

Health and Care Overview and Scrutiny Committee

Monday 18 March 2024

10:00

Council Chamber , County Buildings, Stafford

The meeting will be webcast live and archived for 12 months. It can be viewed at the following link: <https://staffordshire.public-i.tv/core/portal/home>

John Tradewell
Deputy Chief Executive and Director for Corporate Services
8 March 2024

Agenda

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the meeting held on 29 January 2024** (Pages 5 - 12)
4. **Staffordshire's Joint All-Age Carers Strategy 2024 - 29** (Pages 13 - 66)
Report of the Cabinet Member for Health and Care.
5. **Adult Social Care Enhanced Assurance Working Group Report** (Pages 67 - 88)
Report of the Adult Social Care Enhanced Assurance Working Group.
6. **District and Borough Health Scrutiny Activity** (Pages 89 - 94)
7. **Work Programme** (Pages 95 - 100)
8. **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 Local Government Act 1972 (as amended) indicated below.

Part Two

(All reports in this section are exempt)

Membership	
Charlotte Atkins	Jason Jones
Philip Atkins, OBE	John Jones
Chris Bain	Leona Leung
Val Chapman	Kath Perry, MBE
Richard Cox (Vice-Chair (Overview))	Jeremy Pert (Chair)
Ann Edgeller (Vice-Chair (Scrutiny))	Bernard Peters
Keith Flunder	Janice Silvester-Hall
Phil Hewitt	Ian Wilkes
Monica Holton	David Williams
Jill Hood	

Notes for Members of the Press and Public

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Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 29 January 2024

Present: Jeremy Pert (Chair)

Attendance	
Charlotte Atkins	Thomas Jay
Philip Atkins, OBE	Leona Leung
Chris Bain	Paul Northcott (Cabinet Support Member)
Richard Cox (Vice-Chair (Overview))	Kath Perry, MBE
Ann Edgeller (Vice-Chair (Scrutiny))	Bernard Peters
Keith Flunder	Janice Silvester-Hall
Phil Hewitt	David Williams
Jill Hood	

Also in attendance: Paul Northcott

Apologies: Val Chapman, Monica Holton, John Jones and Ian Wilkes

Part One

53. Declarations of Interest

Councillor Ann Edgeller declared an interest as Staffordshire County Councils appointed Partner Governor at the Midlands Partnership Foundation Trust (MPFT).

Councillor Bernard Peters declared an interest as Staffordshire County Councils Local Authority appointed Governor at University Hospital Derby and Burton (UHDB).

Councillor Charlotte Atkins declared as interest as the Vice president of the British Fluoridation Society.

Councillor David Williams declared an interest as an employee for the UHDB and a Governor for UHDB.

54. Minutes of the meeting held on 20 November 2023

The Committee agreed to make the following amendments to the minutes:

- A spelling error in item 43 should read data.
- A spelling error in item 43 should read off-site.

Resolved – That subject to the amendments referred to above, the minutes of the meeting held on 20 November 2023 be confirmed and signed by the Chairman.

55. Minutes of the meeting held on 27 November 2023

The Committee agreed to make the following amendments to the minutes:

- A spelling error in item 48 should read root.
- A grammatical error in item 48.

The Committee also agreed to include “The Committee were advised of a number of concerns raised relating to defibrillators and should continue to work with the West Midlands Ambulance Service to address these concerns.”

Resolved – That subject to the amendments referred to above, the minutes of the meeting held on 27 November 2023 be confirmed and signed by the Chairman.

56. Access to General Practice in Staffordshire

Paul Edmondson-Jones, Chief Medical Officer and Deputy Chief Executive at the ICB, Tracey Cox, Associate Director for Primary Care at the ICB & Sarah Jeffrey, Portfolio Director for Primary Care at the ICB presented the Access to General Practice (GP) in Staffordshire to the Committee.

The Committee were reminded that NHSE had released a National Delivery Plan for recovering access to Primary Care in May 2023 and the ICB, in response, had developed a System Level Access Improvement Plan. Primary Care Networks (PCN) had developed PCN Access Improvement plans which had been included in the System Level Access Improvement Plan. The Committee were advised that the System Level Access Improvement Plan was due to be signed off by the ICB in March 2024.

There were four ambitions set out in the National delivery plan for recovering access to primary care:

- Empower patients by rolling out tools to monitor own health and expand services offered by community pharmacy.
- Implement a modern general practice model so patients know on the day how their request will be handled.
- Build capacity.
- Cut bureaucracy to give practice teams time to focus on patients’ clinical needs.

The Committee received the local response to each national ambition.

It was reported that GPs in Staffordshire were offering more appointments than 2019/20. In October 2023 GP appointment activity was 12.9% higher than October 2019 and 8.5% higher than October 2022.

It was also reported that following a recent patient survey, Staffordshire and Stoke-on-Trent ICB had improved in public satisfaction rates.

The Committee noted the following comments and responses to questions:

- The Committee requested to receive the System Level Access Improvement Plan when it had been signed off by the ICB.
- There was a quality improvement framework across Staffordshire to support local areas with deprivation.
- GP contracts within Staffordshire did not have specific appointment numbers within the contract. The ICB monitored and worked with General Practices who were not offering the levels of appointments as per the recommended guidelines, however in some GPs there was not a need for a higher number of appointments due to the way that the GP operated or local demand. The Committee requested to understand specific practices which were below the recommended guideline number of appointment rates.
- The ICB worked with Local Authorities and GPs within Staffordshire to ensure that there was enough GP capacity when new houses were built and in larger housing development sites there were Section 106 agreements in place. The ICB work with local GPs to determine capacity before considering a new GP. The Committee commented on the importance of communication to residents relating to capacity at GPs in areas with a number of new build houses.
- There were a number of different services in place over the winter period to support GPs and lessen the pressure on A&E. There were over 5000 additional appointments in Staffordshire per week and bespoke hub arrangements to offer additional appointments.
- Evening GP appointments were available and there had been enhanced access to offer more appointments out of hours. Healthwatch reported that the enhanced access had been well received by the public.
- Patient participation Groups (PPG) at GPs were important and each GP was encouraged by the ICB to have a PPG. The ICB were willing to respond to questions from PPGs. The Committee discussed that the ICB should openly give information to PPGs as part of the ICB communication plan.
- There was a PCN collaborative every month which provided an opportunity for sharing best practice. There was also a webinar for GPs every month to share experiences and learning.

- There were a number of GP retention schemes and the ICB reported that GPs had been retained in Staffordshire.
- There was now national funding for GPs to implement the new cloud-based telephony system. The ICB were working with each GP to determine when the deadline for the new system was. The delay may have been due to cost and individual contract arrangements with telephony companies.
- Around 40% of GP appointments could have been resolved by another service such as by a pharmacist. There was a need to build public confidence in these onward services, however patient preference and continuity of care were considered by GPs.
- Concerns were raised as to the suitability of pharmacy premises to give privacy for patients. The ICB indicated that this would be considered in the future.
- There was a Mental Health Practitioner in all but one PCN in Staffordshire and GPs were aware of the services on offer. Some GPs had gone into partnership with Mental Health and Acute Trusts to provide them with a bigger staffing resource and more resilience.
- There was a system review of primary care within Care Homes and Nursing Homes to ensure that the residents get the care which they need.
- The Committee requested to receive the GP retention schemes from the ICB.

Resolved – That (a) the report be received, and the Committee comments be noted.

(b) the System Level Access Improvement Plan be shared with Committee when it has been signed off by the Staffordshire and Stoke-on-Trent ICB.

(c) the Committee consider Access to General Practice in Staffordshire at a future meeting.

57. Social Prescribing - Primary Care, SSOT ICB

Sarah Jeffrey, Portfolio Director for Primary Care at the ICB, Councillor Paul Northcott, Cabinet Support Member for Public Health and Integrated Care, John Topham, Senior Commissioning Manager, Gary Jones from Support Staffordshire, and Sarah Maxfield from Support Staffordshire presented three reports relating to Social Prescribing in Staffordshire from the ICB, Staffordshire County Council and Support Staffordshire.

The Committee were advised that Social Prescribers had now been embedded in Primary Care Networks (PCN). It was reported that there was a mixed model in Staffordshire as some PCNs had employed Social Prescribers whilst others had used the voluntary sector. There were 41 FTE Social Prescribers within Staffordshire and Stoke-on-Trent, and the

NHS long term plan was to have 9000 of these posts in England by 2036.

It was also reported that in 2024/25 the ICB will work with partners to progress the following areas in 2024/25:

- Information collation for data and impact
- Supervision models for ARRS roles
- Increasing awareness of health and wellbeing services available for all ARRS roles.

Support Staffordshire reported that Social Prescribing had been a positive experience for staff and patients however highlighted the following challenges:

- The GP Directed Enhanced Services contract which governed the financial and contractual basis of Social Prescribing was yet to be published for 1 April 2024, which was creating uncertainty for providers.
- Financial challenges.
- A systemwide solution for linking functions was required.
- Social Prescribing Link Workers frequently experienced high caseloads.
- High levels of demand on Voluntary Sector organisations.

The Supportive Communities Programme at Staffordshire County Council was developed using evidence and good practice as a response to managing health and care demand. The approach complemented the local NHS Social Prescribing model that connected people to activities, groups, and services in their community to meet the practical, social, and emotional needs of people.

The Committee noted the following comments and responses to questions:

- The benefit of Social Prescribing was not measured. This may impact on the evidence base to better fund Social Prescribing. There was a national academy of social prescribing which had a good evidence base of measuring the outcomes of Social Prescribing.
- The Committee commented that there was a need to see data and benchmarking to measure the impact of Social Prescribing and how it varies in each District/ Borough.
- PCNs were now able to employ Social Prescribing roles on a permanent basis.
- The Committee highlighted the need for collaboration between the NHS, Voluntary Services and the County Council.

Resolved – That (a) the report be received, and the Committee comments be noted.

(b) the Committee recommend that the Staffordshire and Stoke-on-Trent ICB consider how to better collect data on the impact of Social Prescribing.

(c) the Committee recommend that the Staffordshire and Stoke-on-Trent ICB, Staffordshire County Council and Voluntary Sector consider how to work more collaboratively to co-ordinate the delivery of Social Prescribing.

(d) the Committee report, minutes and recommendations be sent to the Cabinet Member for Communities and Culture as part of the consultation for the Communities Strategy.

58. SSOT ICB Primary Care Dental Overview

Paul Edmondson-Jones, Chief Medical Officer and Deputy Chief Executive at the ICB & Tracey Cox, Associate Director for Primary Care at the ICB presented the update on the current dental position relating to access in Staffordshire and Stoke-on-Trent to the Committee.

The Committee were reminded that dental commissioning was delegated to the ICB from 1 April 2023 which created the opportunity to provide better support for Staffordshire residents to ensure dental services met the local need.

It was reported that the main issues preventing recovery in terms of access to dental care were a national shortage of dentists and contract hand backs by providers as a result of their dissatisfaction with the dental contract. It was reported that there had been ministerial commitments for dental contract reforms and dental plan, however this had not yet been received.

The Committee were advised that the ICB were supporting a range of initiatives to improve dental access along with other West Midlands ICBs including:

- Children’s Community Dental Services Support Practices to support the management of children within a local dental practice.
- Redistribution of recurrently handed back activity to other providers.
- Extended repayment plans implementation for 2023/24 to support contractors in financial difficulty and to prevent further contract hand backs.
- Development of a Dental Strategy for the West Midlands ICBs to include the Staffordshire and Stoke-on-Trent ICB.

The Committee noted the following comments and responses to questions:

- The ICB did not have access to the overall picture of NHS dentistry provision and gaps of services within Staffordshire. It was the responsibility of the NHS dentist to update the NHS website as to if they were currently taking on NHS patients.
- There were 129 NHS dental contracts within Staffordshire. The national dental contract constrained local ICBs and the ICB needed greater freedom. It was reported that changes to the national dental contract were being considered.
- The ICB recognised the challenge and lack of dentists within Staffordshire taking on NHS patients.
- The ICB were undertaking a dental health equity audit in Staffordshire which will look at health determinants, access to services and outcomes for patients and will identify NHS dentist gaps which will inform the Dental Strategy which will identify priority areas for any redistribution of services. The health equity audit was due to be published in March 2024.
- The ICB were supporting the Public Health agenda through the Integrated Care Partnership Strategy. The ICB had supported prevention related to dental hygiene in children.
- Workforce schemes were being considered and recruitment and retention was within the dental strategy. The Committee had written to Keele University to support proposals for a dental school at Keele University. The Committee agreed for the Chairman to write a follow up letter to Keele University to determine any progress made.
- Members fed back that NHS 111 were not well-informed relating to the current dentistry provision.
- The Children and Vulnerable Adults team were available to attend care homes to provide dental and oral healthcare, however this was not consistent across the County. Oral healthcare for the elderly residents and those with severe mental illness would be a priority within the dental recovery plan.
- Due to lack of provision of dentists within some areas in Staffordshire, some children did not have access to dentists. There was oral health promotional work and supervised brushing taking place within early years settings in Staffordshire. Teaching dental hygiene within school settings would form part of the dental strategy.
- The Committee requested to receive the dentistry complaints data when the Committee next consider dentistry.
- There were orthodontic waiting list challenges, however the detail was held by the individual dental practices. The Committee requested to understand what happened to a child on the orthodontic waiting list when they reach 18 years of age.
- Assurance was given that dentistry was a top priority at the ICB.

Resolved – That (a) the update report be received, and the Committee comments be noted.

(b) the Committee write to Keele University to determine any progress made for a proposed dental school at Keele University.

(c) the Committee receive the dentistry complaints data when the Committee next consider dentistry.

(d) the Committee receive information as to what happens to a child on the orthodontic waiting list when they reach 18 years of age.

59. District and Borough Health Scrutiny Activity

The Committee received the District and Borough Health Scrutiny activity update report.

The Committee were advised that the Joint Strategic Needs Assessment was currently being refreshed and will be shared with the Committee and District and Boroughs in the Summer.

The Committee were also advised that the Chairman of the Safeguarding Overview & Scrutiny Committee was due to write to District and Boroughs around licencing and vaping.

Resolved – That the District and Borough Health Scrutiny activity update report be received and noted.

