

Staffordshire Health and Wellbeing Board

Thursday 7 March 2024
14:00 - 16:00
Oak Room, County Buildings, Stafford

Our Vision for Staffordshire

"Staffordshire will be a place where improved health and wellbeing is experienced by all - it will be a good place. People will be healthy, safe and prosperous and will have the opportunity to grow up, raise a family and grow old, as part of a strong, safe and supportive community".

We will achieve this vision through

"Strategic leadership, influence, leverage, pooling of our collective resources and joint working where it matters most, we will lead together to make a real difference in outcomes for the people of Staffordshire".

Agenda

Chair: Councillor Mark Sutton, Cabinet Member for Children and Young People

Vice-Chair: Councillor Mike Wilcox, Cabinet Member for Health and Care

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>

No	Time	Item	Presenter(s)	Page(s)
1.	2:00pm	Welcome and Routine Items	Chair	
		a) Apologies		1 - 2
		b) Declarations of Interest		
		c) Minutes of Previous Meeting		3 - 14
		d) Questions from the Public		
2.	2:05pm	Healthy Ageing Priority Progress Update	Tilly Flanagan	15 - 24
		a) Director of Public Health Report	Jon Topham	To Follow

3.	2:30pm	Staffordshire All Age Carers Strategy 2024-2029	Jackie Averill Andy Marriott	25 - 66
4.	2:45pm	Staffordshire Better Care Fund	Rosanne Cororan	67 - 74
5.	2:55pm	Integrated Care Board Joint Forward Plan	Chris Bird	75 - 90
6.	3:05pm	Healthwatch Update	Baz Tameez	91 - 106
7.	3:15pm	Forward Plan <ul style="list-style-type: none"> Final Forward Plan for 2023/24 Draft Forward Plan for 2024/25 	Jon Topham	107 - 114

Date of Next Meeting

Wednesday 12th June 2024 at 2:00pm in the Oak Room, County Buildings, Stafford

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 of Part 1 of Schedule 12A of the Local Government Act 1972 (as amended), indicated below".

Part Two

(All reports in this section are exempt)

Nil.

Membership

Mark Sutton (Chair)	Staffordshire County Council (Cabinet Member for Children and Young People)
Mike Wilcox (Vice-Chair)	Staffordshire County Council (Cabinet Member for Health and Care)
Dr Richard Harling MBE	Staffordshire County Council (Director for Health and Care)
Neelam Bhardwaja	Staffordshire County Council (Director for Children and Families)
Chris Bird	Staffordshire and Stoke-on-Trent Integrated Care Board
Dr Rachel Gallyot	Staffordshire and Stoke-on-Trent Integrated Care Board

Phil Pusey	Staffordshire Council of Voluntary Youth Services
Garry Jones	Support Staffordshire
Gill Heesom	District/Borough Council Representative
Rita Heseltine	District/Borough Council Representative
Tim Clegg	District/Borough Council CEO Representative
Baz Tameez	Healthwatch Staffordshire
Emily McCormick	Staffordshire Police
Ian Read	Staffordshire Fire and Rescue Service

Notes for Members of the Press and Public

Filming of Meetings

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Recording by Press and Public

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

Staffordshire Health and Wellbeing Board Attendance Tracker

Health and Wellbeing Board Attendance Tracker 2022-24								
Members	Quoracy	08/09/22	01/12/22	02/03/23	08/06/23	07/09/23	07/12/23	07/03/24
Mark Sutton (Chair)	Quarter of the Membership rounded up to a whole number. Including one Elected Member from SCC and one Member from the NHS	P	P	P	P	P	P	
Julia Jessel (Vice-Chair)		P	P	A	P	P	P	
Dr Richard Harling (SCC Director)		P	P	P	P	P	P	
Neelam Bhardwaja (SCC Director)		P	P	P	P	P	P	
Chris Bird (ICB)		A	P	P	Ab	P	P	
Dr Rachel Gallyot (ICB)		A	Ab	P	Ab	P	P	
Phil Pusey (SCVYS)		A	A	Ab	A	P	A	
Garry Jones (Support Staffordshire)		P	P	P	P	P	P	
Gill Heesom (D&B)		P	P	P	A	Ab	A	
Rita Heseltine (D&B)		P	P	Ab	A	Ab	A	
Tim Clegg (D&B CEO)		P	P	P	P	P	P	
Baz Tameez (Healthwatch)		P	P	P	P	P	P	
Emily McCormick (Police)		A	Ab	Ab	P	A	P	
Ian Read (Fire and Rescue)		P	A	P	P	P	P	

Present

Apologies

Absent

Updated 12/02/2024

Minutes of the Staffordshire Health and Wellbeing Board Meeting held on 7 December 2023

Present: Mark Sutton (Chair)

Attendance	
Julia Jessel (Vice-Chair)	Garry Jones
Dr Richard Harling	Tim Clegg
Neelam Bhardwaja	Baz Tameez
Chris Bird	Ian Read
Dr Rachel Gallyot	Emily McCormick

Also in attendance: Jan Cartman-Frost, Nicola Bromage, Lisa Cope, John Wood, Helen Jones, Ruth Martin, Jon Topham and Liam Archer.

Apologies: Phil Pusey, Gill Heesom, Rita Heseltine and Claire McIver

Part One

- a. Declarations of Interest

There were no declarations of interest on this occasion.

- b. Minutes of Previous Meeting

Resolved – That the minutes of the meeting held on 7 September 2023 be agreed and signed by the Chair.

- c. Questions from the Public

None received.

21. Good Mental Health Priority Progress Update

The Board received a report on the Good Mental Health priority from the Staffordshire Health and Wellbeing Strategy, along with a progress update.

The Board were reminded of the Good Mental Health in Staffordshire Strategy which was approved by the Board in December 2022, and the six main outcomes of this.

An action plan had been developed to achieve the outcomes set out in the strategy. This was co-produced by the County Council and ICB working with people affected by mental health conditions as well as frontline professionals.

The primary focus of the Strategy was adults in Staffordshire, however it was recognised that there were opportunities in people's early lives to positively influence their future mental health and wellbeing. The strategy also referenced children and young people. It was noted that other work was ongoing as part of the [Staffordshire and Stoke-on-Trent Integrated Care System Children and Young People's Mental Health Local Transformation Plan](#), which would be considered as part of the Health in Early Life Priority for discussion in September 2024.

Progress to achieve the strategy would be measured using a set of metrics as well as tracking completion of the actions set out in the action plan.

Councillor Jessel stressed the importance of timeliness with regards to people getting that support and access to services and questioned whether these metrics were collected and if they could be included in the monitoring of the action plan. In response, it was confirmed that the metrics are collected but the focus was on NHSE mandated actions. A number of data collections, including waiting times, were taking place however were not yet published due to them being classed as experimental, but it was hoped that this could be shared at a later date.

It was noted that the Good Mental Health action plan would feed into the Health and Wellbeing Board Strategy, acting as the bedrock of the work of the overall Strategy. The metrics for the action plan would need rationalising against the metrics of the Board Strategy to ensure progress was being made. Alongside this, it was confirmed that the item would return in 12 months time to the Board for a progress update. It was requested that the future progress update include the revised metrics.

The Board also queried mental health support teams in schools, and whether the trailblazers originally set up in certain parts of the County would be implemented across the County overall. The ICB had been pursuing this and were pleased to confirm that there was over 40% coverage across the County. And two further teams had been secured for the next financial year, starting in January 2025. These would be targeted based on need. The ICB would continue to work with local authorities to best plan where these teams could be placed, and for areas that did not have this support, the Action for Children service could reach into those schools and provide additional support where required.

Councillor Jessel sought clarification on the additional trailblazer teams and the distribution throughout the County. The analysis of coverage would be shared with the Board. It was confirmed that two teams were based in North Staffordshire, two in East Staffordshire, one in Stafford and Surrounds, one in Cannock Chase, one in Lichfield, one in Tamworth. The additional team coming on board would cover South Staffordshire and

more of Cannock Chase.

Resolved – that the Board (a) approve the Action Plan for the Good Mental Health Strategy 2023-28 and receive annual updated at every December Board meeting;

(b) Note the Staffordshire and Stoke-on-Trent Children and Young People's Local Transformation Plan; and

(c) Note the wider activity across the health and care system to support good mental health.

22. Right Care, Right Person

Note by Clerk: This item was considered earlier in the agenda than originally scheduled.

The Board received a presentation from Lisa Cope, Strategic Lead for Right Care, Right Person from Staffordshire Police.

The Board noted the four phases of the Right Care Right Person model, which set out to ensure that better protection could be given to vulnerable members of our communities and provide them with specialist help they need.

- Phase 1 – would be launched in February 2024 and focusses on reports relating to concerns for welfare and walk-outs of health care facilities
- Phase 2 – would be launched in May 2024 and focusses on AWOL and walk out of mental health facilities
- Phase 3 – would launch in August 2024 and focusses on transportation
- Phase 4 – would launch in November 2024 and focusses on S.136 / management of mental health incidents.

Underpinning the above phases, it was noted that the Police would continue to respond to all incidents where there was an immediate, real and substantial threat to life or risk of significant harm. All incidents would be reviewed on a case by case basis to assess risk, threat and harm and determine if it was right for the RCRP principles to be applied.

Staffordshire Police launched the implementation of RCRP in July 2023 through a number of multi-stakeholder events, noting the phased approach to implementation. They would continue to attend numerous partnership meetings.

A multi-agency partnership group with representatives from across local

authorities, health, social care, VCSE and more was established to work through the implications of implementing RCRP and share learning. A single point of contact for stakeholders was also established.

The National Partnership Agreement, published in July 2023 set out the following actions for RCRP and Mental Health:

- Agreement of a joint multi-agency governance structure for developing, implementing and monitoring the RCRP approach locally.
- Reaching a shared understanding of the aims of implementing RCRP locally and the roles and responsibilities of each agency in responding to people with mental health needs.
- Enabling universal access to 24/7 advice, assessment and treatment from mental health professionals for the public (via the NHS111 mental health option).
- Putting in place arrangements to work towards ending police involvements in situations where the RCRP threshold was not met.
- Embedding multi-agency ways of working that could support decision making about which service or services were most appropriate to respond to an incident reported to the emergency services.
- Ensuring arrangements are in place to minimise delays to handovers of care between the police and mental health services.
- Developing an approach for police and health systems to work together to quickly and efficiently identify the best place to take a person detained under Section 136.
- Developing local escalation protocols for situations
- Establishing effective mechanisms to support data collection and sharing across agencies.
- Developing multi agency training to support decision making and understanding of roles and responsibilities in relation to RCRP and the Mental Health Act.

Next steps included understanding the current position of health and social care providers against the 10 recommendations and requesting a temperature check exercise is undertaken asking organisations to rate themselves using a Red, Amber, Green (RAG) assessment.

Colleagues would be asked to provide commentary where possible to support their rating. Reasoning for a responsibilities matrix was shared with the board which outlined the temperature check.

The Board were informed of lessons learned so far, including the following:

- Getting the right representation at RCRP meetings;

- Making use of the briefing documentation provided;
- Having a single point of contact for RCRP;
- Getting the messaging right;
- Creating a feedback loop;
- Fostering a learning and sharing culture; and
- Investing in mental health services and lobbying for further funding.

Health colleagues noted that this was a significant change and colleagues in Staffordshire Police had been very proactive in implementing Right Care, Right Person and engaging in partnership groups. Colleagues supported the best use of scarce resource and targeting support those in need, whilst highlighting some of the operational challenges ahead in terms of timeliness and handover of cases between agencies. A topic for discussion at a future task and finish group would be around risk appetite, for those officers who are on a prolonged handover.

Similarly, it was recognised of the opportunity to use collective resources better and appreciative of the gradual approach working with partners, whilst noting the associated risks with unmanaged gaps appearing from things that the Police currently do, but wouldn't continue doing in future. The responsibilities matrix was welcomed to this effect.

