Staffordshire County Council: local authority assessment

How we assess local authorities

Assessment published: 30 May 2025

About Staffordshire County Council

Demographics

Staffordshire County Council is the upper-tier local authority for the non-metropolitan county of Staffordshire, located in the West Midlands of England. It is home to over 898,000 residents who live across the county's eight districts of Staffordshire Moorlands, East Staffordshire, Lichfield, Tamworth, Cannock Chase, South Staffordshire, Stafford, and Newcastle-under-Lyme. The county of Staffordshire had an Index of Multiple Deprivation score of 3 (1 is the least deprived, 10 is the most deprived), placing it 117th out of 153 local authorities for deprivation in England.

The population grew by 3.3% between 2011 and 2021 (Office for National Statistics, June 2022), with 19.24% aged 0 to 17 years, 58.38% aged 18 to 64 years, and 22.38% aged 65 years or more. The proportion of the population who are 65 years or over is above the England average of 18.69%. The majority of people in Staffordshire identified as White, making up 93.62% of the population. 0.79% were Black, Black British, Caribbean or African, 3.30% were Asian, Asian British, 1.74% identified themselves as of 'mixed or multiple' heritage, and 0.55% identified themselves as Other. The proportion of people identifying as White was significantly higher than the England average of 81.05%, indicating the area was home to small numbers of non-White groups.

The local authority is part of the Staffordshire and Stoke-on-Trent Integrated Care System, together with one other upper-tier local authority.

The local authority has 62 councillors representing 60 electoral divisions. At the time of this assessment, Staffordshire County Council was under a Conservative majority control. Following the election on 1 May 2025, they are now under a Reform UK majority control.

Financial facts

The financial facts for **Staffordshire County Council** are:

- The Local Authority's estimated total budget for 2023/24 was **£1,060,812,000**. Its actual spend for the year was **£1,075,800,000**, which was **£14,988,000** more than estimated.
- The local authority estimated it would spend **£304,158,000** of its total budget on Adult Social Care in 2023/24. Its actual spend was **£327,758,000**, which is **30.47%** of the total budget and **£23,600,000** more than estimated.
- The local authority has raised the full adult social care precept for 2023/24, with a value of **2%**.

- Approximately **15,130** people were accessing long-term Adult Social Care support, and approximately **2,050** people were accessing short-term Adult Social Care support in the 2023/24 period. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

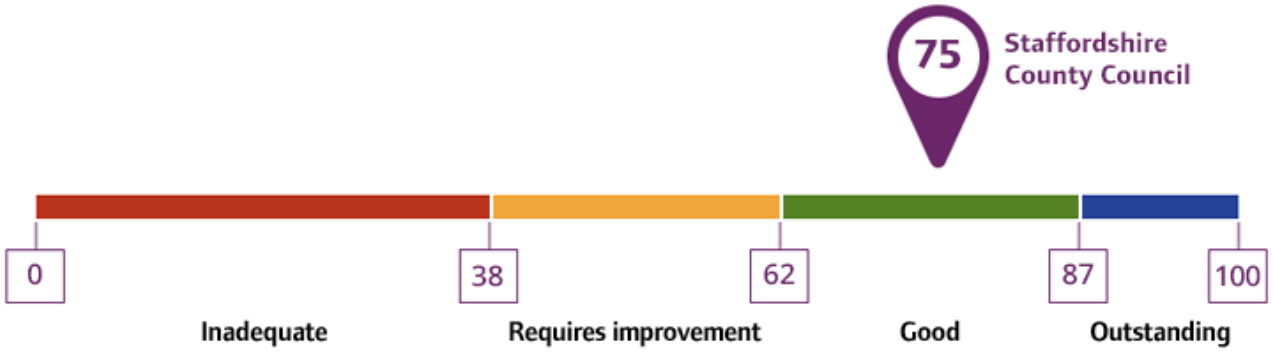
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

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

Care provision, integration and continuity
Score: 3

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 3

Safeguarding
Score: 3

Governance, management and sustainability
Score: 3

Learning, improvement and innovation
Score: 3

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.

Theme 1: How Staffordshire County Council works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

People could easily access the local authority's care and support services in multiple ways, for example, through their GP, via an online assessment form, or by telephoning or emailing Staffordshire Cares, the local authority's advice and guidance hub. Access and referral pathways were clear, and people were quickly directed to the local authority's First Contact Team for advice, information, assessment, and onward referral to a specialist or locality team as required.

The local authority's approach to assessment and care planning was person-centered, strengths-based, and holistic. For example, staff said an assessment of a person's sensory needs would involve a full exploration of their wellbeing needs and goals, including any needs for an unpaid carer. Staff worked with people and their families to understand their unique situations and offer support and adjustments that built on their strengths and reflected what they wanted to achieve and how they wished to live their lives, while maintaining their independence as far as possible. This was reflective of data indicating a similar proportion of people in Staffordshire, 64.84%, were satisfied with their care and support compared to the England average of 62.72% (Adult Social Care Survey, October 2024). People also said the local authority supported their right to choice over their care. For example, a person with care needs and their family were supported to try out different levels of care as part of their assessment until they found the right level of support that kept the person safe and independent.

People's experiences of care and support ensured their human rights were respected and protected, and their protected characteristics under the Equality Act 2010 were understood and incorporated into care planning. People and their families were involved in decisions about their care. For example, a person's family member told us they were involved in every stage of the person's care as their Lasting Power of Attorney. This included attending mental capacity assessment meetings to advocate for the person in their best interests, in line with the requirements of the Mental Capacity Act 2005 and being regularly updated by the person's local authority worker.

Although processes were in place for people's care and support to be coordinated across different agencies and services, people sometimes had to repeat information about their care to different services. Staff told us people could experience many touchpoints with different staff groups along their care pathways which they said could be confusing. However, they explained they worked collaboratively to draw on information from health partners and record systems to build a picture of people's needs. People and staff agreed that while many different professionals could work with a single person on their care journey, communication between staff was good and outcomes for people were positive.

Most assessments and care plans were reviewed at least annually, or sooner in response to changes in people's needs. Some partners told us people did not aways receive the outcomes of their Care Act assessments or reviews in a timely way which they said caused anxiety for people. This indicated the local authority could improve the way it was keeping people informed of decisions even when no change to their care or support was required.

The local authority had assessment teams who were competent to carry out Care Act assessments. Staff told us the local authority had a continuous culture of learning, and development opportunities for them to increase their knowledge and understanding of the Care Act, including assessments for people with specific needs and protected characteristics. For example, staff had completed mandatory training such as the Oliver McGowan Training on Learning Disability and Autism which supported them to develop knowledge of specific needs such as autism.

Timeliness of assessments, care planning and reviews

People were given timely information, advice, including signposting or a referral for assessment by the First Contact team at their point of first contact with the local authority.

As of December 2024, the local authority was receiving approximately 300 requests for support per week. Of the 596 people whose Care Act assessments had been started but not yet completed, 318 had been engaged with their assessor for more than 28 days from the point at which they first contacted the authority. In the 12 months prior to December 2024, the median waiting time from initial contact to completion of a Care Act assessment was ten days. Leaders said longer waits for the completion of Care Act assessments were due to practitioners agreeing with the person an extended timeframe that suited their needs, challenges with contacting and meeting the person, as well as higher complexity of people's needs which required longer time frames to understand and plan for. There was clear oversight of where people were in their care journeys, and leaders were assured that people seeking care assessments and support did not experience lengthy waits.

As of December 2024, 7823 people were receiving long-term support from the local authority. Of these, 1518 people were awaiting a review of their needs, 604 reviews were overdue by more than 90 days, and 897 people were waiting to be allocated to a worker to have their needs reviewed. In the 12 months prior to December 2024, the median waiting time for a review was 54 days. Local authority data indicated 82% of people receiving services for over a year had received an annual review of their needs in the 12 months prior to December 2024. Leaders were aware that, although this was above the target of 80%, it indicated a decline in performance from August 2024, when 90% of reviews were completed in a timely manner. They said they were working to reduce waits for annual reviews; local authority data from February 2025 indicated this work was increasing the proportion of people receiving a review within 12 months to 83% and brought the waiting list from 1518 to 1337 people. National data also indicated that 97.66% of people receiving long-term support had received a planned or unplanned review of their needs, which was much better than the England average of 58.77% (Short- and Long-Term Support, October 2024). Additionally, leaders had oversight of the reasons people waited for reviews, such as peaks in demand due to winter pressures and changes in people's circumstances requiring a more detailed Care Act assessment to be carried out.

