

Healthy Staffordshire Select Committee

Monday, 3 February 2020

10.00 am

Oak Room, County Buildings, Stafford

NB. Members are requested to ensure that their Laptops/Tablets are fully charged before the meeting

John Tradewell
Director of Corporate Services
24 January 2020

A G E N D A

PART ONE

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of meeting held on 28 October 2019** (Pages 1 - 6)
4. **Autism Implementation Plan** (Pages 7 - 46)
Report of the Cabinet Member for Health, Care and Wellbeing
5. **Future Model of Carers' Services** (Pages 47 - 80)
Report of the Cabinet Member for Health, Care and Wellbeing
6. **Staffordshire Clinical Commissioning Groups (CCGs) - Update** (Pages 81 - 88)
Report of the CCGs' Accountable Officer

NB. Copy of Chairman's letter to CCGs' Accountable Officer (Marcus Warnes) dated 20 December 2019 and his reply dated 23 December 2019, attached for information.
7. **District and Borough Health Scrutiny Activity** (Pages 89 - 92)
Report of the Scrutiny and Support Officer
8. **Work Programme** (Pages 93 - 100)
Report of the Scrutiny and Support Manager

9. Exclusion of the Public

The Chairman to move:-

“That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs Part 1 of Schedule 12A of the Local Government Act 1972 (as amended) indicated below”.

(All reports in this section are exempt)

Nil

Membership	
Charlotte Atkins	David Leytham
Adam Clarke	Johnny McMahon (Chairman)
Tina Clements	Paul Northcott (Vice-Chairman)
Janet Eagland	Kath Perry
Ann Edgeller	Jeremy Pert
Richard Ford	Bernard Peters
Maureen Freeman	Carolyn Trowbridge
Phil Hewitt	Ross Ward
Barbara Hughes	Ian Wilkes
Janet Johnson	Victoria Wilson
Dave Jones	

Note for Members of the Press and Public

Filming of Meetings

The Open (public) section of this meeting may be filmed for live or later broadcasting or other use, and, if you are at the meeting, you may be filmed, and are deemed to have agreed to being filmed and to the use of the recording for broadcast and/or other purposes.

Recording by Press and Public

Recording (including by the use of social media) by the Press and Public is permitted from the public seating area provided it does not, in the opinion of the chairman, disrupt the meeting.

Scrutiny and Support Manager: Nick Pountney Tel: (01785) 276153

Minutes of the Healthy Staffordshire Select Committee Meeting held on 28 October 2019

Present: Johnny McMahon (Chairman)

Attendance

Charlotte Atkins	Barbara Hughes
Tina Clements	David Leytham
Janet Eagland	Paul Northcott (Vice-Chairman)
Ann Edgeller	Kath Perry
Maureen Freeman	Bernard Peters
Phil Hewitt	

Councillor Michael Greatorex

The Chairman informed the Committee that Councillor Michael Greatorex had sadly passed away earlier that day. The Committee stood for a minutes silence.

Apologies: Alan Johnson, Janet Johnson, Jeremy Pert and Victoria Wilson

PART ONE

31. Declarations of Interest

There were no declarations made at the meeting.

32. Minutes of the last meeting held on 9 October 2019

RESOLVED: That the Minutes of the Meeting held on 9 October 2019 were approved as a correct record and signed by the Chairman.

33. Maternity, Children and Young People Programme

Helen Riley, the STP Senior Responsible Officer and Deputy Chief Executive and Director of Families and Communities; Tilly Flanagan, Head of Child Health and Wellbeing; and Mary Barlow, Lead Nurse for North Staffordshire and Stoke on Trent Clinical Commissioning Group (CCG) - Sustainability and Transformation Plan (STP) attended the meeting.

The report detailed the progress on the **Maternity Transformation Plan (MTP)** and provided an update on priorities agreed for the STP Children and Young People Programme. The Staffordshire Maternity Transformation Board and Plan was originally written in 2016 and had benefited from additional resources from NHS England in the form of Tranche one funding of £390,000 and tranche two funding of £679,000.

There were five key priorities which sat beneath the Staffordshire and Stoke on Trent MTP:

- Enhanced quality and safety of women and new-borns
- Authentic engagement with women and their families
- Reconfiguration of maternity services.
- Improved health and wellbeing of women and their new-born's
- Increased access to perinatal mental health services

It was reported that the Children and Young Peoples Programme had, to date, not received the same level of support afforded to other STP programmes and had been set up later than the others. It was also the only workstream that dealt with a cohort based on age. Great effort had been made to prevent duplication with the other workstreams such as mental health which cut across many services and work areas. The recent publication of the NHS 10 Year plan which related to Maternity, Children and Young People, had been welcomed and had led to a greater impetus to build on the groundwork developed to date and maximise future funding and wider opportunities. It was reported that the MTP had been modified to ensure that the national priorities were picked up locally. The intent was to develop stronger integrated working across the whole system to improve outcomes.

Members felt that the MTP could be reported further through its links with the Early Years Board and information cascaded down to the local Family Improvement Boards. This could help to inform local areas of work and delivery plans.

There had been significant progress made against the plan, which had been complicated by Stoke on Trent City Council currently focusing its resource and efforts in to improving its Children's Social Care services following its recent OFSTED report.

A Member felt that local services had reduced in recent years and gave the example of reduced health visitor numbers and asked how, given the financial constraints, the improvement programme could be delivered. It was acknowledged that funding had changed and the delivery of some services was being looked at in different ways. For instance, a recent pilot of a telephone triage system in the Health Visitor Service, had found that a large proportion of telephone calls to midwives were to make appointments or for information. This could be provided by junior staff or via digital information thus free up time of more qualified health professional staff.

Following a question on Children with Learning Disabilities and Autism, it was reported that conversations and work were starting to take place with other workstreams such as the Mental Health stream and links with the Special Educational Needs and Disability (SEND) programme to ensure that services were in the right place and were provided at an appropriate time. Members were concerned that there seemed to be a lack of coordination between the workstreams and that silo working would stop efficient delivery of services. It was noted that at the 2 December 2019 Select Committee meeting, the Autism Implementation Plan would be considered. Members asked for information at that meeting to alleviate their concerns that services would be coordinated.

A Member raised the issue of Cannock Chase District, which had high levels of still births, and infant mortality rates which were double that of the rest of the county.

Additional resources had been called for to try and establish why this was and officers were working with the West Midlands Network to review the data. A similar piece of work had been undertaken in the recent past in the Blake area of the District. It was felt that this was an item which needed to be considered further by the Committee.

Following a discussion on the importance of Prevention within each workstream, it was agreed that early intervention and prevention was key to family support and mental health services. Partners were working together to look at this. It was felt that some STP work streams may have become so medically focused, that root cause and prevention had become secondary to treatment. It was suggested that a specific workstream to provide focus may help.

Following a question on maternity services and two of the three Hospitals used by residents being out of the County, the Committee was informed that the STP worked closely with neighbouring areas and their Transformation Programmes to ensure joined up working continued. Work around discharge pathways and organisational culture differences was continuing with hospital and community midwives. Staffordshire had a strong Maternity Voice Partnership with 15 local champions in communities who reported feedback to Boards. There were also plans to set up sub groups in each area as it was recognised that parents often struggled to travel further afield to access services. Social Media was helping in this area.

A listening event had recently taken place, organised by “Together We’re Better” to ask what people wanted to see from their maternity services. It was hoped that this may shed some light on the reasons for low birth numbers at The County Hospital.

Following a question on the help provided to Children and Young People with mental health issues who are admitted to prison, Members were informed that work was taking place with the prison service to develop the services that were required.

The future of Children’s Services at the University Hospital North Midlands and the possible application to become a children’s hospital was raised along with the question of whether this would enable access to future funding opportunities. Officers agreed to follow up on this and provide the Committee with a briefing note.

RESOLVED: That the report and progress made to date be noted, and the following information be requested:

- a) The Autism Implementation Plan, to be considered at the 2 December Select Committee, should provide information on the coordination between the workstreams to alleviate concerns of silo working.
- b) Infant Mortality in the Cannock Chase District area and the wider context of prevention be considered by the Committee at an appropriate time.
- c) A briefing note on any application by University Hospital North Midlands, to become a children’s hospital and its effect on funding.

34. Midlands Partnership NHS Foundation Trust: merger and quality accounts

The Committee had requested that the MPFT attend the meeting to provide information on the creation of the Trust following the merger between Staffordshire and Stoke on Trent Partnership NHS Trust (SSOTP) and South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) in June 2018.

Neil Carr, Chief Executive Officer MPFT; Liz Lockett, Executive Director for Quality and Clinical Performance and Clare Neill, Director of Communications attended the meeting to present the report and answer questions.

The Committee was informed that the main issue had been the Care Quality Commission (CQC) inspection report on SSOTP prior to the merger. The CQC had recently returned to reinspect and the new trust had received a 'Good' overall rating with four areas rated good and one requiring improvement. The area requiring improvement, involved the triage system at the Haywood Hospital site and supervision in some parts or the organisation. Members were informed that work had taken place across the whole of the organisation to develop a 1:1 supervision routine and this was now becoming embedded. The Triage issue at Haywood Hospital had been as a result of staff not understanding the process and the need for recording timings. This had now been addressed.

When asked if the financial position of the Trust had improved, the Committee were informed that it had and there were now more opportunities to change systems and manage finance more effectively.

Following the recent closure of the George Bryan Centre West Wing, due to fire damage, it had been considered that the East Wing had been too isolated to continue to operate and services had been temporarily moved into the community. There was a conversation /engagement taking place on the future model of provision for these services. The feedback from the engagement exercise so far included transport issues for both patients and family. It was reported that there were adequate numbers of beds available, but they may not be in convenient locations. More work was taking place into increasing community support to prevent hospital admissions.

When the Trust was merged, four operating arms were established to ensure that the organisation could respond to specific challenges. These were: Children and families; Staffordshire and Stoke on Trent; Specialist: Shropshire and Telford and Wrekin. Services were monitored from the centre, but the structure meant that there was flexibility to respond to issues either locally or from one of the groups. As the Primary Care Networks develop, groupings in these teams should also allow closer partnership working and reduce the risk of silos.

It was hoped that increased partnership working would lead to better management of long-term health conditions and merging the trusts had enabled better communication. An example was given of a pilot project into pain management which had seen teams working closer together, with mental health professionals having an input and helping to reduce the side effects of long-term pain such as depression and opioid addiction.

Following a question on financial initiatives and the impact on client care and staffing, Members were informed that before reducing or changing any service, a full quality impact assessment was carried out to establish the risk associated with any new

initiative. One of the current initiatives being looked at was that of back office services which would have minimal impact of clients.

Recruitment and retention of social workers had improved, however some groups of staff such as staff nurses still remained a challenge. Initiatives such as 'speak up' had given staff the confidence to report issues knowing that they would be investigated properly. It was felt that this had improved staff morale and would reduce staff turnover as a safe organisation was attractive to work in. The Committee congratulated MPFT on being nominated for so many awards this year including 'Freedom to Speak Up'.

Following a question raised by a Member, the Committee was informed that the trust did not have any beds for under 18 year olds with mental health problems. MPFT does however, sometimes have to admit them into the 136 suite if they need a place of safety. This was a national problem and more community care provision and CAMHs support was needed to provide crisis support for the young.

A Member informed the Committee that they were aware of issues at the Royal Derby Hospital where services were failing to answer phones or help lines. Mr Carr asked the member to pass on the information so that this could be investigated.

RESOLVED: That the report be received, and that the following information be requested:

- a) How the amalgamation of mental health and physical health professionals was being approached;
- b) How the community crisis and support intervention was working for young people.
- c) The outcomes of the award nominations.
- d) The Committee be formally consulted on any proposed changes to the George Bryan Centre.

35. Work Programme

The Scrutiny Support Manager informed the Committee that the next formal meeting of the Committee was 2 December 2019. The Healthwatch report which was due to be considered at that meeting had been deferred to a later date.

A special workshop had been arranged for 8 November 2019 at 10am to consider the CCG Long Term Plan.

RESOLVED: That the report be received.

Chairman

Local Members Interest
N/A

Healthy Staffordshire Select Committee – Monday 03 February 2020

Staffordshire Autism Joint Implementation Plan 2020-2023

Recommendation

I recommend that Healthy Staffordshire Select Committee:

- a. Review the draft Staffordshire Autism Joint Implementation Plan 2020-2023 and provide feedback.

Report of Deputy Leader and Cabinet Member for Health, Care and Wellbeing and the Cabinet Member for Children and Young People

1. The Whole Life Disability Strategy 2018-2023 set out the Council's vision for people with disabilities and commitment to implement a series of Plans to improve services. The Staffordshire Autism Joint Implementation Plan 2020-2023, attached at Appendix 1, is one of these Plans.
2. The Plan is joint between the Council and the Clinical Commissioning Groups (CCGs). It covers Children and Adults and has been based on 15 'I' statements from within the national Autism Strategy.
3. A series of engagement events have been undertaken to inform development of the Plan. These have included an event for providers and professionals and a further two events for people with lived experience of Autism. The events have explored what life is like for people with Autism and their carers, and how well they feel the Council and CCGs are performing against the 15 'I' statements. An on-line survey has been conducted to capture the views of people who were unable to attend the events or wished to contribute in this way. A summary of the feedback received is attached at Appendix 2.
4. As this Plan is joint with the CCGs, approval will need to be sourced through their own internal governance routes and this process is being undertaken in parallel to the Council's, with both partners working towards implementation commencing in April 2020.

List of Background Documents/Appendices:

Appendix 1 - Staffordshire Autism Joint Implementation Plan 2020-2023

Appendix 2 - Autism Engagement Summary

Contact Details

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Staffordshire

Autism Joint Implementation Plan

2020-2023

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Introduction

1. Autism is a lifelong developmental disability that can significantly impact the lives of people living with it. Autism affects individuals in a variety of ways and can affect their ability to live an independent life to varying degrees. It is a spectrum condition, which means that while all people with Autism share certain areas of difficulty, their condition will affect them in different ways.
2. Autism is not a Mental Health condition or a Learning Disability. However, around half of people with Autism have a Learning Disability and three quarters are likely to have a Mental Health condition at some point during their lives¹. This Plan therefore also applies to people with Autism with these additional needs, so that meaningful and seamless pathways to care are available.
3. The **Staffordshire Whole Life Disability Strategy**² set out a vision to ensure that people with any disability:
 - Are able to do things for themselves as much as they can with a focus on ability rather than disability.
 - Are as independent as they can be for as long as they can
 - Use what is available in their communities first rather than using paid for services.
4. The Strategy committed to developing a series of Plans to achieve this vision. This Plan is part of that approach. It has been informed by legislation and national policy, an assessment of local needs and engagement with people with lived experience of Autism.
5. Many people with Autism can and do live independently if reasonable adjustments are applied to universal services. This Plan aims to encourage all services and organisations to “think autism” and maximise opportunities to help people with autism in Staffordshire to live fulfilling lives and feel part of society.
6. A relatively small number of people with Autism are eligible for additional care and support - often due to a concurrent Learning Disability or Mental Health condition. With an ongoing financial challenge across public services, this Plan aims to bring together the organisations that fund and provide care and support and redesign services so that they can continue to meet people’s needs and make best use of resources. People with autism, their families and carers will be able to influence and shape the way that services are designed and provided³.

¹ NICE has made recommendations about the delivery of care to children and young people on the autism spectrum. This includes a recommendation that local services should work with and support the families of children and young people on the autism spectrum. It also recommends that local services should be coordinated by a local autism multi-agency strategy group.

² Whole Life Disability Strategy: [Whole-Life-Disability-Strategy-2018-2023](#)

³ Source: National Autistic Society UK

Legislation and National Policy

7. The **Autism Act (2009)** places a duty on all Local Authorities to produce an Autism strategy. This Plan fulfils that duty in Staffordshire and is written with due regard to relevant UK legislation and statutory guidance.
8. The Government's **Think Autism Strategy (2014)**⁴ provides a clear vision for improving lives of individuals with Autism:
'All children and adults with autism are able to live fulfilling and rewarding lives within a society that accepts them and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream services to treat them fairly as individuals, helping them make most of their talents.'
9. The Strategy, and the subsequent *'Statutory Guidance for Local Authorities and NHS organisations'* in March 2015 (updated 2018), have provided further detail on what improvements need to take place. The Government identified five domains for national action (Appendix 1) as well as 15 priorities for local action, which were presented as "I Statements", and which form the basis for this Plan.
10. The **NHS Long Term Plan** identifies that the NHS has a crucial role to play in helping people with Autism, a Learning Disability or both, lead longer, happier and healthier lives, and:
'aims to improve people's health by making sure they receive timely and appropriate health checks, while improving the level of awareness and understanding across the NHS of how best to support them as patients'
11. In this Plan the NHS commits to:
 - Develop a clearer, more widespread focus on the needs of Autistic people and their families, starting with children with the most complex needs;
 - Improve community-based support so that people can live in their own homes rather than specialist hospitals;
 - Ensure that NHS services offer good quality care to people with a Learning Disability and Autism and their families by making reasonable adjustments so that they can enjoy equal access to and outcomes from treatment;
 - Reduce health inequalities, improving uptake of annual health checks, reducing over-medication and taking action to prevent avoidable deaths;
 - Champion the insight and strengths of people with lived experience and become a model employer of people with a Learning Disability and Autism;

⁴ <https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy>

- Ensure the whole NHS has an awareness of the needs of people with a Learning Disability and Autism, working together to improve the way it cares, supports, listens to, works with and improves the health and well-being of them and their families

Local Needs

12. There are currently 331 individuals with Autism known to Staffordshire adult social care services, with 211 of those currently in receipt of a service. There are currently 1,377 children and young people, with a primary need of Autism, with an Education Health and Care Plan (EHCP) of which 180 are in receipt of a social care service. Approximately 2000 children and young people are known to the Autism Outreach Team.
13. Further details are presented in Appendix 2. Further work will be carried out in 2020 to develop a more thorough understanding of the needs of people with Autism, including a review of any future Joint Strategic Needs Assessment programme.
14. Staffordshire's health and social care system has made some progress since 2018 in developing diagnostic pathways and services for people with Autism. There are now Autism assessment and diagnostic services for children, young people and adults living in Staffordshire. This was a key requirement within the original '*Fulfilling and Rewarding Lives*' strategy and its associated statutory guidance.
15. Following a diagnosis, a range of care and support is available:
 - Voluntary sector organisations provide a range of services for people with Autism and their families including support, advice and specialist help. Information about these groups can be found on Staffordshire Connects⁵.
 - Children and young people typically access support through educational settings. Schools and other educational settings are required to make reasonable adjustments to facilitate the inclusion of children and young people with autism. The Autism Outreach Team provide support to schools and educational settings based around materials accredited by the Autism Education Trust. They also provide specific guidance and bespoke packages of support.
 - Children and young people with the most complex needs may require an Education, Health and Care Needs Assessment. This will enable additional support to be made available to meet needs when necessary. Families and professionals can request a needs assessment through the local authority.

