

Staffordshire
County Council

**STAFFORDSHIRE CARE QUALITY
STRATEGY 2013 – 2016**

DRAFT

the knot unites



CONTENTS PAGE

Section 1	Introduction
Section 2	What did people tell us about care quality?
Section 3	What have we already done?
Section 4	What do we mean by excellent quality?
Section 5	Staffordshire's Care Quality Charter (Service Quality Standards)
Section 6	Implementation plan

DRAFT

1. Introduction

Staffordshire County Council is responsible for commissioning a considerable number services from the care marketplace each year.

We currently spend around £93 Million every year on care services in the local economy for Staffordshire people:

- Residential and Nursing Homes - £53 million
- Home care Services - £24 million
- 'Other' services e.g. day opportunities - £10 million
- Direct Payments - £6 million

As these figures demonstrate, not only is it a priority to improve the quality of services to ensure people experience excellent quality but also to ensure Staffordshire is receiving good value for money.

Public concern regarding the quality of health and social care services is high as a result of a number of recent enquiries and media reports. Cases have highlighted examples of poor care and abuses, causing widespread concern about the quality of care people are receiving both locally and nationally.

The Staffordshire Care Quality Compact demonstrates that Commissioners of Health and social care services across Staffordshire are serious about improving the quality of care; to ensure people experience excellent quality services and outcomes. The provision of excellent services to the most vulnerable people in Staffordshire sits at the heart of our ability to safeguard our citizens.

The Compact provides the background and context in which we develop this strategy and along with Staffordshire's Health and Wellbeing Strategy 'Living well in Staffordshire', which should be read in conjunction with the strategy. The Compact sets out legislative changes, the outcomes of a number of recent enquiries and the Green paper consultation, all of which bring about an urgent need for health and social care partners across Staffordshire to work together to improve the quality of care. It also sets out the vision and principles under which the Compact will operate, ensuring the development of partners' individual strategies and implementation plans demonstrate how organisations will take responsibility for improving quality and how we will work together to achieve excellent quality.

Along with the need to deliver our commitment under the Compact, as part of the Care and Support Bill, the Government proposes, for the first time, a duty on the local authorities towards care markets. The Bill states:

"1) A local authority must promote the efficient and effective operation in its area of a market in services for meeting care and support needs with a view to ensuring that any person wishing to access services in the market:
(a) has a variety of providers to choose from;

(b) has a variety of high quality services to choose from;
(c) has sufficient information to make an informed decision about how to meet the needs in question.

(2) In exercising that duty, a local authority must have regard to the following matters in particular—

(a) the need to ensure that the authority has, and makes available, information about the providers of services for meeting care and support needs and the types of services they provide;

(b) the need to ensure that it is aware of current and likely future demand for such services and to consider how providers might meet that demand;

(c) the importance of ensuring the sustainability of the market (in circumstances where it is operating effectively as well as in circumstances where it is not);

(d) the importance of fostering continuous improvement in the quality of such services and the efficiency and effectiveness with which such services are provided and of encouraging innovation in their provision.”

As part of this new duty, an initial piece of work we must undertake in the creation of a market position statement (MPS). We need to have developed and published this by no later than April 2014. Our MPS must have 5 key characteristics:

- Present a picture of demand and supply now, what that might look like in the future and needs to demonstrate how strategic commissioners and Marketplace/WF development leads will support and intervene in the local and regional market in order to deliver this vision.
- A **brief**, analytical document that clearly sets out our vision and aspirations and demonstrates on a more practical level the direction we are taking, why we are taking that direction and what our evidence base is for this.
- Support our analysis of the local marketplace by bringing together material from a range of sources such as our JSNA, surveys and customer intelligence, contract monitoring, market reviews, workforce development activity and statistics etc into a single document which presents the data that the market needs to know and use if providers are to develop effective business plans.
- Cover all potential and actual users of services in the local area, not just those that we fund
- **Be the start, not the end point**, of a process of market facilitation and development - a document to be published, reviewed and updated regularly.

This new duty on local authorities further demonstrates the need for us to ensure excellent quality care services and further highlights the need for us to implement the proposals set out in the green paper consultation.

This Strategy sets out how the County Council will deliver on the vision and principles of the Compact, respond to the results of the Green paper consultation in full and meet this new duty. A detailed implementation plan will

form part of the strategy which will set out the action we are undertaking to implement proposals in the green paper and beyond.

This is not the first strategy Staffordshire has developed to improve the quality of care services. In 2010 Staffordshire published and implemented “*A Quality Strategy for Care and Support Services – Developing a quality assurance framework to achieve excellent outcomes for service users living in Staffordshire*”.

