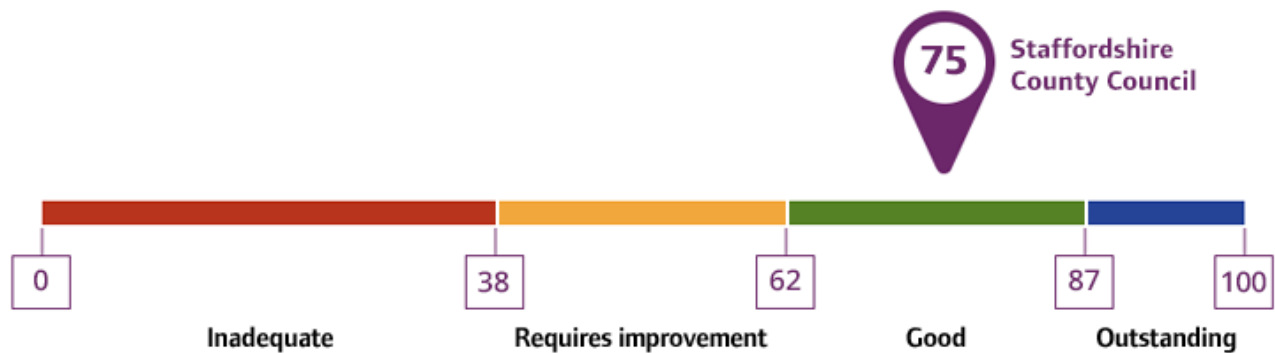


# Overall summary

## Local authority rating and score

Staffordshire County Council

Good



## Quality statement scores

Assessing needs

Score: 3

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes

Score: 3

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## Care provision, integration and continuity

Score: 3

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## Partnerships and communities

Score: 3

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## Safe pathways, systems and transitions

Score: 3

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## Safeguarding

Score: 3

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## Governance, management and sustainability

Score: 3

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## Learning, improvement and innovation

Score: 3

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# Summary of people's experiences

Peoples' experiences of accessing adult social care were positive and they found referral pathways easy to navigate. People receiving care and support and their families told us they felt involved in decisions about their care. Although some people had to repeat their stories to different agencies, people said their experiences of receiving care and support from the local authority were positive and their outcomes were good.

People had access to a range of services, facilities and resources to promote independence and improve the quality of their lives. They were able to access care and support in a timely manner and were supported to keep independent and safe if there was any wait for the support they needed to be arranged. People could access equipment and minor home adaptations in a timely way to maintain their independence and continue living in their own homes. The local authority was working to address a decline in uptake of direct payments by people receiving care and support.

People gave examples of person-centered, strength-focused approaches to their care assessments and interactions with the local authority. The local authority was working to continue to reduce people's waiting times for financial assessments. Leaders had oversight of risk to people waiting for Deprivation of Liberty Safeguards (DoLS) reviews, which were well-managed.

The needs of unpaid carers were recognised as being distinct from the needs of the person they cared for, and assessment and support options were easily accessible. Unpaid carers spoke positively about their assessments and the availability of information and resources to support them in their caring roles. Some unpaid carers said they did not have access to an emergency or contingency plan in the event they could not fulfil their caring duties.

Peoples' experiences of local authority support when moving between services or being discharged from hospital to their homes were positive. People were supported to regain their independence through the provision of reablement, and national data indicated this was effectively reducing hospital readmissions in the county.

Young people and their families spoke positively about the support they received to prepare for adulthood and transition from children to adult services. Local authority leaders acknowledged more could be done to reduce the potential changes young people experienced in their care and support arrangements at the point of transition and work was ongoing towards this.

Partners told us the local authority acted promptly to keep people safe where risks were identified in people's care journeys. However, feedback about the extent to which partners were kept informed and received feedback about safeguarding referrals was mixed. The local authority worked to ensure people receiving care and support had access to independent advocacy when they needed it to support them to be fully involved in decisions about their care and support.