⁵ <https://www.staffordshireconnects.info/kb5/staffordshire/directory/home.page>

- For those children and young people with Autism, and their families, likely to require additional social care support once they turn 18 years of age, a referral will be made to the appropriate adult social care service as part of Preparation for Adulthood at school year 9 (age 14) at the latest. They will then receive an assessment to determine any eligibility within their 16th year.

Engagement Feedback

16. The Council held a range of engagement activities to inform development of the Whole Life Disability Strategy. Further engagement activities specific to Autism were held by the Council and Clinical Commissioning Groups (CCG) during September and October 2019, to support development of this Plan. The main themes emerging are highlighted below with further details available on the Council's website⁶.
17. Of the 15 "I Statements", feedback was that the priorities were:
 - I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process;
 - I want to know that my family can get help and support when they need it;
 - I want staff in health and social care services to understand that I have Autism and how that affects me;
 - I want services and commissioners to understand how my Autism affects me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies;
 - I want Autism to be included in Local Strategic Needs Assessments so that person-centred local health, care and support services, based on good information about local needs, are available for people with Autism
18. Engagement also identified the following key themes:
 - A need for more consistent training and awareness of Autism across all services and staff working in those services;
 - A need to ensure that there are adequate diagnostic services
 - A need for increased communication and sharing of information, across all professionals, to prevent individuals having to repeatedly tell their story;
 - A need for clear advice, guidance and signposting, from staff that understand Autism, to the support available in local communities;
 - A need to ensure sufficient capacity and quality of support available;
 - A need to focus on an individual's health and well-being, not their diagnosis.

⁶ <https://www.staffordshire.gov.uk/Care-for-all-ages/Whole-life-disability-strategy/Implementation-plans-Autism.aspx>

Outline of the Plan

19. The Council and CCGs aspire to develop a society that is Autism friendly, which values and supports those with Autism, and their family and/or carers, to maintain their health and wellbeing. Therefore, we have placed emphasis on prevention to avoid, reduce or delay dependency on health and social care services by increasing the resilience of individuals and communities.
20. The Council and CCGs will support the ongoing development of communities to ensure a credible local offer for those individuals with Autism, and their family and/or carers. We will support local communities to develop to be strong and inclusive, be sustainable and support individuals with Autism, and their family and/or carers, to help themselves, enabling us to target our resources for those who are most in need of support.
21. The Council and CCGs will ensure that people understand their entitlement to and the benefits of, an assessment and routinely offer one on the appearance of need. Where an assessment identifies care and support needs, we will look to meet those needs with support from their local community in the first instance, avoiding the need for paid for services wherever possible.
22. The Council and CCGs will adopt a whole family approach to system wide assessments, with professionals working together so that the needs of people with Autism, and their family and carers, are identified and responded to appropriately.
23. The Council and CCGs will ensure that staff who undertake assessments, across the wider system, have the appropriate skills, knowledge, competence and training to do so and that they fully involve the individual being assessed if that is what they wish (taking into account their capacity to consent). Where required, access to an independent advocate will be provided.
24. The Council and CCGs will ensure that system wide assessment information is recorded in a timely way, making sure it is comprehensive, accurate, stored safely and shared accordingly to the standards required under data protection legislation so that the need for individuals to repeat their story is kept to a minimum.
25. The Council and CCGs will help those with Autism and their families/carers who are eligible to receive support. We will ensure that they receive the right support, at the right time, and develop plans to help reduce or delay longer term support needs. We will do this in a way which is safe and financially sustainable.
26. The Council and CCGs will work in partnership with people with Autism and their family/carers, as well as a range of organisations across the public sector

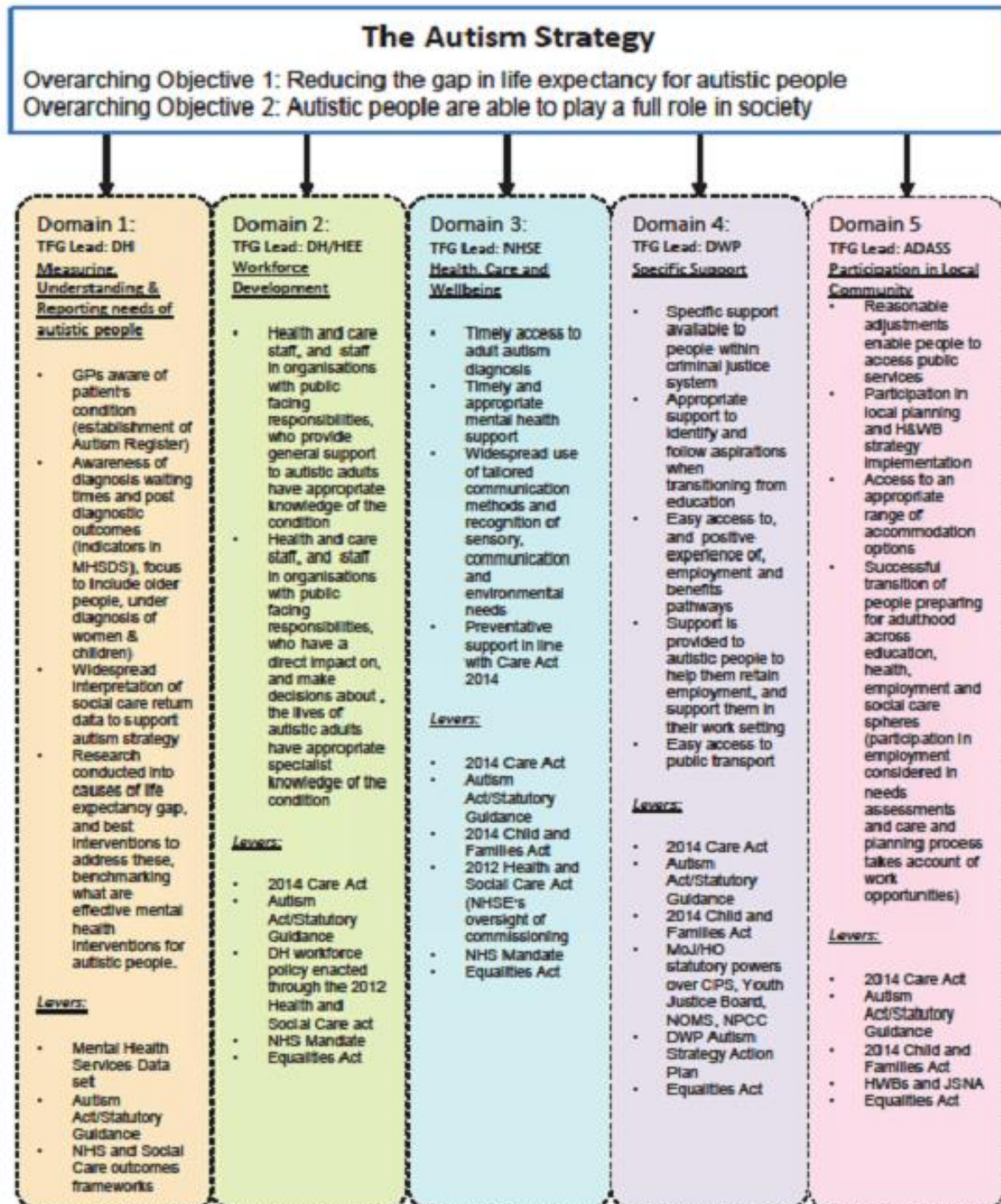
(including NHS Trusts, Department for Work and Pensions, Housing, Education and the Police); private sector (such as providers of care and support); and the voluntary and community sector, to support individuals with Autism and their family/carers’.

27. The full Joint Implementation Plan is included at Appendix 3.

Implementation and governance

28. We will establish an Autism Joint Implementation Group, including people with lived experience, that will oversee implementation of the Plan.
29. The Group will use the Plan as a basis to continue engagement with people with Autism to get their views about prioritising and making changes to local services.
30. The Group will also engage with:
- NHS Trusts
 - Department for Work and Pensions
 - Criminal Justice Services
 - District and Borough Councils
 - NHS and social care team and professionals
 - Specialist and independent providers of services
 - Education providers
 - Commissioners
31. The Group will monitor delivery of the Plan and take into account feedback from people with Autism and the families/carers as well as these other organisations. The Group will produce annual report on progress and achievements.

Appendix 1: five domains for national action



Appendix 2: Outline Needs Assessment




Children and young people

32. The total number of children and young people identified with ASD at school in Staffordshire was 2000 in 2019. The number of children and young people with Autism known to schools is shown in Figure 1 with figures per 1,000 pupils. There are more children and young people identified than in comparator authorities.

Figure 1: children and young people identified with Autism at school per 1,000 pupils

Area	Value	Lower CI	Upper CI
England	12.5	12.4	12.6
West Midlands region	12.8	12.6	13.0
Birmingham	17.7	17.2	18.3
Coventry	21.5	20.4	22.7
Dudley	9.1	8.3	10.0
Herefordshire	8.1	7.1	9.3
Sandwell	5.5	4.9	6.1
Shropshire	6.0	5.3	6.7
Solihull	23.7	22.2	25.2
Staffordshire	14.0	13.4	14.7
Stoke-on-Trent	6.6	5.8	7.4
Telford and Wrekin	10.3	9.2	11.5
Walsall	8.6	7.9	9.4
Warwickshire	13.1	12.3	13.8
Wolverhampton	5.3	4.7	6.1
Worcestershire	9.6	9.0	10.3

Source: Department for Education statistical collections: Special Educational Needs, local authority tables
<https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

Average 
 Below Average 
 Above average 

33. The report Prevalence of Disorders of the Autism Spectrum in a population cohort of children in South Thames: the Special Needs and Autism Project (SNAP)⁷, found that 55% of those with ASD have an IQ below 70

⁷ Baird, G. et al, The Lancet, 368 (9531), pp. 210-215, 2006

Adults

34. Nationally, as well as locally, there is limited data relating to Autism. National figures⁸ are published about people with disabilities including people with Autism. The information below is based on a Report from the Adult Psychiatric Morbidity Survey 2007, published by the Health and Social Care Information Centre in September 2009.
35. The prevalence of Autistic Spectrum Disorder (ASD) is 1.0% of the adult population in England, using the threshold of a score of 10 on the Autism Diagnostic Observation Schedule to indicate a positive case. The prevalence among men (1.8%) is higher than that among women (0.2%), which fits with the profile found in childhood population studies.
36. These prevalence rates have been applied to ONS population projections of the 18+ population to give estimated numbers of people with ASD in Staffordshire (Table 1).

Table 1: People aged 18+ predicted to have ASD, projected to 2035					
	2019	2020	2025	2030	2035
Males aged 18-24	632	617	592	643	646
Males aged 25-34	961	961	943	878	887
Males aged 35-44	889	895	956	999	983
Males aged 45-54	1,136	1,112	967	929	990
Males aged 55-64	1,042	1,064	1,147	1,091	961
Males aged 65+	1,607	1,631	1,771	1,955	2,111
Total Males	6,267	6,280	6,376	6,495	6,578
Females aged 18-24	61	59	58	63	63
Females aged 25-34	100	100	96	89	91
Females aged 35-44	100	101	106	108	104
Females aged 45-54	127	124	109	105	111
Females aged 55-64	118	121	129	123	109
Females aged 65+	206	209	225	246	264
Total females	712	714	723	734	742

37. Some very able people with ASD may never come to the attention of services as having special needs, because they have learned strategies to overcome

⁸ <https://www.pansi.org.uk> and <https://www.poppi.org.uk/>

any difficulties with communication and social interaction and found fulfilling employment that suits their particular talents.

38. Other people with ASD may be able intellectually, but have need of support from services, because the degree of impairment they have of social interaction hampers their chances of employment and achieving independence.
39. The National Autistic Society⁹ states that 'estimates of the proportion of people with Autism Spectrum Disorders (ASD) who have a Learning Disability, (IQ less than 70) vary considerably.
40. The problems people with Autism have in understanding social interactions, having sensory acuity that can easily lead to overwhelming anxiety and reaction and other associated issues, can mean that they become involved with criminal justice agencies because of their disability rather than through intention or be subject to bullying or harassment.
41. People with Autism require equal accessibility to physical and mental health services to ensure that any such additional needs are identified and supported within the appropriate service.

⁹ <https://www.autism.org.uk/about/what-is/myths-facts-stats.aspx>

Appendix 3: Joint Implementation Plan

Outcomes to be achieved	Actions			
	Priority	By April 2021	By April 2022	Longer term
1. An equal part of my local community				
<ul style="list-style-type: none"> I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of Autism 		Availability of awareness raising and establish and promote relevant information links on LA and CCG Websites	Wider awareness raising across public, private and voluntary sectors	
<ul style="list-style-type: none"> I want my views and aspirations to be taken into account when decisions are made in my local area. I want to know whether my local area is doing as well as others 		Membership of Autism Implementation Group to include people with Autism and their support networks	Engagement in Health and Well Being processes	Benchmarking information with other LAs and CCGs
<ul style="list-style-type: none"> I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low-level support 		Autism Implementation Group to review information available through Staffordshire Connects and CCG equivalent websites	Further refine links following Information Advice and Guidance review	Work to promote and support an increase in appropriate groups in local communities
<ul style="list-style-type: none"> I want everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am. I want staff who work in them to be aware and accepting of Autism 		Autism Implementation Group to agree to awareness raising programmes for statutory services	Autism Implementation Group to agree and progress how we better engage and involve Private Sector	Look to establish and embed "Autism Friendly" kite mark
		Awareness raising and information for all public services	Autism Implementation Group to develop plan for wider employer awareness raising	
<ul style="list-style-type: none"> I want to be safe in my community and free from the risk of discrimination, hate crime and abuse 		Autism Implementation Group to include representation from Law Enforcement agencies	Autism specific Hate Crime and Abuse report for local areas	

<ul style="list-style-type: none"> I want to be seen as me and for my gender, sexual orientation and race to be considered 		Equalities review of current service delivery		
Outcomes to be achieved	Actions			
	Priority	By April 2021	By April 2022	Longer term
2. The right support at the right time during my lifetime				
<ul style="list-style-type: none"> I want Autism to be included in the local strategic needs assessment so that person centred local health, care and support services, based on good information about local needs, is available for people with Autism 	✓	Include Autism in the JSNA	Autism Implementation Group to include role of specialist services in developing approaches to support and needs planning	
<ul style="list-style-type: none"> I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnosis process 	✓	Review of the NHS diagnosis pathway (adults and children) and seek to ensure access to equitable services County Wide	Revised pathways and support approaches in place	
<ul style="list-style-type: none"> I want staff in health and social care services to understand that I have autism and how this affects me 	✓	Identify Autism champions in Health and Social Care services	Identify Autism Champions with wider partners	Review options for alternatives to face to face appointments (e.g GPs)
		Awareness raising and information programme		Consider introduction of Autism Passport
<ul style="list-style-type: none"> I want to know that my family can get help and support when they need it 	✓	Review Information, Advice & Guidance offer	Promote wider awareness raising of support available to Carers (e.g assessments, IA&G, respite etc)	
<ul style="list-style-type: none"> I want services and commissioners to understand how my Autism affects me 	✓	Include people with lived experience on the Autism Implementation Group	Review of Autism friendly approaches to Aging	

differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies		New Preparing for Adulthood process and SEND plans	Review of End of Life Care	
		Improve joint working between LAs and CCGs		
Outcomes to be achieved	Actions			
	Priority	By April 2021	By April 2022	Longer term
<ul style="list-style-type: none"> I want people to recognise my Autism and adapt the support they give me if I have additional needs such as a mental health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging 		Analysis of effective interventions for people who are autistic with additional mental health problems	Development of quality standards in commissioned services	Review of housing opportunities
		Application of reasonable adjustments to Council and NHS services to improve access and support	Application of reasonable adjustments to other public services to improve access and support	
		Implement quality reviews using people with lived experience	Publicity and awareness campaign in Health care settings	Review of Autism awareness and specialist delivery in NHS and SCC contracted services
<ul style="list-style-type: none"> If I break the law, I want the criminal justice system to think about Autism and to know how to work well with other services 		Awareness raising and information for Law Enforcement agencies and their inclusion in the Autism Implementation Group	Partnership Review with Criminal Justice services	
3. Developing my skills and independence and working to the best of my abilities				

<ul style="list-style-type: none"> I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible 		<p>Awareness raising and information for services through web- based platforms and focus on SCC depth training</p>	<p>Publicity campaign as well as awareness raising</p>	
<ul style="list-style-type: none"> I want support to get a job and support from my employer to help me keep it 		<p>Partnership review with DWP and inclusion on Autism Implementation Group</p>	<p>Awareness raising for Employers in public, private and voluntary sectors</p>	<p>Review options for autism specific job coaching and buddy systems with partners (e.g. DWP)</p>
			<p>Monitoring of impact on employment outcomes.</p>	

Autism Engagement Feedback

APPENDIX 2

Background and Context

During September and October 2019, a series of engagement events were undertaken with providers of Social Care and Health services, professionals and most importantly people with lived experience of Autism, to inform the development of this Plan. The events were intended to explore what life was like for people with Autism and their carers, and how well the Council and Clinical Commissioning Groups were perceived to be performing against the 15 “I Statements” from the “Think Autism” national strategy. To supplement the engagement events the Council also established an on-line survey for people unable to attend the events or whom wished to contribute in this way.