A question was raised around governance, noting that this work would need to be signed off by all agencies at the appropriate level, and where this would happen. A meeting had taken place with the ICB Chief Executive, Peter Axon where governance was discussed. Whilst it was noted this was a partnership approach, if any issues were discussed at a tactical level, this would be raised with the appropriate Executive within the Integrated Care Framework. With regards to signing this off as a whole, this is a national approach being facilitated by Staffordshire Police, but the solutions were health-led, therefore it was considered a joint iterative approach with the Assistant Chief Constable and the Integrated Care Board.

The Board continued to discuss the importance of governance around this, highlighting whether there was an opportunity at a strategic level to get partners together to look at what the tactical groups are suggesting, and whether this was accepted or whether any risks would be highlighted for review.

It was confirmed that a first strategic meeting had took place and this could take place again in the future, convened by the ACC.

Health colleagues further noted the meeting that had taken place between Peter Axon and ACC Ellison and highlighted the role of the ICB role in helping the Police to navigate health governance systems.

A question was raised on point three of the action plan, around the NHS 111 service. Further information was requested on this service and how it would be rolled out. In response, it was noted that the long term plan was parity of esteem between physical health and mental health, with national policy identifying NHS111 as an area that needed this approach. A piece of work was being implemented across Staffordshire and Stoke-on-Trent around the formal launch of NHS111 Option 2, known as the 'mental health option', on the 1st April 2024. It was confirmed that local partners were resourced to provide the Option 2 service, such as MPFT and North Staffordshire Combined Healthcare. A communications campaign was ready to launch the service however was on hold until other colleagues had completed technical work ahead of the rollout.

District and Borough colleagues further highlighted the importance of exchanging information between all services that the client group access. It was noted that the Right Care, Right Person programme did not preclude any existing work on local problem solving and partnership engagement for cases around housing and complex needs and support.

Councillor Sutton highlighted point one in the key actions and questioned if this needed further work due to the comments presented by Board members. It was agreed to take these comments away from the meeting for discussion with the ACC.

Councillor Jessel suggested that the Health and Wellbeing Board may be well positioned to be the governance structure and queried the public perception of the Right Care, Right Person rollout. Concerns were also raised around patients who go missing and whether this is something that the Police would continue to support. It was noted that a change of narrative was needed for public perception of Police resourcing. By doing this, and implementing RCRP effectively, it would free up Police time to focus on the areas of public priority around burglary and anti-social behaviour. The Police would continue to support instances where colleagues need additional support that can be provided under police powers.

The Board requested that the item be brought back to a future meeting and noted that a discussion would take place offline on the points raised around governance.

Resolved – that the update be noted.

23. Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2022/23

Note by Clerk: This item was considered later in the agenda than originally scheduled.

The Board received the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report for 2022/23 for consideration and feedback.

This annual report covered the period 1st April 2022 to 31st March 2023. During this time, Mr John Wood was the independent chair of the Board. The report provided an overview of the work of the Board and its sub-groups and illustrated with case studies as to how the focus on making safeguarding person was making a positive difference to ensuring that adults with care and support needs were supported to make choices in how they would live their lives in a place where they felt safe, secure and free from abuse.

The Board were provided with adult safeguarding data and the Staffordshire headlines for the same reporting period, along with the SSASPB strategic priorities during the reporting period.

A new priority arose from a revision of the SSASPB strategic plan and in response to five themes of significant importance and recurring concern arising from a combination of learning events, this was around ensuring effective practice. Pages 18 – 32 of the annual report provided a comprehensive overview of activities of safeguarding partners in evidencing the changes in practice in response to learning experiences.

The Board thanked John for the comprehensive report and asked what had gone well over the past year, and also if there were any trends or issues providing concern. It was noted that following the revision of the strategic plan, the Safeguarding Partnership had matured and that partners were working to a common and coherent plan with good engagement. John further noted the area for future work around evidencing progress made against lessons learned and strengthening practitioner engagement. Colleagues further discussed the need to identify and recognise self-neglect earlier and more proactively.

Councillor Sutton queried whether self-neglect was linked to those who lose capacity, through dementia or Alzheimer's in particular. It was clarified that lack of capacity would not be classed as self-neglect but would be dealt with under adult social care through the mental capacity act. Self-neglect would be better defined by people who have more complex needs, drug and alcohol abuse, bereavement etc.

Health colleagues commented on the consistency between Stoke-on-Trent and Staffordshire on the types and location of abuse but queried the correlation between this and national trends. It was noted that the trends were broadly similar from a national and regional perspective, but some anomalies were present in organisational abuse, however this could be attributed to reporting mechanisms. Safeguarding data nationally offered two schools of thought, and it was hoped that the recently started CQC enhanced assurance process would regularise this recording.

Assurance was provided that changes had been made to the management of incoming concerns and how resources were utilised to be more effective. Work streams had been reduced to ensure that response times were improved and most cases were now being dealt with in a two-week period. Technological changes were being explored such as online referral forms to improve the service.

Gender and ethnicity rates were discussed and it was noted that females featured disproportionately higher. It was further clarified that females are considered more at risk of abuse in older age but further auditing was being undertaken to source any reasons for this. A concern was raised around those seldom-heard communities within Staffordshire and that further work was being done to ensure that they were encouraged to report and record this.

A consistent theme around poor leadership and management was noted by the Board, and whether this was something that could be tackled under the remit of the Safeguarding Board as a recurring theme. This had been picked up through a previous Board meeting and subsequently discussed at a meeting with ICB colleagues. Subsequent discussions were ongoing around the support and training required, linking with more national conversations around recruitment and retention.

Resolved – That the Board (a) receive and consider the SSASPB Annual Report 2022/23 in accordance with the requirements of the Care Act 2014; and

(b) Supports the work to improve safeguarding of adults with care and support needs.

24. Staffordshire Health and Wellbeing Board Audit Report and Review of the Terms of Reference

The Board received a report from Jon Topham on the recent audit report undertaken by the Staffordshire County Council Internal Audit team, which sought to provide assurance that the Health and Wellbeing Board was operating in accordance with clearly defined Terms of Reference which aligned with the requirements of the Health and Care Act 2022.

The audit report made several recommendations which focused on updating the Terms of Reference and making minor changes to the Board administration.

A summary of audit findings was presented to the Board based on recommendations made, along with key changes to the Terms of Reference. Quoracy arrangements were clarified along with attendance at meetings. Points around publication of agendas were clarified.

The Board noted the discussion points within the report and were asked whether they were happy with the revised terms of reference presented and the questions raised in the report.

The Board supported the revised terms of reference and arrangements subject to some amendments. The membership of district and borough colleagues was raised, both from an Elected Member and Officer level, and whether this needed broadening to better highlight functions of the districts and boroughs.

Colleagues from the ICB raised a specific query around the job titles referred to in the revised Terms of Reference, and that these would need amending to acknowledge the representatives on the Board.

It was agreed to review the make up of the Board but agree the revised Terms of Reference.

Resolved – That the Board (a) note the findings from the audit report;
(b) discuss and agree the revised Terms of Reference for the Board; and
(c) consider the discussion points in the report.

25. ICB Joint Forward Plan

The Board received an update from Chris Bird on the ICB Joint Forward Plan (JFP), with a note that the Board were ratifying the decision made at the meeting at June 2023, which was invalid due to non-quoracy of the meeting.

Background to the Joint Forward Plan was shown to the Board, referring to the presentation on the 8th June 2023 and subsequent publication on the 30th June 2023.

Specific suggested areas for the annual refresh of the JFP were noted by the Board as follows:

- Reflecting any changes to local authority priorities
- Long term finance strategy and recovery
- Impact of ICS wide strategies published since June 2023
- Wider strategic system development to reflect any new areas of focus.

Next Steps were detailed as the following:

- First system task and finish group on the 23rd November 2023
- Work commenced across portfolios to support refresh;
- Guidance expected shortly;
- Updates and refresh of the JFP requested to be presented to the Board on the 7th March 2024.

Resolved – that the Board (a) note that the JFP was published on the 30th June 2023 following on from the draft JFP being presented at the Staffordshire Health and Wellbeing Board on the 8th June 2023;

(b) Formally approve the decision to delegate to the Chair the sign off of the JFP for the Staffordshire Health and Wellbeing Board;

(c) Receive the final Joint Forward Plan published on the 30th June 2023;

(d) Note that the JFP would require refreshing in line with any new guidance and feedback from ongoing engagement work;

(e) Endorse the approach for the refresh;

(f) Agree to the refresh JFP being presented to the Board on the 7th March 2024.

26. Joint Strategic Needs Assessment Update

The Chair notified the Board that this item would be deferred to the next meeting.

Cllr Jessel queried if the existing Staffordshire Observatory would be superseded by the new publishing of the JSNA. It was clarified that the JSNA would continue to be published on the Observatory, but that the Board's webpages would be updated in line with the new format.

27. Forward Plan

The Board received the Forward Plan for 2023/24 and noted the following items scheduled for discussion at the 7 March 2024 meeting:

- Healthy Ageing Priority Progress Update

- Carers Strategy
- Staffordshire Better Care Fund
- Children's Safeguarding Board Annual Report
- ICB JFP / Annual Report Sign-off
- Joint Strategic Needs Assessment update (deferred from the December 2023 meeting)

Chair

Staffordshire Health and Wellbeing Board – 07 March 2024

Update on Healthy Ageing Priorities

Recommendations

The Board is asked to:

- a. Consider and approve the Healthy Ageing Plan.
- b. Commit to supporting delivery of the priorities.

Background and content

1. Healthy ageing is a strategic priority for both the Staffordshire Health and Wellbeing Board and the Staffordshire & Stoke on Trent Integrated Care System, driven by an ageing population and a decline in healthy life expectancy. In March 2022, it was agreed that Staffordshire County Council and Midlands Partnership University Foundation Trust (MPFT) would co-ordinate the development of a single healthy ageing plan for Staffordshire.
2. Our aim is to improve health and care outcomes and enable people to be more physically, socially and mentally active, by addressing the wider determinants of health and individual lifestyle behaviour. Whilst building prevention from primary health to acute care and promoting a more positive approach to death, dying and loss.

What have we done so far?

3. Over the last 12 months, a Healthy Ageing Partnership including representatives from the Council, MPFT, the Integrated Care Board (ICB) and the voluntary sector have led the development of a Healthy Ageing Plan for Staffordshire, included at Appendix 1. The purpose of the Plan is to identify current activity and opportunities for alignment as well as areas for improvement which would benefit from a system-wide approach.
4. The Plan includes 4 outcomes (Enjoying Independence, Feeling Connected, Maintaining a Healthy Lifestyle and Planning for the Future). The Plan includes key performance indicators to measure progress as set out in Appendix 2. The data indicates that Staffordshire performs similar to the England average on several indicators and worst for emergency hospital admissions.
5. Ongoing actions to support delivery of the Plan include:

- a. The Supportive Communities programme to promote independence and a strengths-based approach by growing the skills, knowledge and confidence of residents and professionals through Community Help Points, Staffordshire Connects and community-based training.
- b. MPFT are piloting a health education tool (My Health, My Way) to empower older adults with mild frailty promote healthy ageing and self-manage risk.
- c. The South Staffordshire District Partnership has included Ageing Well as one of 4 priorities for their new partnership plan with a specific focus on planning for later life, digital skills and dementia support (amongst other things).
- d. The Council is trialling a volunteer buddy & Travel Training pilot project, (as part of a specific Loneliness Reduction Plan) with the aim of reducing feelings of loneliness amongst older adults and those living with a learning disability.
- e. MPFT and the ICB have established a Compassionate Communities Network group for the southwest of the county, with the aim of promoting a public health approach to death, dying and loss.

