining pupils, Free School Meal /Pupil premium pupils and care leavers.
• Launch Hazel Trees as the new co-located hub and assessment centre, offering co-ordinated services for families of children with SEND aged 0-25.
• Ensure all services ‘Think 14-25’ and not place artificial barriers on age.
• Develop a multi-agency transition policy ensuring pathways are clear, transparent and accessible.
• Utilise the skills and knowledge across the partnership to support care leavers transition into adulthood.

Other ways that partnership can help to make a difference
• Ensure all aspects of the SEND reforms are fully implemented.
• GPs to be more involved at an earlier stage in planning for transition.
• Services must be tailored to meet the needs of young people transferring from children’s health services and include extra training for health care staff in caring for young people.
• Childrens and Adults social care will continue to operate an enhanced transition model, so that young adults and their families are supported throughout the transition process.

What difference will we make by 2020?
Outcomes and measures will be provided in the final strategy.

Underpinning plans and strategies
SEND Commissioning Strategy
Joint Safeguarding Board – Transition Task and Finish review
Stoke-on-Trent Whole Life Disability approach, now known as Enhanced Transition
How we will deliver the plan

The Adults’ Strategic Partnership Plan underpins the Stoke-on-Trent Joint Health and Wellbeing Strategy and therefore sits alongside other underpinning plans such as the Children, Young People and Families Plan. In seeking to improve wellbeing and tackle the wider determinants of health, the Adults’ Strategic Partnership Plan is closely linked with several other strategic boards, including the Commissioning Congress, Adult Safeguarding Partnership and the Stoke-on-Trent and Staffordshire Local Economic Partnership.

Wherever possible we will align existing strategies, plans and management groups to deliver the priorities in our plan and develop new ones to fill gaps.

Monitoring progress

Nominated strategic champions at senior management level will take responsibility for the high-level progress and performance of each priority and will report to the Adults’ Strategic Partnership Board on a regular basis. We will measure our success in meeting our objectives using a mixture of indicators and progress reports to the Board with a focus on exceptions.

The performance management arrangements required to deliver the plan are contained within our Strategic Partnership Performance Management Framework. The framework is crucial to the delivery of the plan’s outcomes and is a way for each level of the partnership to hold to account the next level for the delivery of their tasks and targets.

We will produce an annual report showing how we have performed and identifying any areas that we need to review or where we need to take further action.

The Health and Wellbeing Board will monitor our progress and take action to ensure that we stay on track.

Resources

The cost of achieving the vision and priorities contained within this plan will be met through existing transformational work programmes and within existing resources.

We recognise the strategy will be delivered during a period of continuing local and national austerity and declining budgets, that it is why it is crucial that we work together to maximise the impact that our collective resources have on improving outcomes and reducing inequalities.
Children, Young People and Families Plan 2016-2020

Draft for consultation

28th January 2016 - 21st February 2016
This plan was developed in partnership between the Stoke-on-Trent Children and Young People’s Strategic Partnership Board and the Stoke-on-Trent Health and Wellbeing Board with input from wider partners including private and voluntary providers and organisations.

We would like to thank all organisations and individuals who have helped to develop this plan and identify priority areas which we believe will improve the lives of children and young people living in Stoke-on-Trent, especially those who are vulnerable.

Children and Young People’s Strategic Partnership Board:

- Councillor Janine Bridges - Chair of the Board
- Councillor Ann James – Vice Chair of the Board
- Louise Rees – People Directorate, Stoke-on-Trent City Council
- Dr Susie Roberts Public Health Directorate, Stoke-on-Trent City Council
- Councillor Joanne Powell-Beckett – Overview and Scrutiny representative
- Sharon King - Stoke-on-Trent Clinical Commissioning Group
- Karen Litherland - JobCentre Plus
- Dr Joanne Barton - North Staffordshire Combined Healthcare NHS Trust
- John Wood – Chair of the Stoke-on-Trent Safeguarding Children Board
- Mark Barlow – Representing Stoke Association of Primary Heads
- Andrew Stanier – Representing Stoke Association of Schools, Colleges and Academy Leaders
- Claire Gaygan – Representing Sixth form and further education colleges
- Staffordshire and Stoke National Probation Service
- Superintendent Wayne Jones - Staffordshire Police
- Melanie Brock - Staffordshire and Stoke-on-Trent Partnership NHS Trust
- Dr Caroline Groves - University Hospital of North Midlands NHS Trust, Royal Stoke University Hospital
- Karen Wilson – Representing Voluntary and Community Sector
Foreword from the Chair

It gives me great pleasure to be writing the foreword for this, our new Children, Young People and Families Plan for 2016-2020. Stoke-on-Trent is a city with a great many strengths and lots of potential, with none being so important as our children and young people. This is their city and making sure that our children and young people are enabled to reach their full potential and have every chance to achieve their dreams is absolutely fundamental to the future of this city. Our children have told us about their aspirations for the city and the things that are important to them - they've told us they want a city that they can influence, where they have a great education, good jobs, a city that is clean and attractive, where people are healthy and feel safe, a city where they have the opportunity to enjoy great facilities and leisure opportunities.

All of the partners that contribute to the Children and Young People’s Strategic Partnership are key to making this happen, both through the work of the Board and also as organisations and individuals. We’re calling on everyone in the city to play their part in supporting our priorities so that together we can make a difference and later in the plan you will see examples of how we can all help to contribute.

Throughout our plan our focus will be to reduce inequalities, to improve services and make them as accessible as possible, and above all improve outcomes so that all children and young people have the very best start so that they can go on to be happy, successful adults.
Introduction

Our Children, Young People and Families Plan for 2016-20, builds on the strengths of our earlier plans and achievements to date by the Stoke-on-Trent Children and Young People’s Strategic Partnership. The plan is the defining statement of strategic planning and priorities for children and young people in the city and is led by the Children and Young People’s Strategic Partnership Board, as senior representatives of the wider Children and Young People’s Strategic Partnership.

This plan will help to ensure that resources and contributions of partners in improving outcomes for children, young people and families are deployed in a strategic, efficient and coordinated way at a time of rising need and budget pressures.

Our vision continues to be that all children and young people in the city are happy, safe and healthy, inspired and enabled to succeed.