The key outcome of this engagement process is that people have told us that, of the 15 national “I Statements” they feel the most important for them and therefore the areas the Council and CCG need to primarily focus on are:

- I want services and commissioners to understand how my Autism affect me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies;
- I want to know that my family can get help and support when they need it;
- I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process;
- I want staff in Health and Social Care services to understand that I have Autism and how that affects me;
- I want Autism to be included in Local Strategic Needs Assessments so that person-centred local health, care and support services, based on good information about local needs, are available for people with Autism

This engagement process also identified the following key themes:

- A need for more consistent training and awareness of Autism across all services and staff working in those services;
- There is a lack of support, timely or otherwise, particularly for those aged 18 years and above and post diagnosis;
- A need for increased communication and sharing of information, across all professionals, to prevent individuals having to repeatedly tell their story;
- Concerns raised specifically in relation to the recent changes in the CCG’s provision of Diagnostic services
- A need for clear advice, guidance and signposting, from staff that understand Autism, to what is available in local communities whether that be from the public, private or voluntary sectors
- Need to focus on an individual’s Health and Wellbeing, not their diagnosis

To refresh the Autism Implementation plan, engagement was undertaken with individuals with lived experience, families, carers, professionals and providers of services to find out how well we are delivering on the 15 ‘I’ statements that are part of the ‘Think Autism’ national strategy. The statements have been grouped into three key areas as follows:

An equal part of my local community

1. I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of autism.
2. I want my views and aspirations to be considered when decisions are made in my local area. I want to know whether my local area is doing as well as others.
3. I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low-level support.
4. I want the everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am. I want the staff who work in them to be aware and accepting of autism.
5. I want to be safe in my community and free from the risk of discrimination, hate crime and abuse.
6. I want to be seen as me and for my gender, sexual orientation and race to be considered.

The right support at the right time during my lifetime

7. I want autism to be included in local strategic needs assessments so that person-centred local health, care and support services, based on good information about local needs, are available for people with autism.
8. I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process.
9. I want staff in health and social care services to understand that I have autism and how this affects me.
10. I want to know that my family can get help and support when they need it.
11. I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies.
12. I want people to recognise my autism and adapt the support they give me if I have additional needs such as a mental health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging.
13. If I break the law, I want the criminal justice system to think about autism and to know how to work well with other services.

Developing my skills and independence and working to the best of my ability

14. I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible.
15. I want support to get a job and support from my employer to help me keep it.

Attendance at events and online submissions

Three drop-in events were held. One for professionals and providers, and two for individuals with lived experience, families and carers. There has also been the option to complete an online questionnaire.

21 people attended the event for Professionals and Providers.

31 people attended the event for people with lived experience, families and carers events.

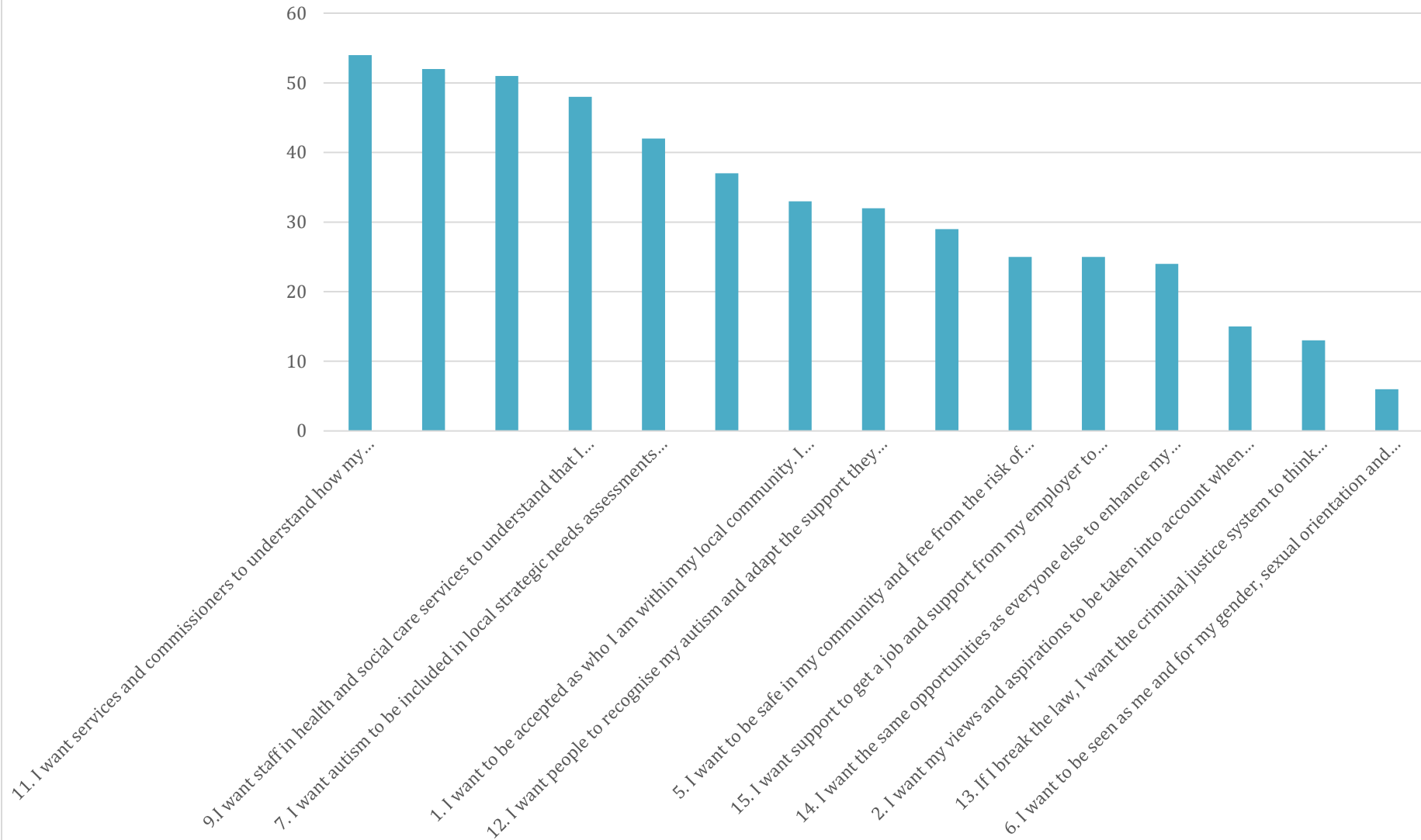
83 people submitted a response to the online questionnaire.

Top 5 Priorities

Overall the following top five statements (in no particular order) were identified to be the most important to address, in order to improve people's lives in a meaningful way.

- Statement 7 - I want autism to be included in local strategic needs assessments so that person-centred local health, care and support services, based on good information about local needs, are available for people with autism.
- Statement 8 - I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process.
- Statement 9 - I want staff in health and social care services to understand that I have autism and how this affects me.
- Statement 10 - I want to know that my family can get help and support when they need it.
- Statement 11 - I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies.

Top 5 Priorities



Summary Feedback

1. An equal part of my local community

Individuals with lived experience, families and carers	<p>Positive: A few people commented that we are doing well. Comments included:</p> <ul style="list-style-type: none"> Experiences of professionals that understand autism make a huge difference. Ad hoc examples given of a doctor, local PCSO's, community psychiatric nurse and a provider. Facebook is good at looking at what is available in the local area.
	<p>Neutral: Some people commented that we are not doing so well. Comments included:</p> <ul style="list-style-type: none"> All residential and day care services need to have knowledge and training around autism and an internet connection. Local charities and people with lived experience help. More could be done with proper funding of services.
	<p>Negative: Most people commented that we are not doing well at all. Comments included:</p> <ul style="list-style-type: none"> Lack of knowledge on what is on offer in the community and support available. Also need support to access this information e.g. a helpline or a handbook Lack of support for carers Lack of understanding of autism particular noted around NHS services, rely on the families to understand the individual – continuous training needed No coordinated approach to support and no communication between services. If Health and Social Care cooperated would create a more successful service. Lack of reasonable adjustments Lack of understanding around appointments for individuals, length of time offered, the right approach to take, understanding the anxieties the person is experiencing etc Autism isolates the individual and the family – suggested community champions, support plans to be more inclusive of the community People are not safe in the community People with autism and their families are judged
Professionals and Providers	<p>Positive: A few people commented that we are doing well. Comments included:</p> <ul style="list-style-type: none"> Good support provided by voluntary organisations in North Staffordshire
	<p>Neutral: Some people commented that we are not doing so well. Comments included:</p> <ul style="list-style-type: none"> Lacking in support for adults I think a lot of training has been done around autism. However, there is a lack of skills for people to adapt their knowledge to support individuals

	<ul style="list-style-type: none"> • Main worry is the future, when parents and carers are no longer around • Sexual health services and education are needed • There are various communities (online, social, geographical and peer etc) • One size does not fit all. Everyone presents differently <p>Negative: Most people commented that we are not doing so well. Comments included:</p> <ul style="list-style-type: none"> • Not enough awareness and true understanding of autism • Everything stops when the person reached 18 years of age • Not enough activities and support available. It is not known what is available • Most people want basic human rights • Reorganisation of services, threshold criteria changes don't help • There is too much emphasis on support from the voluntary sector • Education of the general public is needed
Online Survey	<p>Positive: Some people commented that we are doing well. Comments included:</p> <ul style="list-style-type: none"> • Not the me part, but my race, gender, sexuality and religious views are less well accepted • Race and sexual orientation have a much bigger understanding and acceptance than autism <p>Neutral: Some people commented that we are not doing so well. Comments included:</p> <ul style="list-style-type: none"> • People don't need to be experts, but a basic understanding would be good. Suggested an autism friend programme in the same way as the dementia friends programme • People are often willing to make adjustments but are unaware of what these might be. If I am struggling with communication explain these can be an extra burden. Training or a guide of simple steps that managers within SCC NHS should help my constant need to explain • Waiting rooms for services are not autism friendly • Although Staffordshire have an online portal as a single point of contact for this info most families still do not know about it. The info within Staffordshire connects isn't always easy to navigate either even for those who are good with technology! You have to have an idea of what it is your looking for to even be able to find it so it's not helping families that are feeling isolated or lost and have no idea what's available to them

	<p>Negative: Most people commented that we are not doing well. Comments included:</p> <ul style="list-style-type: none"> • There is very little evidence locally of any interventions to make life easier for people with autism • No services or support groups available to help or is a postcode lottery or limited. Support groups also need to be inclusive or working parents and run at times to suit this. Support needed post diagnosis. • Had a bad experience where an employer would not make reasonable adjustments for me • A recognised information pathway to find information on connecting with specific groups, organisations attached to learning disabilities is needed • Services are based in Stafford and it can be difficult for people with autism to travel • I couldn't carry on at College so left. I am not support and have been left 'to get on with it' • Issues with bullying at school and in the community. People with autism do not feel safe wherever they go • Perhaps providing formal training opportunities for NHS and SCC staff and opportunities to talk to autistic people could will develop awareness and then understanding before acceptance • Many people commented on the loss of the expertise of Midlands Psychology and feel unsure as to what is available • Issues around accessing CAMH's Services were highlighted • Our experience of hate crime with our child and within education has been mentally damaging for our son, he is scared to go out of the house, anxiety has increased, and he suffers with severe depression
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2. The right support at the right time during my lifetime

<p>Individuals with lived experience, families and carers</p>	<p>Positive: A few people commented that we are doing well. Comments included:</p> <ul style="list-style-type: none"> • The Police have been good in the local area and when a person with autism went missing
	<p>Neutral: Some people commented that we are not doing so well. Comments included:</p> <ul style="list-style-type: none"> • Better behaviour support and planning needed • Transition across all services needs to be better • Suggested the use of an autism passport • Looking at the future when carers and family no longer able to care. Limited work undertaken around future planning • Accessibility of services, not all people with autism want to go and meet a GP face to face. • Need autism friendly organisations • Improvements needed for help and support in crisis situations
	<p>Negative: Most people commented that we are not doing well at all. Comments included:</p>

	<ul style="list-style-type: none"> • More training needed for staff when questioning people with autism • Once have a diagnosis, then what? No support offered • Services and places are not autism friendly or are slow to adopt the approach • Individuals are 'shoe horned' into services instead of services being flexible and appropriate for them. We are all individuals with differing needs • System is too hard to navigate to get help and support in the home • We are not smart enough with the services we offer. Being smart does not mean you have to spend money • Need individuals and families to be safe at home – this is not always the case due to lack of support • Some people, due to the lack of support, can end up in the criminal justice system • Lack of training and awareness especially in the education system. Some not getting the best out of education and come are not getting any • Parents feel they are in a constant battle trying to get support for their child • Lack of training, awareness and understanding across all organisations • Long wait time for diagnosis and assessments and sometimes they are not good • Families and carers are not involved in each step when they should be • Personal and person-centred approach has to be just that, discretion to adapt to the persons needs. Support planning needs to be consistent and real, encompassing the individual needs even if outside of the norm or usual pathways • Transparency and communication are lacking across all stakeholders • Services are discriminating against me because I cannot access the mental health service, they discharged me because of my autism • Assessments have to be done with families not to families and young people. With dignity and experience and understanding. This is not happening • Regular quality assurance checks of assessments and more accountability in all areas is needed
Professionals and Providers	<p>Positive: A few people commented that we are doing well. Comments included:</p> <ul style="list-style-type: none"> • There is a growing knowledge around autism • The Carers Hub is piloting an autism roadshow in Tamworth • The Autism Outreach Team offer a great service <p>Neutral: Some people commented that we are not doing so well. Comments included:</p> <ul style="list-style-type: none"> • Services and Commissioners need to be up to date on resources and forward thinking • Advocacy and person-centred support tools are not at the forefront as it once was • Reliance on voluntary sector provision – should all be joined up • People get in the Criminal Justice system due to lack of support. There is little understanding of autism in the

	<p>prison service</p> <ul style="list-style-type: none"> • Assessments can be lengthy • More involvement in transition is required <p>Negative: Most people commented that we are not doing well at all. Comments included:</p> <ul style="list-style-type: none"> • Huge differences between North and South diagnostic services • Some mental health services will not work with individuals until they have had an autism assessment which creates delays • Families often have to reach crisis point before they get support • Lack of accessible information for children and young people • All comes down to lack of funding • Many services feel ill equipped to work with adults with autism • It is not clear who does what and when. Passed around between services
Online Survey	<p>Positive: A few people commented that we are doing well. Comments included:</p> <ul style="list-style-type: none"> • The independent support groups that are in place are going above and beyond for parents and children • Really good support from the Autism Outreach Team in transition to reception this year • Contact with Staffs police has been structured, polite and positive <p>Neutral: Some people commented that we are not doing so well. Comments included:</p> <ul style="list-style-type: none"> • Mixed experiences of diagnosis and the Autism Outreach Team • Awareness is increasing but still poor • People claim to understand however they are very patronising • Schools struggle to understand autism and how it can affect children and importantly how to help children through the school day • The only support families get is peer support • Sainsburys recently introduced a sunflower lanyard to identify people with hidden disability's which is a big help. More providers need do this • I have no experience of the Criminal Justice System as yet, but this is something I really worry about <p>Negative: Most people commented that we are not doing well at all. Comments included:</p> <ul style="list-style-type: none"> • People are uncertain about the new diagnostic for children. Waiting lists have now come into force when they were not there previously and there is feeling of lack of support after diagnosis. Not the same service • Lack of support and some families had to pay privately because of this • People feel support has been removed in a number of cases • There is limited support for parents and their wellbeing • Autism does not fit well into existing services

	<ul style="list-style-type: none"> • Some people felt that changes are done with finances rather than service users in mind causing unnecessary distress • Concerns raised as residential overnight stays have been stopped • Struggling at school as they are unable to implement autism strategies without diagnosis • More support is needed for those going through significant change • Autism and Mental Health services need to be joined up • Support for all transition scenarios is lacking
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3. Developing my skills and independence and working to the best of my ability