Future Priorities

6. Whilst a great deal of activity is already underway, there is more that needs to be done to improve health and care outcomes and lessen the impact on statutory and acute services. The Healthy Ageing Partnership therefore recommends the following as priorities:

Outcomes	Priorities
Enjoy Independence	<ul style="list-style-type: none"> • Improve early diagnosis and management of dementia • Reduce falls in older people
Lead a healthy lifestyle	<ul style="list-style-type: none"> • Community based strength and balance exercise, to prevent falls and improve physical activity
Plan for the future	<ul style="list-style-type: none"> • Financial and care planning, encouraging more people to access entitlements, lasting power of attorney & create end of life plans

Challenges and risks

7. The Plan is complex and encompasses a wide range of activities across a large number of agencies. This system wide effort will require co-ordination to ensure that progress is made whilst avoiding duplication.

Next steps

8. The Staffordshire Healthy Ageing Partnership will lead and oversee the delivery of the Plan, whilst putting specific actions in place to achieve the outcomes.
9. Data about healthy ageing within the new Joint Strategic Needs Assessment will be used to inform delivery of the Plan.

List of Background Documents / Appendices:

Appendix 1: Draft Healthy Ageing Action Plan for Staffordshire

Appendix 2: Healthy Ageing Outcomes and KPIs

Contact Details

Board Sponsor: Dr Richard Harling MBE, Director for Health and Care

Report Author: Tilly Flanagan and Vicky Rowley

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Staffordshire Healthy Ageing Action Plan 2023-2027 - DRAFT

Author: Public Health & Prevention Team

Version: 3.0 12.10.2023

Date Approved:

Review:

Actions Key:

Current activity
Planned activity
Future activity

Aim:	Improve Healthy Life Expectancy for people in Staffordshire					
Outcomes:	Objectives:	Measured by:	Actions:	Who will do this:	By When:	Also links to outcomes:
1. Enjoy independence (People and professionals know how to help themselves and others, to live as independently as possible)	Deliver large scale community development prevention programmes which seek to promote independence and enable people & professionals to have the skills, knowledge & confidence to help themselves and others.	1. Number of people accessing Supportive Communities Independent Living Resources. 2. Number of Healthy Ageing Events held. 3. Number of people using the digital information service (& feedback). 5. Number of Age Friendly Communities established.	Maintain, develop & promote Supportive Communities Information, Advice and Guidance & Independent Living Resources (including ongoing promotion of assistive technology)	SCC Public Health Supportive Communities Team	Ongoing	
			Utilise the Bag of Trix to support medications management via Independent Living Champions. (Polypharmacy)	SCC Public Health Supportive Communities Team	2024	
			Co-ordinate local Healthy Ageing networking and information events across the county for professionals, volunteers and members of the public. (networking events)	MPFT with PCNs	2023/Annually	
			Delivery & evaluation of Health & Wellbeing Coaches Pilot.	Public Health, MPUFT	23/24	
			Development of a digital information service for older people with mild frailty, to enable them to self-manage the risk of frailty progression.	MPUFT Public Health, with involvement from the ICS.	2024	
			Use a Health in All Policies approach to create 'Age Friendly Communities' across the county.	Local authority organisations	TBC	
			Evaluate and upscale the current Volunteer Buddying pilot commissioned by SCC Public Health.	SCC Public Health Team	2024	
2. Feel Connected (People have a sense of purpose and know how to reduce feelings of loneliness)	Develop a system wide approach to creating connected communities and promoting the 5 Ways to Wellbeing.	1. Number of successful Volunteer Buddy referrals 2. Reduction in the number of adults reporting that they feel lonely often, always or some of the time. 3. More carers having the ability & opportunity to live well. 4. Increase in the use of public transport.	Influence the formation of the SCC Local Transport Plan.	SCC Public Health & Healthy Ageing Partnership	23/24	
			Development and delivery of a revised Carers Strategy.	SCC All Age Disability Team	2024	
			Prevent Depression amongst older people by promoting the 5 ways to wellbeing as part of the Staffordshire Mental Health Strategy.	SCC Public Health		
			Enable people to develop their digital skills using intergenerational opportunities (via the SCC Digital Inclusion Plan).	TBC	2025	
			Finalise a Staffordshire Loneliness Reduction Plan.	SCC Public Health Team	2024	
3. Enjoy a healthy lifestyle (People know how to take care of themselves and others, to keep well and stay safe)	Promote the importance of leading a healthy lifestyle with a specific focus on increasing levels of physical activity.	1. Campaign reach 2. Number of staff accessing MECC training 3. Number of successful Warmer Homes installations. 4. Number of strength & balance	Champion MECC training at a system level via a comms and marketing plan.	SCC Public Health Team, Everyopne Health & MPFT		
			Promotion of healthy weight and physical activity via the continuation of the Better Health Staffordshire Programme.	SCC Public Health Team		

Outcomes:	Objectives:	Measured by:	Actions:	Who will do this:	By When:	Also links to outcomes:
Page 20		exercise classes delivered.	Use the research conducted by Staffordshire University, to inform the delivery of an annual Healthy Ageing campaign .	Staffs Healthy Ageing Partnership	Annually	
			Create a dementia prevention & early intervention plan which promotes healthy behaviours and early identification/diagnosis of dementia. (Including the importance of hearing loss as the most significant modifiable risk factor)	Public Health, ICB & Adult Social Care	2024 (Proposed priority)	
			Find opportunities to deliver evidence based community strength & balance exercise classes (Falls Prevention).	MPFT, Public Health		
			Continue delivery of the Staffordshire Warmer Homes Programme , to tackle fuel poverty.	SCC Public Health & Staffordshire Warmer Homes Partnership	Mar-25	
	Enable frontline staff/volunteers to facilitate the conditions for individuals to make positive choices about their own health and wellbeing.	1. Number of MECC Training sessions 2. Results of Active Travel project evaluation.	Influence course leaders with a responsibility for setting and delivering the health and social care curriculum, within further and higher education, to incorporate MECC principles into course content.	SCC Public Health	24/25	
			Link MECC training with Clinical champions training, enable the programme to be more agile for other groups.	SCC Public Health & Together Active		
			Evaluation of the SCC Active Travel and Social Prescribing pilot in Newcastle Under Lyme to inform future initiatives.	SCC Public Health & (ask rochelle)	2024	
4. Future Planning (People are able to make decisions as early as possible, about how to enjoy later life)	Promote a public health approach to end of life amongst professionals, members of the public and communities.	1. Number of Compassionate Communities networks. 2. Number of training sessions delivered. 3. Identify a process for auditing/measuring clinical practice for end of life i.e. use of RESPECT forms.	Promote opportunities for education and awareness raising amongst professionals, with a specific focus on primary care and acute hospital settings.	MPFT		
			Develop ' Compassionate Communities ' across Staffordshire to engage with community settings such as businesses, care homes, schools & local authorities to reduce the stigma and increase confidence.	MPFT & Support Staffordshire		
	Encourage more people to have advanced care plans and financial plans (including LPOA)	1. Campaign reach 2. Workplace Health website activity.	Use local & national campaigns amongst the public to encourage advanced care planning, financial planning and reduce the stigma associated with death, dying & loss. the public and professionals.	Staffs Healthy Ageing Partnership		
			Creation of Multi Disciplinary Team meetings within primary care and communities services to take a more holistic approach towards care planning.	TBC		
			Find a way to better understand public perceptions of bereavement support, to encourage engagement. Development of a Financial Wellbeing Strategy (Proactive management of financial affairs i.e. Lasting Power of Attorney).	TBC SCC Public Health & Adult Social Care		2024 (Proposed priority)

Outcomes:	Objectives:	Measured by:	Actions:	Who will do this:	By When:	Also links to outcomes:
	Enable people to experience healthy retirement.		Promote and enable age friendly Workplaces & healthy retirement by provide access to information, advice, guidance and training around supporting healthy ageing in the workplace e.g. by developing a new retirement planning webpage on the Staffordshire Workplace Health webpages.	SCC Public Health	2024	

Appendix 2

Health and Wellbeing Board Strategy - Quarterly Data Update - February 2024 DRAFT

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher
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() denotes data refreshed since last quarter

Theme	Aim	Measure Name	Latest Period	Frequency of Reporting	Measure Type	England			Staffordshire		
						Period 1	Period 2	Period 3 (Latest Period)	Period 1	Period 2	Period 3 (Latest Period)
Healthy Ageing and Frailty	To reduce emergency hospital admissions in older people	Dementia: Direct standardised rate of emergency admissions (aged 65 years and over)	2019-20	Annual	DSR per 100,000	3,471	3,480	3,517	3,342	3,863	4,146
	Reduce the number of Older People in Care Homes	SCC brokered Care Home Clients (aged 65 years and over)* Excludes Mental Health & Learning Disability	Mar-23	Annual	Number of Clients	N/A	N/A	N/A	2,274	2,401	2,408
	To reduce deaths in Hospital	Percentage of deaths that occur in hospital (85+ yrs)	2022	Annual	%	36.5	38.8	39.4	42.7	43.1	43.2 ()
		Percentage of deaths that occur in hospital (75-84 yrs)	2022	Annual	%	45.6	47.5	46.9	49.1	49.8	50.7 ()
		Percentage of deaths that occur in hospital (65-74 yrs)	2022	Annual	%	46.9	48.6	47.3	50.5	50.6	49.7 ()
	To improve the management of dementia	Estimated dementia diagnosis rate (age 65 and over)	2023	Annual	%	61.6	62	63	60.9	61.7	66.2 ()
	To reduce falls in older people	Emergency hospital admissions due to falls in people aged 65 and over *****	2021-22	Annual	DSR per 100,000	2,222	2,023	2,100	2,136	1,902	2,111

***** Falls hospital admissions prior to 2021-22 will be re-calculated due to ONS population estimate rebasing following 2021 census

Staffordshire Health and Wellbeing Board – 07 March 2024

Staffordshire All Age Carers Strategy 2024 - 2029

Recommendations

The Board is asked to:

- a. Consider and endorse Staffordshire's Joint All Age Carers Strategy 2024 – 2029
- b. Approve the recommendation that the Board has oversight of strategy implementation through an annual report from the Carers Partnership Board via the Disability and Neurodiversity Partnership Board to this Board.

Background

1. The Council and the Integrated Care Board (ICB) have jointly developed a final draft of a new All-Age Carers Strategy (2024-2029).
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.

7. 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
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. The Strategy will go to Health and Care Scrutiny Committee on 18 March and to Cabinet on 20 March with a recommendation to approve the Strategy on behalf of the Council. The ICB will be considering the Strategy through their own governance arrangements.
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.

