

Introduction and Background

The Stockport Locality Quality Group (SLQG) meets monthly to oversee the quality, safety, and performance of health and care services for the Stockport population. The group includes input from local providers and the wider Integrated Care Board (ICB), including out-of-area services.

The SLQG reviews system-wide quality, safety, and performance data, identifies risks, holds stakeholders accountable, and celebrates good practice. Information from both Stockport and external providers is analysed to agree on actions. This briefing outlines key work priorities and highlights significant challenges requiring the Board's attention.

Rapid Quality Reviews

Currently, Stockport has one service undergoing the rapid quality review process:

Paediatric Audiology – Stockport NHS FT 5-Year Lookback Exercise

Stockport NHS Foundation Trust provides paediatric audiology services, including newborn screening for all eligible babies. In October 2023, a whistleblower raised concerns regarding the reliability of Auditory Brainstem Response (ABR) test results for four children tested at Stockport.

An initial sample review identified further cases where ABR testing was deemed unreliable, potentially delaying the identification of hearing loss in some children. A wider cohort review was deemed necessary, and a Rapid Quality Review (RQR) was initiated, led by NHS GM (Stockport Locality).

The cohort review concluded on 13 December 2024, and the findings will be presented to the Locality Board following review by Stockport Foundation Trust governance. The project group continues to meet fortnightly to oversee the implementation of the improvement action plan. Monthly updates and oversight are provided to the NHS England Northwest Paediatric Audiology Oversight Group.

Equality Impact Assessment (EQIA)

An Equality Impact Assessment (EQIA) is a process that evaluates how a policy, project, or scheme may affect individuals with protected characteristics, ensuring no unlawful discrimination occurs.

EQIAs are utilised to:

- Analyse policies and practices to prevent discrimination or disadvantage.
- Promote and improve equality.
- Assess the potential impact of policies and proposals on equality groups.

Greater Manchester (GM) policy requires an EQIA to be completed before any system change is authorised. All EQIAs with system impact are presented to the Locality Quality Group for review and approval.

This month, an EQIA regarding a proposed service change for the Signpost Service was presented to the group. After a detailed discussion, the group requested additional work. The revised EQIA will be resubmitted at a future meeting.

Primary Care Quality

A quarterly update on primary care was received and discussed by members. Key points from the discussion are as follows:

Serious Mental Illness (SMI) Health Checks

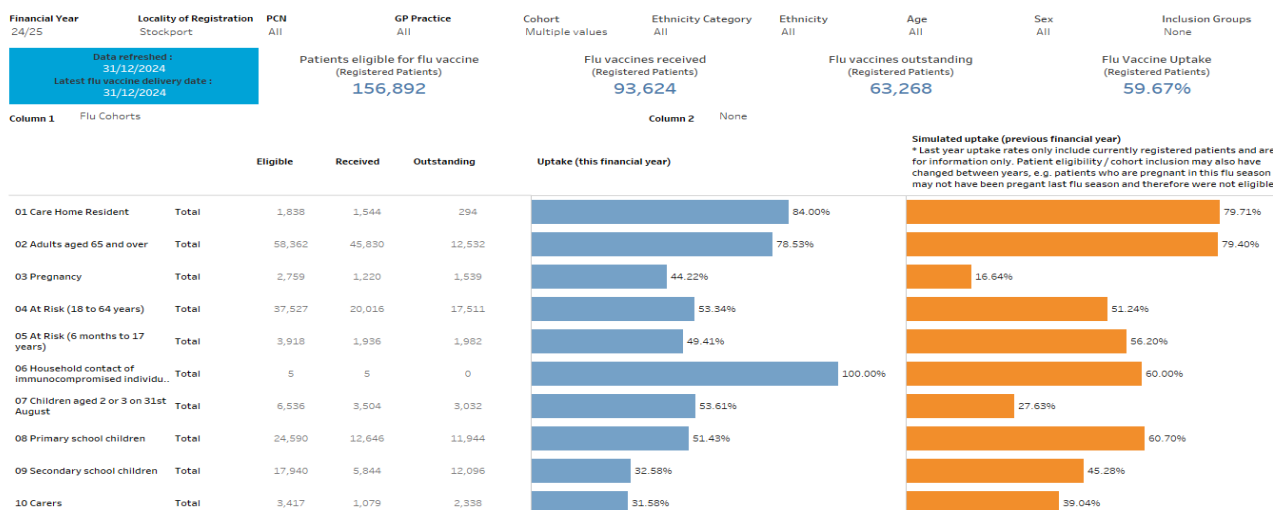
- SMI performance for November was 39.3%, with 1,026 health checks completed this financial year. Year-to-date performance aligns with 2023/24 level and is on track to deliver against national target of 60%.
- Of the six elements in the health check, in-year performance shows variance across all elements, with the highest uptake in blood pressure checks.
- The Stockport Primary Care Team has been reviewing a practice’s approach to SMI health checks as a Key Line of Enquiry (KLOE) during quality assurance visits.
- Recent data suggests practices are not completing all six elements at one time, instead conducting them at different points throughout the year. Stockport’s rolling 12-month performance for SMI health checks is 58.9%, slightly below the national standard of 60%.