Good progress has been made and we have delivered many of our headline achievements set out in our Children, Young People and Families Plan 2013-16 including:

- Meeting our target to provide good quality free early education places for over 2,000 disadvantaged 2 year olds.
- Remodelling our children’s centres and extending their age range to 0-11 year olds.
- Completion of the rebuilding and refurbishment of 18 secondary and special schools.
- Improving Key Stage 1 attainment in each subject (2014) to narrow the gap between city and national figures.
- Establishing our ‘Stoke Reads’ programme for parents.
- Creating an on-line hub of information about things to do for young people in the city, known as ‘Shout out Stoke’ (www.shoutoutstoke.org.uk)
- Exceeding our target to provide access to our Aiming High Short breaks programme for children with disabilities.
- Piloting and launching our innovative Co-operative Working programme.
- Working with 835 families to turn their lives around as part of phase one of the national Troubled Families Programme.
- Reducing the numbers of young people not in education, employment and training in Year 12.

But there is still much more to do. Many health outcomes for our children and young people, whilst showing signs of improvement are not improving at the rate that we want, or need, them to be. For example:

- Infant mortality (deaths amongst infants during the first year of life) is a key indicator of the population’s health. Tragically, infant mortality rates are worse than the England average, at 6.9 compared to 4.1 per 1000 live births.
- Teenage conceptions are almost double the national rate.
- One in ten 4-5 year olds are obese by the time they reach primary school and by the time they are 10-11 years old this figure has doubled to one in five.
- Around a quarter of the city’s children are living in poverty, with child poverty set to increase by 2020.

Recent years have seen significant improvement in pupil outcomes within the primary phase. Improvement has been slower at Key Stage 4 and there remains more to be done to continue to raise standards across all key stages. We know that inequalities still exist, and following the national pattern, more children and young people require support for emotional health needs.
That is why, alongside a context of changing national policy, our priorities are:

- Making a positive difference for children and young people through Parenting
- Reducing the impact of Child Poverty
- Early Help and support for children and families that need it most
- Improving Emotional Wellbeing and Mental Health

We will work jointly with the Adults Strategic Partnership on:

- Preparing for Adulthood
- Improving Skills and Employability

This is not an exhaustive list of everything, as individual organisations, we will do to improve outcomes for children in the city, but these are the priorities where we believe we can have the biggest impact if we tackle them together. Our priorities and areas of focus are founded on evidence from the Joint Strategic Needs Assessment (JSNA – available at [www.stoke.gov.uk/JSNA](http://www.stoke.gov.uk/JSNA)) and have been shaped by feedback from engagement and consultation with children, young people, the wider partnership and the general public.

Ensuring that all children and young people reach their potential, are safe and healthy and go on to succeed as adults making a positive contribution to society drives everything that we do as a partnership. We are acutely aware that the transition process into adulthood, whilst difficult for all, is made harder when the child or young person is leaving the care system or has an additional need or disability.

We believe that working collectively as a city, and that means all of us – the Council, NHS, Fire and Police; schools and academies, the voluntary and community sector, local businesses, local media in the city and above all, all of us as parents, children and young people, families, friends, neighbours – and doing our bit, however big or small, together we really can make a difference.

Education, and how well we do at school, has a huge impact on our overall health and wellbeing, as a child and for the rest of our lives, and whilst education outcomes are improving in some areas they are still not where we want them to be. To tackle this we need the best schools, teachers, support staff and governors. We also need to work together as a partnership, with parents and the community being absolutely crucial to success. The priorities in our plan, including our work on improving health and wellbeing, improving school attendance, reducing the impacts of poverty and providing early help to families who need it will all work towards ensuring that our children and young people have the right building blocks in place to be ready to learn, thrive and achieve.

In delivering our plan we will ensure that we contribute towards improving the outcomes set out in the overarching Stoke-on-Trent Joint Health and Wellbeing Strategy. The Children and Young People’s Strategic Partnership has a key role in supporting the Health and Wellbeing Board to improve health and wellbeing and as such the priorities we have chosen for this plan and our wider partnership network will help to drive these forward. We will also work closely with our colleagues in the Adults Strategic Partnership to ensure that we jointly improve outcomes for young people as they move into adulthood and where we can collaborate to work with parents.

The priorities set out in our plan support the vision of the new administration elected by residents of the city in May 2015, ‘Stronger Together: Working together to create a stronger city we can all be proud of’. As a partnership, we remain committed to ensuring that the views of residents are central to our decision making process and engagement activity with children and young people, in particular, will continue to be reported to the partnership on a regular basis.
There are a number of principles that underpin all of our city strategic partnership priorities and will inform the actions to deliver them. We will:

- Proactively promote personal responsibility.
- Make sure that prevention, early intervention and promoting independence are at the core of what we do.
- Involve communities in shaping services to address needs and encourage community leadership.
- Make sure we explain things clearly.
- Work together so people can access our services easily.
- Ensure that we have a strong focus on efficiency and value for money.

Working together to keep our children and young people safe remains crucial and we will continue to ensure that the work of our strategic partnership complements the work of the Stoke-on-Trent Safeguarding Children Board and Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Boards. Our strategy and plans will contribute towards the delivery of the Stoke-on-Trent Community Cohesion and Integration Strategy. Additionally, the Prevent duty has been embedded into practice across all local schools, colleges and registered childcare providers.

To ensure that we remain thoroughly focussed on improving outcomes for children and young people, this plan will remain a ‘living’ document, reviewed annually to ensure that progress, and continued relevance, is accurately reflected throughout the life cycle of the plan.

About Stoke-on-Trent

Stoke-on-Trent is a great city, with strong community pride, a rich heritage and huge potential. The city is home to a rising population of more than 250,000 people, which includes over 61,000 children and young people (0-19).

The city is changing, with new housing and retail developments, state of the art learning facilities and a University Hospital. Unemployment is falling, and our economy is growing – the period from 2009 to 2014 Stoke-on-Trent saw a 29% growth. The city has been awarded European City of Sport Status for 2016 and has recently been confirmed as an Enterprise Zone for Ceramics Valley.

Children and Young People’s Strategic Partnership

The Children and Young People’s Strategic Partnership is a number of organisations in the city who have a strong commitment to work together to improve outcomes for children, young people, parents and carers. The partnership is led by the Children and Young People’s Strategic Partnership Board and includes representation from the city council, schools, health partners, Safeguarding Children Board, the police and the voluntary and community sector amongst others.