A number of successful measures were implemented as a result of the strategy, these have included:

- The development of a quality monitoring team, who carry out an ongoing, continuous programme of onsite quality monitoring visits to commissioners services
- The implementation of Service Provider Feedback Forms – to allow us to gather intelligence about the quality of services, act on concerns raised and to recognise any emerging trends or themes
- The establishment of a User and Carer Quality Forum
- Strengthening the links between workforce development and quality and investing in opportunities to up-skill the social care workforce.

This Strategy builds on the solid foundations laid by our previous strategy, the quality improvements that have been delivered since it was implemented and the work we have continued to undertake to drive up the quality of care services across Staffordshire.

2. What did people tell us about care quality?

The Green paper consultation resulted in over 1,100 people sharing their views on the quality of care services in Staffordshire. The results are representative of the communities of Staffordshire and provide a clear indication of the views across the county. Engaging Communities Staffordshire (ECS) were commissioned to independently undertake the consultation, analyse the findings and produce a report detailing the results of the consultation and a set of recommendations. Their report should be read in conjunction with this Strategy.

As set out in the Staffordshire Care Quality Compact the key recommendations arising from the consultation were:

- There is a need to raise expectations of the quality of social care. This ‘standard’ needs to be clearly communicated to Staffordshire residents.
- The proposed definition of quality is adopted along with all proposals put forward in the Green Paper to improve the quality of care.
- Four key areas were highlighted as specifically needing improvement:
 - *Listen to people who services* — this should be regular, systematic and used to inform commissioning and decision

making. There is a need to review current mechanisms for service users to give feedback

- Improvements in the *Health and Social Care Workforce* — this included staffing levels, training, professionalism and ensuring that wherever possible caring staff remain consistent
- *Personalisation* — service users must be at the centre of their care plan and feel they have control over the support they receive
- *Better information* — about what services and support are available and how people can access them

The specific proposals detailed in the Green paper and how we plan to deliver on these will be set out in the implementation plan that forms part of this strategy. It is important that we explicitly set out how we will deliver on these as respondents strongly agreed all proposals should be realised.

- Work with the independent sector towards an accepted transparent working wage for those working in the care sector.
- Work with the care sector across the county towards the 'professionalisation' of caring as a career choice to drive up care quality.
- CareMatch – make the extensive programme of free professional development training support available for Personal Assistants county wide.
- Develop a Care Ambassador education programme to raise awareness of Dignity in Care with cross sector organisations such as schools, colleges, banks, shops, etc, across the county.
- Broaden our Activity Co-ordinator Group model to other adult care services.
- Further investment in our apprenticeship scheme as a key way to recruit more young people into the sector. Find out more at www.staffordshireapprentices.org.uk
- Commissioning decisions to be informed by insight and clearly reflect the needs of Staffordshire people.
- Develop an agreed set of quality standards for commissioning decisions and activity at all levels across the county council, with partners and Clinical Commissioning Groups, which provide a robust care quality charter for Staffordshire.
- Develop ways to reward quality. This means rewarding excellent quality, financial or otherwise, and banishing poor quality for good.
- Develop systems so we can assess the quality of a service based on people's experiences and insight into those services. Move away from 'care by the clock' towards measuring quality of experience.

- More transparent information sharing with the wider community. We will introduce a public declaration of the organisations that the county council has suspended contracts with. This will allow us to exercise our duty of care to keep the vulnerable people of Staffordshire safe and will give people more information to inform their choices when purchasing care directly. It will also act as a red light for service providers to react quickly to concerns raised to make Improvements.
- Regularly publish breakdown of compliments, complaints and feedback received about the services we commission and the action we have taken to resolve issues.
- Consistently and regularly make clear the quality standards people should expect when they access services and make sure those standards are measurable.
- We will then report on how well we, and our commissioned services, are meeting quality standards through a 'Quality Charter'.
- Use insight from people who use our services to inform our approach by developing a detailed understanding of the wider community needs, so that we offer appropriate services in the right ways, to the right people, in the right places and at the right time.
- Enhance social worker review processes to make sure quality and safety are a key part of the process so that people feel supported to feedback any concerns to our Joint Commissioning Unit and to the Multi-Agency Safeguarding Hub, ensuring that people's experiences are captured and used to shape services in all sectors.
- Make sure service providers are required to include details of the county council's complaints services as part of their complaints procedure. This will be reviewed as a key part of contract monitoring.
- Expand our 'User and Carer Quality Forum' and service performance feedback system so members of the public can use it to report quality issues in confidence. We will then act accordingly on behalf of individuals to tackle quality concerns.
- Introduce a countywide digital forum for people to raise issues, concerns and compliments. This feedback would inform our commissioning strategies.
- Invest in more dedicated quality monitoring officers to undertake more front-line quality monitoring, address issues and action plan to improve quality.
- Increase the number and type of on-site quality review visits so it covers other types of care services.