Learning Disability (LD) Health Checks

- Delivery of LD health checks for September 2024 stands at 8.4%, with 140 checks completed. This represents a 102.9% increase (+71 checks) compared to the same period last year.
- Year-to-date performance is 40.7%, with 674 checks completed. The rolling 12-month performance is 90%, with 1,492 checks completed.
- A targeted review, in collaboration with the Local Medical Committee (LMC) and Healthwatch, is underway to assess the outcomes and impact of LD health checks. Findings will be shared with the locality group as the project progresses.

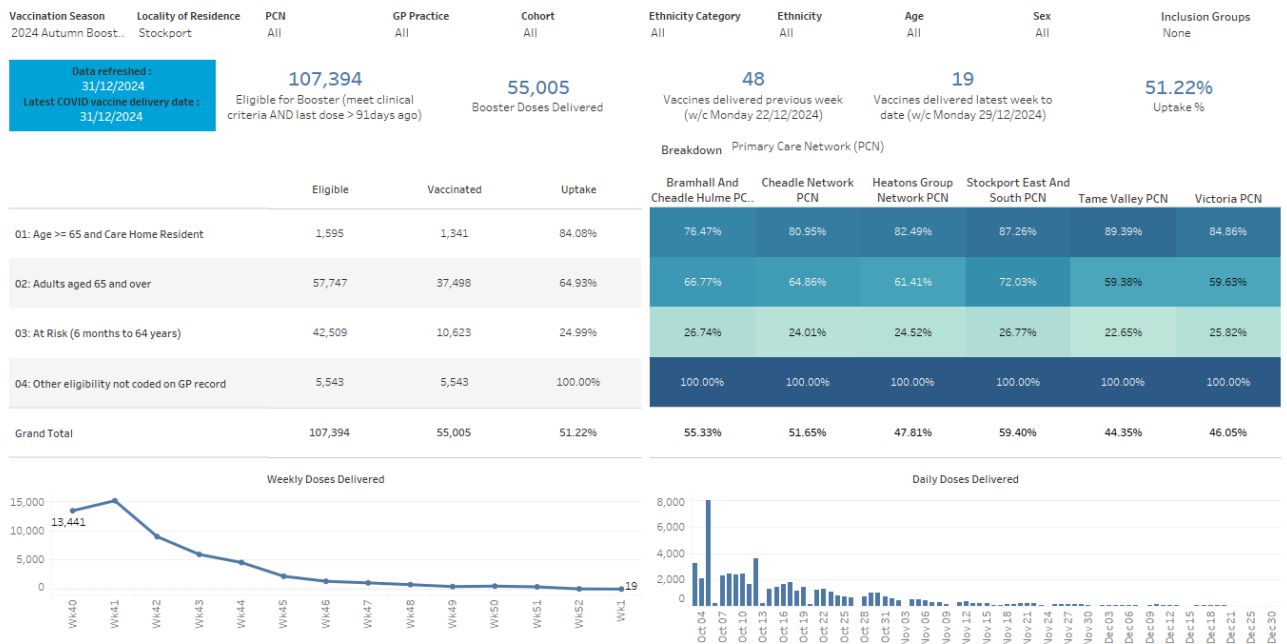
Flu Vaccination Uptake

- The below highlights flu vaccination uptake across all cohorts for Stockport as of 31/12/2024. Uptake of registered patients is currently 59.67% Stockport continues to be the best performing locality within GM. This data is sourced from the Greater Manchester Care Record and excludes patients who have a GPDR objection, Type 1 or National Data Opt Outs.