Resource and Value for Money Implications

13. The Strategy would be implemented within existing resources.

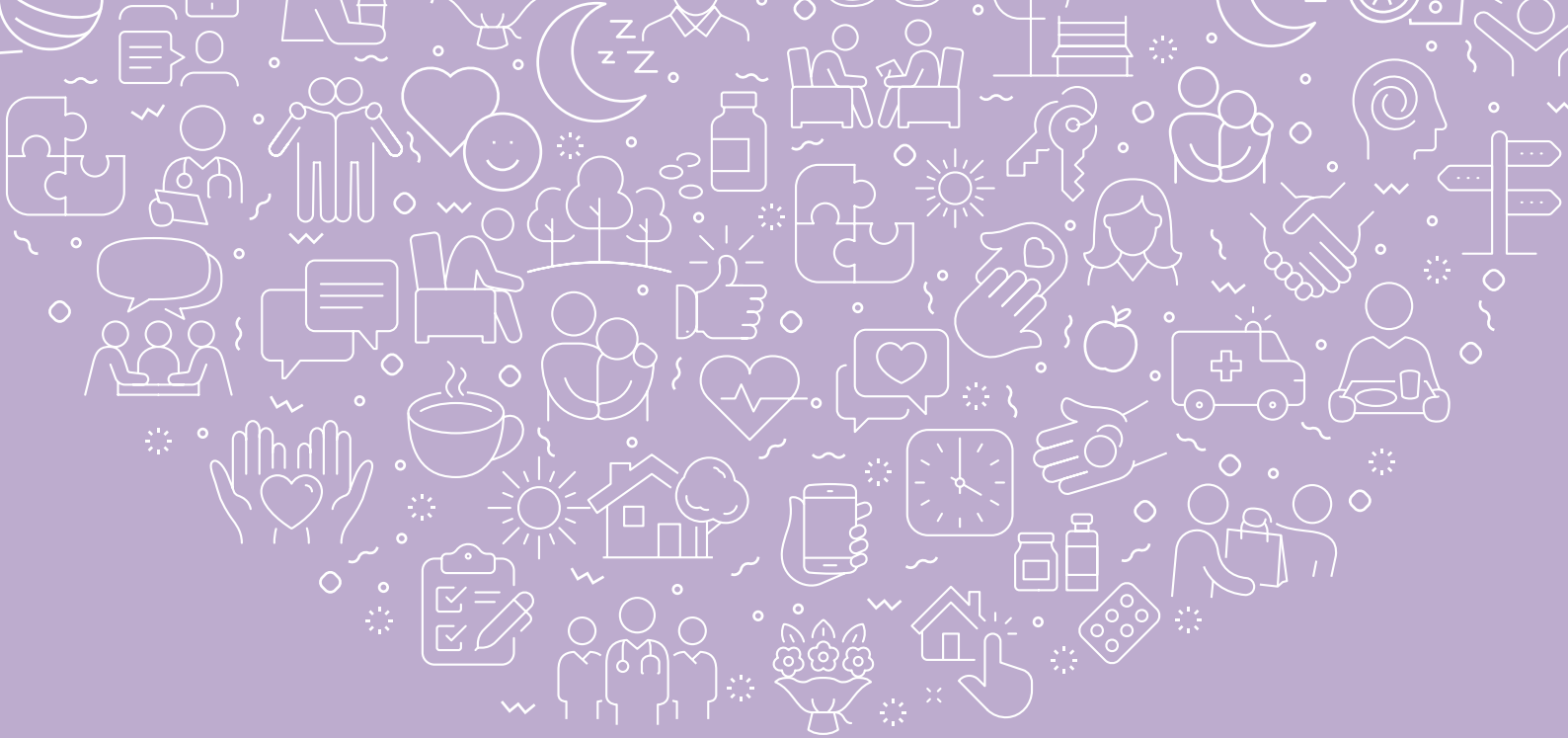
List of Background Documents/Appendices:

Appendix 1 – Staffordshire’s All Age Carers Strategy 2024 – 2029
Appendix 2 - Analysis of feedback to engagement for the strategy

Contact Details

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Staffordshire's All Age Carers Strategy 2024 - 2029

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*



Context

This Strategy will help us to deliver priority outcomes in key local plans.

It aligns with the

healthy aging and good mental health priorities

in the Staffordshire Health and Wellbeing Strategy

as well as the

living and aging well priorities

in the Integrated Care Partnership Strategy

and supports delivery of the

outcome for residents to be healthier and independent for longer

in Staffordshire County Council's Strategic Plan 2022 - 26.



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.

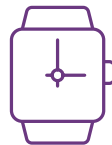


There are 1,610 young carers aged 5 - 17.

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 (childrenssociety.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.



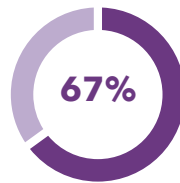
What adult and young carers told us

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

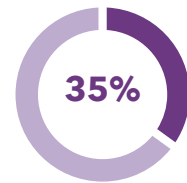
Of the carers that responded to each question:



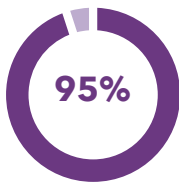
provide over 50 hours of care each week and many carers did not have a break from caring.



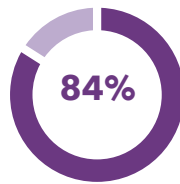
said they have not found it easy to find information, advice and guidance, and 59% said that information they had found had not been helpful.



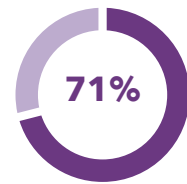
said they had not been involved or consulted as much as they wanted to be in discussions about the support or services provided to the person they care for.



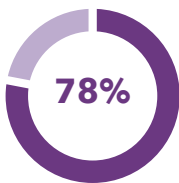
are not able to spend as much time as they want doing things they enjoy.



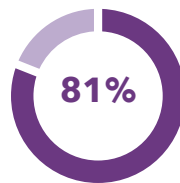
said they do not have as much social contact as they would like.



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.



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.



F

PRIORITY F

Short and longer-term planning

OUTCOME

Adult and young carers have the opportunity to develop effective contingency and long-term plans for when they cannot provide care and we will respond promptly should crisis occur

Actions will include:

- › Help to develop contingency plans and plan for the future will be offered to all newly registered carers and following an assessment.
- › We will work with young carers to develop a "What to do in an Emergency" plan.
- › We will ensure carers know how to get help in the event of a crisis.
- › We will ensure that eligible carers can access a break from caring.
- › We will ensure that professionals working with families take a whole family approach, can recognise a potential crisis or where a longer-term alternative plan for care may be required and help to put arrangements in place.

We will measure delivery of this outcome through:

- › Number of contingency and longer-term plans carried out by our carers support service.
- › Number of referrals due to carer breakdown.



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.

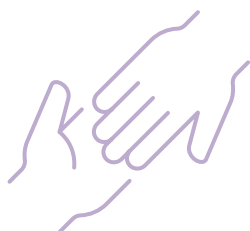


This Board will report on progress to the **Disability and Neurodiversity Partnership Board** and, annually, to the **Health and Wellbeing Board**.



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.



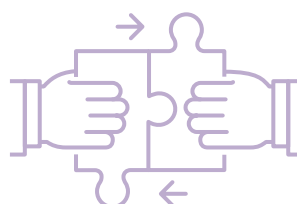
Co-produce support and services

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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<p>Yes, it does affect how they look after themselves</p> <p>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></p>
		3 children/young people said	<p>No and yes.</p> <p><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></p>
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	<p>Yes it does affect their time with their friends</p> <p>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></p>

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>

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

			<i>"bringing friends on trips as well as family"</i> <i>"time to talk"</i> <i>"make young carers more known"</i>
		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: <i>"no as I will be successful"</i>
		4 children/young people said	Not really/not sure <i>"my Dad can function without me, I think"</i>
		5 children/young people said	Yes Some example answers: <i>"Yes, as I cannot move away", "yes, it will have an impact on me"</i>
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 <i>"monthly get togethers have been his life saver"</i>
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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	A little/sometimes
		10 people said	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?		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>
8	Thinking about the support they offer their family member, what do you think worries them the most?	Variety of answers	<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><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

			Young Carers support Young Carers weekends away Young Carers trips Confidence and socialisation opportunities from young carer support/groups
		1 person said	Counselling
10	What do you think the Council should consider most important to support Young Carers?	Several people said	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 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><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

Staffordshire Health and Wellbeing Board – 07 March 2024

Staffordshire Better Care Fund (BCF)

Recommendations

The Board is asked to:

- a. Note the additional DFG allocation received for 2023-24 of £873,069.
- b. Note the quarter three BCF return has been submitted.
- c. Note that Staffordshire will be utilising a BCF support offer for demand and capacity modelling.
- d. Note that the Staffordshire 2023-2025 BCF Section s75 and associated schedules has now been drafted.
- e. Note that the Council have requested an update on how discussions with Stoke have progressed to review the ICB's ASC discharge grant allocation in 2024/25 and redress the imbalance for Staffordshire and Stokes allocation.
- f. Note the additional £1.6m allocated to Staffordshire to support and strengthen urgent and emergency care resilience and performance across the winter.

Background

1. In March 2023 it was noted that the 2023-25 national BCF Policy Framework had not yet been published. The Board delegated approval of 2023/24 BCF Plans, and BCF reporting to the Health and Well-being Board Chairs.
2. In September 2023, the Board noted that the 2023-25 BCF Policy Framework had been published in April 2023, and that plans were submitted in June 2023; including a narrative plan, expenditure plans for the BCF and ASC discharge grants, capacity and demand, and ambitions and delivery plans for BCF metrics. The Board also noted that the current proportion split of the ICB ASC discharge grant to each Health and Well-being Board area is not consistent with the adult population of the Integrated Care System and that the Council have requested that the apportionment of the ICB's ASC discharge grant allocation in 2024/25 is reviewed to redress this imbalance.

2023-25 BCF

3. In October 2023, we received an additional DFG allocation of £873,069. South Staffordshire and Lichfield have received their additional funding; Staffordshire Moorlands have declined due to a cumulative underspend; passport documentation for the remaining districts and boroughs is

awaited before funds can be released. We have limited information available about activity and expenditure of DFG. This has been raised at the Leaders Board and further clarification is awaited Spring 2024. An updated BCF finance summary is in table 1 below:

Table 1: 2023-25 Staffordshire BCF Plan updated expenditure by funding source

	2023-24	2024-25
DFG	£10,878,436	£10,005,367
SCC ASC discharge grant	£4,585,762	£7,643,000
ICB ASC discharge grant*	£3,706,486	£7,082,397
iBCF	£32,709,077	£32,709,077
NHS minimum contribution	£69,330,000	£73,254,078
Additional NHS contribution	£18,468,687	£18,468,687
TOTAL	£139,678,448	£149,162,606

*Staffordshire's proportion of this grant is being discussed further as per paragraph 7

4. The requirement to complete quarterly returns re-commenced in 2023/24. The quarter 3 report has been submitted 9th February 2024 (appendix one). There is a requirement that this also be signed off by the Health and Wellbeing Board chair. The template allows for this to be done after submission, and includes a new Spend and Activity tab to collect information on spending and activity to date.
5. The Regional BCF lead approached Staffordshire and Stoke to explore if we wished to take up their support offer of demand and capacity modelling, delivered by Changeology. The JCB have agreed that this could be helpful and the ICB are progressing this offer with the regional lead.
6. The 2023-25 BCF Section 75 agreement has been drafted and includes schedules for existing joint schemes agreed by the JCB as below. By including these schemes within the BCF Section 75 this will streamline reporting and contracting arrangements:
 - a. Home care health tasks - currently governed by s256 agreement.
 - b. S117 aftercare – currently governed by s256 agreement.
 - c. Enhanced Care for Care home residents with Escalated health needs– currently funded by non-recurrent funding.
7. We reported at the September 2023 Board that the total ICB ASC Discharge Grant allocation for 2023/24 is £5.148m, and £9.837m for 2024/25, and that the current proportion split used in the submission to each HWB area is 72% Staffordshire and 28% Stoke-on-Trent, which is not consistent with the adult population of the Integrated Care System

which is 78% Staffordshire and 22% Stoke on Trent. This means that of the £5,148m and £9,837m allocated in 2023/24 and 2024/25 respectively Staffordshire will receive only £3,706,486 and £7,082,397 compared to our fair shares of £4,015,440 and £7,672,860, a shortfall of over £899,000 over two years. The Council have requested that the apportionment of the ICB's ASC grant allocation in 2024/25 is reviewed to redress this imbalance, and have requested an update from the ICB on how discussions with Stoke have progressed on this matter.

Urgent and Emergency Care (UEC) support fund

8. On 14 September 2023, the Government announced a £40 million fund to support local authorities to strengthen urgent and emergency care resilience and performance across the winter. Local authorities within Integrated Care Systems (ICS) identified by NHS England as experiencing the greatest challenges with urgent and emergency care were invited to put forward proposals for access to the fund. Staffordshire were successful in gaining £1.6m for the schemes outlined in table 2 below.
9. We are required to report on the expenditure and outputs from these schemes on 29th February and 31st May, alongside the existing BCF reporting process.

