

Adult Social Care Enhanced Assurance

Working Group Report

18 March 2024

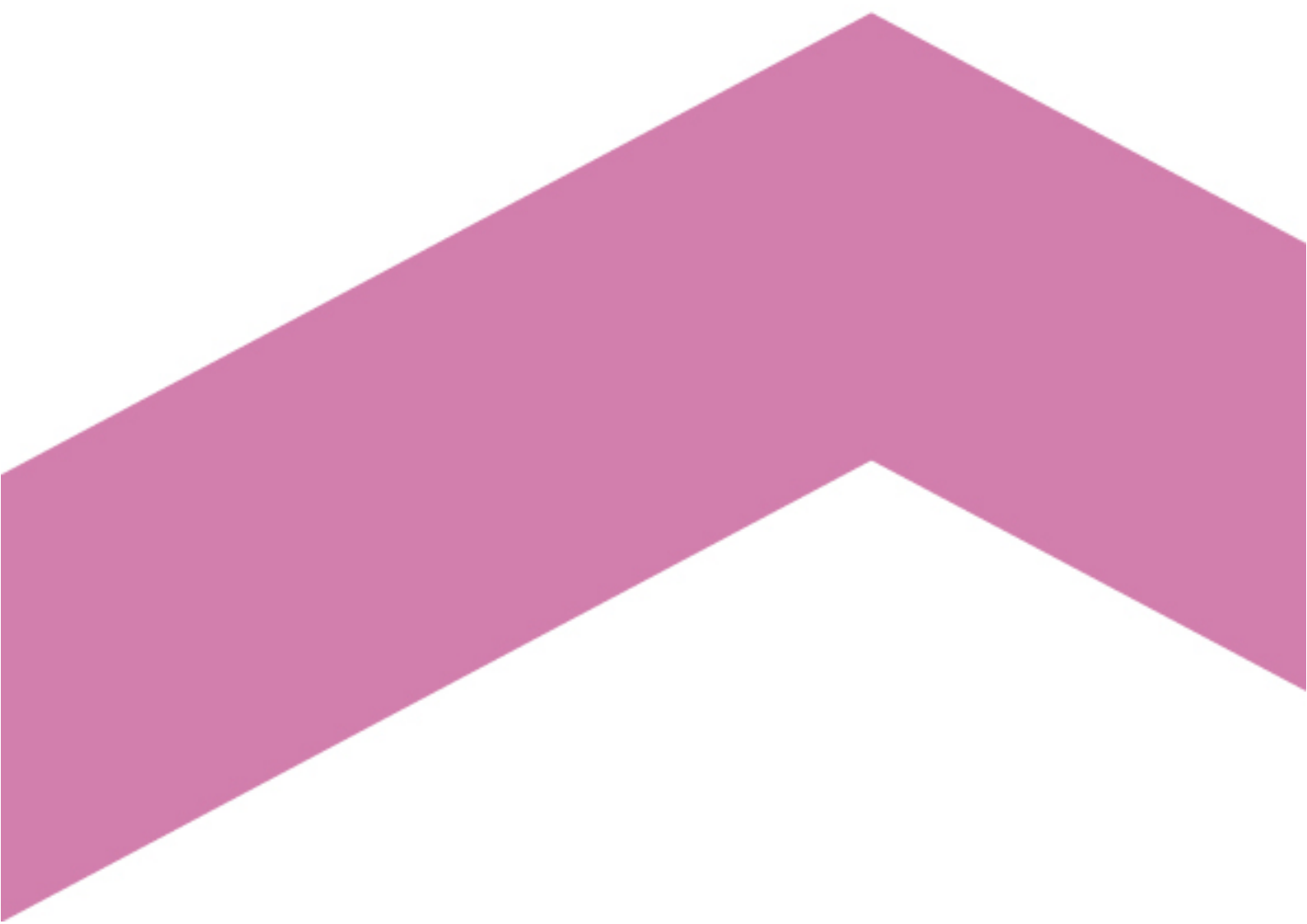


Table of Contents

Chairman's Foreword	3
Members of the Working Group.....	4
Background.....	5
Methodology	6
Working With People	8
Providing Support	10
Ensuring safety within the system	11
Leadership	13
Workshop 1 – Access to Information	16
Workshop 2 – Care Act Assessment.....	16
Conclusions	16
Recommendations.....	17
Contact Officer.....	19
List of Appendices / Background Documents.....	19



Chairman's Foreword

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

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

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



Councillor Richard Cox

Chair of the Adult Social Care Assurance Working Group

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



Members of the Working Group



Councillor Richard Cox
(Chair)



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



Councillor Ann Edgeller



Councillor Bernard
Peters



Councillor Kath Perry
MBE



Councillor Phil Hewitt



Baz Tameez
(Healthwatch
Staffordshire)



Councillor Bob Spencer
Chairman of the
Safeguarding Overview
and Scrutiny Committee



Councillor Jill Hood



Background

1. The Health and Care Overview & Scrutiny Committee on 31 July 2023 received a report of the Cabinet Member for Health and Care on Adult Social Care Enhanced Assurance.
2. The Health and Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessment of local authorities' delivery of statutory duties set out in part 1 of the Care Act 2014.
3. The CQC had released a framework which they intended to use for assessment which comprises 4 themes and 9 quality statements:

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

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



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

Methodology

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

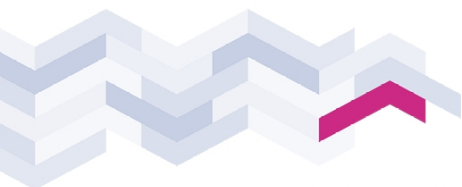


- Baz Tameez (Healthwatch) – Public Voice, for example seeking assurance regarding how feedback from people is used.
- Jill Hood – Adult Learning Disability, for example the group highlighted the Council’s Strategy for Disabled and Neurodivergent people in Staffordshire “Living my Best Life” which was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

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

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

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



Working With People

Assessing Needs

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

Supporting people to live healthier lives.

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



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

Equity in experiences and outcomes

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



Providing Support

Care Provision, Integration & Continuity

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

Partnership and Communities

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



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

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

Ensuring safety within the system

Safe Systems, Pathways & Transitions

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



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

Safeguarding

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



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

Leadership

Governance, Management and Sustainability

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



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

Learning Improvements and Innovation

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



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

Workshop 1 – Access to Information

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

Workshop 2 – Care Act Assessment

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



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

Conclusions

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



Recommendations

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2. **Recommendation 2:** We recommend that consideration should be given for the Council to engage with people to ensure that the information it provides to people is relevant and effective for them.
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Contact Officer

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List of Appendices / Background Documents

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