People who draw on care services were involved in shaping current and future care and support provision. This helped the local authority co-produce services with a clear focus on supporting people the way they wanted to be supported rather than focusing on service-led solutions. The local authority was continuing develop their approach to co-production and embed it throughout the organisation.

## Summary of strengths, areas for development and next steps

Senior leaders had robust oversight of strengths and areas of improvement regarding the local authority's approach to adult social care. They recognised the challenges presented by the size and evolving demography of the county and were harnessing available resources and strengthening partnerships to address these challenges and meet the social care needs of the population.

The local authority had risk monitoring and management arrangements in place at corporate and directorate level. Senior leaders had strategic oversight of wellbeing risks and had clearly defined the action needed to address these. Leaders and staff had real-time oversight of performance which supported the effective management of Care Act assessments and reviews. They also had access to other key performance indicators, such as actions taken to address risks around care provider quality and safeguarding referrals.

Local authority staff experience and job satisfaction was high; practitioners felt supported by their leaders and able to speak up when issues arose. All staff spoke of an embedded culture of learning, which was exemplified by the multiple development opportunities available through the Social Work Learning Academy (SWLA) and external channels which staff were encouraged to take up.

Partnerships between the local authority and system partners were very strong. The local authority had a mature NHS Act 2006 Section 75 agreement in place with a local NHS Trust (an arrangement that allows budgets to be pooled between health and social care organisations and local authorities) which had been adapted over time to meet the evolving needs of the population. Roles and responsibilities at senior level regarding this and other partnerships were robust and widely understood at all levels of the local authority. Partnership boards included - and in some cases were led by - people with lived experience of care and support. These provided effective channels for people's voices to influence the strategic direction of adult social care. Local authority staff were working to bring disconnected co-production efforts together, including work focused on connecting with and understanding seldom-heard community groups through the local authority's Equity Assurance Programme. Leaders aimed to embed co-production more widely across the directorate and involve the voices of people with lived experience earlier in strategic decision making. Other strong working relationships existed with voluntary and community sector (VCS) partners and contracted providers, as well as other local authorities through regional and national networks.

Peoples' experiences of accessing and receiving adult social care and support were positive. There were multiple pathways through which people could access information and support, and work had been undertaken to improve the accessibility of requesting support online. Leaders were assured that people's waits for care and support were minimal, and those who did experience waits (for example, due to the complexity of their needs) were supported to stay safe and independent in the interim.

Unpaid carers received person-centered assessments of their distinct needs and robust processes were in place to monitor and mitigate risks to their wellbeing, particularly for young carers where they had been identified. Leaders were aware of the need to ensure all unpaid carers were supported to develop a contingency or emergency plan in the event they could not fulfil their caring duties, although this was not happening in for all unpaid carers at the time of our assessment.

Local authority staff were working to increase awareness of direct payments as a means to pay for care or support, and to assist with caring duties for both people drawing on care and support and unpaid carers.

There was a wide range of community based and local authority commissioned services, facilities and resources to support people's independence and improve their quality of life. The local authority worked with partners to deliver enablement support and smooth hospital discharge processes, as well as effective in-house reablement services. People had timely access to equipment and low-level home adaptations, although leaders were aware of delays in specialist equipment provision caused by inconsistencies in approval processes to procure the equipment.

Local authority leaders and commissioners had a clear understanding of where gaps in care market provision existed, for example, supported living services, respite for unpaid carers, and specialist services for those with learning disabilities, and work was ongoing to address these gaps. The local authority was also working to increase the level of support offered to those who did not have eligible needs under the Care Act, such as people with certain neurodivergent diagnoses.

The local authority was part of a Safeguarding Adults Board (SAB) and hosted multi-agency Quality and Safeguarding Information Sharing Meetings (QSISM), through which learning from Safeguarding Adults Reviews (SARs) and system concerns were shared respectively.

Their approach to information governance and safety was strong, and there was space for effective scrutiny and oversight of organisational risk and delivery of social care duties. The local authority also had a strong focus on assurance of practice and quality, both internally and for externally provided care services, and they were an active partner in monitoring and supporting the improvement of practice within the care sector.