Table 2: UEC Schemes for 2023-24

Area of spend	Total
Rapid response home care service and social work assessment capacity	£775,000
Block booked step up beds for admission avoidance, end of life beds, and GP wrap around support	£610,000
Increased staffing to undertake end of life planning and support	£100,000
Additional transport and support for discharge- provision by Fire and Rescue Service	£116,000
24/7 short-term intensive wrap around support for discharge (supporting above scheme)	£61,000
TOTAL FOR ALL SCHEMES	£1,662,000

List of Background Documents/Appendices:

Appendix 1 – BCF Quarter three return

Contact Details

Board Sponsor: Dr Richard Harling, Director for Health and Care

Report Author: Rosanne Cororan – Senior Commissioning Manager

Telephone No: 07817 244653

Email Address: Rosanne.cororan@staffordshire.gov.uk

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Staffordshire

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	09/03/24

Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Staffordshire

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4					
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	197.2	179.4	209.0	218.3	235.2	216.1	On track to meet target	Asthma has shown signs of increasing numbers most likely due to issues compounded by RSV, Bronchiolitis and Acute Respiratory Infections which have surged during this period and put pressure on	Initial Q3 data indicates reductions across multiple conditions with falls in Anaemia, Angina, Atrial Fibrillation, COPD and Heart Failure. Heart Failure and Atrial Fibrillation admissions for over 60s has reduced
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.8%	93.6%	93.5%	93.7%	93.7%	93.0%	Data not available to assess progress	Variability in discharge volumes through the quarter due to pressures within UEC have resulted in expanding moving ranges when reviewed daily. Continued focus needed to ensure maximisation of Simple and Timely	Partial data for Q3 indicates slight improvement in the overall proportion of patients discharged home, including improvements across most older aga-bands.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,532.2	591.9	600.3	Data not available to assess progress	Provisional data for Q3 indicates Females still accounting for over two thirds of falls resulting in Admission with the proportion increasing quarter on quarter through the year.	Whilst full Q3 data is not available at this time provisional data indicates a likely reduction for Q3 in both Males and Females and slight reductions across all age ranges.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				558	2022-23 ASCOF outcome: 580.8		On track to meet target	No support needs identified.	Implementaion of block booked beds continues across the county and has helped to secure capacity. This is a continuous cycle of comissioning. Provision of step up and step down reablement across the county
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				85.0%	2022-23 ASCOF outcome: 84%		On track to meet target	As as system a challenge is to accurately model what the right reablement D2A capacity should be in Staffordshire. We need to model longer term demand and capacity based on optimisation of simple and timely	Demand for our D2A reablement services has significantly exceeded predicted comissioned capacity for some time now, howevet in the last quarter demand has reduced.

Checklist Complete:
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board:

Staffordshire

Checklist						Yes				Yes		
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.	
1	Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£1,363,865	£1,022,899	910	129,721	Number of beneficiaries	No	The activity reporting associated to this scheme/ contract reports the number of activities associated to equipment collections, deliveries, transfers, minor adaptations and planned preventative maintenance. The total for this period was 37,428.	
2	Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£5,120,589	£5,030,517	3,421	0	Number of beneficiaries	No	As above.	
16	Enablement Teams (LIS)	Home-based intermediate care services	Reablement at home (to support discharge)	Minimum NHS Contribution	£6,551,988	£4,913,991	8,190	6142	Packages	Yes	Hours stated in planned outputs relate to this funding only. Actual hours and acual spend on this area are significantly higher due to increased demand over the last few years.	
23	Home Care	Home Care or Domiciliary Care	Domiciliary care packages	Minimum NHS Contribution	£6,619,703	£5,229,565	303,656	239888	Hours of care (Unless short-term in which case it is packages)	No		
24	Home Care	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	£25,347,969	£19,771,415	1,162,750	906945	Hours of care (Unless short-term in which case it is packages)	No		
25	Home Care	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	£329,694	£253,864	15,123	11645	Hours of care (Unless short-term in which case it is packages)	No		
26	Disabled Facilities Grant	DFG Related Schemes	Other	DFG	£10,005,367	£10,005,367	400	300	Number of adaptations funded/people supported	No		
30	Intermediate Care Beds Barton	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£1,237,397	£928,048	10	10	Number of placements	No		
31	Intermediate Care Beds (MPFT)	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£2,208,581	£1,656,436	70	94	Number of placements	No	Due to a change in commissioning approach, more beds have been commissioned within community hospitals compared to contracted D2A beds within care homes as detailed on row 19.	
32	Intermediate Care Beds (Private)	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term)	Bed-based intermediate care with reablement	Minimum NHS Contribution	£5,435,025	£4,076,268	55	23	Number of placements	No	As above	
35	Health Care Tasks	Home Care or Domiciliary Care	Domiciliary care packages	Additional NHS Contribution	£1,673,834	£1,255,376	76,781	57587	Hours of care (Unless short-term in which case it is packages)	No		
38	Residential Care	Residential Placements	Care home	iBCF	£4,949,526	£4,009,116	118	96	Number of beds/placements	No		
39	LD Placements	Residential Placements	Learning disability	iBCF	£391,511	£309,293	6	5	Number of beds/placements	No		
40	Dementia	Residential Placements	Care home	iBCF	£554,297	£443,437	12	10	Number of beds/placements	No		
41	Dementia	Residential Placements	Nursing home	Additional NHS Contribution	£12,654,378	£9,619,607	323	245	Number of beds/placements	No		
47	Support ASC setting with overseas recruitment	Workforce recruitment and retention		Local Authority Discharge Funding	£12,000	£9,000		NA	WTE's gained	No		
48	Independence at Home Service	Home-based intermediate care services	Reablement at home (to support discharge)	Local Authority Discharge Funding	£2,100,000	£1,575,000	580	435	Packages	No		
49	Investment in training - Care Market Training Plan and delivery	Workforce recruitment and retention		Local Authority Discharge Funding	£100,000	£75,000		NA	WTE's gained	No		
54	Care apprenticeship- increasing capacity and encouraging intake into the sector (NEW)	Workforce recruitment and retention		Local Authority Discharge Funding	£115,000	£115,000		NA	WTE's gained	No		
65	Assessment capacity	Workforce recruitment and retention		ICB Discharge Funding	£42,470	£31,853		2	WTE's gained	No		

Staffordshire Health and Wellbeing Board – 07 March 2024

Joint Forward Plan

Recommendations

The Board is asked to:

- a. Note the JFP guidance that was published on the 22nd of December 2023 and 17th of January 2024.
- b. Receive and endorse the outline / strawman of the Addendum to the Joint Forward Plan.
- c. Agree to receiving the draft Addendum to the Joint Forward Plan virtually.
- d. To formally approve the decision, to delegate to the Chair the sign off, of the JFP for the Health and Wellbeing Board to meet the NHSE timeframes of the beginning of the next financial year.

Background

1. All Integrated Care Systems (ICS) were expected to produce three key outputs in 2023:
 - a. Integrated Care Partnership Strategy
 - b. Operational Plan for 2023/24
 - c. Joint Forward Plan for 2023/24-2028/29

Joint Forward Plan – National Guidance and Local Principles

2. The JFP is a five-year plan, set within a statutory framework. In line with the Health and Care Act 2022, the Integrated Care Board (ICB) must develop a JFP which sets out the vision for the next 5 years.
3. It will be updated on an annual basis in collaboration with local Health and Wellbeing Boards (HWB).
4. It should not duplicate supporting strategic plans but refer to them where relevant.
5. It should be a delivery mechanism for the initial Integrated Care Partnership Strategy and national priorities as defined by NHS planning guidance.
6. Be co-ordinated through the ICB and co-produced with partners, providers, stakeholders and the systems delivery and enabling portfolios.

Overview of Content

7. The JFP outlines how the ICB will support the delivery of the ambitions articulated in the ICP Strategy. The document structure aims to reflect:

- a) Introduction, outlining who we are and our vision and aims.
- b) Why we need a Joint Forward Plan, outlining some of the key challenges we face.
- c) How will we work differently to achieve our priorities, outlining our operating model, leadership and governance frameworks.
- d) Our Portfolios and Priorities. This section outlines commitments, ambitions and priorities against aligned to the ICB 7 Portfolios and 8 key focus areas covering:
 - Improving Population Health
 - Planned care
 - Children & Young People and Maternity
 - Urgent and Emergency Care
 - End of Life, Long-Term Conditions and Frailty
 - Primary Care
 - Mental Health, Learning Disabilities and Autism
- e) Our Finance strategy and the challenges across the Health and Care Sector.
- f) Our enablers to success, which covers a wider range of functions that are integral to the delivery of our priorities eg our workforce, digital and estates.
- g) Ways of working / cross cutting themes, covering areas such as the Greener Plan, Personalised Care, Continuing Healthcare and our approach to Working in Partnership with People and Communities.
- h) Wider Strategic System Development, focusing particularly on the ongoing development of the ICB.

JFP Refresh

8. All systems are required to undertake an annual refresh of the JFP. This is intended to include any new guidance and the outputs of public and stakeholder feedback, such as the JFP survey which concluded in August 2023 and any refresh to local JSNA's and HWB priorities.
9. The guidance including recommendations for considerations by local systems was published on the 22nd of December and 17th of January 2024.
10. A draft addendum to the Joint Forward Plan is in development and is required to be considered by the Staffordshire Health and Wellbeing Board before the 31st March to allow for publication within NHSE timeframes.

11. The statement of agreement for the JFP by the Health and Wellbeing Board requires a refresh and sign off by the Board or delegated authority to the Chair of the Health and Wellbeing Board.

Next Steps

12. Opportunity for feedback from the HWB about the approach and strawman of the JFP.
13. Continue to work with portfolios and partners to finalise the JFP.
14. Present draft JFP to Health and Wellbeing Boards for feedback and sign off.
15. Present draft JFP to ICB Board for feedback and sign off.
16. Publish addendum to the JFP.

List of Background Documents:

Guidance on Developing the Joint Forward Plan, published 22.12.23 [NHS England » Guidance on developing the joint forward plan](#)

Full copy of the Staffordshire and Stoke-on-Trent Joint Forward Plan published 30.06.23.
[Staffordshire and Stoke-on-Trent Joint Forward Plan 2023-2028 - Staffordshire and Stoke-on-Trent, Integrated Care Board \(icb.nhs.uk\)](#)

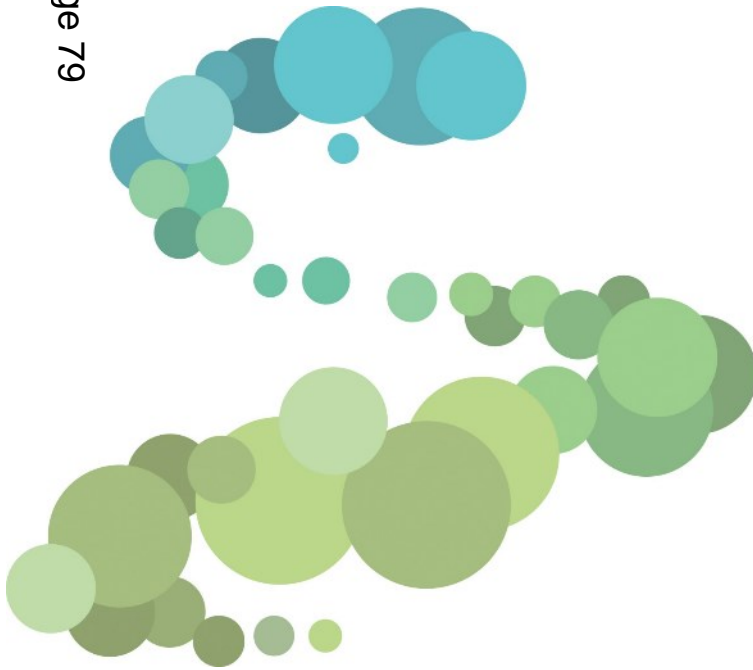
Summary of the Staffordshire and Stoke-on-Trent Joint Forward Plan.
[Joint Forward Plan 2023-2028 Summary \(icb.nhs.uk\)](#)

Contact Details

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Joint Forward Plan 2023-2028

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Chris Bird
Chief Transformation Officer
Staffordshire and Stoke-on-Trent Integrated Care Board
07.03.2024