Section 10 of the Children Act 2004 places a duty on local authorities and certain named partners (including health) to co-operate to improve children’s well-being. The Child Poverty Act 2010 also requires local authorities and partners to reduce and mitigate the impacts of child poverty. In Stoke-on-Trent the Children and Young People’s Strategic Partnership Board is the key partnership to deliver these requirements.

The Children and Young People’s Strategic Partnership Board is a key underpinning group of the Health and Wellbeing Board and as such has governance to the Stoke-on-Trent Health and Wellbeing Board.

The Children and Young People’s Strategic Partnership Board works alongside other partnership groups that report to the Health and Wellbeing Board (namely the Adults Strategic Partnership and
the Responsible Authorities Group) and will work closely with the Stoke-on-Trent Safeguarding Children Board.

The purpose of the Board set out in its Declaration of Purpose and Governance Arrangements is to, through leadership of the Board, deliver measurable improvements on outcomes for children, young people and their families/carers by working together more efficiently, both strategically and operationally and by co-ordinating all resources with a specific focus on:

- Targeting efforts on reducing poverty and closing the gap, and
- Demonstrating clear added value through collaboration

The following diagram clearly shows the relationships and communication channels in place between the Health and Wellbeing Board and strategic partnerships.
Priority – Making a positive difference to children and young people through Parenting

Our aim is for all parents (by parent we mean prospective parents; fathers as well as mothers; non-resident parents; foster parents; those with parental responsibility and others with care of a child such as grandparents) to be confident and knowledgeable, possessing the skills they need to nurture and encourage their children. As a result, all children will be able to thrive, flourish and be able to successfully manage their behaviour, forming strong attachments and positive relationships within their immediate family circle as well as the wider community. Children will be curious about the world around them and ready to learn and achieve well.

Why this is important?

- The family is the first and most important influence of all in the foundation years. Children growing up with a healthy, stable, nurturing environment are more likely to achieve better outcomes later in life.
- So many of the early influences on a child relate to the family setting in which they grow up. When things go wrong, we know that this can increase the risk of poor outcomes in later life.
- Even more importantly, we know that family breakdown and other risk factors such as worklessness, educational failure, and mental ill health or drug and alcohol dependency can feed off one another, compounding their effects, and lead to outcomes that can be very damaging for those affected and costly to society as a whole.

Where are we now?

- 6.7 children per 1,000 live births died during their first year of life in comparison to the national average of 4.1 per 1,000.
- Breastfeeding rates for initiation (62.8%) and maintenance at 6-8 weeks (34.1%) are significantly lower in the city than national rates (74.3% and 43.6% respectively).
- In 2013/2014 there were 744 obese 4-5 year olds and 889 obese 10-11 years olds recorded in the city.
- Stoke-on-Trent currently has the highest under 18 conception rate out of the 152 upper tier Local authority areas in England.
- 1 in 4 of children in Stoke-on-Trent is deemed to be living in poverty (equating to approximately 13,900 - 14,695 children).
- 70% of referrals for family support in the city related to parenting.
- In addition to the ‘Good level of development’ measure, inequality between the lowest 20% achievers and the median is also measurable. Within the city the inequality gap is 42.9% compared to 33.9% nationally. The gap in the city increased by 1.4% points between 2013 and 2014 whilst nationally a 2.7% point decrease was observed.
- Although we have seen improvements in pupil attendance in recent times, the level of attendance is still of some concern, particularly within some schools and across some parts of the city.
- In 2011 8.3% (20,700) of residents in the city recorded that they had been born outside of the UK.
- In 2013, it was reported that there were 119 languages spoken by pupils across the city.

What are we going to do?

- Ensure that every child, regardless of background, is able to access early years’ services, including specialist services as part of the school readiness strategy where required, to make a positive, confident and well planned transition into school.
- Gather a clear and thorough understanding of local parenting needs and shape local services to provide a range of timely, evidence based and relevant support packages.
• Work with partners, including parents, to develop clear and consistent parenting messages, ensuring that messages are accessible to all parents.

• Provide timely and appropriate information that is readily available to all parents, at every level; including helping them to understand what they need to know (particularly relevant to parents who have English as an additional language).

• Work together to maximise opportunities parents have to be involved in their children’s learning and development, including optimising any new resource initiatives and policy areas implemented by the Government.

Other ways that partnership can help to make a difference

• Implement and deliver the ‘School Readiness’ Strategy (July 2015), including timely recruitment of staff.

• Respond to changes under the new ‘Common Inspection Framework’.

• Develop and deliver training and bespoke support packages, in response to the Common Inspection Framework, aimed at improving assessment, tracking, teaching and learning.

• Increase the take-up of early education entitlement for two, three and four year olds.

• Focus expansion of the childcare market in identified areas of need.

• Close the gap between the most able and those children from identified vulnerable groups.

What difference will we make by 2020?

Outcomes and measures will be provided in the final plan.

Underpinning plans and strategies
Stoke-on-Trent Healthy Weight Strategy (incorporating the Breastfeeding action plan)
Improving Education Strategy (under review, planned publication date May 2016)
Priority – Reducing the impact of Child Poverty

Our aim is for all children, young people and families to be happy, healthy and have the resilience they need to live well with access to equal opportunities regardless of background.

Why this is important?
- Children living in poverty have worse outcomes than those children from more affluent families. This includes children’s social, personal and educational development. When they become adults, these children are statistically more likely to have lower qualifications, become unemployed, suffer ill health and have decreased life expectancy. Poverty is not only an issue for non-working families, it also affects those with low earnings. In the current economic climate the situation is predicted to worsen as job security becomes a more prominent issue.
- Children and families living in poverty often go without some of the things that are considered essential such as quality affordable food, appropriate clothing and a suitably heated home environment. This affects their general, emotional and mental health as well as their ability to learn and succeed.
- Child poverty does not have one single cause or effect. It is a complex issue that is caused by, and has an effect on, a wide variety of health and social factors both locally and nationally.