Individuals with lived experience, families and carers	<p>Positive: A few people commented that we are doing well. Comments included:</p> <ul style="list-style-type: none"> • Local charities work well to support people. They need more funding • Help from an Occupational Therapist would help people to be more independent
	<p>Neutral: Some people commented that we are not doing so well. Comments included:</p> <ul style="list-style-type: none"> • Lack of reasonable adjustments and understanding from employers • Transport can be a huge issue • Job Centre Plus staff need to have proper training and understand that a person with autism will still need support once they have started the job • The respite offer does not include people with autism • Increase in training, awareness and understanding needed across all stakeholders at all levels • Include training at university
	<p>Negative: Most people commented that we are not doing well at all. Comments included:</p> <ul style="list-style-type: none"> • Support is needed throughout including when looking for a job • There is a need for job coaching for people with autism. There is a need for a mentor or a buddy to help and support the person in the workplace • There is a lack of support around paperwork for carers • There is a lack of individualised communication • Lack of local transport links • A wider range of support is needed outside of normal working hours • Professionals expect too much of people with autism to integrate into 'normal life' • There is a lack of clear pathways for people to navigate • Job Centre Plus has no system in working with people with autism

	<ul style="list-style-type: none"> • Employers need to understand complexities and have patience • Post college / university too many fall off a cliff edge and are left unable to find anything suitable for them to do • Better opportunities at college needed • Life skills training is lacking • Lack of support to enable people to become independent • Independence is about what the young person wants and not what society expects. Listen to them and family
Professionals and Providers	<p>Positive: A few people commented that we are doing well. Comments included:</p> <ul style="list-style-type: none"> • All jobcentres can offer 'retention' a neutral body to work with customers and employer with agreement of all parties with the aim of the customer staying in employment
	<p>Neutral: Some people commented that we are not doing so well. Comments included:</p> <ul style="list-style-type: none"> • All job centres are working with employers on our disability confident scheme to encourage employers to offer employment to people with disabilities - we need to do more • Life skills are encouraged in special school – what happens when my child leaves education? • Some people will never be able to work in formal employment. Their skills are lost because the benefit system does not recognise the value of volunteer roles.
	<p>Negative: Most people commented that we are not doing well at all. Comments included:</p> <ul style="list-style-type: none"> • There is a massive reduction of work opportunities and support for people with autism • Transport funding cuts are creating huge barriers to engagement, inclusion and independence • Support available to employers is limited. Creates a barrier for employers. If support was there employers could directly employ more people with autism • Lack of understanding of people's difficulties and how they might develop skills
Online Survey	<p>Positive: A few people commented that we are doing well. Comments included:</p> <ul style="list-style-type: none"> • Current school and autism outreach doing well
	<p>Neutral: Some people commented that we are not doing so well. Comments included:</p> <ul style="list-style-type: none"> • Education is key to finding meaningful employment • Getting on the employment ladder is important, but anxiety provoking. Opportunities need to be given to allow people to show their skill set • People have a job but have struggled at times to remain in employment
	<p>Negative: Most people commented that we are not doing well at all. Comments included:</p> <ul style="list-style-type: none"> • More organisations across Staffordshire should be creating opportunities for people with Autism. There are not enough opportunities or understanding • I would like to do so much more with my life, however I am getting held back by the lack of support available • There is no flexibility in support

	<ul style="list-style-type: none"> • There are not many people with special educational needs and disabilities working in the community • No experience as yet and would not know where to go for support • No confidence or encouragement to join in • Some have been turned away by the job centres
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What is missing?

Of the 15 statements, above, we asked stakeholders if they thought there was anything else that is missing. Comments included:

- Missing early intervention
- Is there an ethical framework and Quality Performance Assessment for the third sector/ voluntary organisations on what they offer?
- Need to focus on health and wellbeing and not the diagnosis. We all want the 'I' statements
- Resource Front Door adequately - staff who understand what is out there for people with autism. A staff lead in Staffordshire Cares
- No services available for people who are an elective mute
- Consultation with people with autism on what they would like to see
- Affordable housing with is appropriate
- Crisis intervention
- School holiday and respite support, social clubs
- Lack of adult services
- Create a gallery of successful inspirational local autistic people or a place to display artwork in Staffordshire Place



Staffordshire
County Council

Community Impact Assessment – Checklist and Executive Summary

Name of Proposal: Staffordshire Autism Joint Implementation Plan 2020-2023

Project Sponsor: Dr Richard Harling, Director of Health & Care

Project Manager: Richard Deacon, Commissioning Manager, AAD & Mental Health

Date: 03/01/20

Final Checklist

Prior to submitting your Community Impact Assessment (CIA), please ensure that the actions on the checklist below have been completed, to reassure yourself/ SLT/ Cabinet that the CIA process has been undertaken appropriately.

Checklist	Action Completed	Comments/Actions
The project supports the Council's Business Plan, priorities and MTFS.	✓	
It is clear what the decision is or what decision is being requested.	✓	Officers are presenting a draft Autism Joint Implementation Plan to Healthy Staffordshire Select Committee for comment/approval before going to Cabinet on the 18 th March 2020
For decisions going to Cabinet, the CIA findings are reflected in the Cabinet Report and potential impacts are clearly identified and mitigated for (where possible).	✓	
The aims, objectives and outcomes of the policy, service or project have been clearly identified.	✓	
The groups who will be affected by the policy, service or project have been clearly identified.	✓	
The communities that are likely to be more adversely impacted than others have been clearly identified.	✓	
Engagement / consultation has been undertaken and is representative of the residents most likely to be affected.	✓	Engagement has been undertaken with providers, professionals and people with lived experience of Autism and this feedback has been used to inform the Plan.
A range of people with the appropriate knowledge and expertise have contributed to the CIA.	✓	The CIA has been informed by the content of the Plan, which has included the involvement of relevant individuals in its drafting
Appropriate evidence has been provided and used to inform the development and design of the policy, service or project. This includes data, research, engagement/consultation, case studies and local knowledge.	✓	
The CIA evidences how the Council has considered its statutory duties under the Equality Act 2010 and how it has considered the impacts of any change on people with protected characteristics.	✓	
The next steps to deliver the project have been identified.	✓	Approval by Cabinet in March 2020. There is an Implementation Plan and there are plans to establish an Autism Joint Implementation Group (including people with lived experience) to oversee it's delivery.

	Which groups will be affected?	Benefits	Risks	Mitigations / Recommendations
PSED	Disability	The Plan is joint across the	Risk of complaint and	The Council held a range of

Executive Summary

The Executive Summary is intended to be a collation of the key issues and findings from the CIA and other research undertaken. This should be completed after the CIA and research has been completed. Please structure the summary using the headings on the left that relate to the sections in the CIA template. Where no major impacts have been identified, please state N/A.

What are the impacts on residents with a protected characteristic under the Equality Act 2010?
 Highlight any concerns that have emerged as a result of the equality analysis on any of the protected groups and how these will be mitigated. It is important that Elected Members are fully aware of the equality duties so that they can make an informed decision, and this can be supported with robust evidence.

Age

Impact on SCC Staff

Council and CCGs and applies to people with Autism and people with Autism with additional Mental Health and/or Learning Disability needs so that meaningful and seamless pathways to care are available. The Plan aims to:

- encourage all services and organisations to “think autism” and aspires to develop a society that is Autism friendly, which values and supports those with Autism, and their family and/or carers, to maintain their health and wellbeing, placing an emphasis on prevention to avoid, reduce or delay dependency on health and social care services by increasing the resilience of individuals and communities ;
- focus on the 15 priorities (“I Statements”) from the Government’s Think Autism Strategy;
- maximise opportunities to help autistic people in Staffordshire to live fulfilling lives and feel part of society;
- bring together organisations that fund and provide care and support and redesign services so they can continue to meet people’s needs and make best use of resources available
- commit both SCC and the CCGs to support the ongoing development of communities to ensure a

challenge from people with Autism and/or their family and carers, as well as wider organisations, who may feel the Plan does not fully address their areas of concern

engagement activities to inform the development of the wider Whole Life Disability Strategy, this Plan being part of the approach to achieving it’s vision, as well as further engagement activities specific to Autism (jointly with CCG colleagues) during September and October 2019 to support development of this Plan. The main themes emerging from the engagement are highlighted in the Plan.

Health and Care	Mental Health and Wellbeing	See PSED above	See PSED above	See PSED above
<p>How will the proposal impact on residents' health? How will the proposal impact on demand for or access to social care or health services?</p> <p>Page 43</p>	<p>Healthy Lifestyles</p> <p>Access to Social Care</p> <p>Independent Living</p> <p>Safeguarding</p>	<p>The NHS also commits to ensure the whole NHS has an awareness of the needs of people with Autism, working together to improve the way it cares, supported, listens to, works with and improves the health and wellbeing of them and their families</p> <p>This Plan identifies the NHS's commitment to:</p> <ul style="list-style-type: none"> - reducing health inequalities, improving uptake of annual health checks, reducing over medication and taking action to prevent avoidable deaths - offering good quality care to people with Autism and their families by making reasonable adjustments so that they can enjoy equal access to and outcomes from treatment <p>Subject to assessed eligible needs, a support plan will be developed underpinned by personalised outcomes which may include 'Healthy Lifestyles'.</p>		
Economy	Economic Growth	The Plan commits the Council	Local communities unable to	Commissioners to continue to

<p>How will the proposal impact on the economy of Staffordshire or impact on the income of Staffordshire's residents?</p>	<p>Poverty and Income Workplace Health and Environments Access to jobs/good quality jobs</p>	<p>and CCGs to support the ongoing development of communities to ensure a credible local offer for those individuals with Autism, and their family and/or carers. We will support local communities to develop to be strong and inclusive, be sustainable and support individuals, and their family and/or carers, with Autism to help themselves, enabling us to target our resources for those who are most in need of support.</p> <p>The Plan includes our intentions to support people with Autism to develop their skills and independence and work to the best of their ability, which will include support to get a job and support from their employer to help keep it. This will involve working with the DWP as well as wider awareness raising for employers in the public, private and voluntary sectors</p>	<p>provide sufficient and appropriate resources (for example in more remote areas of Staffordshire) to support people with Autism and their family and/or carers</p>	<p>work, alongside the Autism Joint Implementation Group, to oversee the implementation of the Plan, linking in with partners in NHS Trusts, Department for Work and Pensions, District and Borough Councils, specialist and independent providers of services</p>
<p>Environment</p>	<p>N/A</p>			
<p>How will the proposal impact on the physical environment of Staffordshire?</p>				
<p>Localities / Communities</p>	<p>Community</p>	<p>The Plan commits the Council</p>	<p>Local communities unable to</p>	<p>Commissioners to continue to</p>

<p>How will the proposal impact on Staffordshire's communities?</p>	<p>Development/Capacity</p> <p>Crime/Community Safety</p> <p>Educational Attainment and Training</p> <p>Leisure and Culture</p> <p>Volunteering</p> <p>Best Start</p> <p>Rural Communities</p>	<p>and CCGs to support the ongoing development of communities to ensure a credible local offer for those individuals with Autism, and their family and/or carers. We will support local communities to develop to be strong and inclusive, be sustainable and support individuals, and their family and/or carers, with Autism to help themselves, enabling us to target our resources for those who are most in need of support.</p> <p>The Plan commits to awareness raising and information with/for Law Enforcement agencies and their inclusion in the Autism Implementation Group</p> <p>The Plan includes supporting people of all ages with Autism and this will therefore include work with schools/education</p> <p>The Plan will involve working with the DWP as well as wider awareness raising for employers in the public, private and voluntary sectors</p> <p>The Plan affirms that the Council and CCGs aspire to develop a society that is Autism friendly, which values and supports those with Autism, and their family and/or carers, to maintain their health and wellbeing. This will include equitable access to local leisure and cultural opportunities</p> <p>Subject to assessed eligible</p>	<p>provide sufficient and appropriate resources (for example in more remote areas of Staffordshire) to support people with Autism and their family and/or carers</p> <p>We experience difficulties engaging with relevant partners</p>	<p>work, alongside the Autism Joint Implementation Group, to oversee the implementation of the Plan, linking in with partners in NHS Trusts, Department for Work and Pensions, District and Borough Councils, specialist and independent providers of services</p> <p>Commissioners to continue to work, alongside the Autism Joint Implementation Group, to oversee the implementation of the Plan,</p>
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Local Members Interest
NA

Healthy Staffordshire Select Committee - Monday 03 February 2020

Future Model for Carers Services

Recommendation

The Cabinet Member for Health, Care and Wellbeing recommends that the Healthy Staffordshire Select Committee:

- a. Considers and offers feedback on the proposed model for carers services and the outcome of engagement with stakeholders.

Summary

What is the Select Committee being asked to do and why?

1. The Healthy Staffordshire Select Committee is asked to consider and offer feedback on the draft recommendations contained within the appended Cabinet report. Feedback will be used to amend the Cabinet report and recommendations for consideration by Cabinet on 19th February 2020.

Report

Background

2. 'All Together for Carers': a Carers Strategy for Staffordshire was jointly developed by the Council and the five Staffordshire CCGs. It was endorsed by the Health and Wellbeing Board, Healthy Staffordshire Select Committee and Cabinet in Autumn 2019 with final approval by the Cabinet Member for Health, Care and Wellbeing through the delegated decision process in November 2019 following sign off by the CCGs. The Strategy includes a commitment to review carers services.
3. Stakeholders have been engaged with the aim of understanding what does and what does not work well within the current service/pathway and what is important to them from a future carers service. Feedback has been taken into account to develop a future model for carers services and evaluate options for providing this model. A draft Cabinet report and recommendations have been developed as attached (Appendix A).
4. The Healthy Staffordshire Select Committee is asked to consider and offer feedback on the proposed recommendations set out within the draft cabinet report. Feedback will be used to amend the Cabinet report and recommendations for consideration by Cabinet on 19th February 2020.

Link to Strategic Plan

5. The Programme links with the following:

- a. Connected Staffordshire: Staffordshire County Council Strategic Plan 2018 - 2022;
- b. Staffordshire Health & Well-being Strategy 2018 - 2023;
- c. The Whole Life Disability Strategy 2018 - 2023
- d. 'All Together for Carers' A Carers Strategy for Staffordshire: 2019 – 2023.

Link to Other Overview and Scrutiny Activity

6. All Together for Carers': A Carers Strategy for Staffordshire has been presented to the Healthy Staffordshire Select Committee previously in September 2019.

Community Impact

7. Please refer to the draft Cabinet report (Appendix A).

List of Background Documents/Appendices:

Appendix A – Draft Cabinet Report

Contact Details

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Cabinet Meeting on Wednesday 19 February 2020

Future Model of Carers Services



Cllr Alan White, Deputy Leader and Cabinet Member for Health, Care and Wellbeing said:

“Around the county, thousands of people are providing unpaid care for their loved ones. For most carers, this experience is rewarding, however the responsibility for providing care can have a wide-ranging health, wellbeing and economic impact. By ensuring carers are able to access information, advice and guidance on the support available to them, we can ensure they can continue to care for their loved ones, while also taking care of themselves and their own wellbeing.”



Cllr Mark Sutton, Cabinet Member for Children and Young People said:

“Carers make a tremendous contribution to their families, communities, workplace and society. But young carers in particular can find it difficult to know where to go for help and support. We want to make sure that young carers can get the support they need, are able to meet and socialise with other young people in the same situation as them and, most importantly, are able take a break from their caring role. With our proposed future model of services for carers, we hope to ensure all carers can access the support they need, when they need it, to continue

their caring role.

Report Summary:

‘All Together for Carers’: a Carers Strategy for Staffordshire was jointly developed by Staffordshire County Council (SCC) and the five Staffordshire CCGs. It was endorsed by Cabinet in Autumn 2019 with final approval by the Cabinet Member for Health, Care and Wellbeing through the delegated decision process in November 2019 following sign off by the CCGs. The Strategy includes a commitment to review carers services to ensure delivery of the seven priorities identified within the strategy.

Stakeholders have been engaged with the aim of understanding what does and what does not work well within the current service/pathway and what is important to them from a future carers service. Feedback has been taken into account to develop a future model for carers services and evaluate options for providing this model.

Recommendations

I recommend that Cabinet:

- a. Approves the future model of carers services as detailed in this report.
- b. Approves the preferred option (A) for provision of carers services as detailed in this report.
- c. Approves the commencement of a competitive tender process to procure the commissioned element of Option A, as detailed in this Report.
- d. Delegates approval for the contract to be awarded and entered in to with the successful provider(s), following the competitive tender process to the Director of Health and Care.

DRAFT

Local Members Interest
N/A

Cabinet – Wednesday 19 February 2020

DRAFT REPORT: Future Model of Carers Services

Recommendations of the Deputy Leader and Cabinet Member for Health, Care and Wellbeing and the Cabinet Member for Children and Young People

I recommend that Cabinet:

- a. Approves the future model of carers services as detailed in this report.
- b. Approves the preferred option (A) for provision of carers services as detailed in this report.
- c. Approves the commencement of a competitive tender process to procure the commissioned element of Option A, as detailed in this Report.
- d. Delegates approval for the contract to be awarded and entered in to with the successful provider (s), following the competitive tender process to the Director of Health and Care.