The local authority had robust processes in place to monitor and manage any risks to people's wellbeing while they were waiting for an assessment, support, or review of their needs. For example, staff told us risk and prioritisation matrices were used to flag people with higher wellbeing or safety risks at their first point of contact with the local authority, or by the teams already supporting them. Changes to people's needs and risks were actively monitored by social work teams to ensure they were appropriately prioritised and kept safe while they waited for support. Local authority leaders also said practitioners actively worked with people while they waited for a review to ensure oversight of any changes to their needs without recording a specific review.

Assessment and care planning for unpaid carers, child's carers and child carers

Staff and unpaid carers told us the needs of unpaid carers were recognised as distinct from the person with care needs by the local authority. All unpaid carers we spoke with said they knew how to access or had been offered a carers' assessment from the local authority. Assessments, support plans, and reviews for unpaid carers were undertaken separately or jointly with the unpaid carer and the person receiving care, and in-person or virtually, according to the preferences of each unpaid carer. For example, an unpaid carer told us the local authority offered them a carers assessment at the time and place of their choosing to ensure they were relaxed and could focus on their own needs.

Unpaid carers told us assessments accounted for their needs for information, training, support, and equipment required to undertake their caring role safely and effectively, and to maintain their personal well-being. For example, an unpaid carer said they were signposted to meet-ups with other unpaid carers at a café and attended community walks as a result of the local authority's identification of their needs through their carers assessment. They said this increased their social networks and positively impacted their wellbeing. This feedback was reflected in national data indicating more unpaid carers in Staffordshire felt they had as much social contact as they wanted than the England average; 37.37% compared to the England average of 30.02% (Survey of Adult Carers (SACE), June 2024). Additionally, 43.58% of unpaid carers in Staffordshire said they were satisfied with social services, which was slightly better than the England average of 36.83% (SACE, June 2024).

We heard from staff and leaders about the local authority's clear and consistent approach to the management of carer assessments. For example, staff told us they supported unpaid carers to plan for unexpected interruptions in their ability to provide caring duties. However, feedback from some partners and unpaid carers we spoke to indicated not all carers were supported to develop a contingency or emergency plan. This suggested a more consistent approach to providing unpaid carers' guidance and support around emergency planning was needed.

The local authority had oversight of carers' assessment waits, including waits for young carers which sat within the remit of the adult social care directorate. They assessed or reviewed approximately 7000 unpaid carers each year. As of December 2024, 76 adult unpaid carers were waiting for an assessment. Local authority leaders said the complexity of people's individual circumstances was a reason unpaid carers might wait longer to be assessed. Adult social care workers approached carers assessments in a person-centered way which allowed them to engage with the local authority how and when they wanted to, which could lead to longer lead-in times for assessments.

The local authority had received 378 assessment requests for young carers over the 12 months prior to December 2024, and 168 young carers were waiting for an assessment at that time. There were plans in place to reduce young carers waiting times for assessment, such as the introduction of a streamlined referrals process with the aim of identifying young carers earlier. Staff also said young carers waiting more than 28 days for an assessment were contacted regularly by the local authority to monitor changes in needs and mitigate any risks to them while they waited. Leaders told us where completion of young carers' assessments exceeded the 28-day target, this often reflected the complexity of their caring role or their preference for a slower pace of assessment.

Help for people to meet their non-eligible care and support needs

When contacting the local authority, people were given advice, information and signposting to other services and facilities in the area for help with care and support needs that did not require a Care Act assessment. Staff referred people to other teams and agencies where appropriate. For example, staff told us people with a learning disability requiring support not eligible under the Care Act were signposted to community resources that helped them build connections and keep socially active. Staff said people valued this support and told them it positively impacted their quality of life. However, feedback we received from some people with lived experience of certain neurodivergent diagnoses requiring support not eligible under the Care Act, and young people with a learning disability said more needed to be done to reach and support them.

Local authority leaders were aware of the need for improved community resources to meet people's non-eligible support needs. Staff told us about current work which included the development of a network of local community services, the Integrated Care Board (ICB), and the county's voluntary sector infrastructure partner, Support Staffordshire, to understand the support needs for these groups and gaps in local support provision. As a result, training for voluntary, community, faith and social enterprise sector (VCFSE) partners to upskill community groups around needs for those with learning disabilities and/or neurodivergent diagnoses was under development, with the aim of improving accessibility to community resources.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear, and consistently applied. Decisions and outcomes were also transparent.

People were given information and support to appeal against eligibility decisions if they wished to do so, which included access to independent advocacy where required.

Staff said the process for identifying and addressing eligibility appeals had been reviewed and updated following internal feedback that appeals were becoming merged with complaints and were not easy to identify. The updated system supported them to identify and address appeals consistently and quickly.

Of the 17 appeals received for the theme of 'Support Plans', 5 appeals were upheld; and of the 10 appeals received due complaints about 'financial assessments', 4 were upheld. Data gathered by the local authority indicated key themes for people successfully appealing their eligibility decisions were around poor staff communication and human and administrative errors. Staff said they aimed to gather more granular data to understand trends regarding eligibility appeals to further improve the eligibility framework.

Financial assessment and charging policy for care and support

The local authority had a clear process for charging adults who received care and support services after their individual needs and financial situations had been assessed. These processes, as well as decisions and outcomes from them, were transparent, clear and consistently applied. For example, a family member of a person receiving care told us that although they did not agree with the local authority's policy regarding how a person's debt was accounted for when assessing their contributions, the explanation the person received from the local authority was fair and consistent. As a result, the person said they felt comfortable discussing the person's future support options with the local authority.

Feedback from people, staff, and partners about the timeliness of financial assessments was mixed. As of December 2024, 774 people were waiting for a financial assessment to be completed, of which 338 had been waiting more than 45 days. Reasons given for people waiting for assessments included delays caused when people submitted incorrect financial information or supporting evidence to the local authority. Leaders were aware that people experienced waits for financial assessments to be completed, and they were working to reduce any delays and had started to see improvements. For example, in the 12 months up to June 2024, 36% of financial assessments were completed within 45 days, and this had increased to 68% in the six months up to December 2024. Additionally, staff said complaints regarding financial assessments had reduced since delays had begun to be addressed, further indicating improvement in this area.

Provision of independent advocacy

Support had been provided to staff to increase people's access to and uptake of advocacy support in the local area, which helped them to participate fully in care assessments and care planning.

There were low recorded levels of advocacy for people who were subject of a Section 42 enquiry. This was reflected in national data indicating that 58.13% of people who lacked capacity were supported by an advocate, friend, or family member to participate in their care assessments and planning. This was significantly lower than the England average of 83.38% (Safeguarding Adults Collection, August 2024). Leaders and staff told us that audits identified that adults were appropriately supported by advocates, however where support was provided by an informal rather than a paid advocate, this was not always recorded. The local authority had identified that practitioners were uncertain about how to record this information, and this had been addressed by working with the contracted advocacy provider to develop staff knowledge and understanding.

This work resulted in improved uptake of advocacy, leading to a need for the local authority to expand its contract capacity with the provider. For example, referrals in the three months prior to December 2024 had increased by 9.6% and local authority data indicated advocates were developing longer term relationships with people due to their increasingly complex needs. Additionally, the local authority had continued work to increase staff confidence around recording advocacy referrals and outcomes and the impact of this was to be re-audited in March 2025.

Supporting people to live healthier lives

Score: 3

3 - Evidence shows a good standard

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, partners, and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support. These included befriending groups, access to lower-cost food, financial support for unpaid carers, provision of low-level equipment, and home adaptations. Information about resources and services could be accessed via Supportive Communities (a range of voluntary, community, faith and social enterprise voluntary and community sector (VCFSE) led initiatives, providing advice, information and training), Community Help Points across the county, and through the local authority's Happy at Home website. Access to effective resources that supported people to keep themselves and their families nutritionally well, for example, was reflected by national data which indicated 94.95% of people who used services had access to adequate food and drink. This was better than the England average of 93.71% (Adult Social Care Survey, October 2024).

Most services and other measures were universally available to prevent, delay or reduce the need for care and support, and any charges for these services were transparent. Leaders understood the diverse demography of the county meant that some services, such as befriending support in rural areas, were difficult to recruit to and this was leading to some people requiring commissioned care to fill the gap. However, they confirmed work was underway to ensure people had equity of access to preventative support regardless of which locality they lived in.