Where are we now?
- Income deprivation affecting children the city is now ranked as 26th most deprived compared with 31st on the 2010 index.
- In 2012 the End Child Poverty campaign published updated figures which indicated that the rate of child poverty in the city had fallen to 24.6% (13,900 children) compared with 19.6% across England. On the basis of this figure, Stoke-on-Trent has the 53rd highest rate (out of 326 districts) of child poverty in England. Recent studies indicate that child poverty figures are likely to rise.
- The percentage of children living in low income families in the city has decreased consistently in line with national figures since 2009. Despite this, there is still a considerable gap with the national rate. When looking at inequalities, more than 40% of our children are living in low income families in some of our most disadvantaged areas compared to just over 2% of our children living in more affluent areas of the city.
- There are a significant number of children receiving a food parcel from Stoke-on-Trent foodbanks since they were launched in 2012.

What are we going to do?
- Drive forward our other partnership priorities of early help, parenting, emotional health and wellbeing, skills and employability and transition to reduce and mitigate the impacts of child poverty.
- Work with schools, school governors, communities and families to promote and extend best practice in closing the gap between pupil premium children and their peers.
- Identify and ensure that families who need immediate help are able to access appropriate services, for example foodbanks, free school meals and free college meals.
- Analyse the use of short term support services, such as foodbanks, in the city and take strategic action to address the findings.
- Implement approaches to tackle the issue of children who go hungry during the school holidays.
- Maximise how the wider partnership can identify and help families including work to support families impacted upon by welfare reform.
- Improve our Information, Advice and Guidance services so that families and practitioners have access to information to support families experiencing hardship.
• Ensure that parents are supported into work to lift their families out of poverty, leading their families by example.
• Ensure that communication is robust between all partners and agencies working to support families.

Other ways that partnership can help make a difference
• Develop the Stoke-on-Trent transport network – Stoke-on-Trent City Council
• Child Care Sufficiency Assessment - Stoke-on-Trent City Council
• Digital Inclusion – Stoke-on-Trent City Council

What difference will we make by 2020?

Outcomes and measures will be provided in the final plan.

Underpinning plans and strategies
Hardship Commission Summary – SOT
Fuel Poverty Strategy
Priority – Preparing for adulthood

Our aim is for children and young adults to lead happy, healthy and fulfilled lives, with choice and control over their support and successful preparation for adulthood, including independent living and employment.

This is a shared priority with the Adults Strategic Partnership.

Why this is important?
- The process of transition can be a vulnerable and stressful time for young people and their families. Often, they stop receiving services that they have had from a young age and move on to equivalent adult services (subject to criteria being met) which can be delivered and funded very differently.
- With the recent introduction of a new statutory framework, education, health and social care services will work together to provide support for children and young people up to the age of 25, who have a special educational need or disability. The Education, Health and Care Plan (EHC) brings education, health and social care needs into a single, legal document.
- The Children and Families Act (2014) and the Care Act (2014) are designed to work in partnership to enable us to prepare children and young people for adulthood from the earliest possible stage, including their transition to adult services. We have a responsibility to ensure that correct people co-operate, the right information and advice is available and that timely assessments can be carried out jointly. It is crucial that the young person, their parents and professionals are supported to work together to ensure successful transition.
- Those leaving care often struggle to cope with the transition into adulthood. They may experience social exclusion, unemployment, health problems or end up in custody. Care leavers often have to start living independently much earlier than their peers.

Where are we now?
- Over 1500 children and young people with SEN have an Education Health and Care Plan or formal Statement of Special Educational Need in the city.
- 7.57% of school pupils in the city have an identified learning disability (2,828 children and young people). This is a significant increase from 2014 (4.26% and 1,570 respectively).
- More than 1 in 5 children or young people have or may have a special educational need.
- Data records that 5.3 adults (aged 18-65) per 1000 in the city are known to the local authority with a client type ‘learning disability’.
- Outcomes for young people with SENs are worse than their peers in a number of areas, for example, there is an increased risk of exclusion and absence from school.
- Anecdotally parents and young adults tell us that transition is difficult.
- There is currently a much higher demand for the Aiming High programme than previously experienced.
- There are currently 260 care leavers in the city, of which 170 are aged 18 or over.

What are we going to do?
- Commissioners and providers make choice and control a reality by listening to, involving and learning from young people and their families to gain clear understanding what they want/need from support services including the transition pathways.
- Follow the new legislative framework, and national guidance, so that young people are appropriately supported through their transition with all their social care, education and health needs.
- Develop co-ordinated services across education, health and social care which work closely with the parent and carers so that individual needs of children and young adults with SEN and/or
disability are met and delivered in a way so that families report that they have had a positive experience.

- Offer high quality personalised provision which ensures good health, care and educational progress which allows timely preparation for independence in adulthood and into employment.
- The Local Offer will continue to be developed, delivered and promoted, ensuring that information, advice and guidance is clear, transparent and accessible.
- Ensure that plans written for education, health and care needs are aspirational, with clearly defined outcomes and goals.
- Ensure effective data sharing arrangements are in place to enable more collaborative planning.
- Continue to improve outcomes for all pupils - including closing the gap for vulnerable pupils, SEND in mainstream, higher attaining pupils, Free School Meal /Pupil premium pupils and care leavers.
- Launch Hazel Trees as the new co-located hub and assessment centre, offering co-ordinated services for families of children with SEND aged 0-25.
- Ensure all services ‘Think 14-25’ and not place artificial barriers on age.
- Develop a multi-agency transition policy ensuring pathways are clear, transparent and accessible.
- Utilise the skills and knowledge across the partnership to support care leavers transition into adulthood.

**Other ways that partnership can help to make a difference**

- Ensure all aspects of the SEND reforms are fully implemented.
- GPs to be more involved at an earlier stage in planning for transition.
- Services must be tailored to meet the needs of young people transferring from children’s health services and include extra training for health care staff in caring for young people.
- Childrens and Adults social care will continue to operate an enhanced transition model, so that young adults and their families are supported throughout the transition process.

**What difference will we make by 2020?**

Outcomes and measures will be provided in the final plan.

**Underpinning plans and strategies**

SEND Commissioning Strategy

Joint Safeguarding Board – Transition Task and Finish review

Stoke-on-Trent Whole Life Disability approach, now known as Enhanced Transition
Priority – Early help and support for children and families that need it most

Our aim is that children and families are supported early in the life of a problem so that children can achieve their potential, and so that they and their families live happy, safe and healthy lives.