- Make safeguarding training mandatory across the sector by building it into all our contracts for services for vulnerable adults, including unregulated services.
- Research the training needs of providers that we commission services from. Commit money to commission training to fill training gaps which in turn will drive up quality standards and increase professional development.

A number of other themes emerged from the consultation that need to be considered in the development of our strategy, highlighting further challenges that we must respond to:

- A perceived lack of consistency in the quality of health and social care services
- People's perception of the quality of services they have experienced and their expectations of what an excellent quality service looks like
- Access to services and understanding the process of how to get there
- The relationship between commissioners and the marketplace
- Lack of information to make informed decisions about what services to choose.
- The ways people are able to give their views and how this is effectively fed into driving up service quality
- The gap between the perceptions of the quality of care services by people who have no experience of them, compared to current or past users of services
- The significantly different perceptions of the quality of service provision across users, commissioners and providers
- The gap between the perception that the quality of the 'process' to access services is poorer than that of the actual quality of the service at the end
- The considerable gap between providers, users and commissioners regarding perception on how easy it is for people to give their views.
- Perceived lengthy waiting times, both in terms of assessment and access to service and equipment
- The perceived lack of community Dental Health services in relation to concerns there is little community support to help people maintain dental hygiene?
- The 'decision making processes' and the perceived 'slow access' to support services to help meet peoples needs e.g. equipment, reassessment etc.
- Poor promotion of 'informal' support for people e.g. volunteers, community groups and charities for example.
- Our interaction and engagement with providers and a need to make this more transparent, effective and purposeful.
- A need to ensure commissioners effectively feed people's views into the commissioning of services and ensure there are mechanisms in place to gain these views.
- A need to ensure there are ways people can give feedback confidentially - whilst at the same time being assured this is not because they fear that giving feedback openly will have a negative effect on the service they receive?

In developing the strategy's implementation plan, we must consider the further activity required to respond to the above. In doing this, it is crucial to identify the partners we need to engage with to make the improvements needed.

3. What have we already done?

Since we undertook the consultation we haven't just waited for the development of the Staffordshire Care Quality Compact or this strategy to start to make improvements; we have already been working hard to deliver on the proposals:

- We will make the extensive programme of free professional development training support available for Personal Assistants County wide. – ***We have already begun to do this by starting to provide free training and development opportunities to Personal assistant within Staffordshire. We will continue to develop this.***
- Develop systems so we can assess the quality of a service based on people's experiences and insight into those services. Move away from 'care by the clock' towards measuring quality of experience. – ***We have already started to do this and have recently undertaken a large-scale quality survey of people within Staffordshire that receive care in their own home. The survey looks to establish what people's perceptions of a 'good quality' service are and how this compares to their experiences of the quality of the service they currently receive. The results of this survey are currently being collated and will help us to understand the gap between people's perception of a good quality service compared to their experience of services and how we need to closer the gap and will from the basis of a review of how we monitor the quality of home care services.***
- Invest in more dedicated quality monitoring officers to undertake more front-line quality monitoring, address issues and action plan to improve quality. – ***since we undertook the consultation in summer 2012 we have increased our quality monitoring capacity and now have a dedicated Quality Monitoring manger in post who is responsibly for ensuring the delivery and further development of quality monitoring activity, including increased 'on-site' monitoring visits as well as undertaking visits as needed. We have also started to increase the number of Quality monitoring officers in post to enable us to increase our monitoring capacity.***
- Increase the number and type of on site quality review visits so it covers other types of care services - ***We have already started to do this and have now started to undertake on-site monitoring visits to extracare support services and within building based Day Opportunities. We will continue to consider how we develop this going forward.***
- Make safeguarding training mandatory across the sector by building it into all our contracts for services for vulnerable adults, including unregulated services – ***we have already started to do this and the requirement is built into every new contract that we let, where that provider delivers***

services to vulnerable people. We also specify the quality of training provided and all independent providers are able to access the County Councils Safeguarding training free of charge.

- Research the training needs of providers that we commission services from. Commit money to commission training to fill training gaps which in turn will drive up quality standards and increase professional development. – **we have continued to do this since the consultation took place and further to undertaking a training needs analysis of commissioned domiciliary care providers, we committed money by commissioning and funding this training and providers were able to access this free of charge. Training was commissioned based on what people told us were gaps in their skills and knowledge and what would support them to provide a better service.**
- We have also implemented regular monthly multi-agency Quality and Safeguarding information sharing meeting. These meeting have been in place for sometime, but have now been expanded to include all relevant partners and stakeholders e.g. CCG, SSOTP and the regulator CQC for example. The purpose of there meetings is to share intelligence and data relating to quality and safeguarding concerns about commissioned services and to ensure the appropriate action is taken by the right organisation in a timely way and this is shared with all relevant partners.