Report of the Director of Health and Care and the Deputy Chief Executive and Director for Families and Communities

Reasons for Recommendations:

1. Every day, thousands of people in Staffordshire support an ill, frail or disabled family member, friend or partner. For most carers the experience of looking after someone close is rewarding, however the responsibility for providing care can have a wide-ranging health, wellbeing and economic impact. Carers make a tremendous contribution to their families, communities, workplace and society, Carers UK estimate that unpaid carers save the economy £132 billion per year. It is estimated that there are 148,000 adult carers and 1,950 young carers in Staffordshire. If just 20 carer breakdowns resulting in admission to residential care are avoided, the cost avoided to the public purse is £0.5m per year.

‘All Together for Carers’

2. ‘All Together for Carers’: a Carers Strategy for Staffordshire was jointly developed by the Council and the five Staffordshire CCGs. It was endorsed by the Health and Wellbeing Board, Healthy Staffordshire Select Committee and Cabinet in Autumn 2019 with final approval by the Cabinet Member for Health, Care and Wellbeing through the delegated decision process in November 2019 following sign off by the CCGs

3. The Strategy commits the Council to working in partnership with carers, health and social care providers, communities and employers with the aspiration to develop a society that is carer friendly, which values and supports carers to fulfil their caring role and maintain their health and wellbeing.
4. The Strategy includes a commitment to review carers services to ensure delivery of the seven priorities: improving information advice and guidance, identifying carers, a life outside of caring, staying healthy, assessment and support, crisis management and recognition and value. The emphasis is on prevention to avoid, reduce or delay dependency on health and social care services by increasing the resilience of individuals and communities, in line with the Council's Strategic Plan (Connected Staffordshire), The Whole Life Disability Strategy and 'All Together for Carers'.

Current Carers Services

5. The Council and the CCGs commission a range of carers services that provide the following functions – as set out in Tables 1a and 1b:
 - a. **Information, advice and guidance** for carers, including signposting to a range of support available in the community;
 - b. **Carers assessment and support planning** under the Care Act 2014; and
 - c. **Support to meet assessed eligible needs.**
6. Tables 1a and 1b below, set out the activity and expenditure of these functions in relation to the current carers services.

Table 1a: Current Carers Services – Activity

Providers		Forecast Activity 2019/20
Information, Advice and Guidance		
1	Carers Hub	910 adult carers 25 young carers
2	Staffordshire County Council	<i>The volume of information, advice and guidance provided specifically to carers is not currently recorded separately.</i>
Carers Assessment		
3	Carers Hub	430 adult carers 160 young carers
4	Staffordshire County Council & MPFT	Joint Assessments: 6,250 Separate Carers Assessments: 270
Support to Meet Assessed Eligible Needs		
6	The Carers Hub	430 adult carers 160 young carers
7	Carers Direct Payments	20 carers
8	Home Based Replacement Care	200 Carers supported with 23,000 hours of care
9	Residential Replacement Care	Direct Payments: 90 Contracted: Learning Disabilities - 725 episodes contracted; Older People and Physical Disabilities: 975 episodes contracted

Table 1b: Current Carers Services – Expenditure

Providers		Forecast Expenditure 2019/20 (£k)		
		SCC	CCGs	Total
Information, Advice and Guidance				
1	Carers Hub	86	115	201
2	Staffordshire County Council	<i>The cost of information, advice and guidance specifically for carers is not recorded separately.</i>		
Carers Assessment				
3	Carers Hub	141	189	330
4	Staffordshire County Council & MPFT	<i>The cost specifically of assessments for carers is not recorded separately.</i>		
Support to Meet Assessed Eligible Needs				
6	The Carers Hub <i>inclusive of the Personal Wellbeing Budget</i>	173	297	470
7	Carers Direct Payments			26
8	Home Based Replacement Care	4,060	800	387
9	Residential Replacement Care			4,447
Total		4,460	1,401	5,861

Engagement

7. On the 13th November 2019, the Council launched a period of engagement with carers, professionals and other stakeholders, with the aim of understanding what does and what does not work well within the current service/pathway and what is important to them from a future carers service. The engagement ended on the 3rd January 2020.
8. The engagement was advertised through the Council's webpages, social media and staff e-newsletters, as well as promoted via a press release and through a number of public, private and voluntary organisations. In addition, it was discussed through a number of carer groups and professional boards.
9. People could share their feedback in writing (letter or email), in person (by attending one of three drop-in events across the County) or online (via completion of a survey). Carers could also schedule a one to one telephone discussion with the responsible Commissioning Officer. Table 2 shows the number of responses.

Table 2: Responses to Engagement

Method	Number of responses
Surveys – online, posted and emailed	75
Engagement Events	8
Telephone Calls	3
Carer Support Groups/ Forums	151
Market Engagement Event	13
Young Carer Specific	36

10. The overwhelming feedback was the importance of being able to access information, advice and guidance about where and how to find support: carers said that they found it hard currently to understand what support is available, and whether they are eligible.
11. Feedback also echoed common themes from previous engagement on the 'All Together for Carers', as below. A full summary of the feedback can be found in Appendix One.
 - a. The majority of carers see real benefit in accessing a group in order to develop a support network and have time for themselves outside of their caring role. However not all carers want to attend groups specifically for carers and would prefer to use this time to explore their own hobbies and interests, enabling them to retain a sense of themselves before they became a carer and develop genuine friendships.
 - b. Breaks are invaluable for carers. Many carers favoured a regular break for a few hours over a less frequent short break, in order to provide opportunities to regularly 'recharge their batteries' and maintain relationships.
 - c. The Council and the CCGs should review the carers pathway and current commissioned service to ensure a clear point of contact and access, removing the need for carers to repeat their story and strengthen relationships and joint working, both with each other and with the private, voluntary and community sector, to reduce duplication, improve collaborative working and to ensure that "All Together for Carers" becomes a reality.
12. Specifically, in terms of young carers, key themes identified through the engagement are:
 - a. Young carers felt it was difficult to know where to go for help and support, but once they knew where to ask for help, getting the help itself was easy.
 - b. Whilst their caring role didn't impact on their actual school life, it does have a big impact on being able to do homework and study at home, due to not being able to concentrate and caring taking up much of their time.
 - c. In terms of what help makes the most difference, the majority of young carers stated that being allowed to have a break from caring and meet people in the same situation, is most important, because many of their friends don't understand the difficulties of being a young carer and their opportunities to socialise can be limited due to their caring role.

Future Model of Carers Services

13. Taking into account the feedback from stakeholders and learning from a review of the carers service and pathway, the intention is to develop an integrated future model of carers services that offers:

- a. High quality and easily accessible **information, advice and guidance** that explains where and how to find support and who is likely to be eligible including an initial assessment of need where appropriate and active referral on to the preventative support offer and beyond as necessary;
 - b. An enhanced range of **preventive support in the community** to prevent, reduce or delay the need for additional and higher cost support;
 - c. Further **assessment and support planning** where necessary; and
 - d. Access to **formal support to meet assessed eligible needs** on a basis that is transparent and equitable.
14. The future model includes three services: a **contact point**, a **carers well-being partnership**, and further **assessment and support planning**, with active referral routes and information sharing between them as shown in Figure 1.

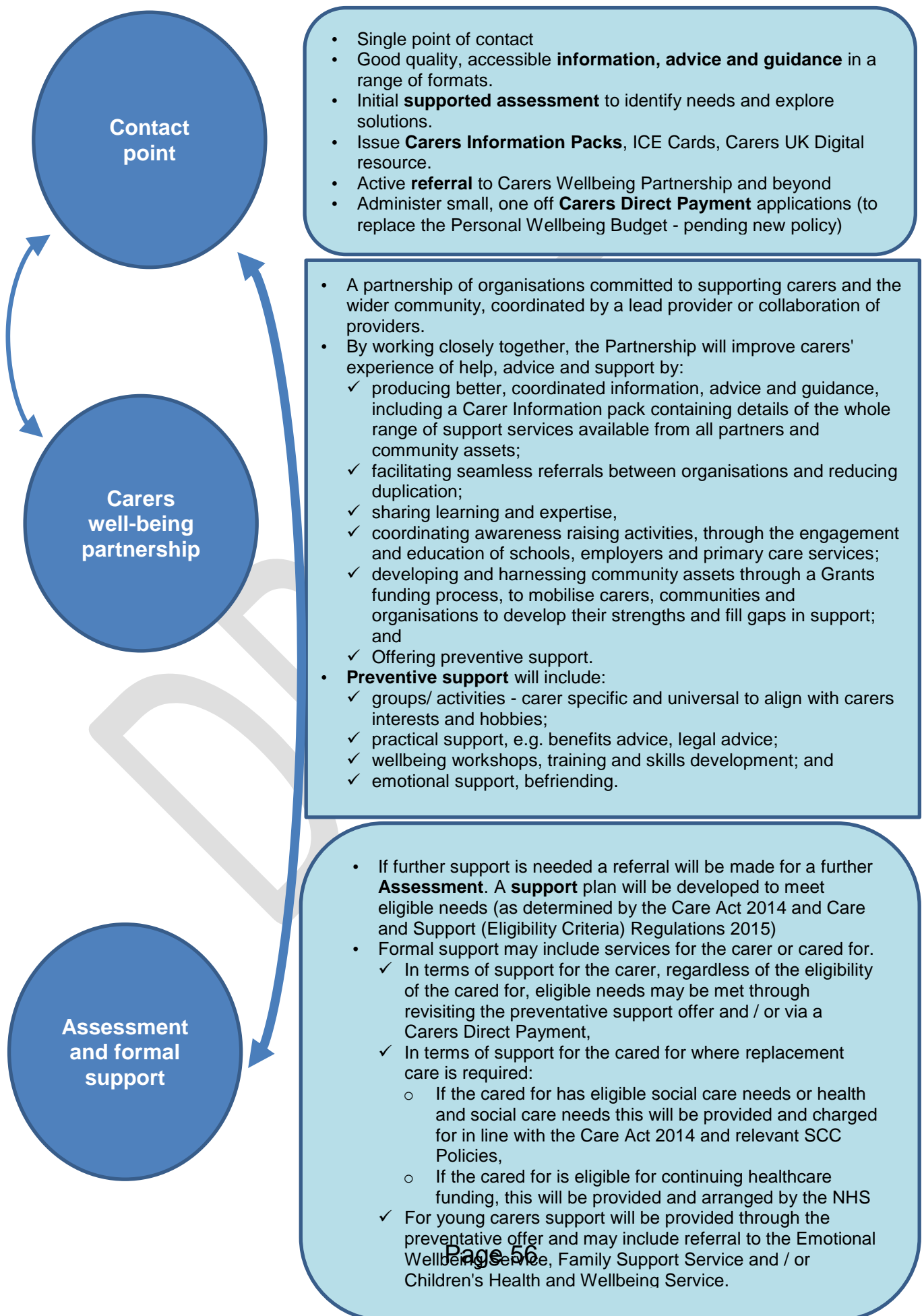
Options for the Provision of Carers Services

15. The future model of carers services needs to achieve the following **outcomes**:
- a) Enable delivery of statutory duties;
 - b) Support delivery of the Carers Strategy;
 - c) Financially sustainable and value for money;
 - d) Offer social value by supporting individual and community resilience; and
 - e) Manage operational and reputational risk.
16. **Three options** for provision of carers services have been identified, as shown in Table 3. These have been evaluated against the outcomes, as summarised below. A summary of evaluation against the outcomes can be found in Appendix Two.

Table 3: Options for the Provision of Carers Services

Option	Contact Point	Carers well-being partnership	Assessment and support planning
A	Directly provided by the Council	Commissioned externally	Directly provided by the Council and MPFT
B	Commissioned externally	Commissioned externally	Directly provided by the Council and MPFT
C	Commissioned externally	Commissioned externally	Commissioned externally

Figure 1: Future Model of Carers Services



Note: The pathway would be flexed to meet the needs of individuals already in receipt of support and allocated a practitioner from the Council.

17. Option A:

Advantages

- Enables the identification of carers who may contact the Council for support for the cared for.
- Single point of contact for carers and the cared for reduces repetition of storytelling.
- The Council already has a single point of contact for multiple support functions that is widely known.
- Existing systems and infrastructure, in terms of back office functions and Council's Care Management System.
- Enables holistic assessment of the carer and cared for.
- It is the Council's statutory duty and function to deliver Care Act compliant assessments.

Disadvantages

- Carer may have to repeat elements of their story when accessing the carers well-being partnership.

Mitigating Actions

- Robust information sharing agreement that adheres to all necessary information governance protocols to enable the sharing of information reducing the need for carers to repeat elements of their story.

18. Option B:

Advantages

- This model overcomes those who may be reluctant to contact the Council to meet their needs as a carer.
- The initial point of contact and support function is likely to be delivered by the same provider reducing handover.

Disadvantages

- Separate route for the cared for and the carer, thus meaning repetition of story
- If a carer requires formal support, there would need to be a handover of information back to the Council and a change in the person providing support.
- Commissioned provider would be unlikely to access the Council's Care Management System to aid in the handover of information.

Mitigating Actions

- Investment would be required in order to resolve data sharing issues.

19. Option C:

Advantages

- This model overcomes those who may be reluctant to contact the Council to meet their needs as a carer.
- The initial point of contact, assessment and support function is likely to be delivered by the same provider reducing handover.

Disadvantages

- Separate route for the cared for and the carer, thus meaning repetition of story.
- If a carer requires specific types of support i.e. replacement care, there would be a handover of information back to the council and a change in the person providing support.
- Commissioned provider would be unlikely to access the Council's Care Management System to aid in the handover of information.

Mitigating Actions

- Investment would be required in order to resolve data sharing issues.

20. The **preferred option A** is for the contact point, and assessment and support planning to be directly provided by the Council and Midlands Partnership NHS Foundation Trust (MPFT), and for the co-ordination of preventative support in the community through a 'carers well-being partnership' to be commissioned externally. Current investment levels will be maintained with an anticipated budget for services as shown in Table 4. By spending less on the contact and assessment functions, we will be able to invest £500k on preventive support in the community and increase the Carers Direct Payment budget by £200k to replace the current Personal Wellbeing Budget.

Table 4: Anticipated Budget for Carers Services under Option A

Providers		Annual Budget (£k)		
		SCC	CCGs	Total
Information, Advice and Guidance				
1	Staffordshire County Council	107	-	107
Preventive support in the community				
2	Carers well-being partnership	-	501	501
Carers Assessment				
3	Staffordshire County Council & MPFT	193	-	193
Support to Meet Assessed Eligible Needs				
4	Carers Direct Payments			226
5	Home Based Replacement Care	4,160	900	387
6	Residential Replacement Care			4,447
Total		4,460	1,401	5,861

Scrutiny Feedback

21. The Cabinet report and recommendations have been considered in draft form by the Healthy Staffordshire Select Committee on 3rd February 2020 and noted the following points for consideration and inclusion:

a. {insert comments as appropriate}

b. {insert comments as appropriate}

c. etc

Community Impact Assessment (CIA):

22. Table 5 summaries the key findings of the CIA. An Executive Summary is included in Appendix Three with the full CIA accessible as a Background Reference Document.