There were clear strategies and a coherent and adequately resourced delivery plan to prevent, delay, or reduce people's needs for care and support. The local authority's Prevent, Reduce, or Delay Need for Care and Support strategy laid out the existing prevention offer, while the Public Health and Prevention Delivery Plan 2024 - 2025 outlined joint public health and adult social care priorities. These were informed by local data and aligned with the strategies and priorities of local partners. This was exemplified by a Personalisation and Social Inclusion (PSI) service, which provided integrated short-term support to people in line with the local authority's preventative strategy and was producing positive adult social care outcomes for people with specialist needs, including people living with learning disabilities or a mental health condition. People's feedback also indicated there was a shared commitment between the local authority and providers to promote their independence and reduce their long-term care needs. For example, a family member told us a care provider helped keep their loved one mentally and physically active by engaging them in singing groups and outdoor walks.

The local authority had embedded adult social care into other plans and strategies across the locality to support preventative care, and work was ongoing to promote this further. For example, a specialist falls response service established in 2022 was being delivered in collaboration with health partners and fire and rescue agencies to support people to remain in their homes after a fall where appropriate, reducing hospital admissions. This had resulted in positive outcomes for people by reducing their need for more intensive care. Additionally, the local authority and key partners had developed a multi-agency five-year Staffordshire 'Housing with Care Strategy' (2024-2029) which set out their commissioning vision and future priorities for accommodation options that helped meet peoples' care needs. This work aimed to ensure good quality care and support in housing with care schemes to optimise peoples' independence, health, and wellbeing.

The local authority took steps to identify and target people who had needs for care and support that were under met or not met at all to stay independent, such as people with non-eligible neurodivergent or learning disability needs. For example, leaders told us a two-year pilot focused on supporting adults with a learning disability and/or a neurodivergent diagnosis to access employment was underway, with the aim of promoting their long-term wellbeing and independence.

Specific consideration was given to people at greatest risk of a decline in their independence and wellbeing, for example, young adults with care needs and unpaid carers who did not recognise themselves as unpaid carers. For example, an unpaid carer told us the local authority had prioritised the independence of the young person they cared for by ensuring they continued to engage with the community and activities they enjoyed after they left formal education, and this supported the person's wellbeing and that of the unpaid carer. Positive feedback from unpaid carers about access to information about local authority support was reflective of national data: 87.22% of unpaid carers found information and advice about available resources helpful, which was similar to the England average of 85.22% (Survey of Adult Carers, June 2024).

Arrangements were in place to monitor and evaluate the impact of the local authority's prevention strategies and outcomes for individuals and the community. For example, the local authority chaired a multi-agency Health and Wellbeing Board which oversaw and evaluated the impact of adult social care priorities against the county's Health and Wellbeing strategy on a quarterly basis, such as those priorities focused on Healthy Ageing in the county. Feedback from people, staff, and partners indicated that preventative services were having a positive impact on well-being outcomes for people. This was also reflected in national data that indicated 98.42% of people who received short term support no longer required support after this intervention. This was significantly better than the England average of 77.55% (Adult Social Care Outcomes Framework, December 2024).

Provision and impact of intermediate care and reablement services

The local authority worked with health partners to deliver intermediate care and reablement services that enable people to return to their optimal independence. These services were provided to people to prevent deterioration in their well-being and to avoid unnecessary admission to hospital, and to people who were being discharged from hospital to regain their independence. National data indicated 3.99% of people aged over 65 received reablement or rehabilitation services after discharge from hospital, which was better than the England average of 3.00% (Adult Social Care Outcomes Framework, December 2024).

There were differing approaches to discharge, intermediate, and reablement support in different areas, due to differences in partnerships and joint care arrangements with health providers in the north and south of the county. However, feedback from staff and partners regarding the effectiveness of multi-agency discharge and reablement processes cross-county, was positive. Additionally, people told us they had experienced good outcomes when supported by the local authority's reablement team. This indicated the approaches taken in different areas by the local authority were minimising the need for ongoing support. National data reflected this, indicating 86.73% of people over the age of 65 years were still at home 91 days after discharge from hospital into reablement or rehabilitation services, which was slightly better than the England average of 83.7% (Adult Social Care Outcomes Framework, December 2024).

Access to equipment and home adaptations

People could independently access or work with local authority staff to procure low-level equipment or minor home adaptations to help them maintain independence and continue living in their own homes. Information and guidance on accessing low-level equipment was available via the local authority's Happy at Home website, and staff demonstrated how equipment from the "box of trix" (a range of low-cost equipment used to assist with daily tasks) supported people to maximise their independence in their own homes. Leaders had oversight of the routes by which people could access equipment and advice on how to use it, including through occupational therapy practitioners and the local authority's first contact team.

Waits for the provision of standard equipment had reduced significantly over the six months prior to our assessment as a result of the local authority's equipment provider addressing vacancy issues. In December 2024, seven people were waiting for a standard item of equipment, which was a reduction from 91 people in August 2024. Additionally, the maximum wait had reduced from 119 days in the year prior to August 2024 to 35 days in the 12 months prior to December 2024. However, staff told us timescales for the provision of specialist equipment, such as bariatric equipment, could be lengthy due to inconsistencies in the process of authorising purchases. Staff were supported by leaders to navigate this process, including presenting people's cases for specialist equipment to authorisation panels. People with the greatest risk to their well-being were prioritised for assessment and equipment, and where people waited longer for specialist equipment, advice, information and support was provided to manage the risk to their wellbeing and keep them safe.

Provision of accessible information and advice

People, including unpaid carers, told us they could easily access information and advice on their rights under the Care Act 2014 and ways to meet their care and support needs. Staff understood that signposting and providing people with information about community resources, including people who funded their own care, was critical to supporting people's independence and wellbeing. This was reflected by national data which indicated 63.39% of people who used services found it easy to find information about support, which was in line with the England average of 67.12% (Adult Social Care Survey, October 2024). Additionally, 65.98% of unpaid carers found it easy to access information and advice, which was slightly better than the England average of 59.06% (Survey of Adult Carers, June 2024).

The local authority worked with partner agencies through the Supportive Communities programme and county-wide Community Help Points to provide information that was accurate, coherent, accessible and available to all people in the county when and how they needed it, irrespective of their needs and communication methods. Work had been done to improve the accessibility of information available via the local authority and Happy at Home websites, for example, the recent introduction of the capability to translate text to British Sign Language (BSL) on the webpages. Leaders said there was an aim to develop this work further.

Direct payments

National data indicated that, although a similar number of people took up direct payments in Staffordshire (23.66%) compared with the England average (25.48%), including those aged between 18 and 64 years (34.17% compared with the England average of 37.12%), uptake by people over the age of 65 (12.09%) was slightly lower than the England average of 14.32% (Adult Social Care Outcomes Framework, December 2024). Additionally, a partner told us some of the unpaid carers they supported were not aware they were entitled to a direct payment to pay for care and support to enable them to have time for themselves.

Leaders were aware direct payment uptake within the county had decreased and work had been undertaken to understand the reasons for this. Staff feedback indicated there was uncertainty within the workforce about how and when to support people with care needs to take up direct payments. Additionally, people fed back to the local authority that the rigid rules around how direct payments were to be used were creating barriers for people to take them up. Efforts were ongoing to address these issues. For example, the local authority was actively working with staff, unpaid carers, and people receiving care and support to increase awareness of direct payments and how they could improve people's choice and control around how their care and support needs were met. Work was being done with staff and at a senior level to review language around direct payments to help people understand what they could access rather than the limitations of the support. Additionally, work to streamline the local authority's direct payments process was ongoing and included plans to introduce a dedicated direct payments support team to ensure timely and ongoing access to information, advice and support for people navigating the range of support available. The aim of this work was to increase equity of uptake across the population and promote people's independence and choice around their care.

Equity in experience and outcomes

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority understood its local population profile and demographics and was using data to identify inequalities in people's access to care, their experiences and outcomes. For example, staff, leaders and partners told us the recording of protected characteristics, such as people's ethnic minority, had increased significantly in the last two years. Performance reports supported leaders to understand how access and outcomes to care and support varied by protected characteristic. Some subsequent work to reduce inequalities was underway, such as the inclusion of community voices in commissioning and market-shaping activities, while larger programmes were gathering further information to support the reduction of barriers to care and support, such as the Equity Assurance Programme and Action Plan. Feedback from partners about the local authority's progress towards addressing health inequalities in the county was mixed. For example, some partners told us there was more the local authority could do to maintain connections with the community and reach seldom-heard groups on an ongoing basis rather than through inconsistent periods of engagement. Leaders acknowledged there was more to do to better understand the challenges of specific community groups, for example, the isolated elderly population, and work was ongoing towards this.