60. Work Programme

The Committee agreed to hold an inquiry day to further look into the processes in place regarding Defibrillators at West Midlands Ambulance Service.

Resolved – That (a) the Work Programme be noted.

(b) the Committee hold an inquiry day to further look into the processes in place regarding Defibrillators at West Midlands Ambulance Service.

Chair

Health and Care Overview and Scrutiny Committee - Monday 18 March 2024

Staffordshire's Joint All-Age Carers Strategy 2024 - 29

Recommendations

I recommend that the Committee:

- a. Consider the Staffordshire All Age Carers Strategy 2024 – 2029 for adoption by the Council.

Local Member Interest:

N/A

Report of Councillor Mike Wilcox, Cabinet Member for Health and Care

Summary

What is the Overview and Scrutiny Committee being asked to do and why?

1. The Committee is asked to consider the Staffordshire All Age Carers Strategy 2024 – 2029 for adoption by the Council. This will replace the current carers strategy and has been developed with carers and key partners.

Report

Background

2. The Council and the Integrated Care Board (ICB) have jointly developed a final draft of a new All-Age Carers Strategy (2024-2029).
3. The Strategy has been co-produced by the Council and ICB with other partners including the provider of the carers support service "Staffordshire Together for Carers", professionals and unpaid adult and young carers.
4. An extensive period of co-production took place between August and November 2023. A range of stakeholders were involved including adult and young carers, social care professionals in the Council and the Midlands Partnership University NHS Foundation Trust (MPFT), other partners and the wider public.

5. Feedback was obtained through an online and paper survey of adult carers, carers focus groups (online and in person), a survey of families of young carers and dedicated young carers focus groups. Separate focus groups were held to consult with Council employees who are also carers as well as with social care professionals in the Council and MPFT.
6. In total, 412 unpaid carers contributed their views. This includes 379 adult carers, including parent carers and Council employees who are also carers, 20 young carers, and 13 families of young carers. A summary of engagement feedback is in appendix 2.
7. A draft of the Strategy was presented to the Learning Disability and Autism Spectrum Condition Carers Forum on 15 January. The Forum noted the strategic priorities and the process taken to reach them, and felt success depends on co-producing the action plan in a timely manner to ensure actions are achieved and that carers can stay involved. The group also asked to be kept informed about approval and delivery of the strategy.
8. The Strategy sets out seven main priorities each with associated outcomes and performance indicators:
 - a. Information Advice and Guidance
 - b. Identifying Carers
 - c. Physical and Mental Wellbeing
 - d. A Life Outside of Caring
 - e. Short and Longer-Term Planning
 - f. Assessment and Support
 - g. Recognition and Value
9. The approach to achieving the outcomes will be to:
 - a. Help people to help themselves by offering good and timely information about how to maintain their physical and mental wellbeing and where to go for support.
 - b. Develop a carer friendly Staffordshire by increasing awareness of carers and their needs within the wider community and employers.
 - c. Work with partners to build and use community capacity to support carers.
 - d. Promote independence by building on carers' own assets and networks and linking carers to their local community resources.
 - e. Co-produce support and services, working with individuals and communities.

- f. Encourage and enable our workforce to be able to identify carers and understand the role of the carer, and how to access support if they are a carer themselves.
- g. Embrace technologies to help identify carers earlier, link them to information and support, and use technology to support the caring role.

Governance and implementation

- 10. Scrutiny Committee is asked to consider the Strategy for adoption by the Council. The ICB will be considering the Strategy through their own governance arrangements. The Health and Wellbeing Board will also be asked to consider and endorse the Strategy at their meeting on 7 March 2024.
- 11. Once approved the new Strategy would commence from April 2024. An action plan would be co-produced to support implementation.
- 12. The Carers Partnership Board will oversee strategy implementation. This Board will report into the Disability and Neurodiversity Partnership Board, which will be responsible for reporting progress annually to the Health and Well-being Board.

Legal Implications

- 13. The new Strategy is a replacement of the current Strategy and there are no legal implications arising because of this report.

Resource and Value for Money Implications

- 14. The Strategy would be implemented within existing resources. The Finance Team has advised that we should anticipate the same level of funding for delivery of carers' services from the Better Care Fund for future years, however an inflation amount has not been confirmed for 2024-25 and therefore we are not anticipating an uplift at this point.

Climate Change Implications

- 15. The adoption of the new Strategy may have minor climate change implications if we deploy community worker(s). We will ensure that any specific worker(s) are deployed in an energy and time efficient manner to minimise the impact.

Link to Strategic Plan

16. The Strategy reflects national policy and legislative requirements as well as local strategies and plans including national and local data and carers feedback about their priorities.

- a. Staffordshire Health and Wellbeing Strategy
- b. Staffordshire County Council Corporate Plan
- c. Integrated Care Partnership Strategy
- d. NHS Long Term Plan
- e. Staffordshire and Stoke ICB Joint Forward Plan 2023 - 2028
- f. Staffordshire and Stoke ICB Operational Plan 2023 - 2024

Link to Other Overview and Scrutiny Activity

17. N/A

Community Impact

18. The completed Community Impact Assessment has been submitted with this report.

List of Background Documents/Appendices:

Appendix 1 – Staffordshire’s All Age Carers Strategy 2024 - 2029.

Appendix 2 – Analysis of feedback to engagement for the strategy.

Community Impact Assessment

Contact Details

Assistant Director: Andrew Jepps, **Assistant Director, Health and Care**
Natasha Moody, **Assistant Director for Wellbeing and Partnerships**

Report Author: Jackie Averill
Job Title: **Commissioning Officer**
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Introduction

Staffordshire County Council's vision is that Staffordshire is an ambitious, innovative and sustainable county, where everyone has the opportunity to prosper, be healthy and happy.

This joint Strategy is for adult carers of adults (of all ages), parent carers of children approaching adulthood and young carers aged under 18.

At some point in our lives, most of us will be a carer. For some people caring for one or more family members or friends could be a long term, full-time role whilst for others it may be a short term or occasional role.

Caring is vital and rewarding but for some people it will come at enormous personal cost. The Council and the NHS cannot solve all of the difficulties that carers experience, but we can try and make life a little easier by addressing some of the top priorities.

This Strategy has been co-produced by the Council and Integrated Care Board and other partners, adult and young carers and their families, the public, and health and social care professionals.

The Strategy recognises the extraordinary contribution made by carers and aims to ensure they can lead happier, healthier and more independent lives, in a society that values and supports them to maintain their caring role.

We would like to thank everyone involved in the production of the Strategy, and we look forward to working with you to achieve our outcomes.

Cllr Mike Wilcox

*Cabinet Member for Health and Care,
Staffordshire County Council*

Cllr Mark Sutton

Cabinet Member for Children and Young People

Dr Richard Harling MBE

*Director of Health and Care,
Staffordshire County Council*

Neelam Bhardwaja

*Director for Children and Families,
Staffordshire County Council*

Lynn Millar

*Portfolio Director - Improving Health
Population, Staffordshire and
Stoke-on-Trent Integrated Care Board*



Unpaid adult and young carers in Staffordshire

Caring responsibilities will affect most people. The caring relationship can be with anyone - a partner, parent, sibling, child, grandchild, neighbour, or friend and may change over time. Carers may support one person for a long period or several people at different times.

The 2021 Census reported that:



Nearly 10% (82,000) of Staffordshire residents aged over 5 provide some unpaid care each week.



66% of carers are aged over 50, and 58% of carers are women.



There are 1,610 young carers aged 5 - 17.

Caring for others is part of our responsibilities to one another as citizens and can be extremely rewarding. National estimates from Carers UK place the total value of the unpaid work of carers in Staffordshire in 2021 at £2.6bn per annum. However caring can have a significant personal and financial cost with carers more likely to experience health and financial inequalities:



Carers are twice as likely to suffer from poor health compared to the general population mainly due to lack of information and support, finance concerns, stress and social isolation¹.



The caring role limits carers' ability to undertake paid work; Carers UK¹ estimate that 1 in 6 carers stop working or reduce their hours due to their caring role⁴.



Carers also have more outgoings related to their caring role such as caring equipment or higher fuel costs.



1 in 3 young carers have a mental health issue¹.



Carers under retirement age providing over 20 hours care per week are more likely to be living in lower-income households, compared with non-carers or carers providing less hours.



38% of young carers we spoke to told us they struggle to balance their caring role with going to school.

1 Carers UK and Centre for Care: Valuing Carers 2021 England and Wales | 2 NHS Long Term Plan

3 Children's Society. Young Carer Facts. Facts About Young Carers | The Children's Society (childrensociety.org.uk)

4 Carers UK: Employers for Carers website: Employers for Carers | Carers UK

Carers Assessments

Assessment for all young carers and newly registered adult carers are undertaken by the First Contact Team in Staffordshire County Council. Assessments for ongoing adult carers are usually done by social care district teams.

The First Contact Team, who do the greatest proportion of single carer assessments, carry out a regular customer satisfaction survey; 76% of carers who were assessed by the Team told us that the assessment wholly met their needs, with comments that the assessment process was professional, informative and staff personable and empathetic.

In September 2023, 1514 adult carers and 411 young carers were registered with our carers

support service, **Staffordshire Together for Carers**. This equates to 2% of all adult carers and 25% of all young carers in Staffordshire.

94% of Staffordshire's population describe themselves as from White British communities. Staffordshire Together for Carers data shows that 97% of new carers accessing the service in 2022/23 were from White British communities, which suggests an under representation of other population groups that requires further analysis.



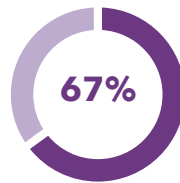
What adult and young carers told us

In total, 412 young and adult carers gave feedback to the strategy, including 306 adult carers who responded to our survey.

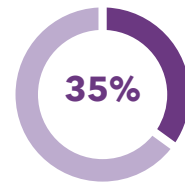
Of the carers that responded to each question:



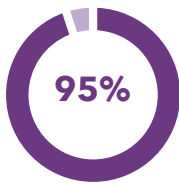
provide over 50 hours of care each week and many carers did not have a break from caring.



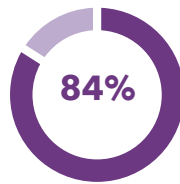
said they have not found it easy to find information, advice and guidance, and 59% said that information they had found had not been helpful.



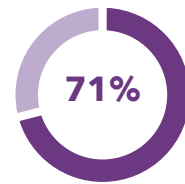
said they had not been involved or consulted as much as they wanted to be in discussions about the support or services provided to the person they care for.



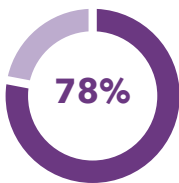
are not able to spend as much time as they want doing things they enjoy.



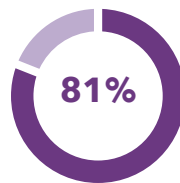
said they do not have as much social contact as they would like.



who felt respite was relevant to their situation said they would not know how to access it if they needed to.



said they do not have enough time to look after themselves.



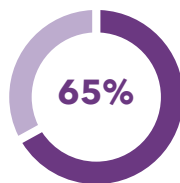
said they have not enough encouragement and support in their caring role.



Many were worried about what would happen when they can no longer care.



said caring had impacted negatively on their own health.



said caring has caused financial difficulties.



Many said that they were unaware of the carers assessment.

What adult and young carers told us

Adult carers said their top priorities to support them in their caring role are:

- › More timely support, including practical support, face to face and flexible peer support groups;
- › Reliable, accessible and timely information for example at the point of diagnosis or crisis;
- › More support from primary care, including signposting and timely information and advice;
- › More opportunities for a break from caring;
- › Simpler health and care systems including consistent workers, named contacts and being able to speak to someone;
- › To be recognised and valued, and for health and social care professionals to understand and have empathy for the carer's role;

Young carers and their families told us their top priorities are:

- › More support, including socialisation support, counselling and flexible peer support sessions;
- › Being identified as a young carer earlier and support given at an earlier stage;
- › More awareness of young carers in schools, communities, and health services;
- › More support in schools as a young carer and more practical support, such as exam help, free school meals, additional help;
- › More opportunities for a break from caring;
- › More funding and opportunities for young carers from local services including Staffordshire Together for Carers.



Priorities, outcomes and actions and how we will measure delivery

Based on our strategic objectives and engagement feedback, our priorities and outcomes for this Strategy will be:



PRIORITY A

Information, advice and guidance

OUTCOME

Adult and young carers have timely access to reliable, up to date information, advice and guidance and they know where to find this

Actions will include:

- › We will explore extending use of digital technology solutions to signpost carers to reliable and accessible sources of information and support, including practical support, whilst recognising that these do not work for everyone.
- › We will work with health and social care settings to improve the visibility and accessibility of information for carers.
- › Health and social care professionals will ensure that carers receive appropriate information at key points in the carer's journey such as at the cared for person's diagnosis and times of crisis and ensure that carers know where to get help and support.
- › Young carers will continue to be supported during times of crisis by Staffordshire Together for Carers and health and social care professionals.
- › Young carers will be supported to access information via Staffordshire Together for Carers and health and social care professionals.
- › We will ensure that carers can speak to someone if they need to.

- › We will continue to offer access to advice and support with financial management and welfare benefit entitlement.

For adult carers, we will measure delivery of this outcome through carer quality of life metrics from the biannual Survey of Adult Carers in England, and Staffordshire's own carers surveys to ensure that we hear from carers who are not in receipt of support, i.e.:

- › % of adult carers who have found it easy to access information and/or advice.
- › % of adult carers who are satisfied with the information and/or advice they have received.
- › Activity data from digital solutions such as websites and apps

For young carers we will measure this through the number of young carers assessments and numbers of young carers registered with Staffordshire Together for Carers.



B

PRIORITY B

Identifying Carers

OUTCOME

Adult and young carers, are identified, or can self-identify, so they will know where to go for support, keeping them well for longer and helping them avoid crisis

Actions will include:

- › We will provide our own local online carer awareness training and make it mandatory for social care professionals and promote and encourage uptake by health professionals.
- › We will explore the best use of digital solutions to identify adult carers early and help them to self-identify.
- › We will help primary care surgeries, often the starting point for a carer's journey, to recognise carers and know where to signpost them for support in their communities.
- › We will work in partnership with schools to help them identify children and young people who care for a family member

to ensure they are acknowledged and supported and referred to the appropriate professionals.