Table 5: key findings of the CIA

Domains	Benefits	Risks	Mitigations / Recommendations
PSED: Disability Age	The recommission of Carers Services is intended to support implementation of the Carers Strategy, which sets out our intention to: <ul style="list-style-type: none"> • help those carers who have eligible assessed needs and provide support in times of crisis, • protect young carers from inappropriate levels of caring, 	We have undertaken a review of our current commissioned support arrangements, in line with the natural end of the contract. As a result, carers may experience a change in their support provider. Risk of complaint and challenge. SCC's carer self-directed support offer will be reviewed which could result in a change to the personalised support options available.	We have undertaken a period of consultation with carers, professionals and other impacted stakeholders through November and December 2019, continuing into early January 2020. Each proposed future delivery option has been evaluated against a series of drivers and tests, which includes how each option takes into account the feedback obtained through engagement with carers, professionals and other impacted stakeholders. To continue to work in partnership with Children's Commissioners and Operational colleagues to shape the strategy and future
Health & Care: Healthy Lifestyles Access to Social Care Mental Health and Wellbeing	The recommission of Carers Services is intended to support implementation of the Carers Strategy, the Strategy outlines the foundations for carers physical and mental health to be supported by early identification, compliant assessments and good crisis prevention within carer friendly communities. We have undertaken a review of the carers pathway to ensure a clear point of contact and access which is equitable.		
Economy: Economic	The future carers service may provide the opportunity for Carer Support providers to		

<p>Growth Poverty and Income Workplace Health & Environments</p>	<p>expand as well as encourage new Providers to the county.</p> <p>The strategy:</p> <ul style="list-style-type: none"> • outlines SCC's intention to signpost Carers who want more information about benefits, grants and financial management, • sets out plans to develop carer friendly workplaces in order to encourage carers into and maintain employment. 		<p>service delivery.</p> <p>TUPE may be applicable, thus providing the potential for continuity of staffing in particular circumstances. Support will be sought from Legal and HR as appropriate.</p> <p>To continue to work in partnership with</p>
<p>Localities/ Communities:</p> <p>Community Development/ Capacity Educational Attainment and Training</p>	<p>The recommission of Carers Services is intended to support implementation of the Carers Strategy the strategy:</p> <ul style="list-style-type: none"> • supports an asset-based approach to drive the development of community capacity • commits SCC to improve the way we work with schools and other agencies who come into contact with children and young people, to better identify young carers. 	<p>There is a high level of demand and expectation of the Community, with limited financial resource to support investment.</p> <p>There is a risk that schools will not actively engage due to competing priorities.</p>	<p>Public Health as part of SCC's Supporting Communities Project and People Helping People Agenda to identify and raise awareness of community capacity as well as identify gaps.</p>

List of Background Documents/Appendices:

Appendix One – Carers Engagement Summary

Appendix Two – Evaluation of Options for the Provision of Carers Services

Appendix Three – Community Impact Assessment – Summary Document

Contact Details

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Appendix One: Carers Future Options Engagement Summary

1. Adult carers feedback obtained through all forms of consultation is summarised as follows:

When you first start to think about your needs as a carer, how would you prefer to find information, advice and guidance?	The majority of Carers advised they would	- Source information, advice and guidance via searching the internet, through a dedicated carers service or by speaking to friends and other carers
	A number of Carers advised they would	- Source information, advice and guidance by speaking to somebody who already knows their story, through social media, the Council's website, or speaking to somebody at their doctor's surgery
	A few carers advised they would	- Source information, advice and guidance via Staffordshire Connects, other support mechanisms such as hospice, school or coffee mornings offered by day opportunity services
When you first tell your story or talk about the information or support you may need, how would you prefer to do this?	The majority of Carers preferred to	- Undertake this face to face either at their home or another location or over the telephone
	A number of Carers preferred to	- Conduct an online self-assessment - Tell their story when they first engage with social care regarding the needs of the person they are caring for
	A few carers preferred to	- Have their assessment conducted at the same time as the person they are caring for's assessment
If you currently access services or receive support as a carer, what works well for you in terms of the support you currently receive?	The majority of Carers responded:	- Having somebody to talk to that understands the caring role - Regular breaks from caring through the provision of replacement care
	A number of Carers responded:	- Having access to the Personal Wellbeing Budget to enable time away from caring to pursue hobbies
	A few responded: carers	- Gaining support to receive carers allowance - Having access to a carer direct payment
If you currently access services or receive support as	The majority of Carers advised	- That they were unaware what support was available, from where and if they were eligible, in particular with regards to the Personal Wellbeing Budget - Existing carers groups are not tailored to the interests or needs of many carers

a carer what does not work well in terms of the support you currently receive?		- Lack of coordinated support, duplication causes confusion
	A number of Carers advised	- The need to constantly repeat your story and the emotional toll this can take - No dedicated support for Young Adult Carers 18-25, groups are either for Young Carers or older adults
	A few carers advised	- There is a lack of employer liaison and support as well as a lack of support with transport
What makes/ would make the biggest positive difference to help you to carry on caring?	The majority of Carers responded:	- Support dealing with benefits and form filling - The ability to have a life outside of the caring role - Talking to somebody with similar experiences or who could offer advice - Access to a range of groups to align with carers interests, needs and age
	A number of Carers responded:	- To know where to access support and eligibility - Support with emergency and contingency planning - Help to find activities that the cared for can access to enable the carer to have a break - Support with odd jobs such as mowing the lawn and collecting prescriptions
	A few carers responded:	- Employer liaison and support - Training to support with the caring role
If attending a regular group would support you to continue caring, which of the following are important to you?	The majority of Carers	- Saw value to existing carers group, however they do not meet the needs of some carers, e.g. young adult carers, working carers or those that would prefer to spend their time away from caring doing something aligned to their hobbies and interests - Wanted to attend groups during the day
	A number of Carers	- Advised that they would like to attend groups in the evening and weekends - Would like to bring the person they are caring for along with them to have fun and make friends to enable the carer to enjoy themselves without worrying
	A few carers	- Reported that they had no interest in attending groups
If you were able to take a break from your caring role how would you prefer to do this?	The majority of Carers	- Prefer to access a regular break for a few hours to socialise and maintain friendships or to pursue their own hobbies and interests
	A number of Carers	- Would prefer to access an annual short break - Would find benefit from a respite budget per annum to use as needed
	A few carers	-
Do you have any other comments or suggestions you would like us to take in to account?	The majority of Carers	-
	A number of Carers highlighted	- The need to ensure information, advice and support aligns to the needs of the person carers are looking after, support needs to be tailored

	A few carers highlighted	<ul style="list-style-type: none"> - that Carers often do not have the time or energy to research things for themselves, effort tends to be invested more in the person being cared for. It would be of great value to be offered regular health checks and moral support in coping with the responsibilities of caring - Support needs to be spread across the County
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2. Professionals & Other Stakeholders feedback obtained through all forms of consultation is summarised as follows:

Do you know where to signpost Carers to obtain an assessment of their needs?	The majority of Stakeholders	- Advised that they knew where to signpost a carer, however in terms of where they would signpost carers this varied from Staffordshire County Council, to the current commissioned service and to other third-party organisations operating in the local area but not currently commissioned by the Council or CCG's
	A number of Stakeholders	-
	A few Stakeholders	- Did not know where to signpost carers
How would you prefer to source information, advice and guidance when supporting or signposting a Carer?	The majority of Stakeholders	- Would source information from a dedicated carers service or the internet
	A number of Stakeholders	- Would speak to colleagues, utilise Staffordshire Connects or the County Council website to source carers specific information
	A few Stakeholders	-
What would be the most effective way for us to communicate any changes to commissioned services or service pathways to you?	The majority of Stakeholders	- Advised that email or attendance at team meetings would be the best way to communicate any changes to services to them
	A number of Stakeholders	- Advised that posters that can be displayed in their place of work would be the best way to communicate any changes to services to them
	A few Stakeholders	- Advised that a digital newsletter or personal face to face meetings would be the best way to communicate any changes to services to them
Through your interaction with carers, what have Carers told you makes/ would make the biggest positive difference to help them to continue caring?	The majority of Stakeholders responded:	<ul style="list-style-type: none"> - An easy way to find and access information, advice and support when needed, including advice about likely eligibility - The opportunity to have some time to themselves - Emergency and contingency planning - Practical support – advice on benefits and form filling - Having someone to phone up and talk to when the caring role gets difficult
	A number of	- Meeting other carers in the same situation

	Stakeholders responded:	- Respite (emergency and regular)
	A few Stakeholders responded:	- Condition specific information - Availability of training that can help them in their caring role, such as first aid and manual handling
Do you have any other comments or suggestions you would like us to take in to account?	The majority of Stakeholders highlighted	-
	A number of Stakeholders highlighted	- A need to improve response times, the identification of carers and the geographical spread of support across the County
	A few Stakeholders highlighted	- The need to specifically improve the offer for specific groups of carers including young adult carers, working age carers and those caring for individuals with poor mental health and Autistic Spectrum Conditions

3. Young carers feedback obtained through all forms of consultation is summarised as follows:

When and how did you first realise you were a Young Carer?	The majority of Young Carers	- Realised they were a young carer between the age of 5 and 9 years of age after being informed by their parents
	A number of Young Carers	- Were informed that they were a young carer by a Young Carers Key Worker or Social Worker
	A few Young Carers	- Realised they were a young carer between the age of 10 and 15 years of age - Were informed that they were a young carer by relative, teacher, doctor or friend.
What happened to make you realise you needed to speak to someone?	The majority of Young Carers advised they	- Were told that they needed to speak to somebody to get help - Experienced a high level of stress which caused them to confide in somebody
	A number of Young Carers advised they	- The person they care for became ill or had an accident - Their caring role became 'too much'
	A few Young Carers advised they	- Realised on diagnosis of the person they are caring for - Felt lonely
Did you feel that you could ask	The majority of Young Carers	- Felt that they could ask for help if needed - Would seek support from their existing young carers service or parents,

for help and did you know where to get it?	A number of Young Carers	- Would seek support from their teachers, other relatives or friends
	A few Young Carers	- Felt that they could not ask for help if needed
Why do you think some Young Carer's don't tell anyone about it or wait a long time to?	The majority of Young Carers felt that	- Young Carers might be scared, anxious or stressed, unsure who to tell or think they can handle it on their own.
	A number of Young Carers felt that	- Young Carers may not want to worry anybody, they don't see anything wrong as it is normal for them or they may be embarrassed or ashamed
	A few Young Carers felt that	- Young Carers may be too shy to speak to anybody, think they are the only person in this position or do not want to bother anybody
Who do you confide in?	The majority of Young Carers	- Advised that they confide in parents or teachers
	A number of Young Carers	- Confide in friends, other family members or a young carer key worker
	A few Young Carers	- Speak to their social worker - Do not want to confide in anybody
Do you prefer to speak to someone you know or someone you don't know?	The majority of Young Carers	- Prefer to speak to somebody they already know
	A number of Young Carers	- Don't have a preference and are just as likely to confide in somebody new to them as somebody they already know
	A few Young Carers	- Prefer to speak to somebody they don't know
How easy do you think it is for a young carer to get help?	The majority of Young Carers	- Advised that it was easy to get help but only if you know where to go
	A number of Young Carers	- Advised that it was hard to know who to speak to in order to get help
	A few Young Carers	-
Does caring have an impact on your school life?	The majority of Young Carers	- Did not feel that caring impacted on their school life but it did impact on their ability to study at home, mainly because they don't have time to undertake homework due to their caring role and they struggle to concentrate
	A number of Young Carers	- Have had to take time off school due to their caring role - Worry about the person they are caring for when they are not at home

	A few Young Carers	- Struggled to undertake home work because parents don't have the time to help
Does caring impact on your friendships?	The majority of Young Carers advised that	- They couldn't have friends at their house or couldn't go out to spend time with friends due to their caring role - Their friends didn't understand the difficulties of being a young carer
	A number of Young Carers advised that	- Caring didn't have an impact on their friendships
	A few Young Carers	-
Thinking about caring, what worries you most?	The majority of Young Carers	- Reported that they worried about the person they care for becoming ill, having an accident and/ or never getting better - Worried about being away from the person they are caring for
	A number of Young Carers	- Advised that they did not worry
	A few Young Carers	- Worried about people not understanding, not being able to cope, the person they are caring for having to go through an operation, relapsing or death
What help has made the most difference to you?	The majority of Young Carers reported:	- Meeting other people who understand the realities of being a young carer - Having a break from their caring role
	A number of Young Carers reported:	- Speaking to someone who understands - Help and support from parents
	A few Young Carers reported:	- Support from school - Found comfort in journaling - Being able to talk about their caring role

Appendix Two: Evaluation of Options for the Provision of Carers Services

Outcomes and Tests

- The following outcomes and tests have been used to evaluate the options for the provision of carers services:

Outcomes	Tests	
Enables delivery of statutory duties and responsibilities <i>(Pass/ Fail)</i>	1	Promotes individual wellbeing, supports the provision of information and advice, and the identification of services, facilities and resources already available within the community, which could be used to meet needs.
	2	Enables the identification of carers of all ages within the authority's area with needs for support
	3	Supports all stakeholders - the NHS*, SCC Adult Social Care and Children's and Families to meet their statutory duties and responsibilities to carers of all ages, in terms of assessment and support planning through a whole family approach.
Supports the delivery of the Carers Strategy	4	Carer support organisations work in partnership with the Council, NHS, third sector, employers, carers, local communities and in collaboration with each other to develop a carer friendly society with a clear focus on maintaining carer health and wellbeing. To make 'All together for carers' a reality.
	5	A clear and wholistic information, advice and support offer embedded within local communities.
	6	Consistency and simplicity of operating model. A clear point of contact and access, underpinned by a clear and equitable pathway, reducing the number of times the carer is required to repeat their story, ensuring those with eligible need receive the right support, at the right time with plans to reduce or delay longer term support needs.
Financially sustainable and value for money	7	Is cost-effective and financially sustainable in the long term
	8	Delivers process and financial efficiencies to drive performance improvements.
	9	To increase reach/ the knowledge of and identification of carers (as per stat duties) - but without increasing dependency on funded services.
Offer's social value by supporting to increase individual and community resilience	10	Provide a safe, equitable and high-quality pathway, that is flexible across the county and
	11	Spreads funding across a number of carer and community support organisations with the aim of increasing our preventative offer reducing the need for costly services/ interventions.
	12	Delivers innovation and creativity to work in more modern, effective and lower cost ways.
Manages operational and	13	Supports and enhances the delivery of council and NHS* agenda's and enablers e.g. "people helping people",

reputational risk		"#doingourbit, #didyouknow, and encourages people to take responsibility for their own health and well-being, and plan for their future, so that we can support those who really need it.
	14	Takes into account the outcome of engagement with carers and other stakeholders, whilst delivering value for money for Staffordshire residents.
	15	Supports Council's strategic priorities e.g. create more better paid jobs for Staffordshire residents, inspire healthy and independent living, access to employment, education and training opportunities, support more families and children to look after themselves, stay safe and well.

Note: *Red* domains are pass/ fail tests.

2. *Specific NHS statutory duties, responsibilities and agenda's relevant to Carers are:
 - a. The social prescribing model,
 - b. The "supporting carers in general practice: a framework of quality markers" from the CQC and the use of the carers toolkit from NHS England in primary care,
 - c. The CCG's Improvement and Assessment Framework (IAF) indicator that carers with a long-term condition feel supported to manage their condition.

Discounted Options

3. Prior to the evaluation, the following options were considered in detail by the Council and the CCG and subsequently disregarded, thus not being formally evaluated:
 - a. **Option D: One commissioned provider delivers all parts of the pathway.**
 - i. Failure to align with the Carers Strategy, in terms of the Council and CCG's commitment improve relationship and collaborative working with voluntary and community sector to ensure that "All Together for Carers" becomes a reality.
 - ii. This option is not consistent with the feedback obtained from carers and other stakeholders who believed funding should be spread across a number of carers support organisations.
 - b. **Option E: The Council delivers all parts of the pathway.**
 - i. For the reasons identified above, and
 - ii. The Council does not have the internal resources to deliver the preventative support element.
 - c. **Option F: Multiple commissioned provider delivers across the pathway including on a locality and specialism basis.**
 - i. Failure to align with the Carers Strategy in terms of providing a clear, single point of contact and access, underpinned by a clear and equitable pathway, reducing the number of times the carer is required to repeat their story and reducing the number of handoffs.

Wider Discussion Points

4. During the options evaluation the following discussion points were noted by the evaluation panel as key:
 - a. Data confidence issues in respect of recording both volume and needs of carers,
 - b. A programme of training will need to be developed in order to ensure that the new pathway is fully and consistently embedded into practice,
 - c. The council needs to drive genuine partnership working to ensure that any required commissioned arrangements can be realised,
 - d. Any element of the pathway needs to align with the NHS statutory duties, responsibilities and agenda', giving particular regard to social prescribing as well as the need to align to the Councils Supportive Communities Programme. This will be achieved through the development of the specification, in partnership with the CCG.

Evaluation Summary

5. The options for the provision of carers services, as outlined in Table 1 were identified for evaluation.

Table 1: Options for the Provision of Carers Services

Option	Contact Point	Carers well-being partnership	Assessment and support planning
A	Directly provided by the Council	Commissioned externally	Directly provided by the Council and MPFT
B	Commissioned externally	Commissioned externally	Directly provided by the Council and MPFT
C	Commissioned externally	Commissioned externally	Commissioned externally

6. A summary of the evaluation against the outcomes is shown in Table 2.

Table 2: A summary of Evaluation Against the Identified Options for the Provision of Carers Services

Options	Enables delivery of statutory duties and responsibilities (Pass/ Fail)			Supports the delivery of the Carers Strategy			Financially sustainable and value for money			Offer's social value by supporting to increase individual and community resilience			Manages operational and reputational risk			Outcome
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
A	Y	Y	Y	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	Y	Y	Preferred option
B	Y	Y	Y	Y	P	N	Y	Y	P	P	Y	P	P	Y	Y	
C	Y	Y	Y	Y	P	N	Y	Y	P	P	Y	P	P	Y	Y	

The *red* element indicates pass/ fail criteria.

Scoring Methodology:

Yes	Strong delivery against drivers/ tests
Partially	Partial delivery against driver/ tests
No	No or minimal delivery against drivers/ tests



Staffordshire
County Council

Appendix Three: Community Impact Assessment – Checklist and Executive Summary

Name of Proposal: All Age Carers: Future Delivery Options

Project Sponsor: Dr Richard Harling, Director for Health & Care

Project Manager: Taryn Poole, Commissioning Officer, AAD & Mental Health
Commissioning Team

Date: 19/12/19

Final Checklist

Prior to submitting your Community Impact Assessment (CIA), please ensure that the actions on the checklist below have been completed, to reassure yourself/ SLT/ Cabinet that the CIA process has been undertaken appropriately.