4. What do we mean by excellent quality?

Overall (86%), respondents to the Green paper consultation were supportive of the definition of quality which was put forward:

'A quality service is one which people who use it rate highly, meets peoples needs fully and promotes choice and control; one which focuses on listening to the people that use it, and makes their views central to driving quality improvement.'

The Staffordshire Care Quality Compact has embedded this definition of quality and has adopted it as its Vision; committing us to working to ensure:

'Staffordshire will be a place where care services are rated highly by the people that use them, meet peoples needs fully, promotes choice and control and provides services which focus on listening to the people that use them, and makes their views central to driving quality improvement.'

And the Principles we are dedicated to delivering as part of the Compact through the development of our own strategy and implementation plan mean we must:

- *Actively work together to ensure quality improvements are delivered and information and intelligence is joined up and always acted on including identifying common commissioning intentions*
- *Ensure quality improvement initiatives are based on the features generally agreed by all partners as constituting high quality*
- *Ensure that the views of people receiving care and support and their family/carers are always heard and drive better quality in services embedding the principle “nothing for me without me”*
- *Ensure that the quality of all care and support services is transparent to all*
- *Actively challenge poor quality and make it easy for others to do so both internally and externally to the organisation,*

Causes of Quality

To begin to embed these principles in everything we do, we need to consider the ‘causes of quality’: the fundamental factors that influence whether quality care is delivered. These causes include:

- the workforce delivering care,
- leadership and management of that workforce and
- the practices, systems and structures in place to support the delivery of care