- › We will work to identify barriers and improve equality of access for carers to ensure that underrepresented groups are supported.

We will measure delivery of this outcome through:

- › % of adult and young carer population on the carer register for Staffordshire
- › Number of identified carer champions in primary care surgeries and schools
- › Ethnicity data from the carers support provider



C

PRIORITY C

Physical and mental wellbeing

OUTCOME

Adult and young carers can access the support they need to maintain good physical and mental wellbeing

Actions will include:

- › We will help primary care surgeries to identify carers and offer or signpost them to appropriate support, including Carers Passports and vaccinations.
- › To prevent loneliness and isolation we will continue to develop a range of opportunities for carers to meet with other people, including other carers.
- › We will train school staff and other relevant agencies to be alert to issues affecting the wellbeing of young carers and to respond appropriately.
- › We will continue to offer counselling to carers based on their needs through Staffordshire Together for Carers.
- › We will provide employers with information on carers legislation, so that employers know how to take effective action to enable carers to balance their caring and employment responsibilities.

We will measure delivery of this outcome through:

- › % of adult carers who say in the Survey of Adult Carers in England and Staffordshire's own survey:
 - I'm able to spend my time as I want, doing things I value or enjoy.
 - I have as much control over my daily life as I want.
 - I look after myself.
 - I have no worries about my personal safety.
 - I have as much social contact as I want with the people I like.
 - I feel I have encouragement and support.
- › Young carer feedback.



D

PRIORITY D

A life outside of caring

OUTCOME

Adult and young carers have the opportunity to have a life outside of caring and maintain social relationships with family, friends and others

Actions will include

- › We will use digital means to increase awareness of online directories, such as **Staffordshire Connects**, and face-to-face information sources including our **community help points**, so carers can connect with social groups and events in their community.
- › We will co-produce with carers a range of affordable and personalised opportunities to enable carers with the greatest need to have a break from caring.
- › We will work with partners including the voluntary sector to ensure carers have access to suitable peer support opportunities. This will include carers groups where carers can go with the cared for person.
- › We will help underrepresented carers, such as those in rural areas, to be better socially connected and experience fewer feelings of isolation.
- › We will ensure that young carers have educational opportunities and can experience activities and flexible peer support sessions outside school hours, that support them to develop and sustain friendships with their peers and gives them time away from their caring responsibilities.
- › We will support young carers to access education, work and training, ensuring that the education and life chances of young carers are not compromised by their caring role.
- › We will ensure that Staffordshire Connects has up to date information on how to arrange and access respite care.

We will measure delivery of this outcome through:

- › Number of young carers' statutory assessments and number of young carers made known as a carer to their school.
- › Number of young carers supported to access or maintain employment.
- › Number of adult carers in receipt of short break opportunities.
- › Number of young carers in receipt of short break opportunities and peer group support
- › % of carers supported by Adult Social Care receiving support in full or in part via one-off direct payments.



E

PRIORITY E

Assessment and support

OUTCOME

Young and adult carers have a consistent offer to preventative, personalised and strength-based assessment and support

Actions will include:

- › We will ensure a consistent approach to carers assessments is adopted by Adult Social Care and that the whole workforce is equipped and has the knowledge to support carers.
 - › We will ensure the carer is able to make an informed decision about how their assessment is undertaken and whether this is face to face.
 - › We will continue to develop our carer offer to be focussed on prevention, reducing and delaying needs arising and avoiding crisis.
 - › Where an assessment identifies eligible needs, we will look to meet these with support from the carer's own network or local community including preventive, universal services.
 - › We will improve understanding with carers and professionals of our current carers self-directed support offer, called carers direct payments, and make sure they are accessible to everyone who is eligible.
- › We will work holistically with young carers through the assessment process looking at the wider impact of their caring role on their education, health and wellbeing and future aspirations and ensure they have access to ongoing, appropriate support such as peer support groups, one to one support or counselling.
 - › Improve our assessment pathways for parent carers whose child is preparing for adulthood and for young carers approaching adulthood.

We will measure delivery of this outcome through:

- › Reviewing audits of our strength-based practice carer assessments.
- › Carer feedback on their experience of assessment by First Contact Team and timeliness of assessments.
- › Number of young carers accessing support from Staffordshire Together for Carers.
- › Uptake of one-off direct payments.



G

PRIORITY G

Recognition and value

OUTCOME

Carers feel valued and respected as an expert partner in care

Actions will include:

- › We will increase the numbers of carers champions in primary care and schools.
- › We will support social care staff to recognise, positively engage and respect carers.
- › We will involve adult carers in assessments, care planning, decision making and reviews, and universally recognise and support them as 'Expert Partners in Care'.
- › We will run regular communications to identify, support and celebrate carers using opportunities including Carers Week, Carers Rights Day and the Dignity in Care Awards.
- › We will work with businesses to help build carer friendly communities and recognise and support carers.

- › We will promote the use of discount cards and schemes for carers.

We will measure delivery of this outcome through:

- › % of carers who have been involved or consulted as much as they want to be about support or services provided to the person they care for.
- › % of carers who have had encouragement and support in their caring role.
- › Nominations of unpaid carers for the Dignity in Care Awards.
- › Number of staff who have undertaken carers awareness training.



How we will monitor delivery

We will work with carers and other partners to co-produce a delivery plan that summarises the activities that will be undertaken during the lifetime of the strategy.



The expectation is that this will be a **living document** and **activities may change** over the lifetime of the strategy in response to **evolving need**.



The **Carers Partnership Board** is responsible for overseeing the implementation of the **All-Age Carers Strategy** and monitoring completion of the actions within the delivery plan.

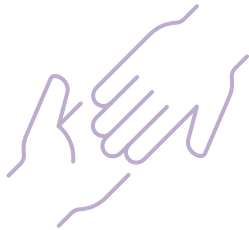


This Board will report on progress to the **Disability and Neurodiversity Partnership Board** and, annually, to the **Health and Wellbeing Board**.



Our approach

To achieve these outcomes, we will:



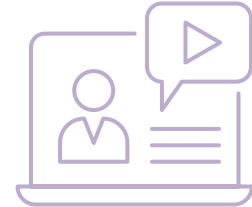
Help people to help themselves

by offering good and timely information about how to maintain their physical and mental wellbeing and where to go for support.



Encourage and enable our workforce

to be able to identify carers and understand the role of the carer, and how to access support if they are a carer themselves.



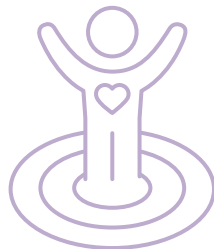
Embrace technologies

to help identify carers earlier, link them to information and support, and use technology to support the caring role.



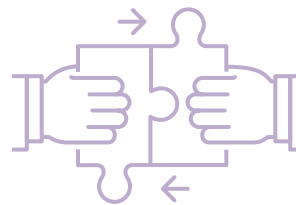
Co-produce support and services

working with individuals and communities.



Develop a carer friendly Staffordshire

by increasing awareness of carers and their needs within the wider community and employers.



Work with partners to build and use community capacity

to support carers.



Promote independence

by building on carers' own assets and networks and linking carers to their local community resources.



Staffordshire’s All Age Carers Strategy 2024 – 2029: Feedback from adult and young carers, families of young carers and social care professionals from the engagement process

Section 1: Results from survey of adult carers

Section 2: Feedback from adult carers’ focus groups

Section 3: Feedback from focus groups of adult social care professionals

Section 4: Feedback from working carers in Staffordshire County Council and Midlands Partnership University NHS Foundation Trust

Section 5: Feedback from young carers’ focus groups

Section 6: Feedback from families of carers

1. Adult carers feedback obtained through the survey

Services and systems that work for carers	The majority of carers said	<ul style="list-style-type: none"> - Most respondents had not received support from social services in the last 12 months but most of those who had were happy with it. - It is difficult to find information about support, services and benefits and we need better signposting or making it easier to find. - I would not know how to access support or respite care if I needed it. - A GP or a social care professional who they had met in the previous 12 months had not identified them as a carer or offered support. - They had been involved or consulted to some extent in discussions about the support or services for the cared for person. -
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	A number of carers said	<ul style="list-style-type: none"> - Information quality needs to improve, and be timely e.g. from health and social care professionals at key points like times of crisis and diagnosis. - The system needs to improve (too complicated, too many blockages, fragmented and lacking continuity between services, carers have to repeat story, difficult to find the right person / department, feeling fobbed off, navigating benefits applications very difficult).
	A few carers said	<ul style="list-style-type: none"> - We need help to complete benefit forms. - Better website navigation.
Employment and financial wellbeing	The majority of carers said	<ul style="list-style-type: none"> - In the last 12 months caring has caused some or a lot of financial difficulties. - I'm not in paid employment for reasons unconnected with caring e.g. retired. - Flexible working arrangements and flexibility for medical appointments are most helpful to balance work and caring.
	A number of carers said	<ul style="list-style-type: none"> - I'm not in paid employment because of my caring role. - I am in paid employment and feel supported by my employer.
	A few carers said	
Supporting a carer friendly community	The majority of carers said	<ul style="list-style-type: none"> - I do some of the things I value or enjoy but not enough. - I have some control over my daily life but not enough. - I am neglecting myself or sometimes can't look after myself well enough. - My health has been made worse by my caring role. - I don't have as much social contact as I would like.
	A number of carers said	<ul style="list-style-type: none"> - I have no encouragement and support.
	A few carers said	<ul style="list-style-type: none"> - I am extremely worried about my personal safety. - I fear for the future when I can no longer care.

Using data and digital solutions to improve outcomes for carers	The majority of carers said	<ul style="list-style-type: none"> - They use a smartphone, mobile phone or tablet to support their caring role, including to set reminders for medication, appointments and share information with their caring circle e.g. What's App.
	A number of carers said	<ul style="list-style-type: none"> - They don't use any IT and aren't IT savvy. - They had no time or interest in it.
	A few carers said	<ul style="list-style-type: none"> - They use movement monitoring devices or cameras. - They would like more support to use it. - Too confusing, stressful, would prefer to speak to someone.
What would make the biggest difference to help you continue in your caring role?	The majority of carers said	<ul style="list-style-type: none"> - More support including more practical support e.g. gardener, handman, more flexible peer support groups and more local support.
	A number of carers said	<ul style="list-style-type: none"> - A break from caring including respite care - Discount card - Greater recognition of their role and professionals to have more understanding and empathy for them as a carer - Better and more accessible information - More financial support - Health and social care systems to improve including better communication
	A few carers said	<ul style="list-style-type: none"> - To be involved and consulted in decision making - More help with transport - Services they can take the cared for person to - Carer passport

2. Adult carers feedback from carers focus groups

Are current priorities correct?	The majority of carers said	<ul style="list-style-type: none"> - Current priorities are broadly correct but need to be delivered - We need timely access to information, in a range of formats and to know where to find it or to be given it at key points e.g. diagnosis
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	A number of carers said	<ul style="list-style-type: none"> - Many people said they did not get any break from caring or only once a month. - Carers worry about what would happen when they can no longer care. - Carers gave a mixed response to digital solutions, some people quite savvy and use social media, Alexa, others had no access to PC, printers etc.
	A few carers said	<ul style="list-style-type: none"> - Need more support with financial management including information on website (financial contributions).
What is your experience of support or services	The majority of carers said	<ul style="list-style-type: none"> - Many people said GPs and hospitals know they are a carer but don't link or signpost to Social Care, provide adequate support or information re health condition, diagnosis. - Communication is poor.
	A number of carers said	<ul style="list-style-type: none"> - We don't know what support is available – this included statutory assessments, Staffordshire Together for Carers, and local community support or other peer groups. - Some people said they could not access peer groups due to lack of flexibility of time. - Carers assessments are a tick box exercise with no outcomes.
	A few carers said	<ul style="list-style-type: none"> - Social care professionals - lack empathy, no consistency and no key / allocated worker makes their role much harder including managing expectations downwards e.g. availability of respite. - Some carers said lack of services and respite for adults with learning disability in Leek / Moorlands. - Parent carers talked about poor experience of Children and Families Services and having to fight for their rights particularly with the Education Department.
What would make the biggest positive	The majority of carers said	<ul style="list-style-type: none"> - Better support from health and primary care, including information and signposting.

difference to help you keep caring?		- Many people said more peer support groups including specialist groups e.g. carers of people with mental health needs.
	A number of carers said	- Better access to respite so they could take a break from caring, enjoy outings. - Better communication, including named person to contact, direct phone line, someone to talk to face to face. - More information about services and support available, and more local services and support.
	A few carers said	- Consistent social worker / allocated worker, who understands them and the needs of the cared for person.
What are your top three priorities?	The majority of carers said	- More support, including face to face support, including social care professionals and access to groups. - Accessible and accurate information, advice and guidance, and signposting to this.
	A number of carers said	- More empathetic social care & health professionals who understand the carer's role. - Primary care surgeries to link or signpost carers to sources of support and information.
	A few carers said	- Primary care surgeries to share their carers register

3. Social care professionals' feedback from a focus group

Do you know where to signpost carers for an	Most people said	- There was good understanding of this within MPFT district teams and First Contact staff. Many attendees were carers assessors from First Contact Team.
	Some people said	

assessment of their needs	A few people said	
How would you prefer to source information when supporting or signposting a carer?	Most people said	<ul style="list-style-type: none"> - In email and printable format, and suitable for sending via text message. - Something simple and not too long. - Information on local services and where the gaps are.
	Some people said	<ul style="list-style-type: none"> - In hard copy as some carers don't have mobiles etc.
	A few people said	
What would be the most effective way to communicate changes to commissioned services or service pathways to you?	Most people said	<ul style="list-style-type: none"> - Service briefings e.g. PSW practice forum. - Social Work Learning Academy newsletter, leaflets, emails - but not on Fridays as these are the busiest for emails. -
	Some people said	
	A few people said	
From your interactions with carers, what are they telling you would make the biggest positive difference?	Most people said	<ul style="list-style-type: none"> - Respite and time for themselves, sitting services. - Easy access to respite as takes long time to access.
	Some people said	<ul style="list-style-type: none"> - Parent carer assessment: many don't feel they have an identity outside their caring role - would like an opportunity to meet other parent carers who can empathise. - Financial support due to cost of electricity and gas to heat home.
	A few people said	<ul style="list-style-type: none"> - More evening groups.