Covid Vaccination Uptake

- The below highlights COVID-19 vaccination uptake across all cohorts for Stockport as of 31/12/2024. Uptake of registered patients is currently 51.22%. Uptake varies across PCN's as highlighted below. This data is sourced from the Greater Manchester Care Record and excludes patients who have a GPDR objection, Type 1 or National Data Opt Outs.



- In relation to COVID-19 Vaccine uptake, Stockport is currently the best performing locality across all 10 GM Localities. Uptake for the locality is currently 51.22% and is 6.71% higher than the second-best performing locality.

Continuing Healthcare CHC

On a quarterly basis the group receive an update on the performance and quality of the Continuing Healthcare service.

The Continuing Healthcare (CHC) Service is a nurse-led service responsible for implementing the Integrated Care Board's (ICB's) statutory duties in delivering and ensuring compliance with the National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care July 2022 (Revised); hereafter referred to as the National Framework.

An individual is eligible for NHS Continuing Healthcare if they have a 'primary health need.' This is a concept developed by the Secretary of State to assist in determining when the NHS is responsible for providing for all the individual's assessed health and associated social care needs.

To determine whether an individual has a primary health need, a detailed assessment and decision-making process must be followed, as set out in the National Framework. Where an individual has a primary health need and is therefore, eligible for NHS Continuing Healthcare, the NHS is responsible for commissioning a care package that meets the individual's assessed health and associated social care needs.

This National Framework is underpinned by the National Health Service Commissioning Board and Clinical Groups (Responsibilities and Standing Rules) Regulations 2012, issued under the National Health Service Act 2006. These regulations require Integrated Care Boards (ICBs) to have regard to the National Framework. ICBs, NHS England and local authorities therefore have legal duties and responsibilities in relation to NHS Continuing Healthcare (CHC).

ICB's responsibilities include:

- Leading the local health and social care system.
- Ensuring adherence to the National Framework.
- Promoting awareness of CHC.
- Establishing governance for eligibility and commissioning processes.
- Collaborating with local authorities for assessments.
- Making eligibility decisions and resolving issues.
- Strategically and individually commissioning care.
- Recording assessments, outcomes, and care package costs.
- Maintaining quality standards and implementing best practices.

Performance timeframe for decision making.

It is expected that ICBs will normally respond to Multi-Disciplinary Team (MDT) recommendations for CHC eligibility within 48 hours (two working days), and that the overall assessment and eligibility decision-making process should, in most cases, not exceed 28 calendar days from the date that the ICB receives the positive Checklist (or, where a Checklist is not used, other notice of potential eligibility) to the eligibility decision being made. Percentage of referrals completed within 28 days is the national key performance indicator (NHSE ^80% target).

Despite the significant challenges Stockport locality CHC team have faced and some monthly variability, there has been a consistent achievement of this Key Performance Indicator for each reporting quarter.

Month	28-day KPI
April 2024	86%
May 2024	86%
June 2024	76%
July 2024	79%
August 2024	96%
September 2024	91%
October 2024	90%

Review Process

Once an individual has been found eligible for NHS Continuing Healthcare, the ICB is responsible for their case management, including monitoring the care they receive and arranging regular reviews. An initial review must be conducted within three months of the eligibility decision.



Subsequent reviews should occur at least annually, though more frequent reviews may be necessary based on clinical judgment and changing needs.

These reviews focus primarily on ensuring the care plan remains appropriate to meet the individual's needs. In most cases, reassessment of CHC eligibility is not required. The most recently completed Decision Support Tool (DST) should typically be available during the review as a reference to identify any changes in needs.