Why this is important?

- We know that intervening early in the life of a problem prevents and reduces the need for intensive, specialist help. Providing support to meet the needs of vulnerable children and families at the earliest opportunity results in better longer term outcomes.
- Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.
- Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years. Early help can also prevent further problems arising.
- It is requirement for local areas and partnerships to have in place effective ways to identify emerging problems and potential unmet needs for individual children and families. This requires all professionals, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment.
- With the correct level of understanding of the established threshold criteria in the city the right help is given to children and families at the right time.

Where are we now?

- Around a quarter of the children in the city currently live in poverty (approx. 13,900-14,695 children and young people).
- Between July and September 2015 there were 909 Early Help cases open in Co-operative Working.
- 6,595 contacts were received from September 2015 to December 2015 by the Children’s Social Care Advice and Referral Team; an increase of over 250 compared to the previous quarter. 1 in 5 of these contacts results in a social care assessment being completed.
- Stoke-on-Trent currently has the highest conception rate for under 18’s out of 152 Upper Tier Local Authority’s in England.
- Categories of reported anti-social behaviour in Stoke-on-Trent remain in line with other areas and authorities in Staffordshire. Over 80% of reported anti-social behaviour is categorised as either Rowdy & Inconsiderate behaviour (65%) or Neighbour Disputes (17%) –There is a higher rate of recorded domestic abuse incidents in the city than nationally or regionally.
- Cannabis and alcohol remain the substances likely to be used by young people, but there are an increasing number of young people being supported for the use of Novel Psychoactive Substances.
- There has been improvement in school attendance, although we still remain the below the national average. Increasing attendance will help children and young people achieve better education outcomes; it supports partners to safeguard children’s welfare and has an impact on school inspection outcomes.

What are we going to do?

- Ensure that the most vulnerable children have access to free childcare and education places by targeting hard to engage families and those already engaging with partners.
- Embed phase two of the troubled families programme (known locally as Families Matter) to a wider range of families who will meet a broader eligibility criteria.
• Implement the School Readiness plan so that children receive the social, emotional, and physical support they need throughout all stages of development to allow them to fully prepare for education and learning at all levels.
• Embed our Cooperative working model, offering a more joined up and co-ordinated approach to supporting individuals and families who only need to tell their story once and receive tailored support which meets their needs at the right time and place.
• Provide clear leadership and embed a shared culture and approach to early help across the city focusing on engagement of all partners, thresholds, workforce development and quality assurance.
• Re-launch our access points for services.
• Build on our understanding of need in relation to early help and vulnerability so that we can strengthen our commissioning in relation to preventative and intervention services.

**Other ways that partnership can help to make a difference**
• Deliver universal and targeted support through Collaboratives and Children’s Centres.
• Work as a whole city to make sure children and young people are consistently attending school and early years settings.

**What difference will we make by 2020?**

Outcomes and measures will be provided in the final plan.

**Underpinning plans and strategies**
- Early help assessment
- Safer City Partnership Plan
- Domestic Violence and Abuse Strategy
- School Readiness Plan
- YOS Strategic Plan
- Troubled Families Outcome Plan
Priority – Emotional wellbeing and mental health

Our aim is for all children and young people to be emotionally healthy and resilient and that they, and their parents and carers, have access to information, guidance and advice to maintain good emotional wellbeing – ensuring that where they need help with mental health issues they are supported to manage their conditions.

Why this is important?

- It is estimated that 1 in 10 children and young people between the ages of 5 and 16 will experience a clinical diagnosable mental health issue, increasing in likelihood as young people enter older adolescence and early adulthood.
- People with mental health issues are less likely to have a job, stable housing and their life expectancy is lower.
- The National Mental Health Strategy (2011): ‘No Health without Mental Health’ places a requirement for local areas to improve access to and the delivery of mental health services with better outcomes for individuals with mental illness and their carers, and to improve the mental health and wellbeing of the population, including those recovering from a mental illness.
- Further national guidance (2015) ‘Future in Mind’ sets out the imperatives to promoting resilience, prevention and early intervention; improving access to effective support – a system without tiers; care for the most vulnerable; for accountability and transparency and to develop the workforce.

Where are we now?

- Poor emotional wellbeing and mental health issues can lead to a lifetime of poor outcomes. Local data shows an increase in demand for services (number of referrals) year on year although it is not clear if this is an increase in need.
- Waiting lists are building at CAMHS Tier 3 (specialist services) due to capacity issues.
- Children and young people need to be supported to develop good emotional wellbeing and secure attachments. Demand needs to be managed at the earliest and least restrictive point, i.e. wider and easier access when issues are beginning to emerge and more support to frontline practitioners and parents to intervene and support young people. Recovery focussed support – to empower young people to take control of their issues and seek help when they need it and prevent escalation to specialist services.
- Data suggests too many young people are presenting at CAMHS Tier 3 (CAMHS Needs Assessment 2014). Risk and preventative factors are identified in CAMHS Needs Assessment.
- Increase in numbers requiring an inpatient admission in 2014/15, however it is too early to determine if this is a trend or a one-off.
- Particular pressures around dual mental health/learning difficulties issues. Gaps in provision for CAMHS Learning Disability psychiatry.
- There are gaps in local data as to how many young people are living in household where an adult has a mental health issue.
- Experiencing a high level of need amongst our looked after population and young offenders.

What are we going to do?

- Deliver on the Staffordshire and Stoke-on-Trent CAMHS Local Transformation Plan which encompasses the Emotional Wellbeing and Mental Health of Children and Young People from birth to 18 years, Stoke-on-Trent Commissioning Strategy 2015-18 and its priorities and commissioning intentions:
  - Promotion of good emotional wellbeing and prevention of poor mental health
  - Early Intervention
  - Support for children and young people experiencing moderate to severe mental health issues.
Tier 4 Access and Intensive Community Support.
Complex need and vulnerable groups, such as children in care/care leavers, children and young people with multiple issues, learning disabilities, behavioural issues and mental health. Ensuring high quality interventions and support.
Development of a dedicated Community Eating Disorder service and Intensive Outreach Team to prevent children and young people moving into crisis.
Manage the transition for those young people who have required an inpatient admission, for eating disorders, to return home.