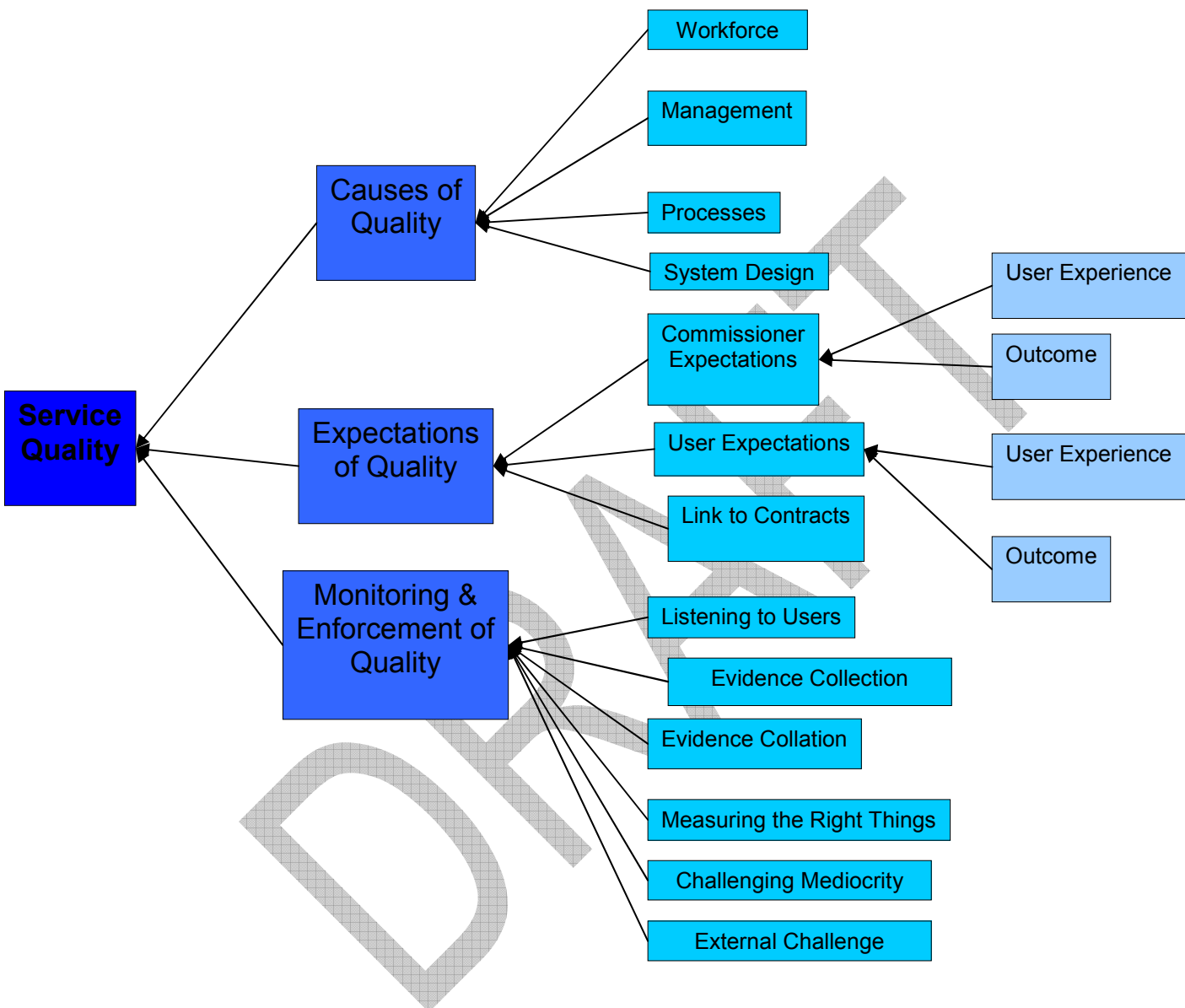
Expectations of quality

Expectations of what good quality looks like are a fundamental driver for improving care quality. We therefore need to understand the current expectations of different groups (users, carers, commissioners, providers, etc) and then ensure these are both realistic and aspirational. It is crucial that these expectations are driven by better understanding both the outcomes achieved by services and people’s experiences of them. As Commissioners, we have a clear responsibility to be explicit with providers about our expectation of quality in service delivery, for example through linking this to our contractual arrangements.

Being clear on the ‘Causes of Quality’, and that ‘Expectations of Quality’ must drive everything we do, is only the start. In addition we must ‘Monitor and Enforce care quality’ in Staffordshire. This task has a number of aspects, including:

- Listening to users and carers,
- collecting the evidence we need, ensuring we measure the right things,
- collating evidence effectively,
- act on evidence where required, challenging mediocrity and poor quality,
- Ensuring there is external challenge to what we, our partners and providers do, so all are fully accountable for the quality delivered.
- Set out clearly the responsibilities of commissioners, regulators, providers, and service users
- Be clear about the full range of services covered.

The below diagram sets out, in broad terms, what we believe to be the key elements that lead to quality, including the essential components needed to drive up care quality and achieve excellent outcomes for people that use services



This Strategy and implementation plan sets out how we are tackling the improvements needed in the context of the above configuration:

- Our fundamental concern is ‘Service Quality’;
- we know we can only get better at this by working to make changes in the ‘causes’ of quality;
- by meeting, and in some cases raising people expectations of quality;
- consider how we can best enforce quality and;
- deliver proposals specific to workforce, leadership and system design etc;
- Ultimately leading to excellent experiences and the delivery of better outcomes for all.

What people told us as part of the consultation gave us a clear understanding of what people think constitutes excellent quality. If we consider these findings along with an analysis of the intelligence we have gathered through our quality monitoring of services, we can be confident in 'what we mean by excellence' and be clear what an excellent service does. An excellent service is one that:

1. Listens to those who use the it and makes improvements as a result
2. Develops care and support plans that have been written with the person and improves their outcomes
3. Maximises the independence, choice and control of those using it
4. Has a zero tolerance to abuse (incl. neglect) of those in receipt of care
5. Has a well developed, meaningful, age and need appropriate activity programme to deliver holistic care and improve well-being
6. Assesses and manages risk to ensure the safety of those using the service
7. Ensures a clean, suitable and safe environment in which the service is delivered
8. Makes changes as a result of accidents and / or incidents to keep people safe and dignified
9. Values their staff and pays them fairly
10. Provides strong leadership and effective staff support and supervision
11. Provides a personalised approach to the learning and development (including induction) programme for it's staff
12. Promotes it's complaint procedure, makes changes as a result of complaints and actively reduces it's number of complaints each year
13. Has up-to-date, well-publicised policies and procedures that are applied consistently and reviewed annually or in light of legislative changes
14. Understands when an Adult Protection referral is required and does so without delay
15. Has effective internal quality assurance processes that identifies when changes need to be made

5. Staffordshire's Care Quality Charter (Service Quality Standards)

As detailed in section 2 of this strategy, one of the main proposals set out in the Green paper was to *'develop an agreed set of quality standards for commissioning decisions and activity at all levels across the county council, with partners and Clinical Commissioning Groups, which provide a robust care quality charter (set of Standards) for Staffordshire'*.

The 15 'excellence' statements we have set out in this strategy will be our 'Care Quality Charter' (our set of quality standards). This is because they reflect:

- what people told us excellent quality looks like to them,
- what we know the causes of quality to be, and
- what we know to be the most prevalent quality issues is care quality though our monitoring of care services.