		<ul style="list-style-type: none"> - Priority access to mental health services for young carers and young adult carers as 6-month wait. - Ability to shape experience of coming into contact with services and social care professionals e.g. co-production, being involved in recruitment panel, access the website and choose how to get involved. - GP surgeries to be more empathetic and offer health appointments at appropriate times for the carer and the cared for person, as it can be impossible to get someone with dementia to an 8 a.m. appt.
Do you have any comments or suggestions you would like us to take into account?	Most people said	<ul style="list-style-type: none"> - There are service gaps (including local community groups and accessing benefits) as well as: <ul style="list-style-type: none"> - Availability of activities for young carers - predominantly delivered in 3 areas (Stafford, Lichfield and Burton) so people have to travel and lack of activities in school holidays. - Lack of face-to-face activities for 5 and 6 years olds - we are not meeting the need for them to get out of the home. - Information was shared about other activity providers. - Changes in age eligibility which meant a loss of provision for young carers aged 13+ years.
	Some people said	<ul style="list-style-type: none"> - Lack of provision for young adult carers 16 - 17 as activities usually take place at 4 - 5 p.m. and carers can't get to them. - Gap in Wombourne. - Struggle to get teenagers to engage - no peer support group for 13 + and in many of the areas. - Gap in age-appropriate support for young adult carers aged 18 - 30, e.g. contact with other adult carers and no online offer either.
	A few people said	

4. What Staffordshire County Council and MPFT working carers told us (NB only 3 working carers took part in these groups)

Are current priorities correct?	Most people said	- Current priorities broadly correct
	Some people said	- Unaware of carers assessment, direct payments or commissioned carers support service
	A few people said	- Need to make schools aware of assessment. - Information needs to be available to community MH services so they can give paper copies of leaflets and newsletters to patients. - Information needs to be available at point of crisis, not discharge. - Information needs to be available at child in need assessment, Sendiass and Family Hub.
How does your caring role impact on your work life?	Most people said	- Caring role peaks and troughs and can have more impact on work at crisis point with greater need for flexibility to deal with practical issues like making appointments. - Impact of caring on mental wellbeing.
	Some people said	
	A few people said	- Work is good for people’s mental health and we need to recognise that we have to maintain a service.
How does SCC currently support you?	Most people said	- People feel very well supported by managers and flexible working policy for those in flexible roles. - People feel trusted to deliver the workload. -

	Some people said	- Lack of flexibility with some job roles can make certain roles unmanageable.
	A few people said	- Access to wellbeing support like ThinkWell is valued and supports with emotional wellbeing / resilience at the point of crisis.
Looking to the future, what else can Staffordshire do to improve the support that it offers to working carers?	Most people said	- Support to navigate the system and signpost to support, information etc. - Other organisations being carers aware.
	Some people said	
	A few people said	
Would a dedicated support network in Viva Engage be useful to talk to other carers in similar situations?	Most people said	- People were positive about this depending on how it would be used - e.g. as a chat / peer support group function, information sharing tool etc.
	Some people said	
	A few people said	

Carers also told us:

"I feel forgotten"

"I worry about what will happen when I die."

"I am happy to be a carer. I know that it won't be forever, but it has meant I have and will continue to neglect my own business, that is the struggle."

"I want to be listened to, be believed and be involved in decisions."

"I just feel that an afternoon off once in a while so that I could go shopping or arrange to visit a friend would be amazing."

5. What young carers told us through the feedback sessions:

1	Can you talk about the things you like doing?	The majority of children/young people listed activities they could do	Football, cricket, singing, arts and craft, listening to music, sport in general, being with friends, basketball, swimming, talking to friends, video games, archery, playdough, exercise
		Several children	Said they have people to talk to about the things they like doing
		One child/young people said	Cannot discuss things if they have had a bad day
2	Does the support you provide for your family member (change wording as necessary in terms of brother/sister/Mum/Dad etc) ever stop you from doing these things?	The majority of children/young people said	It does not stop them from doing the things they like to do
		2 children/young people said	Occasionally they cannot do the things they want to do due to their caring roles
		5 children/young people said	It does stop them doing the things they want to do Some example answers: <i>"Because I normally need to look after my 2 brothers as they are disabled"</i> <i>"I don't do much as I have to help my Dad and look after myself"</i>
3	How do you manage the support you give to your family member alongside of going to school?	2 children/young people said	<i>"I just do it"</i>
		2 children/young people said	<i>"I manage well"</i>
		2 children/young people said	<i>"It is easy to manage"</i>
		2 children/young people said	<i>"It is not hard and I manage"</i>
		5 children/young people said	I do not manage very well Answers: <i>"I need to check my Mum takes her meds",</i>

			<p><i>"In the holiday I care and help my Mum and family and on a school day I have to do both before and after school",</i></p> <p><i>"I struggle a bit as I try to look after my other and go to school and that stresses me",</i></p> <p><i>"I do not cope well, I get annoyed or stressed quickly if my sister does something I don't like and it doesn't help that I have had the stress of school already that day", "badly!"</i></p>
4	Does the support you give have an effect on how you look after yourself? (<i>sleep, exercise, food, social activities, etc</i>)	10 children/young people said	No, it does not affect how they look after themselves
		1 child/young people said	A little
		6 children said	Yes, it does affect how they look after themselves Some example answers: <i>"In my sleep my tummy hurts because of worries so I can't sleep", "I don't get enough sleep"</i>
		3 children/young people said	No and yes. <i>"have learn that in my religion if I help we get a reward from God, I sometimes feel sleepy as I need to get my brother to sleep for me to be able to sleep"</i>
5	Thinking about time with your friends, does the support you give affect this?	4 children/young people said	Yes and no
		2 children/young people said	It does not affect their time with their friends
		4 children said	Yes it does affect their time with their friends Some example answers: <i>"Kind of because I only have 1 friend", "only get to see friends at school as my Mum said no to going out after school"</i>

6	Do you feel supported to be a carer, if so by who?	Majority of children/young people said	Yes
		2 children/young people said	No <i>"Not really, as being a young carer is not well known"</i> <i>"I have not been given support because my case is very serious"</i>
		People or services which supported them:	By everybody By friends and family Counsellor Teacher
		Majority said young carers service supports them	Young carer service
7	How long were you supporting someone before you knew you were a Young Carer and had some help/assessment?	Variety of answers	6 years x 3 7 years x 3 8 years x 2 5 years x 3 4 years x 2 3 years x 2 <i>"All my life"</i> Don't know x 5
8	Thinking about the support you offer your family member, what worries you the most?	Several children/young people said	Nothing
		One child/young people said	Don't know
		Several children said	Yes Some example answers: <i>"Arguments and crying",</i> <i>"school",</i> <i>"everything",</i> <i>"school and homework",</i>

			<p><i>"Mum getting worse",</i> <i>"falling behind in school",</i> <i>"him getting hurt",</i> <i>"if my family was unhappy",</i> <i>"something wrong happening to my brother which makes him go into hospital",</i> <i>"my Mum being alone",</i> <i>"I feel my family will suffer when I am in school", "my Mum being upset or if something happens"</i></p>
9	What help has made the most difference to you?	3 children/young people said	<p>Nothing <i>"Nothing as I am always worried and afraid"</i></p>
		2 children/young people said	Not sure
		Variety of answers	<p><i>"Friends",</i> <i>"counsellor",</i> <i>"help from my family",</i> <i>"school and other charity help",</i> <i>"getting an extension on the house by the Council"</i> <i>"my family has always been on my side when I have suicidal thought and my mental health is bad"</i> <i>"socialising with friends"</i></p>
10	What do you think the Council should consider most important to support Young Carers? (Discuss what the Council is etc)	Variety of answers	<p><i>"more money for young carer staff"</i> <i>"discounts towards basic needs"</i> <i>"making sure we are happy"</i> <i>"extra payments for those who help us"</i> <i>"more sport and friendship groups"</i> <i>"more people to help us"</i> <i>"more fun things to do"</i></p>

			"bringing friends on trips as well as family" "time to talk" "make young carers more known"
		3 children/young people said	Don't know
Additional questions for older young carers			
11	Does the support you give have an impact on what you will do after you finish school? (16/18+, future working, education, life?)	7 children/young people said	No One child said: "no as I will be successful"
		4 children/young people said	Not really/not sure "my Dad can function without me, I think"
		5 children/young people said	Yes Some example answers: "Yes, as I cannot move away", "yes, it will have an impact on me"
12	What do you think the Council should consider most important to support Young Carers?	Several young people said	Don't know
		2 young people said	Help make young carers be more known
		Several young people said	Help more young carers join the groups

6. What families of young carers told us

Completed via Microsoft form sent out by the commissioned service for young carers

1	Can you talk to us about the things your child/young person likes doing?	Variety of answers	Art and walking, going to different places and making new friends, swimming, reading, playing, cooking, bowling, Spending quality time with Mum and Dad. Watching movies, gymnastics, mountain biking, animals and outdoor activities "monthly get togethers have been his life saver"
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			Holidays, drama, visiting places, listening to music, horse riding <i>"she loves going to the group each month and doing the fun activities on offer with her friends"</i>
2	Does the support they provide for their family member ever stop them from doing these things?	1 person said	No
		1 person said	<i>"Try not to let it"</i> <i>"we try for it not too but we have to make reasonable adjustments which means sometimes it does stop or make it less enjoyable owing to worrying about doing things with conditions"</i>
		10 people said	Yes Some example answers: <i>"we are unable to go to a lot of places due to the disability/behavioural problems of her twin brother who struggles in busy/different environments"</i> <i>"yes all the time they don't get time to these activities until I am upstairs in bed"</i> <i>"he does worry about going to any activities that mean him going away overnight from his family member – this is something he won't do"</i> <i>"yes, they do not get to have any recreational or socialisation time as due to my disability I cannot take him anywhere"</i> <i>"yes, our son just trashes anything she is working on"</i> <i>"yes, as she has a younger brother she also has PICA syndrome so will eat anything from beads to pebbles"</i>

3	How do they manage the support they give to their family member alongside the demands of going to school?	Variety of answers – all had an element of difficulty	<p><i>"find it hard not to worry"</i></p> <p><i>"we have to try and get school homework done when her brother has left for school in the taxi in the mornings, but time is limited"</i></p> <p><i>"we try to balance this as much as possible"</i></p> <p><i>"with great difficulty and often by self"</i></p> <p><i>"not too bad at the moment, but as she gets older and has more to do, I think this will get harder"</i></p> <p><i>"they have to share duties: hoovering, washing up, cooking and other household chores"</i></p> <p><i>"he mainly supports his family member before school evenings and weekends"</i></p> <p><i>"they are struggling and very tired"</i></p> <p><i>"she copes quite well but can appear sad and withdrawn at times"</i></p> <p><i>"very difficult but we manage"</i></p> <p><i>"struggle sometimes to balance it all. School don't seem to register that being a young carer affects schoolwork and focus. Lots of funding and extras given for pupil premium children or LAC or SEN but no extra support given to young carer and they don't affect data. PPG and LAC and even SEND get free school meals , exam help, access to support, trips etc but young carers are never factored into this, yet they are often the ones who need it most"</i></p> <p><i>"they are quite settled at school and get no with their schoolwork and homework, but it is sometimes hard when I cannot help them due to my severe sight impairment"</i></p>
4	Does the support they	1 person said	No

	give have an effect on how they look after themselves? (<i>sleep, exercise, food, social activities, etc</i>)	2 people said 10 people said	A little/sometimes Yes Some example answers: <i>"her sleep gets disturbed every night which impacts on our daughter's tiredness the following day"</i> <i>"they stay up later to spend time with parents, food not always healthy as convenient for time, not able to get out and socialise, so not as confident"</i> <i>"struggles to remember to put herself first"</i> <i>"he will worry at times more and his nan has to step in and get him to go and spend time at her house to relax, and have time to destress and have time for himself"</i>
5	Thinking about time with their friends, does the support they give affect this?	1 person said	No
		3 people said	Sometimes
		8 people said	Yes Some example answers: <i>"yes, as the little time we have respite using the PA hours, we like to make this time special with our daughter, so this leaves little time for activities with friends out of school"</i> <i>"going to monthly group has helped him socialise and gain more friends"</i> <i>"can cause meltdowns in the home, because they want to be out but can't always do this"</i> <i>"she is more mature than some of her friends, owing to the responsibility she has, and it can affect her relationships with friends, as some of the things that "normal" kids do, just seems immature to her. Old head on young shoulders"</i>

			<p><i>"yes, we keep away from people as our son can be aggressive which impacts upon her"</i></p> <p><i>"it is difficult for them to socialise with their friends outside of school due to the fact that most of them either invite them to the park or birthday parties and as I cannot get them there, they miss out"</i></p>
6	Do you feel they are supported as a carer, if so by who?	1 person said	<p>School</p> <p><i>"school are very supportive; Staffordshire Together for Carers have had a real positive impact on social interaction and confidence"</i></p>
		2 people said	<p>Family</p> <p><i>"he is supported by other family members when he allows them to support him. He is a very private person and will isolate himself if he becomes too stressed"</i></p> <p><i>"us as a family and then Staffs young carers group, that is it. Doesn't seem to be support elsewhere for hr"</i></p>
		10 people said	<p>Young Carers/Staffordshire Together for Carers Service</p> <p>Some example answers:</p> <p><i>"by STfC but not much by anyone else"</i></p> <p><i>"young carers have been amazing"</i></p> <p><i>"STfC gives them respite and time away from myself and go beyond and gave them a few days away from me"</i></p> <p><i>"Young carers service is the only support she gets"</i></p>
7	How long were they supporting a family member before	Variety of answers	<p>Since they were at school</p> <p>7 years</p> <p>Assessed when they were 7 years old</p>

	they/you knew they were a Young Carer and had some help/assessment?		<p>6 years 5 years 2/3 years When they were 7 and 8 Long time 3 years x 2 2 years <i>"he has been a young carer since he was 8, and Young Carers Service were involved when he was 10, his older brother mentioned to his 6th form teach how ill their parent was and the caring they were all doing outside of school. She stepped in and referred them both, but her elder brother wasn't helped but the youngest was"</i> <i>"they took on their caring role at quite an early age and I didn't realise support was available for them until a couple of years ago"</i> <i>"since they were able to understand that their brother was different"</i></p>
8	Thinking about the support they offer their family member, what do you think worries them the most?	Variety of answers	<p><i>"not being there for me"</i> <i>"she wants her brother to stop banging his head because he hurts himself. He also targets other people especially our daughter, he pulls her hair out, scratches ad pinches so she is constantly worried about getting hurt by him an always on guard in her own home"</i> <i>"she is worried about lots of things"</i> <i>"the aggression from sibling who needs care, rejection from sibling, what things will be like when she grows up"</i></p>