The Equity Assurance Programme aimed to proactively engage with people from nine community groups where inequalities had been identified, to build relationships with and understand the specific risks and issues being experienced by their communities. Connections and trust were being successfully established with the first of these groups with the support of voluntary, community, faith and social enterprise sector (VCFSE) partners, and staff said a review point was planned for March 2025 to co-produce a clear action plan for the next phase of the programme. Staff and leaders understood the importance of building strong links with people in the community to help understand the barriers to care and support they faced before moving towards active co-production activities to address any issues identified. However, local authority strategies and feedback from staff indicated this was a clear ambition for the future.

The local authority had regard for its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act 2014 functions. For example, Community Impact Assessments were used to ensure proposed improvement work accounted for protected characteristics and did not inadvertently marginalise these groups. There were equality objectives throughout the local authority's strategic plans. These included a co-produced and adequately resourced strategy to reduce inequalities and to improve the experiences and outcomes for people who were more likely to experience inequality or to have poor care. There was clear leadership for the work and a shared aim to embed this further throughout all adult social care activity. Additionally, the local authority's equity strategy and practices aligned with that of partner agencies. For example, local authority and prison staff worked together to ensure reasonable adjustments were made for people in line with their rights under the Equality Act 2010 within the constraints of the environment.

Local authority staff involved in carrying out Care Act 2014 duties had a robust understanding of cultural diversity within the area and how best to engage with different communities. Staff were engaged with forums and equality networks and had opportunities to feedback areas of inequality to leaders in which they required additional support. Additional training was provided as a result, for example, around neurodiversity and gender identity, which staff found useful in their roles. Work was in train to diversify recruitment practices and improve inclusive practises during staff induction, with the aim of the social care workforce becoming more representative of the demographic profile of the county.

Inclusion and accessibility arrangements

There were appropriate inclusion and accessibility arrangements in place so that people could engage with the local authority in ways that worked for them. These included improvements to the local authority's online information offering and self-referral form to improve accessibility, for example, the ability to view information in non-English languages or British Sign Language. People told us staff were able to communicate and meet with them in ways that suited them, such as in their local café or through video call. Additionally, Community Help Points had been set up across the eight county boroughs and districts to provide people with a broad range of community information and advice in formats that met their needs. Staff said this had improved peoples' access to support and positively impacted their wellbeing.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority worked with local people, partners, and providers to understand the care and support needs of the population. This included people who were most likely to experience poor care and outcomes, people with protected characteristics, unpaid carers and people who funded or arranged their own care, now and in the future. For example, a voluntary, community, faith and social enterprise sector (VCFSE) partner told us the local authority gathered feedback from 400 people living with dementia to understand where gaps in care home provision were. This feedback, which highlighted issues such as people wanting to spend more time outside, was reflected in an updated commissioning strategy for care home provision, which emphasised the importance of outdoor activities to maximise wellbeing. Other commissioning priorities, such as those aimed at supporting people affected by substance misuse or co-occurring health and social care needs, were developed in partnership with other agencies and people with lived experience.

The local authority also used population and demographic data to understand the care needs of the county's communities, including a multi-agency Joint Strategic Needs Assessment (JSNA). This data indicated a growing ageing population and increasing complexity of co-occurring conditions. Commissioning staff said they aimed to use this information in conjunction with people's and provider's feedback to inform strategic decisions. Staff also said they were starting to use data to understand sourcing blockages for certain care types, which would further inform commissioning strategy and direction. An updated and interactive JSNA had been developed with system partners throughout 2024 with the aim of providing a data repository that could evolve with the needs of the population.

Market shaping and commissioning to meet local needs

The local authority shaped and developed the market so people had access to a diverse range of local support options that were safe, effective, affordable and high-quality to meet their care and support needs. For example, domiciliary care and support was widely available across the county, which enabled timely allocation and access to support for people. National data collected between April 2023 and March 2024 indicated that 64.72% of people who used adult social care services felt they had choice over services, which was slightly worse than the England average of 70.28% (Adult social Care Survey). However, data collected by the local authority in July 2024 indicated people's choice over their care had since improved: 100% of people receiving domiciliary or supported living support, and 84% of people residing in care homes, strongly agreed or agreed they were 'able to make choices about how they live their lives'.

Feedback from staff, providers, and people was used to develop commissioning strategies, and there was an aim to further develop this approach. Staff worked with the local authority's contracted advocacy partner, a multi-agency Neurodiversity Partnership Board, and groups and forums led by people with lived experience and their families to gather feedback about care and support. They told us they aimed to use this information to inform commissioning decisions and strategy around day service and respite options for people with learning disabilities.

The local authority's market shaping strategies were aligned with the strategic objectives of other agencies, including those of health and housing partners. For example, commissioning staff worked with each of the county's district and borough council housing teams to ensure housing with care strategies were aligned to the needs of each area. This included ongoing work to ensure the needs of eligible young people approaching adulthood had access to accommodation that was appropriate for their care needs.

The local authority worked collaboratively with people and partners so that it commissioned models of care and support that were in line with recognised best practice. For example, local authority commissioners were working to introduce new supported living contracting arrangements for providers in line with Care Quality Commission (CQC) Right Support, Right Care, Right Culture guidelines. These guidelines aimed to ensure services commissioned to support people with learning disabilities and/or autism were focused on outcomes rather than process.

Robust partnership and joint commissioning arrangements were also in place between the local authority and health partners to respond to people's specialist needs, such as providing support to people under Section 117 of the Mental Health Act 1983 (which refers to aftercare for people leaving hospital who have been detained under the Mental Health Act 1983). This achieved better outcomes for people, and there were clear roles and accountabilities for monitoring the quality of the services being provided and outcomes for the people using them.

Ensuring sufficient capacity in local services to meet demand

There was sufficient domiciliary, residential, and nursing care provision to meet demand in Staffordshire; local authority data indicated that 95% of requests for domiciliary care, 88% of requests for residential care, and 92% of requests for nursing care were sourced within the local authority's designated timescales in the 12 months prior to December 2024. As a result, waits for this care and support were minimal. Where people waited longer than the designated timescale for support, the local authority had clear oversight of the delay and the impact it had on the person's needs and safety.

In the 12 months prior to December 2024, 63% of requests for supported living services were sourced within the designated timeframe, which was below the local authority's target of 75%. Leaders told us longer timescales for arranging supported living services were due to the time needed to allow people to visit their potential new homes, allowing providers time to assess their suitability in being able to meet the person's unique needs, and arranging for people's tenancy agreements to be put in place. Where required, alternative care was provided to keep people safe until their ideal support could be sourced. For example, people had been temporarily placed in residential care settings while supported living support that supported their individual needs was sourced.

Leaders were seeking to address any gaps in local service provision. For example, local authority commissioners were working to commission supported living services to improve provision in areas where demand exceeded the available supply. The local authority was also looking at options to increase the availability of nursing home support for people living with dementia based on predicted increases in demand.

874 people were receiving care and support outside the county which was commissioned by the local authority, with 90% of those people living in other local authorities bordering on Staffordshire. This was for a range of reasons, including people wishing to be closer to their families, to enable people to access specialist support, or for younger adults to experience continuity of their care. When support was being accessed from outside of the area, there were plans to provide it in the local area, so that people could move back there if they wish to do so. For example, plans to recommission supported living services aimed to increase complex and specialist provision, which would meet the needs of some people currently being supported by services outside the county's boundaries.

The local authority gave specific consideration to the provision of services to meet the needs of unpaid carers. Unpaid carers could use a 'quick fix fund' to pay for resources that would help them fulfil their caring duties and support their wellbeing. For example, an unpaid carer for a person with incontinence was able to purchase a bigger washing machine which decreased the amount of time they spent washing each day and positively impacted their wellbeing. However, some unpaid carers told us that while they valued available in-person carers resources, online workshops would extend this support to those unable to attend in-person sessions due to their caring roles. Additionally, feedback from unpaid carers, staff, and partners about the access unpaid carers had to respite care in both planned and unplanned situations, was mixed. National data indicating that 18.54% of unpaid carers were accessing support or services that allowed them to take a break from caring for between one and 24 hours (which was in line with the England average of 21.73%), and 10.53% of unpaid carers were able to take a break from caring at short notice or in an emergency (which was in line with the England average 12.08%, Survey of Adult Carers, June 2024). Leaders were aware of potential gaps in respite provision and work was underway to review solutions to meet this need.