All Commissioners and Providers of services across Staffordshire will be asked to formally 'sign up' to the Charter and fully commit to its ethos and delivery. Organisations will be asked to actively promote it with others and work hard to address any standards in quality that fall short. We want to do this to ensure that people in Staffordshire know the quality of care they should always expect regardless of who commissioned the service and the type of service they receive.

In respect of the County Council, we will ensure we embed the Charter fully and make sure people that use services know about the Charter, and know who to talk to if the service they receive falls short of these standards. We will do this by:

- Internally within the organisation; embedding the Charter within the commissioning cycle and in the development of other strategies and quality initiatives
- With other commissioners and through integrated commissioning
- With providers through contracts and quality monitoring for example

Staffordshire Care Quality Charter:

1. Always listen to those who use the service and makes improvements as a result
2. Develop care and support plans that have been written with the person and improves their outcomes (where applicable)
3. Always Maximises the independence, choice and control of those using the service
4. Has a zero tolerance to abuse (incl. neglect) of those in receipt of the service
5. Has a well developed, meaningful, age and need appropriate activity programme to deliver holistic care and improve well-being (where applicable)
6. Assesses and manages risk to ensure the safety of those using the service
7. Ensures a clean, suitable and safe environment in which the service is delivered
8. Makes changes as a result of accidents and / or incidents to keep people safe and dignified
9. Values the workforce and pays them fairly
10. strong leadership and effective staff support and supervision
11. Provides a personalised approach to the learning and development programme for it's workforce
12. Promotes it's complaint procedure, makes changes as a result of complaints and actively reduces the number of complaints each year
13. Has up-to-date, well-publicised policies and procedures that are applied consistently and reviewed regularly
14. Understands when an Adult Protection referral is required and does so without delay
15. Effective internal quality assurance processes that identify when changes and improvements need to be made

DRAFT

Implementation plan – Staffordshire County Council Care Quality Strategy

Purpose: To create a robust plan, ensuring delivery of required quality improvement initiatives as outlined in the strategy and to deliver on our commitment of the Staffordshire Quality Compact.

- Requirements:**
1. Completion of the plan, detailing actions required, timelines for implementation, resources required, potential barriers to success and communication methods.
 2. Dissemination of the plan to those with responsibilities for delivery of initiatives contained within the plan
 3. Regular, ongoing monitoring and review of the plan, working closely with those responsible for delivery and other key partners and stakeholders.
 4. Review the plan on a monthly basis

Goal: Deliver all improvement initiatives contained within the plan. Ensuring this is achieved within required timelines and identified resources.

IP ref	Improvement initiatives <i>What Will Be Done?</i>	Activity required <i>What do we need to do to get there?</i>	Resources <i>Resources Available and resources Needed e.g. financial, human, political & other</i>	Indicators of successful delivery/key Milestone <i>How will we know we've achieved what we need to?</i>	Lead Responsibility for delivery <i>Who Will Do It?</i>	Potential Barriers <i>What individuals or entities might resist? How do we address this resistance?</i>	Timeline <i>By When?</i>
IMPROVEMENT INITIATIVES RELATING TO WORKFORCE DEVELOPMENT							
1	Work with care providers towards achieving a transparent fair wage for the care workforce.				Amy Jones, Head of Care Market Development		Ongoing/ September 2016
2	Work with the care				Amy Jones,		Ongoing/

	sector and other partners and stakeholders across the county towards achieving the 'professionalisation' of the care workforce and promoting caring as a real career choice.				<i>Head of Care Market Development</i>		September 2016
3	Continue to examine and analyse the training needs of the care workforce and commit resources to commission training to fill training gaps and development needs; along with identifying other quality improvement initiatives considered necessary to develop a better quality care workforce				<i>Amy Jones, Head of Care Market Development</i>		Ongoing/ September 2016
4	Make safeguarding training mandatory across the sector by building it into all our contracts for services for vulnerable people, including unregulated				<i>Amy Jones, Head of Care Market Development/ Sarah Hollinshead-Bland, County</i>		In line with the review of current contracts - September 2015

	services.				<i>Commissioner Safeguarding</i>		
5	Expand and increase the amount of free and subsidised professional development training opportunities available for Personal Assistants and informal carers county wide.				<i>Amy Jones, Head of Care Market Development, Shirley Way – Commissioning Manager - Care Market Development</i>		Ongoing/ September 2016
6	Develop a Care Ambassador education programme to raise awareness of Dignity in Care with cross sector organisations such as schools, colleges, banks, shops, etc, across the county.				<i>Shirley Way – Commissioning Manager - Care Market Development</i>		March 2014
7	Broaden our Care home Activity Co-ordinator Group model to encompass other types of care services				<i>Penny Lawlor and Margaret Nicholls – Service Development Advisors</i>		March 2014
8	Further invest resources in, and promote our apprenticeship				<i>Shirley Way – Commissioning Manager - Care Market</i>		Ongoing/ September 2016