Introduction

The set of slides outline: -

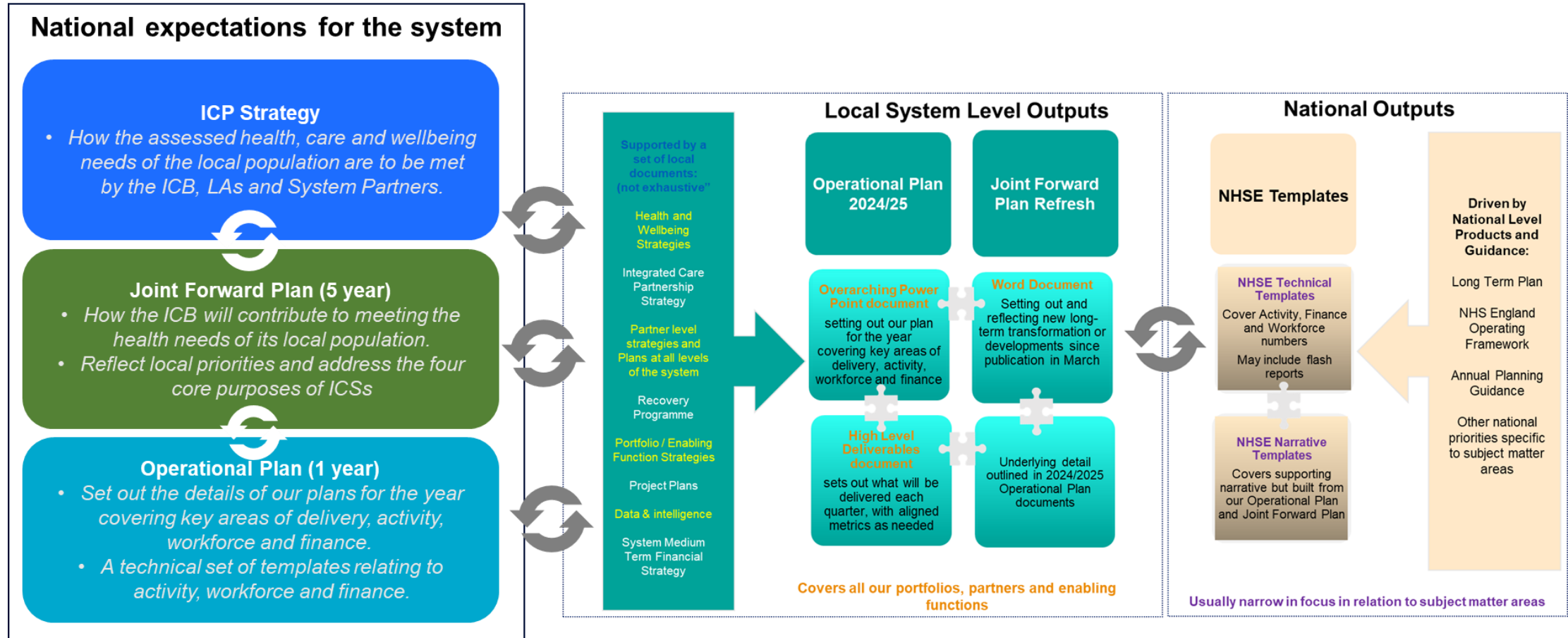
- A recap of the national expectation and key documents
- Recap on the summary of the national Joint Forward Plan (JFP) guidance and local response
- Strawman “suggested content” for the JFP
- Next steps including the timeline

The Staffordshire Health and Wellbeing Board are asked to : -

1. Note the local approach for the refresh of the JFP.
2. Consider the suggested content (straw man) for the addendum to the JFP and provide feedback. *Is there anything you expected to see that is missing?*
3. Consider the supporting statement which was in the June 2023 JFP and how you wish to address updating it for the JFP.
4. Agree to receiving the draft JFP and delegate sign off to the Chair of the HWB.

System Outputs – a recap

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National Guidance on updating the Joint Forward Plan for 2024/25 - Overview

National Guidance

- The Joint Forward Plan is a five-year plan, which is a statutory requirement. It should set how we will exercise our functions and statutory requirements over the next five years.
- [The guidance published on the 22nd December 2023](#) provides an opportunity to further develop and / or revise the JFP first published on the 30th June 2023, for the financial year 2024/25.
- A further set of [supporting information](#) was published on 17th January providing further recommendations and suggestions for content in relation to the statutory duties and content. These have been reflected in the suggested local content.
- Systems will continue to have the [same level of flexibility](#) to determine how the JFP is developed and structured.
- The JFP should be [reviewed and revised as appropriate before the start of each financial year](#).
- The JFP must include a statement of the final opinion of each HWB.

Local Approach

- Our [first JFP](#) was published in June 2023.
- Given the level of work and depth of detail outlined in the plan we published in June 2023 we will be developing [an addendum](#) to that plan covering the suggested key areas outlined in the following slides.
- We will be [co-producing and sharing](#) the JFP content as it develops with our partners including the Health and Wellbeing boards.
- The final JFP will be published on the Integrated Care System and Integrated Care Board website.

Priorities summary - Joint Forward Plan

Stoke-on-Trent City Council Health & Well Being strategy priorities

- Getting the most healthy start in life
- Developing well into adulthood
- Promoting good physical health
- Promoting good mental health
- Supporting people to maintain independence
- Living well into old age
- Providing the best end of life care
- Building strong communities
- Living in a healthy home and environment
- Supporting sustainable employment, skills and local economy

Staffordshire County Council Health & Well Being strategy priorities

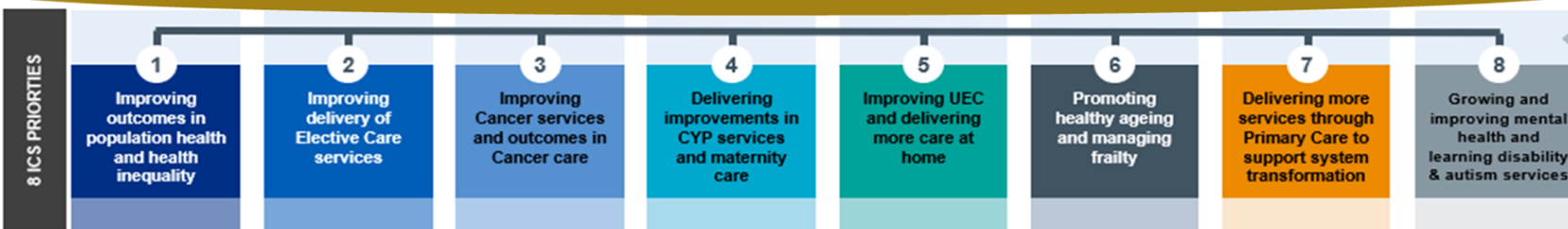
- Health in early life - Improving health in pregnancy and infancy with a priority focus on reducing infant mortality.
- Good mental health - Building strong and resilient communities and individuals who are in control of their own mental wellbeing
- Healthy weight - creating the conditions to help people to make healthy choices that will help adults and children reach a healthy weight.
- Healthy ageing - promoting well-being and enabling independence for older people.

Integrated Care Partnership Strategy priorities

- Give infants and children the best start to life
- Enable children to thrive into adulthood, supporting physical, mental and social development
 - Enable adults to take ownership of health and wellbeing and achieve their potential
- Enable people to remain independent, active and connected in their communities with a plan for later life
- Maximise health and wellbeing in the last years of life by supporting people and carers with personalised care when needed

Existing shared priorities across the Integrated Care Partnership

Improving health in pregnancy and infancy • Mental health • Learning disability and autism • Reducing drug and alcohol harm • Addressing obesity across the life course • Prevention and early intervention – long-term conditions (LTCs) and cancer • Improved prevention and management of LTCs • Reducing health inequalities • Healthy ageing • Personalised care • Improved employment • Digital transformation.



How we will work together; Our wider enablers, cross cutting themes and strategic development

Provider Plans and Strategies

Introduction to the addendum and system context

Introduction to the addendum and system context

- Productivity (organisational)
- System improvement (pathway)
- Place / locality / neighbourhood working with our partners
- Provider collaboratives / VCSE Alliance
- Refreshed supporting statement from HWB

Structure of main part of addendum

- To reflect work that has developed locally since initial JFP publication
- To reflect any guidance that has been released after the initial JFP publication
- Involvement – summary of JFP survey outputs

Appendix

- Legislative requirements – No changes to statutory duty requirements but need to include, within annex of document reference to how these are met
- Links to Existing strategies or plans to reference e.g. Primary Care Access Plan, Infrastructure strategy, Long-term Workforce Plan, Capital plans
- Underpinning plans that set out priority, deliverable, delivered through (this to include 2028/29 as the 5th year of the rolling programme where known).
- Tables for ICP strategy and life course approach to strengthen links between documents

Structure of main part of addendum (straw man)

Guidance suggests

- ICBs need to prepare a plan setting out how they propose to exercise their functions in the next five years and that these plans should be reviewed and / or revised before the start of the financial year.
- Annual review is an opportunity to update plans and address the last year of the five-year look ahead.
- Systems have the same flexibility to determine their JFP's scope and how it is developed and structured.
- For the majority of ICBs, revised plans are likely to be a continuation of the previous set of priorities published on the 30th of June 2023.

Local Content

An update on developments and progress made since initial publication and justification that there is no material change to population and priorities content published on the 30th June 2023, recognising that any refresh of local JSNA's as they are published will need to be reflected.

1. Introduction to include: -
 - productivity (organisational)
 - system improvement (pathway)
 - place / locality / neighbourhood improvement
 - provider collaboratives / VCSE Alliance
2. ICP strategy, 5 P's (inc. focus on prevention and HI) and impact across portfolio development
3. Refreshed supporting statement from HWB

Structure of main part of addendum (straw man)

Guidance suggests

- Plans should be updated based on updated assumptions or priorities which could include any guidance that has been released after the initial JFP publication.
- Other content could include workforce, performance, digital/data, estates, procurement, PHM, system development and supporting wider social and economic development
- Previous local patient and public engagement exercises and subsequent action should inform the JFP.
- Any material change or / and major service change would require consultation / involvement / engagement.

Local Content

Provide an update on the following areas: -

- Maternity and Neonates – Single Delivery Plan (unable to provide detail of plans at time of initial publication)
- Primary Care – Primary Care Access Recovery Plan and Dental (new guidance published and to reflect NHSE delegated services)
- NHS IMPACT
- Progress made as a system
- Place / locality / neighbourhood working with partners
- Links to Long Term workforce plan, infrastructure strategy, capital plan
- Long term activity and financial gap (link to operational plan – JFP is long term strategy with a focus on prevention, transformation)
- Summary of involvement including outputs from JFP survey, involvement activities within portfolio's, how this has informed the JFP and next steps.
- Ongoing involvement plans by portfolios/organisation

Staffordshire Supporting Statement 2023/24 and 2024/25

The Staffordshire Health and Wellbeing Board can confirm that the draft Joint Forward Plan (JFP) has been presented at the Board on the 8th June 2023. The JFP takes into account the Staffordshire Health and Wellbeing Strategy 2022-2027 and the joint priorities outlined in the Staffordshire and Stoke-on-Trent Integrated Care Partnership Strategy.

Signed:



Councillor Mark Sutton

Chairman of the Staffordshire Health and Wellbeing Board

Staffordshire County Council

Proposed Statement for 2024/25

The Staffordshire Health and Wellbeing Board can confirm that the draft addendum to the Joint Forward Plan as part of the 2024/25 refresh, has been presented to the Board on the 7th March 2024. The JFP takes into account the Staffordshire Health and Wellbeing Strategy 2022-2027 and the joint priorities outlined in the Staffordshire and Stoke-on-Trent Integrated Care Partnership Strategy.