- Embed our CAMHS Hub and internet based accessible advice and guidance website ‘Upside’ so that it is accessed and used by young people, practitioners and parents to identify support needs early.
- Ensure additional investment is made to address waiting times at early intervention and where a clinical input is required.
- Implement our new CAMHS care pathways to start to reduce waiting list.
- Work with our partners in Staffordshire in developing our strategic overview and commissioning practice.
- Continue to work with adult mental health commissioners to co-ordinated approaches to working with children and young people who need support into adulthood.

**Other ways that partnership can help to make a difference**

- Local Authority will provide strategic lead commissioner role for CAMHS and support schools to improve attachment awareness and develop emotional wellbeing and mental health strategies.
- North Staffordshire Combined Healthcare Trust will implement increasing Access to Psychological therapies (IAPT) and implement mental health National Minimum Dataset
- Stoke-on-Trent Clinical Commissioning Group will liaise and influence Specialist Commissioning Team at NHS England.
- Wider partners are encouraged to familiarise themselves with the ‘Upside’ website and promote as a resource to the services and families that they work with.

**What difference will we make by 2020?**

Outcomes and measures will be provided in the final plan.

**Underpinning plans and strategies**

Emotional Wellbeing and Mental Health of Children and Young People from birth to 18 years. Stoke-on-Trent Commissioning Strategy 2015-18.

Future in Mind : Promoting, protecting and improving our children and young people’s mental health and wellbeing.
Priority – Improving Skills and Employability

Our aim is that everyone who can and wants to work has the right support, advice and guidance to do so and once in work people are able to progress their career, reskill, upskill and achieve a good quality of life.

This is a shared priority with the Adults Strategic Partnership Plan.

Why is this important?

- Getting people into sustainable, quality work is of critical importance for reducing health inequalities.
- Evidence shows that long-term unemployment is damaging to individuals and communities; it affects mental and physical health, and holds back economic growth.
- Out of work older people can find it more difficult to get a job and they are more likely than younger people to remain unemployed for longer.
- For young people, securing that first foothold into a good career is a lot harder than it used to be as opportunities to combine work and study decline.
- Higher than average rates of people claiming out of work benefits increase the risk of negative impacts from the welfare reforms.
- The financial viability of full time employment will be challenged through various factors including the introduction of welfare reforms and the accessibility and affordability of childcare.
- Lack of skills and qualifications prevent local residents from securing more sustainable and better paid employment.
- Low skill levels dissuade potential inward investors from locating in the city because they believe they will not be able to recruit a suitably qualified workforce.
- Although our Children in Care make good progress in education, they often enter the care system already a long way behind their peers, and therefore too many leave education without the requisite qualifications, which means they are not able to undertake apprenticeships without some pre-apprenticeship programme.
- The number of care leavers who are not engaged in education, training or employment is too high. This is particularly problematic with regards to employment, and general support programmes around employment have not had any significant impact in supporting care leavers into work.
- Vulnerable people, for example people with disabilities or mental health needs and care leavers, without employment, because of their overall vulnerability, are particularly at risk of homelessness and poor physical and mental health and wellbeing.
- Adult education is essential to competitiveness and employability, social inclusion, active citizenship, and personal development, and provides an important first step back into second chance learning for many adults. The challenge is to provide learning opportunities for all, especially disadvantaged groups who need them most.
- Informal carers make up over 12% of the workforce in Stoke-on-Trent, equating to 1 in every 7 employees\(^1\). Over a quarter of all carers’ ability to take up or stay in work has been affected by their caring responsibilities with nearly 40% having to leave work altogether and over a third having to reduce their hours\(^2\). Personal Social Services Survey of Adults Carers in England 2009/10 found that 41% of carers had experienced financial difficulties as a direct consequence of their caring role.

Where are we now?

- The proportion of people in higher paid occupations is less than 75% of national rate.
- Employment in routine (unskilled) occupations is approaching double that seen across England.

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\(^1\) Carers make up 11% of the workforce nationally, Regionally 12.3% Census 2011
\(^2\) Survey of Carers in Households 2009/10
Almost 15% of households in the city experience fuel poverty above the national average.

Around a quarter of children in the city live in poverty.

The rates of people claiming out of work benefits remain 1½ times the national average.

Despite continuing economic growth over the past six years, the Employment Support Allowance (ESA) claimant count has remained broadly unchanged as a percentage of the city’s workforce while the proportion of JSA claimants and workless lone parents has reduced.

Since 2011, Stoke-on-Trent has seen an 88% reduction in the proportion of school leavers ending up NEET (Not in Education, Employment or Training), from 7.6% of 16-18 year olds to just 0.9% in 2015.

The city experiences high levels of part-time, low paid temporary jobs.

Less than 50% of our school leavers have 5 GCSEs, A* to C, including English and Maths.

Within the working population, the city has more than double the national average of people with no qualifications and nearly half with a Level 4 qualification.

There are high levels of NEETs within vulnerable groups, for example, only 47% of our over 18 care leavers are in education, employment or training.

Children in Care and Care Leavers are given good support to access and maintain education e.g. 0% permanent exclusions but only 10-15% gain the benchmark 5 GCSEs, A* to C, including English and Maths.

In the city we offer a range of accredited adult learning provision from English, Maths and First Aid to Family Learning workshops and a wide range of non-accredited Adult Learning opportunities. The courses cover a wide range of topics including the crafts, computers, employability, yoga and languages. Courses are held across 130 venues throughout the city to ensure that they are easily accessible to people citywide.

We have developed and implemented a Workplace Health Charter which provides a clear structure that organisations can use to create an environment that fosters good health and wellbeing for their staff, and in turn, their business.

What are we going to do?