			<p><i>"me having falls and them not being here"</i></p> <p><i>"that the young carer will say he isn't coping and involve Social Workers who will remove him from home" (this is a fear due to neighbours being foster carers)</i></p> <p><i>"the unpredictability of everything and mortality sometimes"</i></p> <p><i>"I think my safety and the fact I can't see much is what worries them the most"</i></p> <p><i>"how angry he gets"</i></p>
9	What help do you think has made the most difference to them?	Variety of answers	<p><i>"time away from caring"</i></p> <p><i>"having PA hours so we get to do normal things twice a month as a family"</i></p> <p><i>"having and talking to people in the same situation, time away to be a child"</i></p> <p><i>"breathing space away from being a carer"</i></p> <p><i>"we are still figuring out what help is available, nice to meet people with shared experiences"</i></p> <p><i>"he gets to go monthly to be with other young carers be a child, have fun at Xmas. They take him and a family member which he absolutely loves to a pantomime as he says he gets to spend just a couple of hours laughing and relaxing not worrying and seeing his family member smile because of their pain daily it doesn't happen much"</i></p>
		Several people said	Young Carers group

			<p>Young Carers support Young Carers weekends away Young Carers trips Confidence and socialisation opportunities from young carer support/groups</p>
		1 person said	Counselling
10	What do you think the Council should consider most important to support Young Carers?	Several people said	<p>Young Carers group More activities available for young carers More support early on in their caring life Schools to support more More respite for young carers Counselling Listen to their needs</p> <p>Some example answers: <i>"they need the support very early so they won't miss opportunities to socialise and learn"</i> <i>"that the young carers are needed. A lot of children out there living a life trying to be the grown up worrying about an adult in their household and this organisation (young carers service) steps in and lets them be a child again, if only for a few hours. They get to leave their worries at the door and also talk to others who know how it feels.</i> <i>This is a really important thing for a child as they get forgotten so many times as their voice is only heard when it's too late so please keep it going"</i> <i>"their voice, their concerns, their opinions. Getting schools to know who these young carers are and having them on the radar for support"</i></p>

			<p><i>"I think Staffordshire County Council should consider more respite breaks for young carers and also activity sessions to let children just be themselves and enjoy being children with no responsibilities for a short period of time"</i></p> <p><i>"That time with others like themselves, so they don't feel alone and like they are the only one with a family member with an illness or disability"</i></p>
11	Do you think the support/care they give will have an impact on what they will do when they finish school? (16/18+, future working, education, life?)	7 people said	<p>Yes</p> <p>Some example answers:</p> <p><i>"yes massively, we worry so much about how she will be able to study in peace in the future as her brothers behaviours and noise levels are too distracting. This is going to have a huge impact on her studies and results. We do think she would be amazing working with children and adults with additional needs"</i></p> <p><i>"yes because they constantly worry about things"</i></p> <p><i>"yes I think it is very important that children have an opportunity to live their childhood and enjoy themselves which will in turn impact their decisions on what they want to do after they leave school"</i></p>
		2 people said	Maybe
		2 people said	Not sure

Community Impact Assessment

Staffordshire's Joint All-Age Carers Strategy 2024 - 2029

Author: Jackie Averill

Date:23/1/24

➤ **Equality Assessment**

Protected Characteristics	Benefits	Risks	Mitigations / Recommendations
<p>Page 56</p> <p>Cross Cutting themes – Impacts that affect all or multiple protected characteristics and health and care needs</p>	<p>This is an all-age strategy for unpaid carers which covers young carers aged from 5 – 17 and adult carers. It is joint with the Integrated Care Board and therefore covers primary care.</p> <p>This strategy replaces the current “All Together for Carers” Strategy 2018 - 2023. It builds on the 7 priorities which are in our current strategy, with some significant high-level actions to support how we identify carers and help carers to self-identify.</p> <p>All the actions within the Strategy are designed to support unpaid carers in a positive way, which will consider and is intended to benefit all groups of people with protected characteristics who are unpaid carers.</p> <p>The strategy complements the Staffordshire Health and Wellbeing Strategy, the Integrated Care Partnership Strategy, and supports delivery of the outcome for residents to be healthier and independent for</p>	<p>Successful delivery of strategic priorities relies on the support of partner organisations including primary care and the voluntary sector.</p> <p>The strategy covers a 5-year period and there is a risk that delivery will cease to be a priority for partners or that priorities will change during the lifespan of the strategy.</p> <p>Feedback from carer engagement has told us that older people and people with a disability may be part of a group which is more digitally excluded.</p> <p>Research for the strategy identified that ethnic minorities are under-represented in carers support services.</p>	<p>We have established joint ownership and governance of the strategy and its implementation plan through the Carers Partnership Board. The board has membership from the Council, the Integrated Care Board, voluntary sector providers and carers. The Board has responsibility for overseeing the implementation of the strategy.</p> <p>It will report progress to the Disability Neurodiversity Partnership Board and annually to the Health and Wellbeing Partnership Board.</p> <p>The strategy includes high-level actions, and once it is approved, we will co-produce a detailed implementation plan with carers.</p> <p>Carers feedback and national guidance showed us that our priorities for carers are universal and relevant, however the implementation plan will be dynamic, and actions may be added during its lifespan.</p> <p>The Carers Strategy recognises that digital means do not work for everyone and will ensure that carers can access support,</p>

Protected Characteristics	Benefits	Risks	Mitigations / Recommendations
	<p>longer in Staffordshire County Council's Strategic Plan 2022 – 26.</p> <p>In the new strategy digital solutions will have a greater role in supporting unpaid carers to access support, information, advice and guidance (IAG).</p>		<p>including IAG, through non-digital means. This links with our Supportive Communities works programme, and community help points.</p> <p>It is a high-level action within the strategy to identify barriers and improve equality of access for all under-represented groups.</p> <p>Carers who do not speak English can be supported by an Interpreter through SCC's Translation and Interpretation contract.</p>
Age	See cross cutting themes	See cross cutting themes	See cross cutting themes
Disability			
Gender reassignment			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Race -		See cross cutting themes	See cross cutting themes
Religion or Belief -			

Protected Characteristics	Benefits	Risks	Mitigations / Recommendations
Sex -			
Sexual orientation -			

➤ **Workforce Assessment**

Who will be affected –	Benefits	Risks	Mitigations / Recommendations
<p>SCC employees across Staffordshire</p>	<p>See cross cutting themes section</p> <p>The strategy will raise awareness of working carers and help working carers to self-identify.</p> <p>Carers awareness training will be mandatory for all social care professionals and will be available to all staff within the Council, and will be an aid for managers to identify and</p>	<p>See cross cutting themes section</p> <p>Raising awareness may mean more SCC working carers are identified and may need additional support to help them balance their work and caring roles.</p> <p>Staff may have difficulty accessing the relevant training and finding time to complete this.</p>	<p>See cross cutting themes section</p> <p>We will work with SCC working carers to identify other means to support them such as a Viva Engage group, and how to help them self-identify and be aware of support / services if appropriate or to set up a support group to connect using our Staff Network Guidance.</p> <p>Actions to deliver the strategy will include consideration of whether SCC pursue the Carer Friendly mark to demonstrate its commitment to supporting its employees who are also unpaid carers and to act as a role model and leader to other businesses and organisations.</p>

Who will be affected –	Benefits	Risks	Mitigations / Recommendations
	<p>support staff who are unpaid carers.</p>		<p>We will work with SCC working carers to identify other means to support them such as a Viva Engage group, and how to help them self-identify and be aware of support / services if appropriate.</p> <p>Carers awareness training, with a separate module for social and health care professionals, is already available on the Learning Hub and on the SCC website. We will deliver communications for staff and managers about making provision for staff to complete the training.</p>

➤ **Health, Well-being and Social Care Assessment**

Key considerations	Benefits	Risks	Mitigations / Recommendations
<p>Encouraging good health and wellbeing</p>	<p>See cross cutting themes section</p> <p>An intended outcome of the new strategy is that adult and young carers can access the support they need to maintain good physical and mental wellbeing. A range of high-level activities to support delivery of this outcome have been identified within the strategy.</p> <p>Carers will continue to be able to access one-off direct payments to support their good physical and mental wellbeing by taking a break from caring.</p>	<p>See cross cutting themes section</p> <p>Unpaid carers are at a significantly greater risk of health inequalities due to the impact of their caring role.</p> <p>Failure to identify carers in education or primary health care settings means that carers may not be aware of the support available to them.</p> <p>Carers may not be aware of the availability of one-off direct payments that would enable them to better maintain their health and wellbeing.</p>	<p>See cross cutting themes section</p> <p>Activities within the strategy will support primary care surgeries and schools to identify carers early, and support carers to take a break from caring.</p> <p>We will continue to promote the uptake of one-off direct payments for carers who are eligible and explore how to ensure consistent practice in offering one-off direct payments to carers.</p>
<p>Encouraging resilience and independence</p>	<p>See cross cutting themes section</p>	<p>See cross cutting themes section</p>	<p>See cross cutting themes section</p>

Key considerations	Benefits	Risks	Mitigations / Recommendations
	<p>Our strategic approach is to help people to help themselves in the first instance and to promote independence by building on carers' own assets and networks and linking carers to their community resources or to reliable sources of information, advice and guidance. The strategy also links to the Supportive communities' programme and voluntary sector provision.</p>	<p>Identifying carers, and helping them to self-identify, may increase the number of carers who seek social care support and / or support from our commissioned carers support provider.</p> <p>See Communities Assessment section</p>	<p>Many carers tell us they do not want or need formal social care support but do need timely access to IAG to meet their immediate needs. Improving access to reliable and up to date IAG is a key priority in the strategy.</p> <p>It is a high-level strategic action to explore how we can use digital technology to meet the immediate needs of carers by enabling them to build their own digital support plan, using online IAG (local and national) and seeking support, where appropriate, from universal and community services. Providers of similar digital support services report a high proportion of carers whose needs are met in this way and who do not progress to seek formal support.</p> <p>We will continue to review demand for the commissioned support provider's services and those of its partner organisations to monitor capacity and</p>

Key considerations	Benefits	Risks	Mitigations / Recommendations
			demand, and will take this into account when the service is re-tendered.

Communities Assessment

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Key consideration	Benefits	Risks	Mitigations / Recommendations
Community development / capacity	<p>See cross cutting themes.</p> <p>The strategic approach is to use community capacity to support carers where appropriate, so that will be an opportunity to strengthen work with communities and capacity within them.</p>	<p>See cross cutting themes</p> <p>Failure to identify and share information about needs for specific localities or groups of people within communities (and gaps in provision), could lead to less effective community capacity.</p>	<p>See cross cutting themes</p> <p>We will work with our commissioned carers support provider and assessment teams to identify and understand gaps in community capacity, and we will share information on gaps in capacity / provision with VCSE organisations and the Carers Partnership Board to support development of additional resources where appropriate.</p> <p>Alongside this, we will liaise with a wide range of people involved in development of community capacity including links with Community Champions programme, Supportive Communities programme and VCSE.</p>
Educational Attainment and Training	<p>See cross cutting themes.</p> <p>It is a priority in the carers' strategy to provide</p>	<p>See cross cutting themes.</p>	<p>See cross cutting themes.</p> <p>Additional resource has been identified to increase carers champions roles in</p>

Key consideration	Benefits	Risks	Mitigations / Recommendations
	<p>support to young carers to access education, and training, ensuring that the education and life chances of young carers are not compromised by their caring role.</p>	<p>The caring role can negatively impact a young carers' educational attainment, and therefore their life chances.</p> <p>Failure to identify young carers at an early point will disadvantage them by not being able to access the support available.</p>	<p>schools to support the identification of young carers.</p> <p>Carers awareness training will be mandatory for social care professionals.</p>
<p>Rural communities</p>	<p>See cross cutting themes.</p> <p>Our strategic approach includes exploring the use of digital technology to link carers to local support and services. This is a universal offer to all carers.</p> <p>Carers who access support from our commissioned carers support provider and who want to join a carers peer support group</p>	<p>See cross cutting themes.</p> <p>Carers who live in rural communities, whether they are known to us or not, may have fewer opportunities to access local social networks and support groups, and therefore be at greater risk of social isolation.</p> <p>Carers in rural communities may also have more limited access to reliable broadband services and be more at risk of digital exclusion.</p>	<p>See cross cutting themes.</p> <p>Through the strategy we will ensure that all carers have a digital and in person offer of support.</p> <p>We will also explore new ways in which we can help under-represented carers, including those in rural areas, to be better socially connected and experience fewer feelings of isolation, and we will seek funding opportunities, such as a bid to the Accelerating Reform fund.</p>

Key consideration	Benefits	Risks	Mitigations / Recommendations
	have a digital and in-person offer.		