Checklist	Action Completed	Comments/Actions
The project supports the Council's Business Plan, priorities and MTFS.	✓	
It is clear what the decision is or what decision is being requested.	✓	In October 2019, Cabinet agreed the commencement of a detailed evidence-based options appraisal on the future delivery options for Staffordshire's All Age Carers Assessment and Support Service, including a six-week period of engagement with those who might be affected, with a return to Cabinet in February 2020. Cabinet are recommended to approve the recommended option for the future delivery of Staffordshire's All Age Carers Assessment and Support Service.
For decisions going to Cabinet, the CIA findings are reflected in the Cabinet Report and potential impacts are clearly identified and mitigated for (where possible).	✓	
The aims, objectives and outcomes of the policy, service or project have been clearly identified.	✓	As per the Strategic Vision and principles of The Care Act 2014 and Children & Families Act (2014) and in line with the Whole Life Disability Strategy and All Age Carers Strategy 'All Together for Carers'.
The groups who will be affected by the policy, service or project have been clearly identified.	✓	
The communities that are likely to be more adversely impacted than others have been clearly identified.	✓	
Engagement / consultation has been undertaken and is representative of the residents most likely to be affected.	✓	We have undertaken a period of consultation with carers, professionals and other impacted stakeholders through November and December 2019, continuing into early January 2020.
A range of people with the appropriate knowledge and expertise have contributed to the CIA.	✓	
Appropriate evidence has been provided and used to inform the development and design of the policy, service or project. This includes data, research, engagement/consultation, case studies and local knowledge.	✓	Evidence used: <ul style="list-style-type: none"> • Engagement feedback (from a range of key stakeholders) • Legislation and good practice guidance • National and local data

Checklist	Action Completed	Comments/Actions
		<ul style="list-style-type: none"> Performance data for SCC and relevant contractual arrangements.
The CIA evidences how the Council has considered its statutory duties under the Equality Act 2010 and how it has considered the impacts of any change on people with protected characteristics.	✓	Please see relevant section
The next steps to deliver the project have been identified.	✓	New arrangements to commence from the 1 st October 2020 to align with the expiration of current contractual arrangements..

Executive Summary

The Executive Summary is intended to be a collation of the key issues and findings from the CIA and other research undertaken. This should be completed after the CIA and research has been completed. Please structure the summary using the headings on the left that relate to the sections in the CIA template. Where no major impacts have been identified, please state N/A.

Page 75	Which groups will be affected?	Benefits	Risks	Mitigations / Recommendations
PSED	Disability	The recommission of Carers	We have undertaken a review of	We have undertaken a period of

<p>What are the impacts on residents with a protected characteristic under the Equality Act 2010? Highlight any concerns that have emerged as a result of the equality analysis on any of the protected groups and how these will be mitigated. It is important that Elected Members are fully aware of the equality duties so that they can make an informed decision, and this can be supported with robust evidence.</p>	<p>Age Impact on SCC staff</p>	<p>Assessment and Support Services is intended to support implementation of the Carers Strategy, the Strategy:</p> <ul style="list-style-type: none"> - sets out our requirement to help those carers who have eligible assessed needs and provide support in times of crisis. - Commits SCC to review (and amend as necessary) our current self-directed support offer with a view to making our offer easier to navigate for both carers and professionals, enabling carers to express choice and control, as per the Care Act 2014, when selecting their support, but not at any cost. - Illustrates SCC's continued intention to protect young carers from inappropriate levels of caring so that they are afforded the same life and educational opportunities as any other child. - places the health and wellbeing of all carers as a priority, including SCC staff who have caring responsibilities. 	<p>our current commissioned support arrangements, in line with the natural end of the contract. As a result, carers may experience a change in their support provider.</p> <p>Risk of complaint and challenge.</p>	<p>consultation with carers, professionals and other impacted stakeholders through November and December 2019, continuing into early January 2020. Each proposed future delivery option has been evaluated against a series of drivers and tests, which includes how each option takes into account the feedback obtained through engagement with carers, professionals and other impacted stakeholders.</p> <p>To continue to work in partnership with Children's Commissioners and Operational colleagues to shape the strategy and future service delivery.</p> <p>TUPE may be applicable, thus providing the potential for continuity of staffing in particular circumstances. Support will be sought from Legal and HR as appropriate.</p>
<p>Health and Care</p>	<p>Healthy Lifestyles</p>	<p>The recommission of Carers</p>	<p>SCC's carer self-directed</p>	<p>We have undertaken a period of</p>

<p>How will the proposal impact on residents' health? How will the proposal impact on demand for or access to social care or health services?</p>	<p>Access to Social Care Independent Living Mental Health and Wellbeing Safeguarding</p>	<p>Assessment and Support Services is intended to support implementation of the Carers Strategy, the Strategy:</p> <ul style="list-style-type: none"> - Outlines the foundations for carers physical health, mental health and emotional wellbeing to be supported by early identification, compliant assessments and good crisis prevention and intervention, within carers friendly communities. - sets out an aspiration to develop a society that is carer friendly, which values and supports carers to fulfil their caring role and maintain their health and wellbeing. Placing emphasis on prevention to avoid, reduce or delay dependency on health and care services by increasing the resilience of individuals and communities. - will have an indirect impact on the cared for, by supporting carers to care for as long as they are safely able to, at home with their family and in their communities, thus reducing the need for alternative long-term provision. <p>We have undertaken a review of the carers pathway to ensure a clear point of contact and access which is equitable.</p> <p>Any new commissioned arrangements will have proportionate contractual arrangement which will include quality monitoring and a contractual requirement to adhere to all relevant safeguarding legislation and good practice guidance.</p>	<p>support offer will be reviewed (and amend as necessary) with a view to making the offer easier to navigate for both carers and professionals. The review will be undertaken with the aim of enabling carers to express choice and control, however the review could result in a change to the personalised support options available.</p> <p>We have undertaken a review of our current commissioned support arrangements, in line with the natural end of the contract. As a result, carers may experience a change in their support provider. Such change may negatively impact a carers mental health and emotional wellbeing, at least initially.</p>	<p>consultation with carers, professionals and other impacted stakeholders through November and December 2019, continuing into early January 2020. Each proposed future delivery option has been evaluated against a series of drivers and tests, which includes how each option takes into account the feedback obtained through engagement with carers, professionals and other impacted stakeholders.</p> <p>TUPE may be applicable, thus providing the potential for continuity of staffing in particular circumstances. Support will be sought from Legal and HR as appropriate.</p> <p>The strategy reaffirms our commitment to working in partnership with carers, health and social care providers, communities and employers to support carers wellbeing and help carers to carry on caring.</p>
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Economy	Economic Growth	A number of the options being considered for the future of SCC's Carers Offer may provide the opportunity for Carer Support providers to potentially expand their existing presence in Staffordshire as well as encourage new Providers to the county. This is in line with the Strategy engagement feedback in which there was a general view that funding needs to be better spread amongst carer support organisations and across localities, avoiding duplication of support where possible	Risk of complaint and challenge.	We have undertaken a period of consultation with carers, professionals and other impacted stakeholders through November and December 2019, continuing into early January 2020. Each proposed future delivery option has been evaluated against a series of drivers and tests, which includes how each option takes into account the feedback obtained through engagement with carers, professionals and other impacted stakeholders.
How will the proposal impact on the economy of Staffordshire or impact on the income of Staffordshire's residents?	Poverty and Income			
	Workplace Health & Environments			
	Access to jobs/ Good Quality Jobs	The strategy outlines SCC's intention to signpost Carers who want more information about benefits, grants and financial management to relevant financial support and advice		
		In line with the department of Health's Carers Action Plan 2018 – 2020 the strategy sets out plans to develop carers friendly workplaces in order to encourage carers into and maintain employment.		
Environment	N/A			
How will the proposal impact on the physical environment of Staffordshire?				
Localities / Communities	Community	The recommissioning of Carers	There is a high level of demand	To continue to work in partnership

How will the proposal impact on Staffordshire's communities?

Development/
Capacity

Educational
Attainment and
Training

Leisure & Culture

Volunteering

Rural Communities

Assessment and Support Services is intended to support implementation of the Carers Strategy.

The strategy supports an asset-based approach to drive the development of community capacity, so that carers have access to local support and services within their community.

The strategy commits SCC to improve the way we work with schools and other agencies who come into contact with children and young people, to better identify young carers and help them to identify themselves, to enable swift access to support when required.

The strategy affirms the rights of carers to enjoy a healthy lifestyle and promotes opportunities for 'a life outside of caring'. Subject to assessed eligible needs, a support plan may identify personalised outcomes, which may include access to a range of physical and/ or social resources within the community.

The Strategy also commits SCC to review (and amend as necessary) our current self-directed support offer. This will provide greater opportunities for carers to access local social and leisure activities, pending this is in line with the carers assessed eligible needs.

The current commissioned service utilised volunteers. A number of the options being considered for the future of SCC's Carers Offer may result in a commissioned service. SCC can specify within contractual Terms & Conditions there is a requirement for

and expectation of the Community, with limited financial resource to support investment.

Some communities may initially have more capacity than others in terms of support for carers. There is a challenge to establish what is available for in District.

There is a risk that schools, as a key conduit for supporting the identification of young carers, will not actively engage due to competing priorities.

We have undertaken a review of our current commissioned support arrangements, in line with the natural end of the contract. As a result, carers may experience a change in their support provider which currently engages the volunteers may change.

with Public Health as part of SCC's Supporting Communities Project and People Helping People Agenda to identify and raise awareness of community capacity as well as identify gaps.

The recommission of Carers Assessment and Support Services is intended to support the implementation of the Carers Strategy. As such any resultant specification and tender evaluation will consider an approach to support schools to identify young carers., including arrangements to monitor its effectiveness.

Arrangements such as TUPE will be explored in order to provide continuity for carers and volunteers where possible. Support will be sought from Legal and HR as appropriate.

DRAFT

Local Members' Interest
n/a

Health Select Committee – 3 February 2020

Staffordshire CCGs' Accountable Officer Report

Recommendation

1. For the Committee to question, discuss, consider and comment the report

Report of Accountable Officer, Staffordshire Clinical Commissioning Groups

Summary

What is the Select Committee being asked to do and why?

For the Committee to question, discuss and consider the report of the Accountable Officer of the five Staffordshire CCGs.

Report

Background

The Chair of the Healthy Staffordshire Select Committee wrote to Marcus Warnes, Accountable Officer of the Staffordshire and Stoke-on-Trent CCGs on December 20 2019, this letter is attached to the agenda.

Marcus Warnes responded to the letter on December 23 2019, this letter is attached to the agenda.

Non-merger of CCGs and their Commissioning Intentions

The Staffordshire and Stoke-on-Trent CCGs voted on whether to merge in October 2019. Five out of the six CCGs voted against the merger, since then the CCGs have been formulating the future direction

The Staffordshire and Stoke-on-Trent CCGs intend to continue the journey towards the vision of becoming a strategic commissioner within an Integrated Care System (ICS) by developing a strategic commissioning function and three locality based divisions which align with and support the development of three integrated care partnerships in the north,

south-east and south-west of the ICS area. The CCGs and the broader system are signed up to this vision.

Our commissioning intentions are in line with the Long Term Plan for the NHS, of which our local plan will be published in the spring. This will mean the commissioning of services will be aligned to ensure health inequalities are addressed and equity in outcome across the County. This may mean at times there will be local sensitivities in commissioning decisions but where appropriate doing things once instead of six times with an aim reduce unwarranted variation.

We are currently waiting the publication of the Operating Framework which will give us further clarification.

Scrutiny of Out of County Health Provision

Over half of the CCGs' acute activity is with hospitals outside of the boundaries of Staffordshire and there are well developed contracts and systems in place, to monitor quality and performance as with any other NHS contract.

A comprehensive structure is in place to assure performance of all contracts, including non STP providers (out of area contracts). This structure is accountable to the Governing Bodies via Finance and Performance Committee, and comprises:-

Locality Multi-Disciplinary Teams

Bi-weekly meetings led by respective Managing Director for locally provider focussed MDTs to progress key actions and report the Divisional Managing Directors

Financial Triangulation (Monthly)

Review of non STP acute portfolio against data reported in monthly day 1-5 financial process to triangulate and agree forecast positions and current challenges / contract issues.

Contract Management Executive Team

Monthly leadership meeting comprising all functions of the CCG and key personnel from the Midlands and Lancashire CSU. The group review overall CCG wide performance, risks, trends and issues and prioritise resource and action to mitigate and manage risks.

Contract Steering Group

Monthly senior leadership group chaired by Director of Commissioning and Operations that is accountable to Finance and Performance Committee for transacting and overseeing overall provider strategy and delivery of CCG priorities, including negotiation of contracts.

The quality team work with the lead commissioners attend Clinical Quality Review Meetings, which scrutinise the deliverables under section 4 and 6 of the NHS contract and report this on a monthly basis to the Quality Committees in Common and then through to

Governing Bodies, taking appropriate action to ensure quality and to safeguard our patients.

GP Concerns over Integrated Care Proposals

It is our aim to encourage providers to come together to form ICPs that are capable of holding some form of shared contracting arrangement that allows the strategic commissioner to focus on outcomes and gives the providers the freedom and autonomy to develop and deliver services to meet those outcomes.

This work is currently being coordinated on behalf of the system by Peter Axon, Chief Executive of North Staffordshire Combined Healthcare NHS Trust, who is also the SRO of the STP OD work stream.

The first ICP development workshop was held on 26th November 2019 and this involved representatives of General Practice and Primary Care Networks (PCNs). There are further workshops planned in order to develop this work at pace.

In terms of the commissioning of General Practice, this is currently delegated to the CCGs and cannot be doubly delegated so therefore will remain part of the Strategic Commissioner responsibilities.

Link to Trust's or Shared Strategic Objectives – Governing Bodies Strategic Objectives

Link to Other Overview and Scrutiny Activity - none

Contact Officer

Name and Job Title: Tracey Shewan, Director of Communications and Corporate Services
Telephone No.: 07548212307

Address/e-mail: tracey.shewan@northstaffs.nhs.uk

Appendices/Background papers

Letter to Accountable Officer, Staffordshire Clinical Commissioning Groups
Response from Accountable Officer, Staffordshire Clinical Commissioning Groups

Via E Mail

My ref: JM/NP

Your Ref:

Date: 20 December 2019

Dear Marcus

Healthy Staffordshire Select Committee

On behalf of the Healthy Staffordshire Select Committee, I am writing to you to ask you to clarify a number of issues.

As we are advised that the proposed merger of the Staffordshire Clinical Commissioning Groups will not be taking place, we would like some assurance in respect of the commissioning intentions within the County going forward. Such that plans are in place to ensure a consistent approach to avoid the potential for postcode lottery such as with hearing aid provision and the prescribing of gluten free products. What measures are in place to have single unified strategies across the County.

In addition, we need assurance that any out of county provision will be scrutinised by the relevant local authority. But would seek your agreement that you are made aware of issues that may arise in any hospital where Staffordshire residents may be in receipt of care outside of the county boundaries.

Finally, I have been made aware of concerns by GP's about the Integrated Care proposals. Many of them feel that they are not being properly consulted and feel 'done to'. What assurances do you have that the primary care community has been properly consulted and their concerns are being addressed?

Wishing you a Merry Christmas.

Yours sincerely,



Dr Johnny McMahon
Chairman of the Healthy Staffordshire Select Committee



Cannock Chase Clinical Commissioning Group
East Staffordshire Clinical Commissioning Group
North Staffordshire Clinical Commissioning Group
South East Staffordshire and Seisdon Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group
Stoke-on-Trent Clinical Commissioning Group



Johnny McMahon

Chair – Healthy Staffordshire Select Committee
County Councillor for Cannock Chase - Cannock Villages
County Buildings
Martin Street
Stafford
ST16 2LH

Staffordshire CCGs' Headquarters
First Floor
Staffordshire Place 2
Stafford
ST16 2LP

Monday 23rd December 2019
Our Ref: 19-085MW

Dear Johnny,

Thank you for your letter dated 20th December 2019.

The CCGs are committed to developing as strategic commissioning organisations within an integrated care system (ICS) and doing things once rather than six times where it makes sense to do so. Also, to ensure a consistent service offer to our population across Staffordshire and Stoke-on-Trent. Whilst the needs of our populations will sometimes differ and we will on occasion need to make locally sensitive decisions, the CCGs are committed to eliminating any instances of unwarranted variation and 'postcode lottery'.

We will be consulting in the new year on a range of services where there are differences in terms of what the CCGs commission with the aim of eliminating unwarranted variations. This will include hearing aids and gluten free products.

In terms of out of county provision, over half of the CCGs' acute activity is with hospitals outside of Staffordshire and there are long established arrangements in place with both the lead commissioners and the trusts, enacted through the NHS contract for ensuring that our patients are treated in a safe and timely manner.

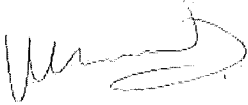
You may also be interested to know that in terms of mental health and learning disabilities out of area placements, the Staffordshire and Stoke-on-Trent CCGs have the sixth lowest numbers out of 44 STPs and ICS, a significant achievement. The October dashboard (July data) indicates 162 people in receipt of care outside of Staffordshire, and I understand that number has since reduced further.

The journey towards becoming an ICS will culminate in an application to become an ICS by April 2021. There have already been a number of workshops, which have included the primary care network (PCN) clinical directors, to shape our integrated care proposals and this process of engagement will continue into next year. The ICS and integrated care partnerships (ICP) cannot be successfully developed and

implemented without the involvement of general practice and the PCNs and I would expect there to be many opportunities for further engagement in the new year.

I hope this provides some assurance, but I would be very happy to attend a forthcoming scrutiny committee meeting to discuss these issues further, or any other issues of interest or concern the committee may have.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Marcus Warnes', with a stylized flourish at the end.

Marcus Warnes
Accountable Officer

Local Members' Interest
N/A

Healthy Staffordshire Select Committee – 3 February 2020

District and Borough Health Scrutiny Activity

Recommendation

1. That the report be received, and consideration be given to any matters arising from the Health Scrutiny activity being undertaken by the Staffordshire District and Borough Councils, as necessary.