- Develop the City Council into an exemplar employer with the ability to influence.
- Engage businesses more effectively so that they clearly identify and articulate their skills needs, which will then be met by local providers through a responsive and flexible skill offer.
- Improve labour market information so that people understand what jobs are available and the skills they require to be able to secure sustainable, quality employment.
- Develop a cohesive employment strategy for the city which will articulate clear career pathways and implement Pathways to Employment for young people and adults across the city, ensuring routes to employment match the Stoke-on-Trent Local Enterprise Partnership (SSLEP) priorities and that training and employability skills are embedded into delivery models.
- Influence national policy to ensure we have a local flavour, e.g. devolution and growth deals.
- Influence national programmes, such as ESF (European Social Fund) and ERDF (European Regional Development Fund), to ensure that local needs are met.
- Support employers to develop flexible employment policies to support those with specific needs, for example, people with enduring mental health issues or physical/learning difficulties, or those with caring or parental responsibilities, etc.
- Continue to increase the number of 18-24 year olds who gain the skills necessary to secure a job of their choice.
- Increase the number of local people moving into work and securing good quality work.
- Embed the RPA (Raising Participation Age) model and the tracking of client participation through data sharing with Jobcentre Plus and other providers.
- Provide support in obtaining ESF funding for 2016 to 2018 to fill the gap in provision and support for the Risk of NEET Indicator (RONI) and at risk young people groups.
- Ensure there is co-ordinated partnership delivery and improved employer engagement to deliver the apprenticeships required to meet the government’s target for the city of 5,000 apprenticeships p.a. by 2020 and to establish this as a route to quality employment.
- Participate in the Post 16 area review which will seek to ensure provision which meets the needs of employers and the demand for the new growth sector jobs within the SSLEP priority sectors.
- Develop meaningful activities (e.g. formal/informal volunteering, adult learning opportunities, work like activity, skills for employment, etc.) for those not in work, including those experiencing chronic worklessness.

Other ways that partnership can help to make a difference
To be confirmed

What difference will we make by 2020?
Outcomes and measures will be included in the final plan

Underpinning plans and strategies
SSLEP Skills Strategy
SSLEP European Structural Investment Fund (ESIF) Strategy
SSLEP ESIF Commissioning Plan and Prospectus 2014 - 2020
SSLEP Apprenticeship Strategy
SSLEP Information, Advice and Guidance Framework
Stoke-on-Trent and Staffordshire Post 16 area review
Hardship Commission Stoke-on-Trent Initial Report 2015
Stoke-on-Trent Employability Strategy
SSLEP Strategic Economic Plan (March 2014)
How we will deliver these outcomes

The Children, Young People and Families Plan underpins the Stoke-on-Trent Joint Health and Wellbeing Strategy and therefore sits alongside other underpinning plans such as the Adults Strategic Partnership Plan. In seeking to improve wellbeing and tackle the wider determinants of health, the Children, Young People and Families Plan is closely linked with several other strategic boards, including the Children’s Safeguarding Board.

Wherever possible we will align existing strategies, plans and management groups to deliver the priorities in our plan and develop new ones to fill gaps.

Monitoring progress

Nominated strategic champions at senior management level will take responsibility for the high-level progress and performance of each priority and will report to the Children and Young People’s Strategic Partnership Board on a regular basis. We will measure our success in meeting our objectives using a mixture of indicators and progress reports to the Board with a focus on exceptions.

The performance management arrangements required to deliver the plan are contained within our Strategic Partnership Performance Management Framework. The framework is crucial to the delivery of the plan’s outcomes and is a way for each level of the partnership to hold to account the next level for the delivery of their tasks and targets.

We will produce an annual report showing how we have performed and identifying any areas that we need to review or where we need to take further action.

The Health and Wellbeing Board will monitor our progress and take action to ensure that we stay on track.

Resources

The cost of achieving the vision and priorities contained within this plan will be met through existing transformational work programmes and within existing resources.

We recognise the strategy will be delivered during a period of continuing local and national austerity and declining budgets, that it is why it is crucial that we work together to maximise the impact that our collective resources have on improving outcomes and reducing inequalities.
Stoke-on-Trent Strategic Partnerships Factsheet

‘Working together to improve the lives of local people’

Stoke-on-Trent Strategic Partnership Priorities
Priorities for our local strategic partnerships have been developed using information gathered from the Joint Strategic Needs Assessment (a document which uses information to describe the local community’s current and future health, independence and wellbeing needs) - see JSNA website for more information.

Throughout Autumn 2015, events, discussion forums and consultation took place where partners, professionals and members of the public were consulted on these priorities. Feedback from this consultation has been used to shape the draft partnership strategies and plans.

Stoke-on-Trent Health and Wellbeing Board
The Health and Wellbeing Board includes partners from health, adult social care, children’s services, local councillors and Healthwatch who work together to address issues of health, wellbeing and health inequalities across the local area. They want the city to be a vibrant, healthy and a caring city which supports its citizens to live more fulfilling, independent and healthy lives.

The Health and Wellbeing Board is a statutory board and has a unique role as it is the only partnership board that has oversight of the entire local health and care system and the factors that impact locally on health and health inequalities such as education, housing, employment, transport, planning and the environment. Please click here for more information.

Developing a Joint Health and Wellbeing Strategy is one of the key responsibilities for the Health and Wellbeing Board, the current strategy is due to end in March 2016. The Health and Wellbeing Board has developed a Health and Wellbeing Strategy 2016-2020, this will be in place by April 2016.

Stoke-on-Trent Children and Young People’s Strategic Partnership Board
The Children and Young People’s Strategic Partnership is a number of organisations in the city who have a strong commitment to work together to improve outcomes for children, young people, parents and carers. They want children and young people to be happy, safe and healthy; and inspired and enabled to succeed.

Section 10 of the Children Act 2004 places a duty on local authorities and certain named partners (including health) to co-operate to improve children’s well-being. The Child Poverty Act 2010 also requires local authorities and partners to reduce the impact of and mitigate child poverty. In Stoke-on-Trent the Children and Young People’s Strategic Partnership Board is the key partnership to deliver these requirements.

The Children and Young People’s Strategic Partnership Board is a key underpinning group of the Health and Wellbeing Board and includes representation from the city council, schools, health partners, Safeguarding Children Board, the police and the voluntary and community sector amongst others. The partnership has produced a draft Children, Young People and Families Plan which outlines how they will work together to achieve their vision and priorities over the next four years (2016 - 2020). The current plan is due to end in March 2016. See Children and Young People’s Strategic Partnership for more information.

Stoke-on-Trent Adults Strategic Partnership
The Adults Strategic Partnership is a number of organisations in the city who have a strong commitment to work together to improve the lives of adults living in Stoke-on-Trent, especially vulnerable adults, their families and carers. The partnership has a focus to support people to lead healthy and fulfilling lives and enjoy wellbeing and independence.
The Adults Strategic Partnership Board is a key underpinning group of the Health and Wellbeing Board and has representation from social care, health, housing, the police, education, employment and skills, Fire and Rescue Service, the voluntary and community sector and Healthwatch.