➤ **Economic Assessment**

Key consideration	Benefits	Risks	Mitigations / Recommendations
Economic Growth	<p>See cross cutting themes.</p> <p>The strategy will support adult and young carers to access training and support to retain or gain employment, and aims to ensure young carers have good educational outcomes which is beneficial to economic growth.</p> <p>We will offer welfare benefits advice and support through our commissioned carers support provider to support carers to maximise their income.</p>	<p>See cross cutting themes.</p> <p>Provision of welfare benefit advice and support to make benefit claims may mean that some carers choose to give up work entirely in order to continue their caring role.</p>	<p>See cross cutting themes</p> <p>The carers support service will always offer support and advice on how to gain or retain employment, alongside the caring role.</p> <p>We will provide information and advice to Staffordshire employers and businesses, so they can identify working carers and help them to balance their working and caring roles and stay in the workplace.</p>

➤ **Climate Change Assessment**

Key considerations	Benefits	Risks	Mitigations / Recommendations
Travel and transport	The strategy promotes the use of digital technology as a means of connecting carers to social networks, with benefits of reducing the impact of transport and travel as well as enabling carers to use their time more effectively.	If we deploy community worker(s) to reach and engage under-represented groups including people who live in rural communities, there is likely to be greater reliance on private transport, and a higher associated carbon footprint. See also rural communities	We will ensure that any specific worker(s) are deployed in an energy and time efficient manner, such as focusing on specific districts and localities, working from home, using digital approaches where appropriate. We will promote the use of sustainable transport where this is practical to do so.

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➤ **Environment Assessment**

Key considerations	Benefits	Risks	Mitigations / Recommendations
Environment assessment	No impact.		

Health and Care Overview and Scrutiny Committee - Monday 18 March 2024

Adult Social Care Enhanced Assurance Working Group Report

Recommendation(s)

I recommend that the Committee:

- a. Receive the Adult Social Care Enhanced Assurance Working Group Report.
- b. Consider and endorse the 14 recommendations within the report.

Local Member Interest:

N/A

Report of the Adult Social Care Enhanced Assurance Working Group Chair, Councillor Richard Cox

Summary

What is the Overview and Scrutiny Committee being asked to do and why?

1. The paper presents the Adult Social Care Enhanced Assurance Working Group Report to the Health and Care Overview & Scrutiny Committee for consideration by the Committee.

Report

Background

2. The Health and Care Overview & Scrutiny Committee on 31 July 2023 received a report of the Cabinet Member for Health and Care on Adult Social Care Enhanced Assurance.
3. The Health and Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessment of local authorities' delivery of statutory duties set out in part 1 of the Care Act 2014.

4. The CQC had released a framework which they intended to use for assessment which comprises 4 themes and 9 quality statements:

4 Themes	9 Quality Statements		
Working With People	Assessing Needs	Supporting people to live healthier lives	Equity in experiences and outcomes
Providing support	Care Provision, Integration & Continuity		Partnership and Communities
Ensuring safety within the system	Safe Systems, Pathways & Transitions		Safeguarding
Leadership	Governance, Management and Sustainability		Learning Improvement & Innovation

5. The CQC will use four types of evidence to assess against each of the nine quality statements:

- Experience from people who receive care, unpaid carers and their representatives; this feedback may be from surveys or interviews.
- Feedback from staff and leaders and the Council's own self-assessment
- Feedback from partners including care providers, NHS organisation, Healthwatch and the voluntary sector.
- Processes including waiting times, audits, documents policies and strategies.

6. The Council had commenced preparations for Enhanced Assurance including a CQC readiness review. The Council has identified strengths and areas for development.

7. The CQC require the Council to identify 50 people in particular categories, of those 50 people, the CQC would select 6 people to provide evidence. The Council are currently developing a process for selecting service users and the Council are looking to have 50 people on a continuing rolling basis.

8. The Health and Care Overview & Scrutiny Committee agreed to establish the Adult Social Care Enhanced Assurance Working Group in order to provide overview and scrutiny of the Council's self-assessment to consider if we were sufficiently prepared and if the evidence supported the narrative, and the progression of areas of development.

9. Adjacent to this work, the Health and Care Overview & Scrutiny Committee Members attended a series of workshops which will inform Members and feed into the system and process development.

Link to Strategic Plan

10. The report relates to the Council's Strategic Plan our strategic priorities Support Staffordshire's economy to grow, generating more and better jobs, whilst encouraging good health and wellbeing, resilience, and independence.

Link to Other Overview and Scrutiny Activity

11. The working group has taken into consideration any scrutiny undertaken by the Health and Care Overview and Scrutiny Committee.

List of Background Documents/Appendices:

12. Adult Social Care Enhanced Assurance Working Group Report.

Contact Details

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Adult Social Care Enhanced Assurance

Working Group Report

18 March 2024

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Chairman's Foreword

The Adult Social Care Assurance working group held a series of workshops in preparation of the County Council's 2023 self-assessment for the Care Quality Commission. The report relates to our strategic priorities Support Staffordshire's economy to grow, generating more and better jobs, whilst encouraging good health and wellbeing, resilience, and independence.

We recognise that Staffordshire has an older demographic and the need to ensure that our systems and processes are delivering what our residents need. It is also recognised the importance of work of all staff within the adult social care sector that is carried out to look after our residents. This clearly includes the work of officers at the Council and integration with partners.

In bringing this report, I would like to express my thanks to the Members of the working group for their input and a special thanks to our officers, especially to Amanda Stringer and Jo Cowcher.



Councillor Richard Cox

Chair of the Adult Social Care Assurance Working Group

Vice-Chair (Overview) of the Health and Care Overview and Scrutiny Committee



Members of the Working Group



Councillor Richard Cox
(Chair)



Councillor Jeremy Pert
Chairman of the Health
and Care Overview and
Scrutiny Committee



Councillor Ann Edgeller



Councillor Bernard
Peters



Councillor Kath Perry
MBE



Councillor Phil Hewitt



Baz Tameez
(Healthwatch
Staffordshire)



Councillor Bob Spencer
Chairman of the
Safeguarding Overview
and Scrutiny Committee



Councillor Jill Hood



Background

1. The Health and Care Overview & Scrutiny Committee on 31 July 2023 received a report of the Cabinet Member for Health and Care on Adult Social Care Enhanced Assurance.
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4 Themes	9 Quality Statements		
Working With People	Assessing Needs	Supporting people to live healthier lives	Equity in experiences and outcomes
Providing support	Care Provision, Integration & Continuity	Partnership and Communities	
Ensuring safety within the system	Safe Systems, Pathways & Transitions	Safeguarding	
Leadership	Governance, Management and Sustainability	Learning Improvement & Innovation	

4. The CQC will use four types of evidence to assess against each of the nine quality statements:
 - Experience from people who receive care, unpaid carers and their representatives; this feedback may be from surveys or interviews.
 - Feedback from staff and leaders and the Council's own self-assessment
 - Feedback from partners including care providers, NHS organisation, Healthwatch and the voluntary sector.
 - Processes including waiting times, audits, documents policies and strategies.
5. The Council had commenced preparations for Enhanced Assurance including a CQC readiness review. The Council has identified strengths and areas for development.
6. The CQC require the Council to identify 50 people in particular categories, of those 50 people, the CQC would select 6 people to provide evidence. The Council are currently developing a process for selecting service users and the Council are looking to have 50 people on a continuing rolling basis.



7. The Health and Care Overview & Scrutiny Committee agreed to establish the Adult Social Care Enhanced Assurance Working Group in order to provide overview and scrutiny of the Council's self-assessment to consider if we were sufficiently prepared and if the evidence supported the narrative, and the progression of areas of development.
8. Adjacent to this work, the Health and Care Overview & Scrutiny Committee Members attended a series of workshops which will inform Members and feed into the system and process development.

Methodology

9. We met on 8 occasions and agreed to receive a report for each of the four themes with the nine quality statements at each meeting to aid the discussion.
10. Our membership considered questions from different perspectives; some examples were as follows:
 - Councillor Richard Cox – Interface with Partners / District and Boroughs for example the link with district and borough councils regarding Disability Facility Grants was discussed.
 - Councillor Ann Edgeller – Mental Health, for example the importance of supporting young adults with a mental health condition was discussed in relation to “preparing for adulthood”.
 - Councillor Kath Perry MBE – Rurality, for example the importance of not relying on digital channels and assurance that access to services were available for adults living in rural areas.
 - Councillor Phil Hewitt – Seldom Heard Voices, for example questions were raised regarding assurance for Gypsy, Roma and Traveller groups accessing adult social care.
 - Councillor Jeremy Pert – Carers, for example assurance was sought regarding how the Council assures itself that information provided to carers is appropriate and effective.
 - Councillor Bernard Peters – Multi-Cultural, for example assurance was sought that the Council provides information in different languages and considers cultural needs.
 - Councillor Bob Spencer – Safeguarding, for example assurance was sought regarding how the Council is assured that adults can access information on how to raise a safeguarding concern.



- Baz Tameez (Healthwatch) – Public Voice, for example seeking assurance regarding how feedback from people is used.
- Jill Hood – Adult Learning Disability, for example the group highlighted the Council’s Strategy for Disabled and Neurodivergent people in Staffordshire “Living my Best Life” which was co-produced.

11. We also held two workshops to test the systems and feed into their development:

- Access to information (Staffordshire Connects).
- Care Act Assessment Workshop.

12. We also plan to hold a workshop to test and feed into the development of the new financial assessment system later in 2024.



Working With People

Assessing Needs

13. We found that there is a Quality Review Group which receives audits of service users, feedback and lessons learned to drive improvement. The Quality Review Group feeds into the Quality & Performance Management Group (QPMG) which considers performance, including monitoring the 28-day assessment turnaround target. The QPMG escalates issues and highlights progress to the Cabinet to Trust meeting which is chaired by the Cabinet Member for Health and Care. The Quality Review Group, QPMG and Cabinet to Trust have representatives from MPFT and SCC.
14. **Recommendation 1:** We recommend that consideration should be given to having an external independent person or provider representative sitting on the Quality & Performance Management Group meetings.
15. We also found that a main theme of complaints received were relating to the financial assessments and that there is currently a backlog of Financial Assessments. We heard that there is a programme of work to completely revise the financial assessment process to address the issues raised. We understood that an online financial assessment portal would be implemented in February 2024 as the first stage, and that further work was required to redesign the financial assessment process. We have agreed to hold a workshop to trial the new online portal and feed into its development later in 2024.
16. We also acknowledge the Councils recognition and need to improve the uptake of people who receive direct payments.

Supporting people to live healthier lives.

17. We understood that the County Council works closely with District/ Borough Councils to signpost for Disabled Facilities Grants and found that there is a good relationship between District and Borough Councils and the County Council.
18. We found that the digital provision of information, advice and guidance for adult social care had recently had a significant refresh. There was still some work to refresh advice and guidance which may be out of date. We understood that the Staffordshire Cares team is critical to supporting people to help themselves and received around 4200 phone calls and emails each month. It was not clear to us as to how the Council knew the effectiveness of the information, advice and guidance on our website and offered by the Staffordshire Cares team.
19. **Recommendation 2:** We recommend that consideration should be given for the Council to engage with people to ensure that the information it provides to people is relevant and effective for them.



20. We agreed to hold a workshop to look at the new Staffordshire Connects website to feed into its development.
21. We queried if voluntary sector groups are aware of Staffordshire Cares so that they could signpost to Staffordshire Cares, and it was confirmed that training sessions have been completed with voluntary sector partners on this.
22. We also acknowledged the importance of the Health and Wellbeing Board working with District and Borough Councils to be effective.

Equity in experiences and outcomes

23. We understood that there will be a pilot scheme in Burton to understand what barriers there may be accessing information and support. It was confirmed to the working group that this work will be completed by April.
24. We found that the Council has access to interpreters where English is not an adult's first language, including British Sign Language. The Council are also looking at other ways of improving engagement with residents where English is not their first language.
25. **Recommendation 3:** We recommend that further work is completed to provide assurance regarding the number of assessments completed where English is not the adult's first language regarding the quality of this translation.
26. We also found that the Council works with voluntary sectors and has a number of fora which enables the Council to work with other partners. One example we heard was how the Council works with the fire service who may engage with an adult regarding fire safety, and hence encourage the adult to consent to engage with social care.
27. There is a One Health and Care System which supports the sharing of information between organisations.
28. Work is ongoing to raise the profile of Dementia and preventative work. We queried what the Council was doing to increase the awareness of Dementia and we were informed that the Council has identified more work was needed across the local health and care system to prevent or delay dementia onset, diagnose early, and enable people to live independently and well for as long as possible. We were informed that the Assistant Director for Public Health and Prevention had established a multi-agency working group which reviewed data around dementia and has identified key gaps and the group agreed that a more formal/structured dementia forum, led by the ICB, needs to be established.
29. We heard that the Council's Gypsy and Roma Traveller co-ordinator engages with the community and has knowledge of Staffordshire Cares and can signpost adults to this information.



Providing Support

Care Provision, Integration & Continuity

30. We understood that within the care sector there is a 10% vacancy rate and a 31% turnover, with around 19,000 filled posts across the local authority and independent sectors (source: Skills for Care). The Health and Care Overview & Scrutiny Committee have scrutinised the Staffordshire Social Care Workforce Strategy, most recently in October 2023.
31. We found that the Council has a positive working relationship with partners and many strategies are now co-produced.
32. We found that there is an unpaid carers strategy which recognised care provided by unpaid carers. We note that the Health and Care Overview & Scrutiny Committee on 18 March will scrutinise the unpaid carers strategy.
33. There are 879 out of area placements within care homes, supported living, extra care and Shared lives. We found that arrangements are in place to manage the risk of these placements being out of the county. In September 2023, 89% of out of county placement reviews had been completed within the past 12 months.
34. There are Commissioning Strategies, Market Position Statements and Market Shaping Plan which describe the needs of people and communities and we found that there is a mixed scale of care providers in Staffordshire. We found that the Council has mechanisms available to deliver care for a person if the market is unable to. The County Council has a positive relationship with providers and there is an annual discretionary fee review process to award a fee uplift to reflect the current high rate of inflation.
35. Everyone's individual circumstance and care needs are different. The Council supports people to stay in their own home with assistive technologies if appropriate. We found that the Council is exploring options to develop additional capacity for extra care and care homes with nursing.
36. We found that the Council has safe and well checks in place to check the levels of care provided. There is a quality assurance team and provider improvement response teams to provide support to providers in order to address any concerns. The Council encourage individuals to speak about their care either through completion of surveys, or where there are concerns to raise a Quality Assurance Form. 106 Quality Assurance Forms are received each month.

Partnership and Communities

37. We found that the Council recognises the importance of working in partnership to deliver the best outcomes for people and the County Council's Health and



Wellbeing Board works with the ICB, District and Borough Councils and Healthwatch.