Ensuring quality of local services

The local authority had clear and robust arrangements to monitor the quality and impact of regulated and non-regulated commissioned care services, and to drive improvements at individual service level and across the care market. Staff and leaders told us quality assurance and oversight was monitored through proactive means such as annual quality visits to providers, and reactive methods such as gathering feedback on service quality through Quality Assurance Forms (QAFs). The local authority reviewed quality concerns through internal monitoring and multi-agency Quality and Safeguarding Information Sharing Meetings (QSISM). Local authority staff followed up with providers to ensure any recommendations to improve their practice were acted on. At the time of the assessment, 71.08% of residential homes, 66.73% of nursing homes, 55.07% of supported living services, and 52.71% of domiciliary services that had been regulated by the Care Quality Commission (CQC) were rated as 'Good'. The local authority was providing support to drive improvements in home care provision, including multi-agency work focusing on risks and challenges relating to international recruitment.

The local authority had policies and processes to manage and reduce risk to people where any quality concerns were raised with regard to provider performance. These included contract monitoring, suspension of commissioning new placements where they identified quality concerns, and providing training and development support for providers. This ensured commissioned care was delivered to a high and consistent standard that aligned with the Public Sector Equality Duty. For example, staff told us quality concerns identified in their QAFs were promptly acknowledged and processed, leading to the use of certain care providers being paused or suspended where appropriate while they addressed any identified issues. The local authority had a robust multi-agency process for managing provider suspensions. Between August 2023 and July 2024, seven domiciliary and 12 supported living services had been suspended by the local authority as a result of quality and financial concerns, or international recruitment licencing issues. In this time period, nine in-county and 13 out of county care homes had also been suspended due to quality concerns and/or 'Inadequate' CQC ratings. The local authority did not commission further support for people from 'Inadequate' rated services, but staff said the providers were kept on the local authority system and supported to improve and develop, after which they could be reinstated as active providers.

The local authority had an effective support and development offer in place to support provider quality improvement. For example, a commissioned online platform, provided access to a range of tools and guidance to support providers in managing risks in care settings in line with the evolving needs of the population and care market. Additionally, a provider told us their staff had benefited from training provided by the local authority's Social Care Academy regarding support to understand culturally appropriate care. This indicated the local authority was aware of quality issues in the social care market and was actively supporting providers to improve and increase positive outcomes for people.

Ensuring local services are sustainable

The local authority had effective mechanisms for routinely engaging with care providers, both individually and collectively on all matters relating to the provision of adult social care in the area. For example, a voluntary, community, faith and social enterprise sector (VCFSE) group told us they had quarterly meetings with the local authority to discuss quality reports and areas of improvement.

The local authority worked collaboratively with partners so that contracting arrangements were person-centered, efficient, and effective. A care provider told us they worked well with the local authority's brokerage team, who promoted choice of care to people and their families. Additionally, the local authority's social care workforce strategy acknowledged a shared mission to develop person-centered and innovative ways of working in the care sector through provider arrangements. Co-produced priorities and arrangements within this strategy aimed to support the delivery of high quality care, experiences and outcomes for people.

The local authority also engaged well with providers to ensure its commissioning and contracting arrangements supported continuity for providers and enabled them to develop sustainable business models. For example, they reviewed provider fees annually, and provided fee increases to support the sustainability of care providers. The local authority monitored sustainability through cost of care exercises, which supported the transparent and fair cost of care in the county.

Local authority leaders had knowledge of local market gaps and vulnerabilities and used this to inform its market shaping activities. The local authority had retained some in-house services where they identified potential gaps in the provider market. A VCSFE partner also told us the local authority offered small grants to community health projects with the aim of broadening the range of different types of support people could access locally. Supporting these projects at grass-roots level was increasing the level of sustainability in the care market.

The local authority understood market risks and work was ongoing to mitigate key areas of risk, for example risks associated with an aging social care workforce and sector recruitment issues. This included upskilling social care staff to meet local need. Progress had been made by care providers with local authority support to improve pay and conditions to attract candidates to the workforce. Although national data indicated turnover (0.26%) and vacancy rate (9.34%) in the adult social care sector was in line with the England averages of 0.25% and 8.06% respectively (Skills for Care Workforce Estimate, October 2024), leaders, staff, and partners were aware recruitment and retention continued to be a risk to delivering safe and person-centered care. This was a focus of the local authority's social care workforce strategy and the risks to people were monitored regularly by internal and multi-agency forums such as the Safeguarding Adults Board.

The local authority understood its current and future workforce needs. Staff and leaders worked in partnership with system partners to develop, support and promote a joined-up workforce plan. This facilitated and supported quality improvement and encouraged training and development for the social care workforce, which was reflected in national data. 62.78% of adult social care staff across the sector were in the process of completing or had completed a care certificate, which was slightly better than the England average of 55.53% (Skills for Care Workforce Estimate, October 2024).

The local authority worked with providers and stakeholders to understand current trading conditions and to ensure services were sustainable, affordable and provided continuity for people. Leaders told us about mechanisms for anticipating care provider failure. For example, provider reliance on international recruitment presented care continuity risks, as workers were at higher risk of having their licenses revoked and being unable to work, which could lead to provider closure. The local authority had contingency plans in place, such as provider of last resort arrangements, to ensure that people had continuity of care provision in the event of a provider failure or closure.

Partnerships and communities

Score: 3

Score: 3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority had a strong partnership working culture and worked strategically with partners to agree and align strategic priorities, plans and responsibilities for people in the area. For example, the local authority's partnership with the Staffordshire Health and Wellbeing Board and Integrated Care Board (ICB) effectively facilitated a multi-agency focus on addressing the needs of the aging population through the development of a Health Aging Plan (March 2024). This strategy aimed to draw on multidisciplinary support to promote people's independence as they aged and reduce their need for long-term care.

There were clear leadership arrangements that facilitated partnership working, for example through multi-agency partnership boards such as the Staffordshire Health and Wellbeing Board and the local Integrated Care Board (ICB). The local authority had also established numerous partnership boards focused on key population needs such as support for disabilities, unpaid carers, and people with neurodivergent diagnoses to ensure they heard the voices of people with lived experience and used their feedback to influence strategic objectives. Staff, leaders, and providers spoke positively about partnership working within the county, including with regard to partnerships with police and community safety, housing, education and health partners.

Arrangements to support effective partnership working

The local authority worked in partnership with multiple system partners and agencies, and there were robust arrangements for fully integrated governance, accountability, monitoring, quality assurance, and information sharing processes. This included a long-standing Section 75 agreement between the local authority and Midlands Partnership University NHS Foundation Trust (MPFT) under the NHS Act 2006, through which MPFT provided most of the local authority's adult social care assessment and case management functions including occupational therapy services. Combining the local authority role of Assistant Director of Adult Social Care and Safeguarding with Director of Adult Social Care for MPFT ensured strong collaboration and strategic alignment between the partners and demonstrated the local authority's innovative approach to partnership arrangements. Quality monitoring accountabilities remained with the local authority, and there were robust and embedded information sharing processes in place to allow local authority leaders to maintain oversight of adult social care performance and quality.

Other partnership arrangements included those with care providers and voluntary, community, faith and social enterprise sector (VCFSE) groups as key providers of unpaid carers' support or support for people with complex needs. For example, arrangements between the local authority and Staffordshire Together for Carers ensured seamless provision of support for unpaid carers in collaboration with adult social care teams. Staff, leaders and partners told us roles and responsibilities regarding partnerships, inducing leadership accountabilities, were clear and established. This supported a joined-up experience for people when they accessed care and support and ensured peoples' Care Act needs were being consistently met.

The local authority integrated or co-located aspects of its care and support functions with those provided by the NHS and by other partner agencies where this showed evidence of improved outcomes for people and was in line with best practice. For example, an integrated community occupational therapy (ICOT) team delivered effective multidisciplinary and multi-agency support to support people's continuity of care and positive outcomes. The local authority's integrated Discharge to Assess pathways were consistently producing positive outcomes for people leaving hospital in collaboration with health colleagues. Additionally, local authority safeguarding staff were co-located with other agencies such as heath partners and the police, which supported a coordinated and joined-up approach to keeping people safe from harm.

The local authority was actively working towards aligning other system processes to further streamline care delivery. This included developing a Housing with Care Strategy with the district and borough council housing teams which aimed to increase access to appropriate accommodation for older people with care needs and those with learning disabilities.