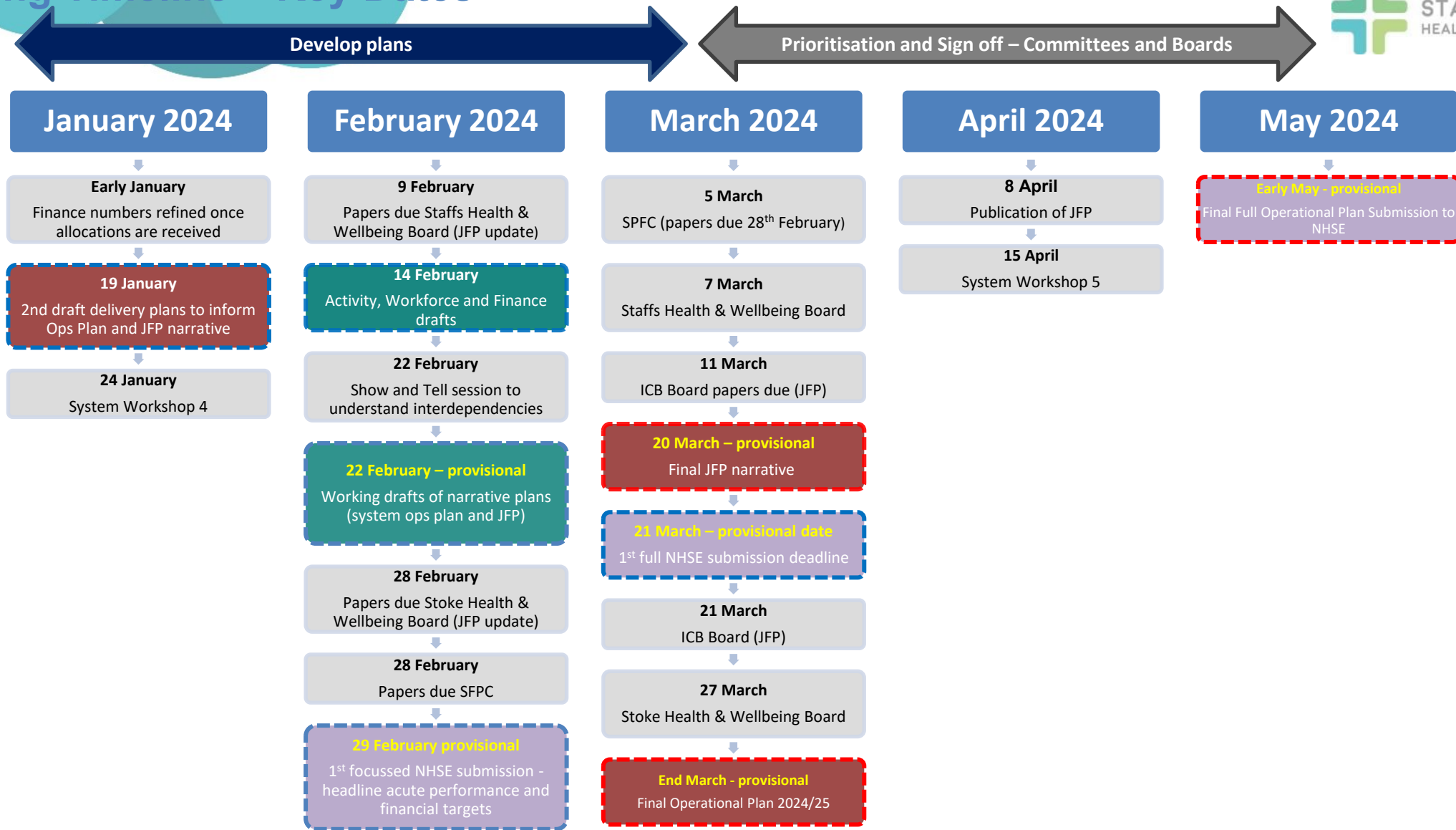
Progress

- Initial strawman for JFP refresh presented at Staffordshire Health and Wellbeing Board 7th December 2023.
- National NHSE guidance published on the 22nd December and 17th January and reviewed locally.
- Work undertaken across portfolio's, leads and partners to develop the content for the addendum to the JFP.
- Approach for addendum to JFP discussed at HWB Officers meetings.

Next Steps

- Opportunity for feedback from the Health and Wellbeing Board about the approach and strawman of the JFP content.
- Continue to work with portfolios and partners to finalise the JFP, reflecting any changes in the JSNA when available.
- Present draft JFP to Health and Wellbeing Board for feedback and agreement.
- Delegated sign off for Chair of Health and Wellbeing Board to allow for feedback to be incorporated from Staffordshire HWB, Stoke-on-Trent HWB and ICB Board.
- Present draft JFP to ICB Board for feedback and sign off.

Planning Timeline – Key Dates



First and second drafts of local outputs

Final versions of local outputs

First draft NHSE submission

Final version NHSE submission

Key: All unknown or provisional dates are highlighted in yellow pending guidance publication or system agreement.

Staffordshire Health and Wellbeing Board – 07 March 2024

Healthwatch Staffordshire Progress and Update on Current Key Insights and 3 Deep Dives

Recommendations

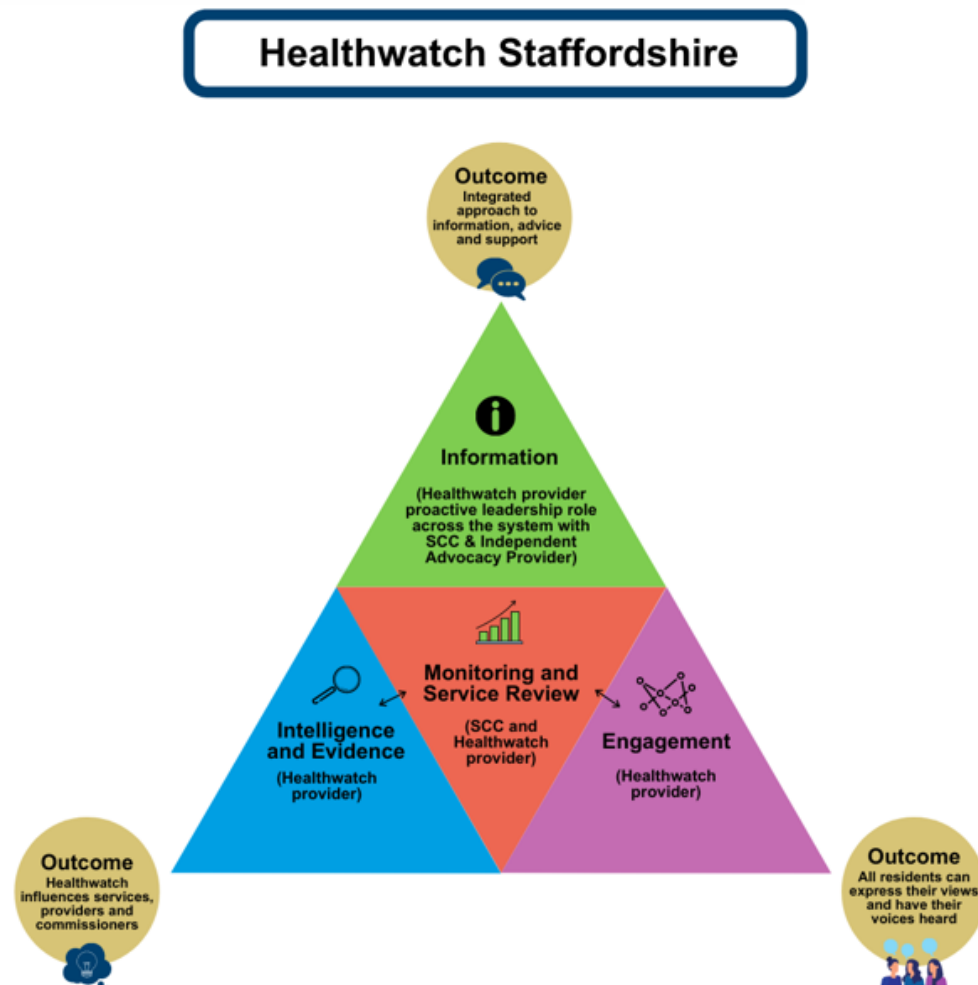
The Board is asked to:

- a. Consider and comment on the key highlights and current themes being picked up by Healthwatch.
- b. Consider and comment on the progress made by Healthwatch Staffordshire service on the three Deep Dives.
 - a. 999 calls and Ambulance
 - b. Admissions Avoidance
 - c. Hospital Discharges

Background

1. Under the Health and Social Care Act 2012, the Healthwatch network is required to involve and engage with the public as to their experiences of health and care services. In Staffordshire, Support Staffordshire holds the contract to deliver the Healthwatch service on behalf of Staffordshire County Council.
2. The purpose of this report is to update members of the Health and Wellbeing Board on Healthwatch Staffordshire's progress on current highlights/themes and the **3 deep dives** as part of our priorities.
3. The overarching vision is 'To help people get the best out of their local health and social care services; both to improve them today and helping to shape them for tomorrow', and high-level outcomes (see also figure 1) are:
 - a. **Engagement** - all patients/residents can express their views and have their voice heard.
 - b. **Intelligence and evidence** - harnessing the patients/residents. voice to influence services, providers, and commissioners.
 - c. **Information** - an integrated approach to information, advice and Support (including through the Staffordshire Integrated Advocacy Service).

Figure 1– Healthwatch Staffordshire approach 2022-2023



Theory of Change

4. Healthwatch Staffordshire will be using the **Theory of Change Model** to help us to focus our resources in the areas most needed.
5. **Theory of Change** is a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context. It is focused on mapping out what has been described as the “**missing middle**” between what a program or change initiative does (its activities or interventions) and how these lead to desired goals being achieved. It does this by first identifying the desired long-term goals and then works back from these to identify all the conditions (outcomes) that must be in place (and how these related to one another causally) for the goals to occur. These are all mapped out in an Outcomes Framework. The Outcomes Framework then provides the basis for identifying what type of activity or intervention will lead to the outcomes identified as preconditions for achieving the long-term goal. Through this approach, the precise link between activities and the achievement of the long-term

goals are more fully understood. This leads to better planning, in that activities are linked to a detailed understanding of how change happens. It also leads to better evaluation, as it is possible to measure progress towards the achievement of longer-term goals that goes beyond the identification of program outputs. The diagram below illustrates the toolkit provided by Healthwatch England.



The purpose of using this toolkit has helped us to:

- Increase chances of successful outcomes.
- Identify what is working, and what is not, so we can adjust our approach and target resources.
- Measure and communicate the effectiveness of our work.
- Evidence the outcomes we achieve.

6. Healthwatch will be using surveys (online and face to face) and working with steering groups to get user experience of health and social care services 'good and bad' to ensure we are offering a more reflective view of those services. Healthwatch is getting resident feedback as an independent organisation and working with partners as a '**critical friend**'.

Key Highlights/Themes

7. **CHC – Continuing Health Care** Healthwatch has started to work with MPFT around Continuing Health Care and patient feedback. One of the biggest challenges facing all systems is supporting the care of our frail elderly and those with long term conditions. The aim of the feedback is to investigate its effectiveness and the patient experiences for those using Continuing Health Care.
8. **Cross Border – Mental Health Services** concerns have been raised by residents that they do not have access to any local services and sometimes must travel over an hour to see a mental health specialist. Discussions are taking place with partners at MPFT about cross border agreements between Trusts to allow patient to access services closer to them. NHS Trusts are working on understanding how many residents have been able to access services and are noticing a sharp decline. Ongoing investigation is currently underway to understand this further. Healthwatch is also working closely with Cllr Paul Harrison on this.
9. **Emergency Services – West Midlands Ambulance Services** presented at the Health Care Overview Scrutiny in December 2023. Concerns raised about ambulance crews only hitting a target of 3.2 calls per shift as opposed to previously averaging 7-8 calls per 12-hour shift.
 - a. 430 ambulances in the West Midlands. Targets for Cat 1, Cat 2 and Cat 3 calls being consistently missed due to a combination of demand and handover delays at hospitals.
 - b. Progress has been made since last winter with learning from Walsall Acute Trust - acknowledged in UHNM Board papers.
 - c. WMAS finding the CRIS (Clinical Record Interactive Search) service very useful in admission avoidance and would like to see it extended to cover 24 hours. [New Community Rapid Intervention Service helps patients avoid unnecessary visits to A&E and hospital admission :: Midlands Partnership University NHS Foundation Trust \(mpft.nhs.uk\)](https://www.mpft.nhs.uk/news/new-community-rapid-intervention-service-helps-patients-avoid-unnecessary-visits-to-a-e-and-hospital-admission)
 - d. New mental health ambulances and crews now trained and introduced to the system.
 - e. WMAS open to visits to the control room for Healthwatch - potential for an Healthwatch Enter and View in the coming weeks. HW will be looking to do a deep dive on 999 and ambulance calls.
10. **Non-Urgent Patient Transport – ERS** negative patient experiences have been raised with Healthwatch about Non-Urgent Patient Transport. The key areas on concerns raised were around:
 - a. 4-6 hours to return patients.
 - b. Uncertainty on pick up times.
 - c. Waiting time, post dialysis exceeding guidelines.