38. We questioned what the barriers are to the Council joining up their social care records with the NHS systems and found that the Councils system requirements were higher than what the NHS system supported so it was not possible, at this time. We found that in Staffordshire there is a One Staffordshire Information Sharing agreement across partners and the One Health and Care System enables sharing of information across health and care. Staff feedback has demonstrated that the One Health and Care System had created efficiencies for staff.
39. We learned that the Council is working with the District and Borough Councils and the Council is working to develop relationships with housing associations recognising the interdependency between housing and care. The Council, including health and care representation engages as a statutory consultee on district and borough Local Plan development, and provides detailed input into the development of Local Plans to ensure consideration for future housing and care needs are considered and a focus on health, independence and wellbeing is embedded throughout. This has included, for example, specific health & wellbeing policy within the Newcastle under Lyme Borough Council plan currently in development.
40. We welcome that Staffordshire continues to embed its strength-based approach and that the culture of the organisation continues to aim to be pragmatic and proactive with partners.

Ensuring safety within the system

Safe Systems, Pathways & Transitions

41. We found that the Council recognises Safety as a priority within the Health and Care Strategic Plan which is reflective of the Councils statutory duty to “Protect People’s right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect.”
42. We also found that the Council has collaborative arrangements in place to monitor and assure risks to safety and wellbeing. Any concerns with providers are picked up through the Quality Improvement and Safeguarding Meeting. We were assured that the Council meets with the CQC and NHS health professionals regularly.
43. We found that feedback from young people identified that some did not feel consulted or involved in the process when transitioning to adult services. We agreed that it was essential for any young person (aged 14-25) receiving care to have the opportunity to shape their care.
44. We understood that the Adult Social Care team is working with Childrens Social Care to make improvements in the transition of an individual when they reach adulthood, and this work is ongoing.



45. **Recommendation 4:** We recommend that the Council should consider inviting broader partners, such as the West Midlands Ambulance Service, Fire Service and Police Service to be involved in the Preparing For Adulthood redesign work.

Safeguarding

46. We found that the Multi Agency Safeguarding Hub (MASH) is well established in Staffordshire and the framework is currently being reviewed. We found that the Council works well with partner organisations through the MASH.
47. We understood that there are 300-350 Safeguarding concerns received each week. Of these, 16% of concerns require further investigation or a Section 42 enquiry. We understood that work is underway to empower partner organisations to make decisions and to not necessarily raise a Safeguarding concern.
48. We determined that whilst the Council had good information available about how to make a Safeguarding referral, this was not available in all GP surgeries, and there may also be opportunities to communicate this information in other community locations, such as libraries and supermarkets.
49. **Recommendation 5:** We recommend that the Council gives consideration to a communication campaign to raise awareness on how to raise safeguarding referrals. This could include multiple channels, including social media; engaging with the ICB about the use of GP surgeries to promote messages via screens, and also in person via community libraries, faith groups and other locations. The effectiveness of the campaign would be measured through the number of referrals raised as reported to the Safeguarding Board.
50. We found that 72% of the 110 quality audits completed evidenced that the outcomes and investigation met the six "Making Safeguarding Personal Principles" in October. We were informed that quality audits have identified areas of development which include the need to ensure that the Council improves the focus upon Making Safeguarding Principles. We found that there are actions in place to ensure that this took place and that this is monitored through the ASC Quality Review Group which is chaired by the Principal Social Worker and Safeguarding Lead.
51. We were concerned by an underreporting of concerns where a person has dementia, and the possibility that as a result of the underreporting an individual may be missing out on opportunities for medication and peer/ community support. However, we were assured that an adult does not require a medical diagnosis to be eligible for care and that eligibility is based on the needs of the person.
52. We found that the Adult Safeguarding Board has recently revised its strategic plan. We understood that the Adult Safeguarding Board Annual report would be considered by the Safeguarding Overview & Scrutiny Committee.



53. We recognise the close informal links between the Health and Care and the Safeguarding Overview & Scrutiny Committees. We feel that there is a need for formal links between Committees.
54. **Recommendation 6:** We recommend that the Chairman of the Health and Care Overview & Scrutiny Committee should attend the Safeguarding Overview & Scrutiny Committee when it considers the Adult Safeguarding Board Annual report.
55. **Recommendation 7:** We recommend that consideration should be given for ensuring that at least one member is represented on both the Health and Care Overview & Scrutiny Committee and also the Safeguarding Overview & Scrutiny Committee to ensure this link is retained.

Leadership

Governance, Management and Sustainability

56. We understood that the Equality, Diversity, and Inclusivity - Principles, Objectives and Action Plan update was considered by Corporate Overview and Scrutiny Committee on 18th December 2023.
57. We found that there are effective governance arrangements in place and there is evidence of a 'Golden thread' for communicating the Health and Care Strategic plan between senior leaders and front-line staff. We found that messages are taken through team meetings, visits to staff and Health and Care directorate briefings, and there is constant re-enforcement of strategic messages.
58. We understood that the 'Cabinet to Trust' governance vehicle for managing the Councils Section 75 partnership agreement works well to ensure that MPFT and the Council links together to address issues swiftly.
59. We found that processes are in place for staff and vulnerable people and families to raise concerns. The Council has a whistleblowing process and MPFT (the Council's section 75 partner for delivering adult social care assessment and case management) has a freedom to speak up process embedded. We were assured that these processes give people the opportunity to remain anonymous if they wish. The Council could take lessons learned from the NHS freedom to speak up work into account.
60. **Recommendation 8:** We recommend that the Councils whistleblowing formal process needs to be strengthened to improve ways for individuals to come forward and speak in confidence prior to considering a more formal process.
61. We found that there is an annual health check which is considered by the Quality Improvement Group.



62. **Recommendation 9:** We recommend that the Annual Health check quality review report should be reported to the Health and Care Overview & Scrutiny Committee.
63. We were informed of a recent Safeguarding Adult Review (SAR Andrew) and were assured that there is learning from that case including shared practice and learning events. The embedding of the learning is being monitored by the Safeguarding Adults Partnership Board and the Quality Review Group.
64. We understood that where a decision is made regarding the outcome of a concern which relates to a vulnerable adult, this decision is assured by a manager. There are also reviews of safeguarding plans in place. In addition to quality audits. We heard that the Quality Audit framework for safeguarding is currently being reviewed.
65. We recognise the importance of scrutiny to look independently and from a different perspective and were re-assured that the things are in place that need to be in place.

Learning Improvements and Innovation

66. We welcomed the mentoring programme schemes at the Council to mentor social workers and the buddy up scheme for unqualified social workers.
67. We also welcomed that the Quality Review Group scrutinises the data and are able to look day to day for learning opportunities.
68. We understood that the Health and Care senior leadership team have recently looked at the data to understand the demography of people in need and workforce data to plan for the future.
69. Whilst we found that the results of the above Health and Care senior leadership team had not been shared with the wider ICB (Integrated Care Board), we believe that any data and analysis carried out by the Council should be shared with the ICB and we were reassured that the Council was updating the Joint Strategic Needs Assessment with partners, including the ICB and was developing an online, interactive and automated dashboard which would be user-friendly and allow data analysis at local level. We understood that this will be presented to the Staffordshire Health and Wellbeing Board and the Health and Care Overview & Scrutiny Committee.
70. We found that health inequalities is a priority and the Director of Health and Care has established and chairs the Health Inequalities Director's Group (HIDG), a sub-group of the Staffordshire Leaders' Board. We heard that funding from health and care has been diverted via this group to enable districts and boroughs to deliver interventions/programmes of work targeted at reducing health inequalities, aligned to existing public health priorities. The HIDG had also completed analysis of health inequalities data and produced 'hot spot' mapping within each district.



71. **Recommendation 10:** We recommend that consideration should be given by the Leaders Board to include member representation on the Health Inequalities Director's Group as health inequalities also fall within the District and Boroughs remit.
72. We were assured that the Council focuses on a learning culture and not a blame culture through quality audits and peer visits. Culture change is encouraged in the Council, and we were encouraged that the Council staff are open and transparent in raising any concerns.
73. We were made aware of the Right Care Right Person initiative and believe members may require training on this area in the future. It was noted that members may also welcome broader training regarding safeguarding referrals and the Care Act so that they are able to advise people.
74. **Recommendation 11:** We recommend that consideration should be given for adult social care training to be included in the Member Development Programme.

Workshop 1 – Access to Information

75. We were given a presentation and demonstration of Adult Social Care information available to the public on the Council's webpages, Staffordshire Connects and Ask Sara.
76. We found that Staffordshire Connects has 4 main areas:
 - Children and Families
 - Special Educational Needs and Disabilities
 - Care Leavers
 - Adults and Communities
77. We tested and explored the webpages from a range of perspectives, looking for different information and fed the following suggestions back to the Council officers:
 - Organisations should be reminded to complete contact details, check and update their information published online.
 - Officers should work with District and Borough Councils to identify and promote local community centres and activities.

Workshop 2 – Care Act Assessment

78. We were given a presentation on further development of Online Assessments.
79. We understood that the purpose of the project was:



- To provide an improved, interactive suite of assessments for members of the public.
 - To broaden the choice of assessment types to suit all citizens.
 - To provide improved information and guidance to supplement the processes.
80. We were advised that the further development of the online offer would not remove or detract from other methods of interactions and assessment methods.
81. We fed back our views on the proposed questions in the online assessment form.

Conclusions

82. We have received evidence on the four themes and nine quality statements, and the Council's self-assessment. We have welcomed obtaining a greater understanding of the complexity and scope of adult social care in Staffordshire.
83. We have challenged the evidence provided regarding the Council's strengths and areas of development within the self-assessment; we have used our own experiences and triangulated the evidence available, and are assured that there is evidence in place.
84. The officers and Safeguarding Board Chair who were involved in the working group discussions have confirmed that this challenge has been helpful and will enable the next iteration of the self-assessment to be improved.
85. We understand that this assurance has been a snapshot in time of the work, and improvements actions are ongoing. We consider it will be necessary to continue to monitor quality and performance of adult social care.
86. **Recommendation 12:** We recommend that Health and Care Scrutiny Committee should consider how to maintain oversight and scrutiny of the Council's self-assessment as this is updated.
87. We appreciate that during the timescales of the working group Cllr Wilcox has been appointed to the role of Cabinet member for Health and Care.
88. **Recommendation 13:** We recommend that the Cabinet Member for Health and Care should be asked for his views on Adult Social Care Assurance and feedback to Health and Care Scrutiny committee by July.
89. We believe that the content of this report may be beneficial to the Council's partners.
90. **Recommendation 14:** We recommend that Health and Care Scrutiny Committee should consider how this report is shared with other partners, including District and Borough Councils.



Recommendations

1. **Recommendation 1:** We recommend that consideration should be given to having an external independent person or provider representative sitting on the Quality & Performance Management Group meetings.
2. **Recommendation 2:** We recommend that consideration should be given for the Council to engage with people to ensure that the information it provides to people is relevant and effective for them.
3. **Recommendation 3:** We recommend that further work is completed to provide assurance regarding the number of assessments completed where English is not the adult's first language regarding the quality of this translation.
4. **Recommendation 4:** We recommend that the Council should consider inviting broader partners, such as the West Midlands Ambulance Service, Fire Service and Police Service to be involved in the Preparing For Adulthood redesign work.
5. **Recommendation 5:** We recommend that the Council gives consideration to a communication campaign to raise awareness on how to raise safeguarding referrals. This could include multiple channels, including social media; engaging with the ICB about the use of GP surgeries to promote messages via screens, and also in person via community libraries, faith groups and other locations. The effectiveness of the campaign would be measured through the number of referrals raised as reported to the Safeguarding Board.
6. **Recommendation 6:** We recommend that the Chairman of the Health and Care Overview & Scrutiny Committee should attend the Safeguarding Overview & Scrutiny Committee when it considers the Adult Safeguarding Board Annual report.
7. **Recommendation 7:** We recommend that consideration should be given for ensuring that at least one member is represented on both the Health and Care Overview & Scrutiny Committee and also the Safeguarding Overview & Scrutiny Committee to ensure this link is retained.
8. **Recommendation 8:** We recommend that the Councils whistleblowing formal process needs to be strengthened to improve ways for individuals to come forward and speak in confidence prior to considering a more formal process.
9. **Recommendation 9:** We recommend that the Annual Health check quality review report should be reported to the Health and Care Overview & Scrutiny Committee.
10. **Recommendation 10:** We recommend that consideration should be given by the Leaders Board to include member representation on the Health Inequalities Director's Group as health inequalities also fall within the District and Boroughs remit.



11. **Recommendation 11:** We recommend that consideration should be given for adult social care training to be included in the Member Development Programme.
12. **Recommendation 12:** We recommend that Health and Care Scrutiny Committee should consider how to maintain oversight and scrutiny of the Council's self-assessment as this is updated.
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Contact Officer

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List of Appendices / Background Documents

Link to [report received at Health and Care Overview & Scrutiny Committee 31 July 2023](#)



Health and Care Overview and Scrutiny Committee – Monday 18 March 2024

District and Borough Health Scrutiny Activity

Recommendation

I recommend that:

1. 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.

Summary

1. The Committee receives updates at each meeting to consider any matters arising from the Health Scrutiny activity being undertaken by the Staffordshire District and Borough Councils.

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 in which holds the remit for health and wellbeing scrutiny matters and matters that have a specifically local theme. The Health and Care Overview and Scrutiny Committee will continue to deal with matters that impact on the whole or large parts of the County and that require wider debate across Staffordshire.
4. District and Borough Councils each have a representative from the County Council Health and Care Overview and Scrutiny Committee as a member of the relevant committee with remit for health scrutiny matters. The County Councillors will update the District and Borough Councils on matters considered by the Health and Care Overview and Scrutiny Committee. A summary of matters considered by this committee is circulated to District and Borough Councils for information.
5. It is anticipated that the District and Borough Councillors who are members of this committee will present the update of matters considered at the District

and Borough committees to the Health and Care Overview and Scrutiny Committee.

6. The following is a summary of the health scrutiny activity which has been undertaken at the District/Borough Council level since the last meeting of the Health and Care Overview and Scrutiny Committee on 28 November 2022.