	<p>scheme as a key way to recruit more young and unemployed people into the sector. Find out more at www.staf12fordshireapprentices.org.uk</p>				<i>Development</i>	
IMPROVEMENT INITIATIVES RELATING TO USING INSIGHT BETTER AND BETTER INFORMATION SHARING						
9	<p>Embed the insight from people who use care services to inform our approach by developing a detailed understanding of wider community needs, so that we offer appropriate services in the right ways, to the right people, in the right places and at the right time to ensure:</p> <ul style="list-style-type: none"> Commissioning decisions are always informed by insight from what people have told us and that services commissioned clearly reflect the 				<p><i>Amy Jones, Head of Care Market Development in conjunction with Service Commissioning leads, CCGs and Engaging Communities Staffordshire (ECS)(lead officers TBC)</i></p>	<p>Ongoing/ September 2016</p>

	needs of Staffordshire people.						
10	<p>Develop more transparent information sharing with the wider community by;</p> <ul style="list-style-type: none"> introducing a public declaration of the providers that the county council has suspended contracts with; allowing us to exercise our duty of care to keep the vulnerable people of Staffordshire safe and will give people more information to inform their choices when purchasing care directly. Regularly publish breakdown of compliments, complaints and 				<p><i>Amy Jones, Head of Care Market Development in conjunction with other senior managers and commissioners and CCGs (lead officers TBC)</i></p>		<p>September 2014</p>

	<p>feedback received about the services we commission and the action we have taken to resolve issues.</p> <ul style="list-style-type: none"> • Expand our 'User and Carer' Quality Forum' and Introduce a countywide digital forum for people to raise issues, concerns and compliments about services • Expand the use of Service performance feedback system (Service Performance Feedback Forms) so anyone can use it to report quality issues in confidence. 						
11	Enhance social worker review processes to make sure quality and safety are a key part of the process so that				<i>Amy Jones, Head of Care Market Development in conjunction</i>		September 2014

	people feel supported to feedback any concerns, ensuring that people's experiences are captured and used to shape services in all sectors.				<i>with senior managers within the SSOTP(lead officers TBC</i>		
12	Make sure service providers include details of the county council's complaints services as part of their complaints procedure. This will be reviewed as a key part of contract monitoring.				<i>Laura Johnston, Quality Assurance Manager</i>		September 2014
IMPROVEMENT INITIATIVES RELATING TO QUALITY STANDARDS							
13	Embed an agreed set of quality standards for commissioning activity at all levels across the county council, with partners and Clinical Commissioning Groups, to create a robust care quality charter for Staffordshire; so commissioned services are clear on				<i>Amy Jones, Head of Care Market Development in conjunction with Service Commissioning leads and CCG Quality leads (lead officers TBC</i>		April 2014

	our expectations of quality and the standards they must meet.					
14	Consistently and regularly make clear the quality standards people should expect when they access services and make sure those standards are measurable.				<i>Amy Jones, Head of Care Market Development in conjunction with Service Commissioning leads and CCG Quality leads (lead officers TBC</i>	April 2014/ ongoing
15	Develop and implement ways to reward excellent quality and banish poor quality in commissioned services through the embedding of clear quality standards and performance measures for delivery.				<i>Amy Jones, Head of Care Market Development in conjunction with Service Commissioning leads and CCG Quality leads (lead officers TBC)</i>	April 2014/ ongoing
16	Improve how we report on how well we, and our commissioned services, are meeting quality standards through the 'Quality				<i>Amy Jones, Head of Care Market Development in conjunction with Service</i>	April 2014/ Ongoing

	Charter'				Commissioning leads and CCG Quality leads		
IMPROVEMENT INITIATIVES RELATING TO DEVELOPING BETTER QUALITY MONITORING							
17	Develop further our quality monitoring mechanisms so we can assess the quality of a service based on people's experiences and insight of care services.				Amy Jones, Head of Care Market Development in conjunction with Laura Johnston, Quality Assurance Manager		Ongoing/ September 2016
18	Increase the number and type of on site quality review visits so it covers other types of care services.				Laura Johnston, Quality Assurance Manager		Ongoing/ September 2016
19	Invest in more dedicated quality monitoring officers to undertake more front-line quality monitoring, address issues and action plan to improve quality.				Amy Jones, Head of Care Market Development		Ongoing/ September 2016
<p><i>The above initiatives encompass fully the proposals set out in the Green paper and what activity we are undertaking to ensure we deliver on these. However, as highlighted in the strategy, further quality issues were identified by people as part of the green paper consultation. Therefore, we need to consider activity required to address the issues people told us about. The below proposals endeavor to respond to these issues and set out the quality improvement initiatives we plan to implement.</i></p>							