The local authority worked with partners to identify and use joint funding opportunities effectively to improve specific outcomes. For example, an agreement between the local authority and the local Integrated Care Board (ICB) through the Better Care Fund (BCF) enabled the local authority to source packages of care with health needs on behalf of the ICB. This increased people's continuity of care and improved their experience and outcomes. Additionally, the BCF was used to co-produce a multi-agency All Age Carers Strategy (2024 – 2029) to support the delivery of provision that aimed to improve outcomes for unpaid carers and support them in their caring roles.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on outcomes for people effectively. For example, staff told us the local authority's partnership with Midlands Partnership University NHS Foundation Trust (MPFT) facilitated information sharing about people who were at risk of falls residing in care homes. The local authority worked as part of a multi-agency Care Home Intensive Support Team (CHIST) which provided support for people who would otherwise likely need to be admitted to hospital. The CHIST helped improve the knowledge of care home staff around manual handling and supporting people to move around safely. This work supported continuous learning within the care sector and led to reduced risk and positive outcomes for people receiving care and support who were vulnerable to falls.

The local authority had arrangements in place to discuss and assess the effectiveness of partnerships working on the delivery of adult social care in Staffordshire. For example, multi-agency quality group meetings were held monthly to share knowledge of key issues and avoid duplication of work within the care sector. Through these forums, local authority leaders were also kept updated about potential gaps in care continuity, such as when people had to tell their story multiple times to different agencies across their care journeys.

Working with voluntary and charity sector groups

The local authority recognised the unique contribution of the voluntary, community, faith and social enterprise sector (VCFSE) in the provision of care and support and actively promoted their involvement as equal partners. This directly benefited people in the community. For example, there was a robust partnership between the local authority and Support Staffordshire (the county's voluntary sector infrastructure partner), through which a three-year programme to support VCFSE partners to be Learning Disability & Autism Friendly had been established. Staff regularly signposted and referred people with a range of support needs to VCFSE groups, and VCFSE partners described very positive relationships and that they were listened to by the local authority.

The local authority worked collaboratively with the VCS to understand and meet local social care needs, and it funded support opportunities to encourage growth and benefit the community. For example, a VCFSE partner told us the local authority worked with them to increase support provision for young carers, which produced positive outcomes for this unpaid carer group.

Theme 3: How Staffordshire County Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

Local authority leaders understood where there were risks to people's safety and well-being across their care journeys, for example, quality concerns regarding commissioned care, access to specialist support outside of working hours, and unplanned interruptions to service provision caused by provider failure. There was a senior level of oversight and strategic work carried out to manage and reduce these safety risks. For example, emergency duty teams had adequate capacity and mental health training which enabled them to provide specialist support outside of normal working hours to keep people safe. Additionally, a system partner told us the local authority managed and reduced risks to people if their service provision ended at short notice, by identifying suitable alternative provision and managing their transfer of care.

Actions to reduce safety risks were aligned with system partners involved in people's care journeys. Partners told us the local authority worked with them to address the risk of exploitation of staff and there were shared priorities and actions to support safe practices around international recruitment. People using local authority services also told us they felt less vulnerable because of the support they had received. System partners had clear roles, responsibilities, and accountabilities for delivering shared priorities. These included the use of the Better Care Fund, hospital discharges, and the Transforming Care Programme, which had produced positive outcomes and reduced people's risk of harm. For example, 86 people who had been receiving care outside of the county had been supported to move back into the county as part of the Transforming Care Programme.

Information sharing protocols supported safe, secure and timely sharing of personal information in ways that protected people's rights and privacy. For example, the local authority facilitated International Recruitment Information Sharing Meetings with key system partners to promote safe recruitment practices in the market and manage risk to the safety of people providing and receiving services.

Safety during transitions

Care and support was planned and organised with people, together with partners and communities in ways that improved their safety across their care journeys and ensured continuity of care. People, staff, leaders, care providers, and voluntary, community, faith and social enterprise sector (VCFSE) partners told us the local authority's integrated pathways and protocols were clear and reduced risks to care continuity. This included during referrals, admissions and discharge, and where people were moving between services. For example, a VCFSE partner who supported people to return home from hospital said the local authority facilitated multidisciplinary meetings to agree actions ahead of a person's proposed move back to their home. This ensured continuity of support for the person and reduced the risk of them becoming 'lost' in the transition process.

Specific consideration was given to protecting the safety and well-being of people who were using services located away from their local area, and when people moved from one local authority area to another. People receiving care and support out of county received an annual review of their care needs and goals, and oversight of the quality of their care remained with the local authority. When a person planned to move to another area, the local authority notified the person's new local authority that the person would be moving to their area to ensure continuity of care when they moved. Local authority processes that supported people moving between areas were developed in line with Association of Directors of Adult Social Services (ADASS) guidance to ensure people's safety during and after transition.

At the time of the assessment, work was ongoing to improve the local authority's transition arrangements and the experience for young people receiving care and support when responsibility for their care moved from children to adult services. An unpaid carer told us that there had been adequate planning by the local authority with the person they cared for regarding their upcoming transition from children to adult's services. However, they and the person they cared for had experienced a clear 'stop' of children's support and 'start' of adult support with limited cross-over or tapering between services. The young person had experienced difficulty adjusting to the sudden introduction of new people to their support network and the set-up of the adult respite service, which led them to refuse to attend respite as a result. This had a negative impact on their and their unpaid carer's wellbeing. The local authority had also needed to provide additional support to the family. Leaders were aware of the need to address this issue, and work was ongoing through the Preparing for Adulthood programme and in conjunction with the local authority's dedicated transition team to improve the support for young people at the point of transition.

Hospital discharge processes and pathways were clear, integrated, and ensured people were discharged safely. Integrated discharge support teams facilitated multidisciplinary meetings with partner agencies about adults preparing for discharge to ensure decisions about care and risks were jointly managed. Care providers, health partners, staff, leaders, and people described people's transitions from hospitals to their homes or other care settings as seamless. The local authority also worked with care providers through use of the Better Care Fund to ensure people's needs and risks were identified and managed after they had been discharged from hospital.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for possible interruptions in the provision of care and support, such as in the case of provider failure. Corporate contingency plans were also in place to reduce risk and minimise harm to people in the event of a cyber-attack, loss of data, fire, or flooding. Staff and leaders told us how the local authority would respond to different scenarios to mitigate risk to people, for example, following established processes with partner agencies and neighbouring authorities to minimise the risks to people's safety and wellbeing.

Most people we spoke to said the local authority had or would support them to plan for their future care and support needs, and create contingency plans with them in the case of an emergency.

Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

There was effective senior level leadership and oversight of safeguarding . Leaders had clear sight of frontline safeguarding practices and gained assurance that the local authority's approach was protecting people from harm, for example, by shadowing local authority staff and monitoring safeguarding data. Leaders prioritised both a timely and high-quality response to safeguarding concerns, and triangulated feedback and data to maintain oversight of this.

The local authority was part of a multi-agency Staffordshire and Stoke-on-Trent Safeguarding Adults Board which helped deliver a co-ordinated approach to safeguarding adults in the area. Leaders and partners said the local authority actively participated in carrying out Safeguarding Adult Reviews (SARs) and leading on discussions and learning from these. Additionally, there was a strong multi-agency safeguarding partnership in the local authority's Quality and Safeguarding Information Sharing Meetings (QSISM), and the roles and responsibilities for identifying and responding to concerns through this forum were clear. Information sharing arrangements were in place, so concerns were raised quickly and investigated without delay.

The local authority was working with people in the area and partner agencies to increase awareness of how to raise safeguarding concerns with the local authority. Staff said work was ongoing with care providers to reduce the number of inappropriate safeguarding referrals received by the local authority. For example, providers were encouraged to access safeguarding threshold guidance via an online platform commissioned by the local authority to improve understanding of the safeguarding referral process. Additionally, information distributed by health providers and community groups about how to raise a concern was being developed in different languages and formats. This indicated the local authority improving communication with people about how to raise concerns and help keep people safe, and reflected national data showing 84.65% of people who used services said those services made them feel safe, which was in line with the England average of 87.82%.

There were effective systems, processes, and practices to safeguard people from abuse and neglect. These were standardised across the different county boroughs and districts, ensuring consistency and continuity of approach. Roles, responsibilities and pathways within the local authority for responding to concerns were clear and used consistently. For example, staff told us they used a decision matrix during the safeguarding referral triage process to support decision-making around safeguarding thresholds, and all referrals were risk-rated to determine the prioritisation of the response required. There was a clear process in place for referrals that did not meet the threshold. This ensured a consistent approach to actioning safeguarding concerns to help protect people from harm.