If evidence indicates a notable change in needs that could impact CHC eligibility, the ICB must arrange a full reassessment. This reassessment involves completing a new DST by a MDT in accordance with the National Framework. The new DST should be compared to the previous one, where appropriate, to identify changes.

ICB's must consult with the local authority, as far as reasonably practicable, before making an eligibility decision, including during reassessments. This requirement is met by including the local authority in the MDT process as outlined in the 'Assessment of Eligibility' section of the National Framework. During the reassessment, the ICB must ensure the individual's needs continue to be met.

Stockport Locality Cost Improvement Programme (CIP)

Over the past nine months, an intensive CHC Cost Improvement Programme (CIP) has been underway to achieve the £1.8 million savings target set by Greater Manchester (GM). The Stockport locality identified several priority areas to improve patient experience, enhance performance, and achieve potential efficiencies.

Robust governance is in place to oversee delivery, with progress reported monthly to the GM CHC CIP Group, the Locality Finance Committee, and the GM ICB Locality Assurance meetings. Updates are also provided to the locality board via the finance paper.

Currently, the locality is forecasting a £400,000 risk against delivery, and efforts are ongoing to mitigate this shortfall.

CHC review performance & Third-party provider; Liaison

Due to holds on recruitment causing reduced capacity within the Stockport locality CHC team a backlog of overdue reviews had emerged over a period. This posed a risk in terms of individuals not having their care provision reviewed in a timely manner and that whilst many individuals will not require their CHC eligibility reconsidering a proportion will. This may result in ongoing funding for Continued Healthcare when this might not be required. To assist with addressing the backlog a third-party assessment provider, Liaison, was commissioned, to complete all overdue CHC reviews.

Liaison has been working with the Stockport locality CHC team since April 2024 (mobilisation stage) and concluded at the end of December.

Fast Track Review's

The Fast Track Pathway allows individuals with rapidly deteriorating conditions, who may be entering a terminal phase, to access NHS Continuing Healthcare (CHC) without delay. This process eliminates the need for a Decision Support Tool (DST), relying instead on a completed Fast Track Pathway Tool that clearly explains why the individual meets the criteria. The tool must provide evidence of both rapid deterioration and a potential terminal phase, which is sufficient to establish eligibility.



The Fast Track Pathway Tool can be applied in any setting, including for individuals at home or in care homes who wish to remain there. Action to agree and commission a care package is given priority via the 'Duty' process with an expected timescale as set out in the National Framework of 48 hours of receiving the completed tool.

When completing the Fast Track Pathway Tool, clinicians must sensitively inform individuals that their needs will be subject to review, and funding arrangements may change based on the review's outcome. Individuals on the Fast Track pathway should be reviewed after three months, with subsequent reviews typically occurring within 12 months. During each review, the focus is on the provision of care and whether it remains appropriate in meeting identified needs. Consideration is also given to whether the individual requires their eligibility reconsidering.

Performance

As with other areas of the service there had emerged a significant backlog of overdue Fast Track reviews; when considered in the wider context of evidence suggesting over/misuse of this pathway as well as the nature of the presentation of individuals legitimately on this pathway as they approach the end of life, timely reviews are essential. As the workforce has increased the aim has been to address the backlog of reviews and attempt to avoid any further backlog emerging. This has been in the context of embedding a more 'business as usual' approach to all aspects of the service as capacity has increased.

A high-level oversight approach has been adopted with weekly activity monitoring implemented from mid-November to drive this forward.

At the end of August, 63 Fast Track reviews were identified as overdue, 53 have since been reviewed; 13 were recommended to remain on the pathway whilst 40 needed their eligibility reconsidered and are at various stages of completion; 9 are yet to be reviewed. Alongside this there are new reviews becoming due on a continuum; oversight and driving these forward remains a priority. As of the 31st of December 2024, the CHC team have no overdue Fast track reviews outstanding.