Report of the Scrutiny and Support Manager

Background

2. The Health and Social Care Act 2001 confers on local authorities with social services functions powers to undertake scrutiny of health matters. The County Council currently have responsibility for social services functions but, to manage health scrutiny more effectively, they have agreed with the eight District/Borough Councils in the County to operate joint working arrangements.
3. Each District/Borough Council has a committee dealing with health scrutiny matters that have a specifically local theme. The Healthy Staffordshire Select Committee will continue to deal with matters that impact on the whole or large parts of the County.
4. The following is a summary of the health scrutiny activity which has been undertaken at the District/Borough Council level since the previous meeting of the Healthy Staffordshire Select Committee.

Cannock Chase District Council

5. Cannock Chase District Council's Wellbeing Scrutiny Committee last met on 5 November 2019 and their next meeting is scheduled for 3 March 2020. A verbal update on the Committee's Health Scrutiny Work Programme will be given at the meeting.

East Staffordshire Borough Council

6. East Staffordshire Borough Council's Scrutiny Community Regeneration, Environment and Wellbeing Committee met on 18 December 2019 and 28 January 2020. The Committee currently have two standing items they continue to monitor ie:- (i) commissioning arrangements and activities of the Clinical Commissioning Groups and; (ii) the merger of Burton and Derby Hospitals.
7. The next meeting of the Committee is scheduled for 19 March 2020.

Lichfield District Council

8. Lichfield District Council's Community Housing and Health (Overview and Scrutiny) Committee have not met since the previous meeting of the Healthy Staffordshire Select Committee. However, their next meeting is scheduled for 18 March 2020 and a verbal update on the Committee's Health Scrutiny Work Programme will be given at the meeting.

Newcastle-under-Lyme Borough Council

9. Newcastle-under-Lyme Borough Council's Health, Wellbeing and Partnership's Scrutiny Committee last met on 2 December 2019 and considered:-
 - A Joint report on arrangements for the co-ordination and delivery of domestic abuse services in the Borough. They agreed to ask for a further report to be submitted in 14 months' time, with a request that it contains appropriate data to allow detailed scrutiny and comparison year on year;
 - An evaluation of the SPACE programme 2019;
 - A report of the initiatives undertaken by the Council and their partners to help eliminate instances of anti-social behaviour in Clough Hall Park;
 - A report on the current operational issues at Jubilee2 (leisure centre) and their impact on the centre's performance. The Committee asked for a further report to monitor the outcomes from the various initiatives outlined in the report;
 - An item was added to the Work Programme to investigate ways to encourage greater use of the parks and green spaces to encourage physical and mental wellbeing.
10. The next meeting of the Committee is scheduled for 2 March 2020.

South Staffordshire District Council

11. South Staffordshire District Council's Wellbeing Select Committee last met on 10 December 2019 and their next meeting is scheduled for 4 February 2020. A verbal update on the Committee's Health Scrutiny Work Programme will be given at the meeting.

Stafford Borough Council

12. Stafford Borough Council's Community Wellbeing Scrutiny Committee met on 14 November 2019 and 13 January 2020. Their next meeting is scheduled for 3 March 2020 and a verbal update on the Committee's Healthy Scrutiny Work Programme will be given at the meeting.

Staffordshire Moorlands District Council

13. Staffordshire Moorlands District Council's Health Overview and Scrutiny Panel last met on 13 November 2019 and their next meeting is scheduled for 12 February 2020. A verbal update on the Panel's Health Scrutiny Work Programme will be given at the meeting.

Tamworth Borough Council

14. Tamworth Borough Council's Health and Wellbeing Scrutiny Committee met on 26 November 2019, 21 January 2020 and 26 February 2020. Their next meeting is scheduled for 2 April 2020 and a verbal update on the Committee's Health Scrutiny Work Programme will be given at the meeting.

Appendices/Background papers

(i) Email from Newcastle-under-Lyme Borough Council (Denise French) dated 23 January 2020; (ii) email from East Staffordshire Borough Council (Mike Hovers) dated 23 January 2020.

Contact Officers

Nick Pountney, Scrutiny and Support Manager
01785 276153
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WORK PROGRAMME – 3 February 2020

Healthy Staffordshire Select Committee 2019/2020

This document sets out the work programme for the Healthy Staffordshire Select Committee for 2019/20.

The Healthy Staffordshire Select Committee is responsible for:

- Scrutiny of matters relating to the planning, provision and operation of health services in the Authority's area, including public health, in accordance with regulations made under the Health and Social Care Act 2001 and subsequent guidance.
- Scrutiny of the Council's work to achieve its priorities that Staffordshire is a place where people live longer, healthier and fulfilling lives and In Staffordshire's communities people are able to live independent and safe lives, supported where this is required (adults).

Link to Council's Strategic Plan Outcomes and Priorities

Be healthier and more independent

A joined up approach to **Health, Care and Wellness** that encourages people to take responsibility for their own health and plan for their future, so that we can support those who really need it.

We review our work programme from time to time. Sometimes we change it - if something comes up during the year that we think we should investigate as a priority. Our work results in recommendations for NHS organisations in the county, the County Council and sometimes other organisations about how what they do can be improved, for the benefit of the people and communities of Staffordshire.

Councillor Johnny McMahon

Chair of the Healthy Staffordshire Select Committee

If you would like to know more about our work programme, please get in touch with Nick Pountney, Scrutiny and Support Manager on 01785 276153 or nicholas.pountney@staffordshire.gov.uk

In Staffordshire, the arrangements for health scrutiny have been set up to include the county's eight District and Borough Councils. The Healthy Staffordshire Select Committee is made up of elected County Councilors and one Councillor from each District or Borough Council. In turn, one County Councillor from the Committee sits on each District or Borough Council overview and scrutiny committee dealing with health scrutiny. The Healthy Staffordshire Select Committee concentrates on scrutinising health matters that concern the whole or large parts of the county. The District and Borough Council committees focus on scrutinising health matters of local concern within their area.

Work Programme 2019-20

Date	Topic	Background	Background/Outcomes
Committee Meetings, Reviews and Consultations			
		Background	Outcomes from Meeting
Page 94	10 June 2019	Adult Learning Disability 2022 Community Offer	<p>Scrutiny</p> <p>RESOLVED - That the Cabinet Report be noted and the following points be considered for inclusion in the development of the ALD 2022 Community Offer Programme:-</p> <ul style="list-style-type: none"> • In respect of day opportunities purchased from the independent marketplace:- <ul style="list-style-type: none"> a. The Authority needed to develop a clear service specification, inclusive of quality standards, ensuring the delivery of safe, quality services; b. Further consideration should be given to the availability and provision of services in Staffordshire Moorlands and other rural communities (and supporting transport arrangements); • Clarify needs to be established over what direct payments can purchase in respect of meeting eligible needs (including activities within day opportunities and respite / short breaks) • In respect of all services in the scope of the Programme, consideration of the needs of carers should be of the utmost importance and regard; • In respect of services directly provided by the Local Authority: <ul style="list-style-type: none"> a. The Local Authority needs to understand both the current and future needs; b. There needs to be clarity about ambition and outcomes; c. The Local Authority needs to be clear about its position in the marketplace.
		University Hospital North Midlands meeting with new CEO and Finance Director. To cover: <ul style="list-style-type: none"> • Quality and Improvement • Cancer targets • Financial deficit 	Suggested at the 3 December 2018 Committee meeting

			<ul style="list-style-type: none"> • A list of services which are currently provided at The County Hospital.
	Work Programme – Background report and work programme		<p>RESOLVED – That:-</p> <p>(a) The Scrutiny and Support Manager write to all the Health partners reminding them of the need to keep the Committee informed of events and service changes.</p> <p>(b) The 15 July 2019 pm meeting be added to the work programme to consider the proposed CCG merger: the CCG commissioning and quality monitoring; and, the re-procurement of the Improving Lives Community Services provision.</p> <p>(c) The an item on Mental Health service provision (adult and CAMHs) be included in the Work Programme.</p>
15 July 2019 at 10.00 am Page 95	Patients with Complex Care needs - Staffordshire and Stoke-on-Trent Transforming Care Partnership Officer: Clinical Commissioning Groups	Contract renewal	RESOLVED - That a briefing note be prepared for the Committee, with details of the quality assurance plans; the TCP plans for the future; and, what lessons had been learnt due to the Whorlton Hall investigation.
	NEXXUS Care	Item raised at Triangulation meeting	RESOLVED - That the report be received.
	Healthwatch Performance report Member: Alan White Officers: Wendy Tompson/Jackie Owen		RESOLVED - That the Performance report be noted and that the next update report be considered by the Committee on 28 October 2019.
15 July 2019 at 2.00 pm	George Bryan Centre Engagement Plans Officer: Clinical Commissioning Groups		<p>RESOLVED – That:-</p> <p>(a) The CCGs and Midlands Partnership Group be informed that the Committee felt that the 12 bed based facility, should remain in Tamworth.</p> <p>(b) Following the consultation, the CCG should bring detailed proposals to the Committee for consideration.</p>
	Single Strategic Commissioning Organisation Officer: Clinical Commissioning Groups	10 June Select Committee	<p>RESOLVED - That the Committees concerns, as listed below be fed into the consultation:-</p> <ul style="list-style-type: none"> • There was concern that the move was financially led and that commissioning policies hadn't been mentioned. The Committee were concerned that the North and South had a very different population need and local need should be recognised. There was a concern that commissioning policies would be changed to the detriment of the public. • It was felt that cultural change was needed more than changing the structures.
	East Staffordshire CCG Community Services Procurement Officer: Clinical Commissioning Groups		RESOLVED: That the report be received.

	Integrated Urgent Care (GP Out of Hours and NHS 111 services) Officer: Clinical Commissioning Groups		RESOLVED - That the Committee be kept informed of the outcome of the procurement process.
12 August 2019 <u>Workshop</u>	STP 5 Year Strategy refresh to include Progress of STP workstreams – including Urgent care systems	Information gathering	RESOLVED - That when the consultation on the five-year plan was ready for consideration, all Committee members would be issued with a copy and asked if they wanted to either make comments individually or wished the item to come to a formal Healthy Staffordshire Select Committee for consideration.
16 September 2019	Adult Learning Disability 2022 Community Offer: 1. Staffordshire County Council Learning Disability Services 2. Carers Strategy ‘ All together for carers’ Member: Alan White Officers: Richard Harling/Amy Evans	Pre decision scrutiny	RESOLVED - That subject to the rewording or recommendation (e) to reflect the need for substantive changes to come back to Members for consideration, the draft Cabinet recommendations as outlined in the report and listed above be endorsed and the engagement process noted.
Page 96	Clinical Commissioning Groups Annual Assessments 2019 Officer: Clinical Commissioning Groups		RESOLVED – That:- (a) A six month financial exception report be presented to the Committee. (b) Information on the £300,000 grant for suicide prevention be sort and sent to the Committee for information. (c) A report on the extent of the delayed discharge problem, particularly in the South of the County and what was being done to address the issue was requested.
	Clinical Commissioning Groups Brexit preparations Officer: Clinical Commissioning Groups		RESOLVED – That:- (a) The report be received. (b) A response to the question on the local strategy for the supply of nuclear isotopes be sort from the Accountable Officer.
	62 day target on Cancer Target Officer: Clinical Commissioning Groups		The report was noted.
Joint Committee with Stoke on Trent City Council Date to be confirmed		North Staffordshire Community Services Consultation Officer: Clinical Commissioning Groups	
9 October 2.00 pm	Children and Adolescent Mental Health Strategy – update - include a briefing on the Trailblazer bid.	Suggested at the 3 December 2018 WP item. Pre decision scrutiny	RESOLVED - a) The Select Committee supported the new approach subject to the following being addressed:- <ul style="list-style-type: none"> • timescales needed to be clearer; • more support into the prevention of negative consequences of social media • the link between physical health and its relationship with mental health being

			<p>included in the plan.</p> <p>(b) The Committee also asked for service provision to include exit interviews; more digital links with partners; and emphasis on early years identification prior to services being needed.</p>
	Emotional Health & Wellbeing for Children & Young People, Contract	Pre decision scrutiny	
28 October 2019	Midlands Partnership NHS Foundation Trust (MPFT)	Confirmed 23/8/19	<p>RESOLVED - That the report be received, and that the following information be requested:-</p> <ul style="list-style-type: none"> • How the amalgamation of mental health and physical health professionals was being approached; • How the community crisis and support intervention was working for young people. • The outcomes of the award nominations. • The Committee be formally consulted on any proposed changes to the George Bryan Centre.
Page 97	Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) - Child Care and Maternity services Last item on agenda	Suggested at the 3 December 2018 Committee meeting	<p>RESOLVED - That the report and progress made to date be noted, and the following information be requested:-</p> <ul style="list-style-type: none"> • The Autism Implementation Plan, to be considered at the 2 December Select Committee, should provide information on the coordination between the workstreams to alleviate concerns of silo working. • Infant Mortality in the Cannock Chase District area and the wider context of prevention be considered by the Committee at an appropriate time. • A briefing note on any application by University Hospital North Midlands, to become a children's hospital and its effect on funding.
2 December 2019 CANCELLED			
3 February 2020	(i) Autism Implementation Plan Member: Alan White Officer: Richard Harling/Andy Marriot/Richard Deacon	Pre-decision Scrutiny Item raised at Triangulation meeting	
	(ii) All Age Carers: Future Delivery Options Member: Alan White Officers: Richard Harling/Taryn Poole	Pre-decision Scrutiny	
	(iii) Non-merger of CCGs and their commissioning intentions; Scrutiny of Out of County health provision and; GP concerns over Integrated Care proposals	Arising from a letter by the Chairman to Marcus Warnes dated 20 December 2020	

20 February 2020 (Informal Meeting)	Primary care – information gathering	Item raised at Triangulation meeting	
Informal meeting (early March 2020 TBC)	Urgent Care and Delayed Transfer of Care.	Item raised at Triangulation meeting.	
17 March 2020	(i) East Staffs Community Provision (former Virgin Care contract) Officer: East Staffs CCG.		
	(ii) Modernising Adult Social Care Programme. An update, containing an evaluation of the introduction of the service. Member: Alan White Officer: Richard Harling/Amanda Stringer		
	(iii) CCG - financial exception report Officer: Clinical Commissioning Groups	Requested at 16 September 2019 meeting	
May/June 2020 TBC (Informal Meeting)	Staffordshire Health and Care Green Paper - - Informal Workshop		
6 July 2020	(i) Staffordshire Healthwatch Contract Update Member: Alan White Officer: Wendy Tompson/Jackie Owen		
	(ii) CCG – Financial Exception Report Officer: Clinical Commissioning Groups	Requested at 16 September 2019 meeting	

Suggested Items	Background	Possible Option
Role of Community Hospitals	The Committee wish to explore the role of the Community Hospitals within the wider Health Economy	North of the County – Part of the consultation with the Joint Committee with Stoke on Trent South of the County – Part of the STP consultation
Consideration of the range of approaches to sharing information between PCTs (Now CCGs) and education.	Referral from the Education Scrutiny Committee Closing the Gap Scrutiny Review. Scrutiny and Support Manager to undertake further work and report to the Committee	

Chairman's Activity

May 2019	Quality Accounts	Quality Accounts – Small groups of committee members held informal groups to respond to the Quality Accounts for the West Midlands Ambulance Service, University Hospital Derby and Burton, University Hospital North Midlands, North Staffordshire Combined Health Care Trust, Midlands Partnership Foundation Trust. Responses were sent to the Trusts for inclusion.	Reported to 10 June meeting
May 2019	Proposed CCG merger	Consultation on the merger of the CCGs was circulated to all members of the Committee for their comment. A verbal update will be given at the 10 June Committee meeting.	Reported to 10 June meeting
May 2019	Proposed closure of a GP surgery – Derbyshire	Derbyshire CCG consulted with the Chairman over the proposed closure of a GP surgery in Derbyshire as a small number of patients lived in East Staffordshire were patients. The Chairman suggested that Derbyshire County Council be consulted as the majority of patients were from that area.	Reported to 10 June meeting
Working Groups/ Inquiry Days/Briefing Papers :			
Adult Learning Disability 2022 Community Offer	To be sent in August 2019 prior to September Committee agenda item		Semt
UHDB Stroke services - Consultation	CCG Consultation – Item considered on 19 March 2019 therefore removed from work programme. Briefing paper to be distributed.		
Integrated Care Records	To be sent as soon as possible		
The Future of Local Health Services in North Staffordshire - consultation	Decision making business case to be sent as soon as possible		

Membership

Johnny McMahon (Chairman)
Paul Northcott (Vice-Chairman)

Charlotte Atkins
Tina Clements
Janet England
Phil Hewitt
Dave Jones
Kath Perry
Jeremy Pert
Bernard Peters
Carolyn Trowbridge
Ross Ward
Victoria Wilson

Borough/District Councillors

Andy Edgeller (Stafford)
Maureen Freeman (Cannock)
Richard Ford (Tamworth)
Barbara Hughes (Staffordshire Moorlands)
Adam Clarke (East Staffordshire)
Janet Johnson (South Staffordshire)
David Leytham (Lichfield)
Ian Wilkes (Newcastle-under-Lyme)

Calendar of Committee Meetings

at County Buildings, Martin Street, Stafford. ST16 2LH
(at 10.00 am unless otherwise stated)

10 June 2019
15 July 2019
12 August 2019 - Workshop
16 September 2019
9 October 2019 at 2.00 pm
28 October 2019
2 December 2019
3 February 2020
17 March 2020