- d. Excessive time on Transport (journey time exhaustion).
 - e. Drivers are not always aware of the most efficient routes.
11. Healthwatch have raised the patient concerns with ICB partners who have reassured us they are working with Non-Urgent Patient Transport on this patient feedback and to improve the patient experience.
 12. **Stoke and Staffordshire Neonatal and Maternity** Staffordshire and Stoke-on-Trent had the second highest neonatal mortality rate in the UK. The UHNM Neonatal Improvement Group has been re-established to better understand the data and identify areas for learning. The Children and Young People Programme Board has commissioned an Infant Mortality review, and a steering group has been established to investigate the wider social factors which may impact on neonatal mortality rates.
 13. A full route cause analysis is completed for every neonatal death.
 14. Following a CQC visit to UHNM Maternity Services in March 2023, a S29a notice was issued with further actions included in the final report. The Trust's response to these actions was overseen by the ICB and NHSE.
 15. The ICB should investigate the feasibility of an external audit of maternity services in Staffordshire.
 16. Assurance have been given that there is a Patient Safety Specialist officer in place as per the Ockenden report.
 17. Freedom to speak up policies across the ICS are being refreshed.
 18. Assurance have been given that the providers within Staffordshire were ensuring that there were robust speak up processes in place.
 19. There had recently been successful recruitment campaigns in both UHNM and UHDB to reduce the vacancy rate. Healthwatch is aware that the influx of new recruits would require support and present additional pressure initially.
 20. There has been significant improvement in the Induction of Labor performance over December 2023 and Jan 2024 (90% and 98% respectively). Midwifery vacancies have reduced to with further recruitment events planned. The improved staffing position also supports the home birth service to recommence bookings from April.
 21. Healthwatch Stoke and Healthwatch Staffordshire have completed a joint review of maternity services at UHNM which is due to be published in the coming weeks. Most of the feedback is positive.

Deep Dives 2024 – 2025 'The Patient Journey'

22. Healthwatch has been working with West Midlands Ambulance Service to collaborate on our first deep dive on Ambulance wait times.
23. Healthwatch will be doing the next set of 3 deep dives starting January 2024 and ending February 2025 to look at patient experiences of using this service. These are:
 - a. 999 and Ambulance
 - b. Admissions Avoidance
 - c. Discharges
24. Healthwatch has been receiving patient feedback on ambulance response times from the public and further at the Staffordshire County Council Overview and Scrutiny Committee on 13 November 2023, Healthwatch has begun to look more closely at some of the implications.
25. The Staffordshire and Stoke ICB Operating Plan 2023/24 sets out One Collective Aim
26. "As a system we serve the 1.2 million people who live in Staffordshire and Stoke on Trent. We have a collective aim to improve outcomes and provide the best health and social care services for our population. **Our key metric** for 2023/24 reflects our ambition to provide better and more compassionate care in the community and avoid hospital admissions where possible for elderly and frail people especially at the end of life. **This is to reduce the number of Category 2 and 3 Ambulance calls**".
27. "This will also reduce ambulance wait times and hospital bed occupancy. We chose this as all parts of the system can contribute to reducing the number of people calling an ambulance, for example GPs, community NHS services, the voluntary sector, and acute trusts through the way they manage people whilst in hospital and avoid readmission."
28. Having recently completed a deep dive on Access to Primary Care we are proposing to look at user experiences in Staffordshire of the 999 Ambulance Service provided by WMAS followed by Admission Avoidance Schemes and finally Hospital Discharge. we plan to undertake these three pieces of work sequentially over the next 15 months.
29. We launched a survey on user experiences of the Ambulance Service with an end date 10th March and are engaging with both West Midland Ambulance Service and NHS 111 to get a balanced view. Response from the public has been strong with over 150 surveys completed in the first week after launch.

30. Our intention is to publish the report on this by the end of May 2024, using some of the feedback to help shape some of our enquiries into Admission Avoidance Schemes.
31. We would anticipate completing the work on Admissions Avoidance by the end of October 2024 and then move on to the third piece of work looking at Hospital Discharge between November 2024 and March 2025.
32. All three pieces of work link to the local implementation of the NHS England's National Urgent and Emergency Care Recovery Plan and our findings will be fed back to local Integrated Care System Partners, the Public and Healthwatch England.

Contact Details

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Healthwatch Update to Health and Wellbeing Board – 7th March 2024

Baz Tameez – Healthwatch Staffordshire Manager

Healthwatch Update Key highlights

- **CHC – Continuing Health Care** Healthwatch has started to work with MPFT around Continuing Health Care and patient feedback. One of the biggest challenges facing all systems is supporting the care of our frail elderly and those with long term conditions.
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- Progress has been made since last winter with learning from Walsall Acute Trust.
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A full route cause analysis is completed for every neonatal death.

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There has been **significant improvement in the Induction Of Labor performance over December 2023 and Jan 2024 (90% and 98% respectively)**. Midwifery vacancies have reduced with further recruitment events planned. The improved staffing position also supports the home birth service to recommence bookings from April.

Healthwatch Stoke and Healthwatch Staffordshire have completed a joint review of maternity services at Royal Stoke Hospital which is due to be published in the coming weeks. Most of the feedback is positive.

Deep Dives 2024 – 2025 'The Patient Journey'

Healthwatch will be working sequentially through its next three deep dives between January 2024 and March 2025

We will be focussing initially on patient experiences as well as talking to service providers to ensure a balanced view.

- 1. The 999 Ambulance Service (Jan –May 24)**
- 2. Admissions Avoidance Schemes (June –Oct 24)**
- 3. Hospital Discharges (Nov –March 25)**

Deep Dives 2024 – 2025 'The Patient Journey'

Deep Dive - 999 Ambulance

Healthwatch has been working with West Midlands Ambulance Service to collaborate on our first deep dive on Staffordshire patient experiences of calling a 999 ambulance.

- ICB's key metric for 23/24 to reduce category 2 and 3 ambulance calls
- Healthwatch patient experience survey out until 10 March with good response
- Highest response rates from the Moorlands and East Staffordshire
- Generally complimentary about the paramedics but anxious about wait times
- Falls reported by patients to have the longest waits (6 to 16.5 hrs)
- Referrals to alternatives to hospital admission made when clinically safe to do so

Thank you



STAFFORDSHIRE

HEALTH AND WELLBEING BOARD

FORWARD PLAN 2023/2024

This document sets out the Forward Plan for the Staffordshire Health and Wellbeing Board.

Health and Wellbeing Boards were established through the Health and Social Care Act 2012. They were set up to bring together key partners across the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch to lead the agenda for health and wellbeing within an area. The Board has a duty to assess the needs of the area through a Joint Strategic Needs Assessment and from that develop a clear strategy for addressing those needs – a Joint Health and Wellbeing Strategy. The Board met in shadow form before taking on its formal status from April 2013.

The Forward Plan is a working document and if an issue of importance is identified at any point throughout the year that should be discussed as a priority this item will be included.

Councillor Mark Sutton – Cabinet Member for Children and Young People, Chair

Councillor Mike Wilcox – Cabinet Member for Health and Care, Vice-Chair

If you would like to know more about our work programme, please get in touch with Jon Topham on 07794 997621 or jonathan.topham@staffordshire.gov.uk

	Meeting Date:	Venue:
Board Meetings:	8 June 2023	Oak Room, County Buildings, Stafford
	7 September 2023	Oak Room, County Buildings, Stafford
	7 December 2023	Oak Room, County Buildings, Stafford
	7 March 2024	Oak Room, County Buildings, Stafford

Date of Meeting	Item Name	Report Author
8 June 2023	Healthy Weight Priority Progress Update	Tony Bullock / Natasha Moody
	ICS Joint Forward Plan (JFP)	Chris Bird
	Co-production: Healthwatch Update	Baz Tameez
	Children's Safeguarding Board Annual Report	Ian Vinall
	JSNA Review	Emma Sandbach
	Healthy Ageing Follow Up	Tilly Flanagan
7 September 2023	Health in Early Life Priority Progress Update	Karen Coker / Natasha Moody
	Right Care, Right Person	Staffordshire Police
	Better Care Fund	Rosanne Cororan
	CQC Single Assessment Framework	Amanda Stringer
	Co-production: Healthwatch Update	Baz Tameez
	JSNA Update	Emma Sandbach
	HWBB Strategy: Comparative Health Metrics and Performance Indicators Update	Louise Goodwin
7 December 2023	Good Mental Health Priority Progress Update	Karen Coker / Chris Stanley / Jan Cartman-Frost
	Staffordshire and Stoke-on-Trent Adult Safeguarding Board Annual Report	Helen Jones / John Wood
	JSNA Update	Emma Sandbach
	Audit Report and Review of the Terms of Reference	Jon Topham

Date of Meeting	Item Name	Report Author
	Right Care, Right Person	Staffordshire Police
	ICB Joint Forward Plan	Chris Bird
7 March 2024	Healthy Ageing Priority Progress Update	John Rouse / Zafar Iqbal / Tilly Flanagan
	Director of Public Health Report	Jon Topham
	Carers Strategy	Jackie Averill
	Staffordshire Better Care Fund	Rosanne Cororan
	Healthwatch Update	Baz Tameez
	ICB Joint Forward Plan	Chris Bird / Debbie Danher



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	Meeting Date:	Venue:
Board Meetings:	12 June 2024	Oak Room, County Buildings, Stafford
	11 September 2024	Oak Room, County Buildings, Stafford
	11 December 2024	Oak Room, County Buildings, Stafford
	12 March 2025	Oak Room, County Buildings, Stafford

Date of Meeting	Item Name	Report Author / Lead Officer
12 June 2024	Healthy Weight Priority Progress Update	Tony Bullock (SCC) / Marie Band (ICB)
	Integrated Care System / Integrated Care Board Status Update	Chris Bird (ICB)
	Joint Strategic Needs Assessment Review	Emma Sandbach (SCC)
	Children's Safeguarding Board Annual Report	Lynne Milligan (SCC)
	Right Care, Right Person	Emily McCormick (Police)
11 September 2024	Health in Early Life Priority Progress Update	Natasha Moody (SCC) / Nicky Bromage (ICB)
	Public Engagement – Healthwatch	Baz Tameez (Healthwatch)
	Better Care Fund	Rosanne Cororan (SCC)
	Joint Local Health and Wellbeing Strategy - General Review	
	Integrated Care System / Integrated Care Board Status Update	
11 December 2024	Good Mental Health Priority Progress Update	Karen Coker (SCC) / Nicky Bromage (ICB) / Karen Webb (ICB)
	Adult Safeguarding Board Annual Report	Helen Jones (SCC)
	Integrated Care System / Integrated Care Board Status Update	
	NHS Infrastructure Plan	Helen Dempsey (ICB)
12 March 2025	Healthy Ageing Priority Progress Update	Tilly Flanagan (SCC) / Zafar Iqbal (ICB)

Date of Meeting	Item Name	Report Author / Lead Officer
	Integrated Care System and Joint Local Health and Wellbeing Strategy	
	Public Engagement - Healthwatch	Baz Tameez (Healthwatch)
	Disability and Neurodiversity Partnership Board (Carers Update and D&ND Update)	