Workforce overview & Current vacancies

As with other localities across GM Stockport has experienced significant workforce capacity difficulties (both clinical and administrative) over the past 2 years. Many aspects of the service had been paused to focus on key areas, the 'must do's.' An overreliance on agency staff for a considerable period has resulted in varying practice, with a lack of underpinning processes, and low morale in the team. More recently several posts have been recruited to however many of the new staff have no background in CHC. Its widely acknowledged that CHC is a 'niche' and very specialised area to work in, and therefore despite the number of staff now available the new team need time to grow skills and experience and mature. Developing the infrastructure in conjunction with the knowledge and skills of the team to support the effective delivery of all aspects of the service is time intensive. The team also need support to work through substantial change in ways of working.

Whilst many of the clinical posts have been filled there has been a prolonged period of diminished administrative team support. This has resulted in the clinical team having to complete administrative tasks taking them away from their 'patient facing' work further impacting on the delivery of the service. Very recently the vacant band three and band four posts have been recruited two leaving one band three post still to fill.



Summary of vacancies

Vacancies	Summary
Full Time Nurse Assessor Band 6	Start date Jan 2025
0.6 Nurse Assessor Band 6	Start date Jan 2025
Full time Nurse Assessor Band 6 (10-month contract to cover Maternity leave)	Start Jan 2025
0.8 Admin support	Not recruited to on 2 occasions remains vacant

LOCALRESOLUTION

The Local Resolution Process (LRP) is set out in the National Framework and is in place to deal with the client/families' dissatisfaction with the outcome of a full consideration for NHS Continuing Healthcare. The National Framework sets out that requests received for Local Resolution should be dealt with within a 3-month period. Due to reasons and challenges highlighted above CHC teams across Greater Manchester have not been able to work within this timeframe and as a result the following localities now have a backlog of Local Resolution Reviews. Stockport currently have 15 outstanding LRP cases that need completing.

As with other aspects of the service, outstanding LRPs are being scheduled however this must be considered in relation to the wider competing priorities within the service. The process of completing an LRP is time intensive necessitating the gaining of health and care records and soliciting evidence from the individual and or their representatives. This is followed by the consideration and collation of information followed by a formal review meeting and then a conclusion formulated by way of a comprehensive report. The more cases that are added to the backlog will result in an even longer period or those waiting an outcome to their application. A business case has been submitted to GM Executives on behalf of all localities identifying the risk and requesting some additional capacity to support this work.

Court of Protection – Deprivation of Liberty Safeguards

For individuals receiving NHS Continuing Healthcare (CHC) in their own home or tenancy-based accommodation (e.g., supported living) and subject to restrictions constituting a deprivation of liberty, the Deprivation of Liberty Safeguards (DoLS) process cannot be used. Instead, authorisation must be obtained through the Court of Protection (CoP).

In such cases, the Integrated Care Board (ICB), as the primary funding authority, is responsible for:

- Applying to the Court of Protection for DoLS authorisation.
- Covering its own legal costs (estimated at £5,000 for standard cases and £16,000 for complex cases).
- Ensuring that the individual has access to legal advice, although the ICB is not responsible for the individual's legal costs.

All localities across GM ICB currently have a backlog of CoP DoLS, Stockport currently has 17 outstanding. Localities have identified the risk and have been in discussion with GM to establish whether any additional capacity is available to support this work. At present the additional resources required to support this work has not been identified and therefore deputy place based leads are considering the management, mitigation and triaging of this risk. We continue to closely monitor the position and would expect to mobilise resources to start to address from April.



Outstanding Previously Unassessed Periods of Care (PUPoC) cases

People are able to request the ICB assesses if they or their relatives care should have been funded and arranged by the NHS. People are able to request that their records are assessed and eligibility determined back to 2012. This process requires the gathering of all health and social care records for the period requested. From this information a nurse is required to develop a robust need lead portrayal, which will be assessed by a panel who will determine somebody's eligibility in previous years. If it is determined a client was eligible for NHS CHC and the client can prove they paid for the care the ICB is responsible for reimbursing the client for any monies paid and interest is calculated on top of this payment.

Stockport currently has seven outstanding PUPOC cases, which we recognize are important for clients and families to resolve in a timely manner. Similar to the position with COPDoL's localities including Stockport have identified the risk of insufficient capacity to resolve and address the issues and challenges identified as quickly as we would want. Discussions continue across GM on options to address and mitigate the risks identified.

To Note: All risks are logged on Stockport Locality Strategic risk register.