IMPROVEMENT INITIATIVES RELATING TO PERCEPTIONS OF QUALITY

20	<p>Better understand the perceived lack of consistency in the quality of health and social care services experiences by people and develop workstreams to address this</p>				<p><i>Amy Jones, Head of Care Market Development</i></p>		
21	<p>Better understand peoples' perception of the quality of services they experience and their expectations of what an excellent quality service looks, tackling:</p> <ul style="list-style-type: none"> • The gap between the perceptions of the quality of care services by people who have no experience of them, compared to current or past users of services • The significantly different perceptions of the 				<p><i>Amy Jones, Head of Care Market Development in conjunction with service commissioners and providers (lead officers TBC)</i></p>		

	quality of service provision across users, commissioners and providers						
22	<p>Better understand the perceived gap between the perception that the quality of the 'process' to access services is poorer than that of the actual quality of the service at the end and improve this. Considering</p> <ul style="list-style-type: none"> • The 'decision making processes' and the perceived 'slow access' to support services to help meet peoples needs e.g. equipment, reassessment etc. • Perceived lengthy waiting times, both in terms of assessment and access to service 				<p><i>Amy Jones, Head of Care Market Development in conjunction with service commissioners, CCGs and SSOTP(lead officers TBC)</i></p>		

	and equipment					
IMPROVEMENT INITIATIVES RELATING TO OUR RELATIONSHIP WITH THE MARKETPLACE AS COMMISSIONERS						
23	Improve the relationship between commissioners of services and the marketplace				Amy Jones, Head of Care Market Development in conjunction with service commissioners , CCGs	
24	Improve our interaction and engagement with providers in the marketplace and make this more transparent, effective and purposeful.				Amy Jones, Head of Care Market Development in conjunction with service commissioners , CCGs (lead officers TBC))	
IMPROVEMENT INITIATIVES RELATING TO BETTER ACCESS TO SERVICES AND INFORMATION						
25	Improve peoples understanding of how to access services and the process of how to get there.				Amy Jones, Head of Care Market Development in conjunction with service commissioners , CCGs and SSOTP(lead officers TBC))	
26	Improve the amount of information made				Amy Jones, Head of Care	

	available to help people make informed decisions about what services to choose.				<i>Market Development in conjunction with service commissioners , CCGs and SSOTP(lead officers TBC))</i>		
28	Improve the promotion of 'informal' support for people e.g. volunteers, community groups and charities for example.				<i>Amy Jones, Head of Care Market Development in conjunction with service commissioners , CCGs and SSOTP(lead officers TBC))</i>		
IMPROVEMENT INITIATIVES RELATING TO INCREASED INSIGHT AND USING THIS EFFECTIVELY							
29	<p>Improve the ways people are able to give their views and be able to show how this is effectively fed into driving up service quality including:</p> <ul style="list-style-type: none"> • A need to ensure there are ways people can give feedback confidentially - 				<i>Amy Jones, Head of Care Market Development in conjunction with service commissioners , CCGs, SSOTP and engaging Communities Staffordshire (ECS) (lead</i>		

	<p>Whilst at the same time being assured this is not because they fear that giving feedback openly will have a negative effect on the service they receive.</p> <ul style="list-style-type: none"> • A need to ensure commissioners effectively feed peoples views into the commissioning of services and ensure there are mechanisms in place to gain these views • Closing the considerable gap between providers, users and commissioners regarding perception on how easy it is for people to give their views. 				<i>officers TBC))</i>		
30	Explore the perceived lack of community Dental Health services				<i>Amy Jones, Head of Care Market</i>		

	in relation to concerns there is little community support to help people maintain dental hygiene.				<i>Development in conjunction with service commissioners , CCGs and SSOTP (lead officers TBC))</i>		
31	Explore the outcome of the Homecare user research project undertaken and establish what measures need to be implemented to act on what people told us.				<i>Amy Jones, Head of Care Market Development in conjunction with service commissioners , CCGs and SSOTP (lead officers TBC))</i>		
32	Explore fully the outcome of the homecare referral pathway project undertaken and establish what measures need to be implemented to act on what people told us.						

Evidence Of Success *(How will we know that we are making progress? What are our benchmarks?)*

Evaluation Process *(How will we determine that our goal has been reached? What are our measures?)*

DRAFT