The partnership has produced a draft plan which outlines how they will work together to achieve their vision and priorities over the next four years (2016 – 2020). For more information regarding the Adults Strategic Partnership, please contact 01782 237613 or email AdultsStrategicPartnership@stoke.gov.uk

**Responsible Authorities Group**
The Stoke-on-Trent Responsible Authorities Group is the statutory body responsible for implementing the national crime, disorder and substance misuse strategies at a local level. To this end the Group, with senior representation from each statutory partner organisation, is required to conduct an annual strategic assessment of crime, disorder and substance misuse issues across Stoke-on-Trent, taking in to account, among other things, the priorities of the Stoke-on-Trent Health and Wellbeing Board. This assessment identifies local priorities for action and informs the development of a three-year Partnership Plan. The current Partnership Plan (2014-2017), sets out how the Partnership intends to address those priorities.

The successful implementation of this plan very much depends on robust and effective partnership working thereby increasing public confidence and improving community safety. As such, statutory membership of the Partnership comprises representation from Staffordshire Fire and Rescue Service, Staffordshire Police, Staffordshire and Stoke-on-Trent Probation, Staffordshire and West Midlands Community Rehabilitation Company, Stoke-on-Trent Clinical Commissioning Group and Stoke-on-Trent City Council as well as a wide range of stakeholders and organisations including the Stoke-on-Trent Youth Offending Service, Community Members, Elected Members, Service Users and Voluntary Sector organisations. In addition strengthened relationships with neighbouring colleagues including Staffordshire County Council and the Office of the Police and Crime Commissioner have been established. For more information on the Responsible Authorities Group go to the [RAG webpage](#)

**Cross cutting themes**
The following cross-cutting themes will be at the core of our Health and Wellbeing Strategy and all of our supporting plans.

We will:

- Proactively promote personal responsibility.
- Make sure that prevention, early intervention and promoting independence are at the core of what we do.
- Involve communities in shaping services to address needs and encourage community leadership.
- Make sure we explain things clearly.
- Work together so people can access our services easily.
- Ensure we have a strong focus on efficiency and value for money.

**Safeguarding**
Working together to keep our children and vulnerable adults safe remains crucial. We will continue to ensure that the work of our strategic partnerships complements the work of the Stoke-on-Trent Safeguarding Children Board and Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board.
What is ‘the toolkit’?
It consists of a questionnaire, a factsheet plus these guidance notes which explain how we would like to continue to involve you, your team and those you represent in the city.

The toolkit is designed for partners and staff who provide or are involved in local services for children, young people, adults, carers and their families.

How will this toolkit make it easier to get involved?
This toolkit will help to:
- Involve a cross-section of people in a structured discussion about the drafts.
- Encourage participation from those who may not otherwise be involved.
- Provide feedback from your team/organisation in a consistent way.

This toolkit will help us to:
- Reach a wider cross section of people and hear their views.
- Ensure that the consultation on the draft strategy and plans is carried out to a consistently high standard.
- Consider feedback to help us make our decisions.
- Ensure appropriate priorities and key actions are included.

How you can help
During autumn 2015, a series of stakeholder engagement events and a public consultation took place to help shape the priorities. As a result of the work which has taken place since, we are now at a point where would like you to help us find out what your team, organisation or those you represent think about our strategy, plan, vision and priorities. It is important that we hear everybody’s views so that we can do what matters most.

We have produced a questionnaire which can be completed online for collecting individual or group views. Please promote this to those you represent and encourage them to get involved.

The bigger picture
The strategy and plans are fairly high level, strategic documents. They reflect national initiatives and policies as well as addressing local needs. As such, they set out our vision, priorities and key strategic themes. The detailed actions required to deliver these will be contained in a future supporting action plan.

Responding to us
The questionnaire can be completed online or downloaded from: click here

If you require the questionnaire in an alternative format or language, please contact us using the details on the next page.

Consultation ends: 21 February 2016
The views of individuals

- Please direct each member of your team or those you represent to the questionnaire. You can give them a hard copy or direct them to click here to download the questionnaire or complete it online.
- Explain, with the help of the toolkit, what we are exploring, why and what we would like them to do.
- Please try to answer any questions (contact us if you need support).
- We expect that it will take at least 20 minutes for people to familiarise themselves with each plan.
- Allow approximately 15 minutes to complete the questionnaire.
- Please ask everyone to complete the ‘about you’ section as this will help us to analyse the responses.
- Written questionnaires should be returned to the Strategic Governance and Planning Team by 21 February 2016 using the contact details shown on the bottom of the questionnaire and at the bottom of this page.
- Please thank everyone, on behalf of the Strategic Partnerships, for taking part and sharing their views.

The views of teams or organisations

- This approach will help us gather a variety of views and perceptions that are stimulated through interaction and group discussion.
- Allocate enough time – between 60 to 90 minutes - and if possible use a meeting area/room to take people away from distractions.
- Explain, with the help of the toolkit, what we are exploring and why.
- Ensuring everyone has had the chance to look at the drafts, discuss them and if applicable agree a response on behalf of the group as a whole.
- In the discussion please ask open questions. Avoid jargon and questions which may influence the response.
- If your group have queries, please try to answer them. Contact us if you need support.
- Please complete the ‘about you’ section as this will help us to analyse the responses we receive.
- Complete the questionnaire on behalf of the group either online or by downloading it and returning the questionnaire to the contact details shown below and on the bottom of the questionnaire.
- Please thank everyone, on behalf of the Strategic Partnerships, for taking part and sharing their views.

How to feedback to us

Please feedback to us online or by post as soon as possible or by midnight on Sunday 21 February 2016.

Online – an online version of the questionnaire is available at: click here

By post – copy or download the questionnaire from click here, then when completed, mail it to us at:
Strategic Governance and Planning Team
Floor 1, Civic Centre, Glebe Street,
Stoke-on-Trent ST4 1HH

By email –
AdultsStrategicPartnership@stoke.gov.uk
or cyp.partnership@stoke.gov.uk