Staff involved in safeguarding work were suitably skilled and supported to undertake safeguarding duties effectively. 61.81% of adult social care staff across the sector had completed safeguarding adults training, which was significantly better than the England average of 48.70%. Additionally, 53.18% of sector staff had completed Mental Capacity Act (MCA) Deprivation of Liberty Safeguard (DoLS) training, which was significantly better than the England average of 37.58 (Skills for Care Workforce Estimates, October 2024). Though both levels of training were higher than the England average, it was acknowledged that a significant proportion of the adult social care workforce had still not undertaken Safeguarding or DoLS training.

Staff and leaders told us there was space for reflective practice and practice development to support staff to learn from safeguarding incidents and improve practice as a result.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. Partners of the multi-agency Safeguarding Adult Board (SAB) told us the local authority worked with them through the SAB and their own Quality and Safeguarding Information Sharing Meetings (QSISM) to reduce risks and to prevent abuse and neglect from occurring, and to learn from safeguarding incidents.

Lessons were learned when people experienced serious abuse or neglect, and action was taken to reduce future risks and drive best practice. The local authority was an active partner in completing Safeguarding Adult Reviews (SAR) and other serious incident enquiries, and took appropriate action to embed learning into systems, processes and practice. For example, the local authority was in the process of embedding learning on the Mental Capacity Act (MCA) and issues around self-neglect through increased training for staff in response to a recent SAR.

The local authority recognised the risks to people's well-being presented by deprivation of liberty. People's waits for Deprivation of Liberty Safeguard (DoLS) application reviews had improved significantly over the 18 months prior to the assessment, despite a 20% increase in demand for reviews between January 2024 and December 2024. Local authority data indicated 969 people were awaiting review of a DoLS in December 2024, and 423 of these people had waited for more than 21 days. Local authority data indicated the median time for allocation of a review to a practitioner had decreased from 14 to 12 days between 2023 and 2024. Leaders were aware people did not always receive DoLS assessments within the target timeframe of 21 days and work was ongoing to further decrease waits. However, processes were in place to reduce the risk to people's liberty while they waited. For example, staff triaged and risk-rated all people awaiting a DoLS assessments to prioritise cases and ensure those at highest risk were reviewed within 21 days.

Responding to concerns and undertaking Section 42 enquiries

The local authority had clear guidelines on what constituted a section 42 (s42) safeguarding enquiry and when s42 enquiries were required. Staff applied the guidelines consistently. Leaders had clear oversight of decisions around s42 enquiries and provided challenge to ensure concerns consistently met the agreed criteria. Staff provided a clear rationale and outcome from any initial enquiries, including those which did not progress to a s42 enquiry. Local authority data indicated 16,169 safeguarding concerns were received in the 12 months up to December 2024 and 16,003 had been actioned and completed in this time. All referrals were reviewed on the day of receipt by the local authority and for 82% of concerns, a decision had been made and/or had been allocated to a local authority team to action within 5 days. This indicated timely processing of enquiries regardless of if they progressed to an s42 enquiry. Of the concerns not addressed within the 5-day timeframe, the local authority told us 99% had the lowest risk level and a decision for them had been made and completed within 11 days.

Local authority leaders told us 75% of s42 enquiry investigations were completed within 90 days, and 7% took over 180 days in the year prior to December 2024. The reason 7% of the people involved with an investigation experienced longer waits was due to time taken to work with these people to put safeguarding plans and actions in place to reduce future risks, and ensure they were safe and protected from harm. Action was taken to reduce risks to people whilst they waited for s42 enquiry investigations to be completed. Staff told us ownership and responsibility for any ongoing safety work was allocated to a specific team.

There were clear standards and oversight arrangements in place for responding to information of concern and for conducting s42 enquiries. Local authority data indicated 21% of safeguarding concerns progressed to s42 enquiries in the year prior to December 2024. 3148 concerns meeting the s42 enquiry threshold were started in this period, and 801 enquiries were in progress as of December 2024. Enquiries were carried out without delay: no s42 enquiries were awaiting allocation to a practitioner in December 2024 as all enquiries were allocated as soon as a concern met the criteria.

The local authority focused on preventing abuse and neglect and identifying risks early. They had robust risk management processes in place to reduce risks to people's well-being. For example, adult social care staff worked across local authority teams to investigate concerns relating to young people approaching adulthood, and findings were shared with the central safeguarding team to ensure oversight of immediate or future actions. The local authority also monitored and analysed themes arising from safeguarding concerns, for example, increased incidences of self-neglect concerns and alleged abuse taking place in people's homes. This intelligence was being used to increase workforce awareness through training in key areas and the local authority had further ambitions to use the data proactively to inform future safeguarding practices help improve safety.

Care providers and voluntary, community, faith and social enterprise sector (VCFSE) partners gave mixed feedback about the extent to which the local authority kept them informed of the outcomes of safeguarding concerns they had raised. For example, some described timely responses and outcomes as a result of raising safeguarding concerns, while others said communication about outcomes was inconsistent. This indicated further work was needed to improve the consistency with which safeguarding responses were communicated to partner agencies.

Making safeguarding personal

Local authority staff and partners told us safeguarding enquiries were carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. Leaders gained assurance of how well-embedded Making Safeguarding Personal principles were in frontline practice through discussion and review of cases at the Safeguarding Adults Board and by monitoring data on people's satisfaction with their care and support. For example, leaders were aware that, of the 63% of adults who were the subject of a s42 enquiry in 2023/2024, 91% said their desired outcome from the enquiry had been fully or partially met (Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board 2023/2024). This was small decrease from 97% in 2022/2023 and work was ongoing to improve people's experience of in safeguarding enquiries.

Staff said people had the information they needed to understand safeguarding, what being safe meant to them, and how to raise concerns when they didn't feel safe, or they had concerns about the safety of other people. They supported people to participate in the safeguarding process as much as they wanted to, and work was in train to increase people's access to independent advocacy through workforce training in collaboration with the local authority's commissioned advocacy provider.

People were supported to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010. Staff used trauma-informed approaches to support people to make choices that balanced risks with positive choice and control in their lives.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 3

3 – Evidence shows a good standard

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

There were effective arrangements for governance, quality assurance, performance management and assessing the impact and outcomes of the adult social care strategy at all levels within the local authority. These included quality audits of practice, oversight of performance data, and arrangements to listen to and analyse people's feedback. This activity provided visibility and assurance on delivery of Care Act 2014 duties, current or future risks to delivery, quality, and sustainability, which would impact on people's care and support experiences and outcomes. For example, the local authority regularly reviewed performance data in collaboration with the Midlands Partnership University NHS Foundation Trust with which it had a Section 75 agreement. A joint forum oversaw the established information-sharing system in place between the organisations, which supported information sharing capabilities between the partners. This directly benefited frontline teams who gained visibility of people's information and increased positive outcomes such as continuity of care for people receiving care and support. This showed that the local authority's accountability and governance arrangements were effective, embedded, and provided space for improvements that positively impacted people's outcomes.

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. Staff described leaders as being visible, supportive, and compassionate. Equality, human rights and diversity principles were embedded in the local authority's values, culture, and leadership behaviours, as evidenced by the local authority's extensive equality training offer and the level of cultural competency within the workforce. Staff said there was parity of esteem across professions and leaders had raised the profile of adult social care over the previous two years. Local authority survey data indicated job satisfaction was high within the workforce; however, work-life balance data was comparatively lower and leaders were aware more action was required to address this.

There were clear risk management and escalation arrangements, including escalation within the adult social care directorate and the wider council, and externally as required. There was senior oversight of risks to the delivery of Care Act 2014 duties through arrangements such as monthly Quality and Performance Management Group meetings. Where there were risks to the delivery of Care Act 2014 duties, mitigations to reduce risk were in place, and these were effective in keeping people safe. Leaders used a directorate risk register to actively monitor the impact of risks, and action was being taken to reduce the risk of harm to people. For example, the risk register identified the "risk that a person comes to harm due to waiting for Community [Deprivation of Liberty Safeguard] DoLS or DoLS", as an immediate concern and several actions had been put in place to lower the risk to people. These included prioritising DoLS assessments according to risk and the recruitment of additional staff to review outstanding DoLS assessments.