Cannock Chase District Council

The Health, Wellbeing and The Community Scrutiny Committee met on 5 December 2023

Date next meeting: 18 March 2024.

East Staffordshire Borough Council

The Scrutiny Health and Well Being Committee met on 12th September 2023.

Date next meeting: 19 March 2024.

Lichfield District Council

Lichfield District Council's Overview and Scrutiny Committee met on 30 January 2024.

Date of next meeting: 3 April 2024.

Newcastle-under-Lyme Borough Council

Newcastle-under-Lyme Borough Council's Health, Wellbeing & Environment Scrutiny Committee met on 26 February 2024.

Date of next meeting: 3 June 2024.

South Staffordshire District Council

South Staffordshire Councils Wellbeing Select Committee last met on Tuesday 13th February 2024. The following matters were considered.

Health Inequalities Funding

An update was given by the Assistant Director Community Services (South Staffordshire Council) confirming the council's application to Staffordshire County Council for Health Inequalities funding had been successful. The

funding received has been pooled with other council and partnership funding streams to create a community wellbeing fund of £350,000.

Applications to the community wellbeing fund are now live and open to public sector organisations, the voluntary and community sector, and local businesses who can apply to deliver programmes that meet the required criteria and help to reduce health inequalities within the district.

Falls Prevention

The Falls Clinical Lead from MPFT, gave an update on the Falls transformation programme covering the approach to Reactive and Proactive responses to falls, with the key message we can all make a difference and many of the common risk factors for falls can be reduced.

Breast Screening

The Health Inequalities Lead from the Dudley Group NHS Foundation trust gave an update on Breast Screening uptake across the district following COVID-19.

Pre covid 19 from 2015 to the date of suspension the average take up rate across South Staffordshire was 74%. This has dipped to 71% post Covid-19 but remains above the national average of 62%. The next round of screening across most South Staffordshire GP practices is due to commence during 2024.

Work Programme

The Assistant Director Community Services gave an overview of the committees work programme for the remainder of 23/24 and requested Members come forward with any additional local Health and Wellbeing issues that can be referred to the committee.

Date of next meeting Tuesday 13th April 2024

- Healthwatch Staffordshire Cross Border Health
- Health and Care Overview and Scrutiny Committee update
- Health Inequalities Funding Update
- Community Safety Partnership Performance

Stafford Borough Council

Stafford Borough Council's Community Wellbeing Scrutiny Committee met on 16 January 2024. Councillor Edgeller presented the County Digest update. We had a presentation from Homes Plus which generated a question and answer session. Homes Plus own 80% of the social housing stock in the

Borough and are a key partner who has a direct impact on the health and wellbeing of the Borough's residents.

The next meeting will be 31 March 2024 and will include:

- Health and Care Overview and Scrutiny Committee update
- Performance Update for Q3
- Presentation - Disabled Facilities Grants
- Presentation - Recycling
- Presentation - Community Wellbeing Partnership

Staffordshire Moorlands District Council

The Council's Health and Wellbeing Committee is due to meet on 13 March 2024.

The following items are listed for consideration at this meeting:

- Feedback from the Chair on the Staffordshire County Council Health & Care Overview & Scrutiny Committee
- Cost of Living Update
- Update on Health Inequalities Funding Application

Tamworth Borough Council

The Health and Wellbeing Scrutiny Committee met on 28 November 2023 and 23 January 2024.

The Committee considered:

- Wellbeing Strategy and baseline Priorities
- Disabled Adaptations Policy
- Housing Strategy Quarterly Update

Date next meeting: 4 March & 18 March 2024.

Link to Strategic Plan

7. Scrutiny work programmes are aligned to the ambitions and delivery of the principles, priorities, and outcomes of the Staffordshire Corporate Plan.

Link to Other Overview and Scrutiny Activity

8. The update reports provide overview of scrutiny activity across Borough and Districts, shares good practice, and highlights emerging concerns which inform work programmes for Health and Care Overview and Scrutiny Committees across Staffordshire.

List of Background Documents/Appendices:

Council	District/ Borough Representative on CC	County Council Representative on DC/BC
Cannock Chase	Cllr David Williams	Cllr Phil Hewitt
East Staffordshire	Cllr Monica Holton	Cllr Philip Atkins
Lichfield	Cllr Leona Leung	Cllr Janice Sylvester-Hall
Newcastle	Cllr Ian Wilkes	Cllr Ian Wilkes
South Staffordshire	Cllr Val Chapman	Cllr Kath Perry
Stafford BC	Cllr Ann Edgeller	Cllr Ann Edgeller
Staffordshire Moorlands	Cllr John Jones	Cllr Keith Flunder
Tamworth	Cllr Chris Bain	Cllr Jason Jones

Contact Details

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Health and Care Overview and Scrutiny Committee Work Programme 2023/24

This document sets out the work programme for the Health and Care Overview and Scrutiny Committee for 2023/24.

The Health and Care Overview and Scrutiny 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

- Inspire healthy, independent living
- Support more families and children to look after themselves, stay safe and well

We review our work programme at every meeting. Our focus in scrutiny is on tangible outcomes for the residents of Staffordshire, to use the data provided and members experience to debate and question the evidence, to provide assurance in what is being done and reassurance that matters within the health and care system are moving in the right direction. Scrutiny of an issue may result in recommendations for NHS organisations in the county, the County Council and for other organisations.

To review our meetings they can be found on this link: [Browse meetings - Health and Care Overview and Scrutiny Committee](#)

Councillor Jeremy Pert

Chairman of the Health and Care Overview and Scrutiny Committee

Health and Care Overview and Scrutiny Work Programme				
Date	Topic	Background/ Basis	Actions/ Outcomes	
Monday 12 June 2023 at 10.00 am Completed	<ul style="list-style-type: none"> • Primary Care Dental Overview • Primary Care Access • Primary Care Estate • Work Programme 2023-24 	Reports as identified in the Work Programme Annual update of Work Programme	1. The Committee receive a briefing on the delivery of orthodontics in Staffordshire. This will form a part of the next dentistry update at Committee.	✓
			2. The Committee wrote to the ICB and Keele university to support a dental school at Keele University.	✓
			3. The Committee receive a briefing note on the model for assessing new development sites.	✓
			4. The Committee congratulated Midlands Partnership Foundation Trust on gaining University Hospital status.	✓
			5. The membership of the Women's Health Strategy Working Group: <ul style="list-style-type: none"> a. Janice Silvester-Hall b. Ann Edgeller c. Monica Holton d. Jill Hood e. Val Chapman 	✓
			6. The membership of the Integrated Care Hubs Working Group be updated outside of the meeting and be reported back at the next meeting. <ul style="list-style-type: none"> a. Richard Cox b. John Jones (SMDC) c. Barbara Hughes (SMDC) d. Lyn Swindlehurst (SMDC) e. Linda Malyon (SMDC) f. Dave Jones (NULBC) g. Ian Wilkes (NULBC) h. Rupert Adcock (NULBC) i. Gill Heesom (NULBC) 	✓
Thursday 6 July 2023 at 4:30pm Health and Care Training Session	<ul style="list-style-type: none"> • Health and Care training delivered by Centre for Governance and Scrutiny 		7. Centre for Governance and Scrutiny provided a training session for Health and Care O&S on upcoming changes in legislation.	✓

<p>Monday 24 July 2023 at 10.00 am Completed</p>	<ul style="list-style-type: none"> • ICP Operating Plan • System performance • System Pressures • Update on Elective care performance and recovery • SSOT ICS People, Culture and Inclusion Annual Report and update. 		<p>8. The Committee received the ICP Operating Plan and have met with Healthwatch in their scoping of a deep dive into primary care and to review the patients journey for the frail and elderly into the care system.</p> <p>9. A breakdown of Cat 2 Ambulance response times was shared with the Committee.</p> <p>10. The full winter plan (2023/24) will be shared with the Committee when completed.</p>	<p>✓</p> <p>✓</p> <p>✓</p>
<p>Monday 31 July 2023 Scheduled</p>	<ul style="list-style-type: none"> • Introduction to Adult Social Care Assurance 	<p>To review Social Care Services and provide assurance</p>	<p>11. The Working Group has been established and the initial scoping meeting has taken place. The Membership is:</p> <p>a. Jeremy Pert, Richard Cox, Phil Hewitt, Jill Hood, Bernard Peters, Ann Edgeller & Kath Perry.</p>	<p>✓</p>
<p>Thursday 24 August 2023 Completed</p>	<ul style="list-style-type: none"> • Member workshop to assess access to information on Social Care 		<p>12. The Workshop took place, and a follow up session will take place on 7 September.</p>	<p>✓</p>
<p>Monday 11 September 2023 at 10.00 am Scheduled</p>	<ul style="list-style-type: none"> • Joint mental health & mental wellbeing strategy: "good mental health in Staffordshire" 2023/28 action plan. • MPFT & NSCHT – Mental Health performance 	<p>To review the Mental Health action plan and performance.</p>	<p>13. The Cabinet Member for Health and Care and Cabinet Member for Children and Young People have been requested for an executive response to the following recommendations by 10 November 2023.</p> <p>a. the Cabinet Member for Health and Care share the Good Mental Health in Staffordshire Strategy 2023-2028 and the action plan with partner organisations when available.</p> <p>b. the Cabinet Member for Children and Young People as part of the consultation on Adult Social Care and Staffordshire Connects give consideration to expanding the Staffordshire Connects to include a section for children and young people.</p> <p>14. The Committee receive a list of the voluntary sector schemes which had been funded by the NHS.</p>	<p>✓</p> <p>✓</p>
<p>Monday 16 October 2023 at 10:00 am Scheduled</p>	<ul style="list-style-type: none"> • SSOT ICS People/ Workforce • Staffordshire's Social Care Workforce: Adult Social Care Update • Freedom to speak up. 		<p>15. The Committee requested to receive:</p> <p>a. current international recruitment data</p> <p>b. data around incidents of violence towards staff</p> <p>c. a full list of leadership development programmes and metrics around learning and development and employee engagement</p>	<p>✓</p>

<p>Monday 13 November 2023 at 14.00 Scheduled</p>	<ul style="list-style-type: none"> West Midlands Ambulance Service 		<p>16. The SSOT Police, Fire and Crime Commissioner further investigate training provided to the Staffordshire Fire and Rescue Service officers to provide the commissioned falls service.</p> <p>17. The Committee give further consideration to facilitate a Summit meeting with all relevant parties from within Staffordshire ICS to identify ways of improving wider system flow for all parties in the system.</p> <p>18. The Committee receive the numbers of people conveyed to an acute hospital but not admitted.</p>	<p>✓</p>
<p>Monday 20 November 2023 at 12:30 Scheduled</p>	<ul style="list-style-type: none"> Health impacts of Walleys Quarry 		<p>19. The Committee write to the Health and Safety Executive to highlight health and safety concerns of staff working at Walleys Quarry</p> <p>20. The Committee receive a response to questions to the Environment Agency.</p>	<p>✓</p>
<p>Monday 27 November 2023 at 10.00 Scheduled</p>	<ul style="list-style-type: none"> Maternity Services ICB 2nd Quarter Performance Report 	<p>Review impact on investment on social prescribing</p>	<p>21. The Committee receive a briefing note detailing the actions to address the CAHMS waiting list.</p>	
<p>Monday 29 January 2024 at 10.00 Scheduled</p>	<ul style="list-style-type: none"> Access to General Practice Social Prescribing Primary Care Dental Overview 		<p>22. The System Level Access Improvement plan be shared with Committee when it has been signed off by the ICB.</p> <p>23. The Committee recommend that the ICB consider how to better collect data on the impact of Social Prescribing.</p> <p>24. The Committee recommend that the ICB, Staffordshire County Council and Voluntary Sector consider how to work more collaboratively to co-ordinate the delivery of Social Prescribing.</p> <p>25. The Committee write to Keele University to determine any progress made for a proposed dental school at Keele University.</p> <p>26. The Committee receive information as to what happens to a child on the orthodontic waiting list when they reach 18 years of age?</p>	

Site visit to MPFT & NSCHT 6 March 2024	<ul style="list-style-type: none"> • NSCHT 10:00 – 12:30 • MPFT 13:00 - 1600 	Site visit to view community-based services		
Monday 18 March 2024 at 10.00 Scheduled	<ul style="list-style-type: none"> • Staffordshire’s Joint All-Age Carers Strategy 2024-29 • Adult Social Care Enhanced Assurance Working Group Report 	Pre-decision to Cabinet 20 March 2024		

Further and Health and Care Overview and Scrutiny work				
Working Groups	<ul style="list-style-type: none"> • Integrated Care Hubs • Women’s Health • Adult Social Care Assurance 			
Briefings received outside of Committee	<ul style="list-style-type: none"> • Quality Accounts NHS Trusts • Care market • Healthwatch Annual Report 2022/23 • Older People Adult Social Care Commissioning Strategy 2024-2029 • Joint Strategic Needs Assessment Update • Assisted Conception for Fertility Decision (ICB) 			
Items for future scrutiny	<ul style="list-style-type: none"> • Impact of air pollution on health • Impact of Long COVID • Obesity and Diabetes • End of Life – compassionate communities • Innovation / technology • Healthwatch Annual Report 2023/24 • Public Health Annual Report • Public Health Dashboard • Developing Healthier Communities updates • Scrutiny of Acute providers following from Quality Accounts (UHNM, RWT & UHDB) • Freedom to speak up annual update • Maternity services and update on Freestanding Midwife-led birthing units (requested by Committee 27/11/23) 			

Membership

Jeremy Pert (Chair)
Richard Cox (Vice-Chair - Overview)
Ann Edgeller (Vice-Chair - Scrutiny)
Charlotte Atkins
Philip Atkins
Keith Flunder
Phil Hewitt
Jill Hood
Jason Jones
Kath Perry
Bernard Peters
Janice Silvester-Hall
Ian Wilkes

Borough/District Councillors

Ann Edgeller (Stafford)
David Williams (Cannock Chase)
Monica Holton (East Staffordshire)
Leona Leung (Lichfield)
Ian Wilkes (Newcastle-under-Lyme)
Val Chapman (South Staffordshire)
John Jones (Staffordshire Moorlands)
Chris Bain (Tamworth)