Where actions to address shortfalls were in place, these were having a positive impact on performance. For example, staff raised to management that people were experiencing delays to their equipment deliveries as a result of provider vacancies, which put them at risk of worse outcomes such as falls or hospital admission. Leaders had addressed this with providers, resulting in equipment delivery times improving and targets under the Care Act 2014 being consistently met. This improvement showed leaders' swift and effective response to issues raised to them and positive outcomes for peoples' experiences of care as a result.

The local authority's Executive Members, Shadow Executive Members, corporate directors and other leaders were well informed about performance in relation to Care Act duties and any potential delivery risks. Scrutiny arrangements were in place to allow adult social care decisions to be discussed and challenged. Where scrutiny was shared with other directorates or other council functions, proportionate time was given to adult social care on the scrutiny agenda and in discussions.

Adult social care was prominent in the wider Council's resource allocation, and it had sufficient budget to deliver Care Act duties effectively.

Strategic planning

There was a clear, co-produced vision for adult social care and there were multiple evidence-based strategies developed through the directorate with staff, partners, and people with lived experience. These sought to improve outcomes for people with care and support needs, unpaid carers and reduce inequalities of experience and outcomes for people in the local area. For example, a strategy called 'Living my Best Life – A Joint Strategy for Disabled and Neurodivergent People (2023-2028)' aimed to better support disabled and neurodivergent people and their unpaid carers by equipping them with knowledge around their options to put them in control of their care and support. Fully resourced action plans were aligned with these strategies, and arrangements for monitoring the impact of strategic actions were in place. For example, regarding 'Living my Best Life', progress was being overseen by multi-agency groups including people with lived experience, with lines of reporting to the Staffordshire Health and Wellbeing Board.

Strategies were based on a sound understanding of local priorities and were aligned and integrated with the strategic plans of other key partners and services, including health, children's social care, and public health. For example, leaders told us adult and children's social care strategies around workforce development aligned with those of their health partners. As a result, recruitment drives to attract apprenticeship candidates to the social care workforce were undertaken collaboratively. Additionally, there was a clear integration of public health and adult social care priorities at a strategic and operational level, aimed at proactively addressing local and national priorities including the increasing ageing population and complexity of social care needs.

Adult social care strategy and delivery plans were communicated well and understood within the local authority and amongst key partners. Leaders, staff, people, and partners spoke about their involvement in developing strategies around all-age unpaid carers, commissioning, and workforce, and there was a clear and robust awareness of the priorities in each of these areas.

The local authority used governance information regarding risks, performance, inequalities and outcomes to inform its adult social strategies and plans, allocate resources, and deliver the actions needed to improve delivery of Care Act 2014 duties and outcomes for people and local communities. Staff told us that the feedback from people with lived experience of learning disabilities or being an unpaid carer had directly influenced adult social care strategies. Additionally, several staff groups said their experience working with the community had started to be used to inform strategic decision making and improve outcomes for people. For example, work was ongoing to develop dashboards highlighting where people were facing intersecting inequalities in the county, such as people with learning disabilities from ethnic minority communities, to support leaders in setting strategic priorities.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records and data management systems. This included the multi-agency One Staffordshire information sharing agreement and the enforcement of mandatory annual data protection and records management training.

There were clear plans to respond and manage risks to delivery of Care Act 2014 duties presented in the event of a cyber-attack. Staff were aware of reporting requirements in the event of a data breach or other incident that compromised data held by the local authority.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

All staff and partners told us there was an inclusive and positive culture of continuous learning and improvement at Staffordshire County Council. Local authority staff said they had ongoing access to learning and support through the Social Work Learning Academy (SWLA) so they could deliver the local authority's Care Act 2014 duties safely and effectively. Leaders oversaw quality of practice and proactively monitored themes and trends from performance, staff and people's feedback, and compliments and complaints to identify best practice and areas for improvement.

There was support for continuous professional development in relation to Care Act 2014 duties. For example, staff told us they used feedback from leaders and colleagues in other teams to determine the effectiveness of the Care Act 2014 support arrangements they had put in place and identify areas for improvement. Mandatory and supplementary online training was available for all staff. Staff told us they found supervisions and 'My Time' meetings to be useful, and leaders encouraged staff to take up development opportunities such as becoming Best Interests Assessors, taking up apprenticeships, or qualifying as Approved Mental Health Practitioners (AMHPs). In these ways, all staff we spoke to said they had multiple opportunities to develop professionally in relation to their Care Act 2014 duties.

Staff also said the local authority drew on relevant nationally recognised best practice, standards, guidance, accreditation and evidence-based practice to achieve the highest standards in its delivery of Care Act 2014 duties. For example, specialist practitioners said they were registered with a professional body which helped keep their continual professional development up to date and their knowledge of national best practice current.

The local authority engaged with external work, including research, and actively participated in peer review and sector-led improvement activity to support continuous learning and improvement. Staff told us learning was shared through multi-agency networks, for example, the Skills for Care network. The local authority also piloted new ways of support to improve people's outcomes. For example, they were piloting a night support service at the time of our assessment with a view to improving the options for people to be cared for at home when they had been discharged from hospital. Other ongoing pilots involved the use of assistive technology, such as wearable sensors aimed at improving people's safety and independence in their homes.

The local authority also worked collaboratively with people and partners to promote and support innovative and new ways of working aimed at improving people's social care experiences and outcomes such as independence and well-being. These included digital and technology enabled care solutions. For example, a provider told us they had been involved by the local authority in piloting the use of a 'support robot' which helped prompt people with reminders to complete basic tasks such as taking medication. The aim of the pilot was to help people maintain their independence in their homes and reduce their likelihood of future or long-term care needs, though more time was needed to fully realise the benefits of this and other new ways of working.

Staff, partners, and people told us pieces of coproduced work the local authority had facilitated included the 'All Age Carers strategy' and 'Living My Best Life - A joint Strategy for Disabled and Neurodivergent people in Staffordshire 2023-2028'. People and the local Healthwatch partner acknowledged the local authority was doing more to listen to those who previously or currently had unmet needs, such as autism, and staff spoke about engaging with people and including their voices in their work. However, peoples' experiences of the local authority's approach to coproduction were mixed: some said they were well-involved from the start of projects while others said they were consulted to input their views only once work had been completed. Leaders were aware more work was needed to include peoples' views earlier on in the coproduction process and embed coproduction more widely throughout the local authority's work. In response to peoples' feedback, local authority leaders aimed to introduce longer timeframes for groups of people with lived experience to collate and submit feedback on a proposed idea to the local authority.

Learning from feedback

The local authority obtained feedback from people, staff and partners about their experiences of care and support and delivery of Care Act 2014 duties in multiple ways, for example, through complaints analysis, engagement surveys, voluntary, community, faith and social enterprise sector (VCFSE) group channels, Partnership Boards, and local council members. This informed strategy, improvement activity and decision making at all levels. For example, staff told us local authority leaders worked with health partners to evaluate and extract learning from complaints around financial assessments. As a result of this, improvement measures such as additional training for frontline staff were introduced to improve communication of the need for financial assessments to people contacting the local authority. Complaints related to this issue had reduced as a result of these improvements. Additionally, feedback from a service-user survey indicating people wanted a simpler way to access information about care and support options was being addressed through an Accessible Information working group. Frontline staff said improvements in peoples' experiences as a result of this work were beginning to be seen.

Staff and partners said leaders encouraged reflection and collective problem-solving and time for this was embedded into practice. Monthly quality circles, supervisions, reflective practice sessions, and 'My Time' meetings provided space for staff at all levels to reflect on their work, and the approach to discussing issues in practice was described by staff as non-blaming and an opportunity for learning. Similarly, VCFSE partners told us local authority leaders were receptive to feedback and collaboratively engaged with them to solve problems.

There were processes to ensure that learning happened when things went wrong, both locally and in other areas, and recommendations were acted on. 36 complaints were made to the Local Government and Social Care Ombudsman (LGSCO) of which 19 were upheld. Plans were in place to mitigate risk associated with these cases and prevent recurrence, and progress towards this was monitored through regular quality assurance meetings to ensure practice was improved as a result. Additionally, leaders told us staff at all levels of the directorate were involved with learning from Safeguarding Adult Reviews (SARs). For example, practitioners had identified a need for training on hoarding following learning from a recent SAR and this had been provided to improve awareness and help keep people staff supported safe.

The local authority was aware of system-wide reviews and those relating to other agencies such as Children's services, and it shared and embedded the learning from them. For example, learning from a 2023 Ofsted report in Staffordshire indicated some care leavers with support needs required more detailed and earlier planning for adulthood. The local authority took action to update pathway plans to ensure care leavers' support needs were being sufficiently met as they approached adulthood.