



# Introduction

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Staffordshire County Council's vision is that Staffordshire is an ambitious, innovative and sustainable county, where everyone has the opportunity to prosper, be healthy and happy – including people with adult social care needs.

Healthy ageing is a priority in the Staffordshire Health and Well-being Strategy and the Staffordshire and Stoke on Trent Integrated Care Partnership Strategy.

This Strategy will promote well-being and independence for older people in Staffordshire and help them live at home for as long as possible.

It will also help ensure that they know how to access support and that if they need adult social care there are good quality services available when they need them and at a cost we can all afford.

The Strategy has been co-produced with our Integrated Care System partners health and social care professionals, and older people and their carers. We would like to thank everyone who has supported its development.

We hope that through commitment from ourselves, our partners and the wider community, we can create the right conditions for older people to remain healthy, resilient and independent.

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Cllr Julia Jessel  
*Cabinet Member  
for Health and  
Care, Staffordshire  
County Council*

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Dr Richard Harling MBE  
*Director of Health  
and Care, Staffordshire  
County Council*



## Summary of Needs

Source: Office for National Statistics.

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Growth in older population will be much greater than the working age population in Staffordshire, resulting in relatively fewer working age people to support the elderly.

Over 13,600 older people in Staffordshire are estimated to be suffering from dementia; this is set to increase by 3,500 people by 2030.

**Over 4,000 people aged 65+ were admitted to hospital in 2020 for a fall-related injury.**  
By 2031, this is set to increase by 730 falls related admissions per year.

27,000 out of 32,000  
people aged 65 to 74 years  
reported feeling lonely  
some of the time in the 2018  
Loneliness ONS Survey.

**29% of people aged 65-74  
and 52% of people aged 75+  
are reported to be inactive**  
(of 93,000 people asked - Sport  
England within their Active  
Lives Survey taken in 2018).

**In Staffordshire almost 1 in 4 (22%) adults have a limiting long-term illness,** as well as over half (53%) of older people which is statistically higher than national (2021 Census).

**Around 3% of older people over the age of 65 in Staffordshire receive County Council funded adult social care.**

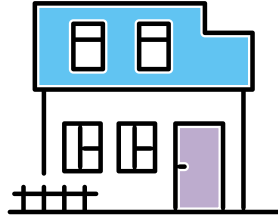
**Spend in Staffordshire on adult social care for Older People in 2022/23 was around £164.76 million (gross)£102.67 million (Net).**

# What you have told us

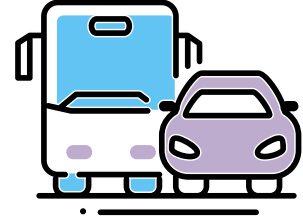
Things that are important to help you remain independent at home



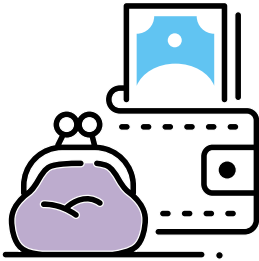
**Maintaining a healthy lifestyle**



**Help with maintaining your home**



**Public transport**



**Financial advice and guidance**



**Staying connected to friends and the local community groups**



**Employment or volunteer opportunities**

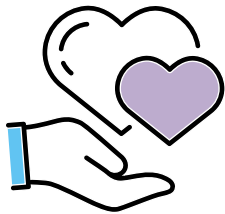


**Digital skills and being able to access information in traditional ways**

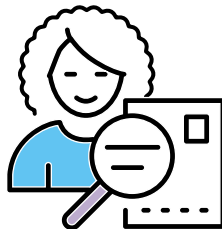


# What you have told us

Things that are important when you need help with your care



Maintaining health and well-being and being able to access health services



Approaches to care that recognise strengths and skills



Reasonable choice of care services



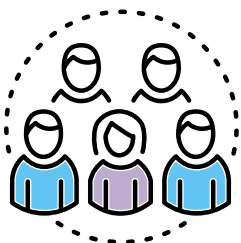
Knowing how to access adult social care services when needed



Technology awareness and the assistance to learn how to use it



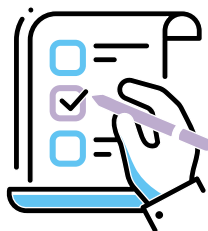
Support and advice for informal carers



Good facilities within care homes/extra care and being able to remain connected to the community.



Dementia specialist services



Good quality and affordable care services



Good quality care staff



# Our Priorities

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Staffordshire County Council have set four strategic objectives for Health and Care in Staffordshire.

These are:

- › **Promote good health and independence, and encourage and enable people to take personal responsibility for maintaining their well-being**
- › **Ensure effective and efficient assessment of needs that offers fair access to services**
- › **Maintain a market for care and support that offers services at an affordable price**
- › **Ensure best use of resources, people, data and technology**

Our population is ageing and as a result more and more people are developing long term conditions with a growing need for adult social care. Our commissioning objectives are to improve the quality of social care in Staffordshire, ensure timely access to care when

required, and ensure affordability of care.

Based on the engagement feedback of what is important to older people, and our Strategic Objectives, we will aim to achieve the following priorities and outcomes through this Strategy.





# Priority 1 | Prevention

## OUTCOME

To support older people who don't require adult social care to live independently at home.

## KEY PERFORMANCE INDICATOR

Access to resources that promote independent living and support.

## OBJECTIVE A

People will have the right information and advice to be able to maintain a healthy lifestyle and remain independent for longer.

### ACTIVITIES

- › Providing and promoting information, advice and guidance and tools to help residents of all ages adopt healthier lifestyles.
- › Providing specialist support for populations who need it most, making sure access is equitable.
- › Working with partners across the system to prevent ill health throughout people's lives, using a system-wide approach to prevention, alongside action to improve the determinants of health in our communities and a focus on reducing health inequalities.
- › Embedding brief advice into healthcare and other pathways and ensure every contact counts.
- › Raising awareness of measures that everyone can take to improve and maintain their mental well-being, including promotion of the Five Ways to Wellbeing (and other approaches with strong evidence).
- › Aligning action to promote healthy lifestyles across the whole system to achieve a greater impact.
- › Promoting physical activity, linking to Better Health Staffordshire whole system approach.
- › Ensuring people understand where to go for support with mental health problems and can self-refer to services to get help at the earliest opportunity.
- › Developing better advice and information for people with dementia and their families
- › Helping people prepare for end of life including with advice about how to manage their affairs if they are no longer able to do so, and guidance to be able to plan for their future care needs.
- › Ensuring people are able to feel safe in their homes and access trustworthy tradespeople to help with maintaining their homes (through our Trading Standards Teams work)



**OBJECTIVE B**

**Older people are able to stay connected to friends and the local community**

**ACTIVITIES**

- › A stronger focus on encouraging and supporting communities to support each other and themselves.
- › Launching our new #DoingOurBit website which encourages all residents to get involved and will show people volunteering opportunities.
- › Developing Community Help Points across Staffordshire, with the aim of helping people to feel more connected to their communities.
- › Improving access to online resources which provide information on local groups and activities available in their local area, including the Staffordshire County Council website and Staffordshire Connects.
- › Piloting a Volunteer Buddy scheme in a handful of districts across the county, aimed at helping people to have the skills, knowledge and confidence to access their local community.
- › Reducing loneliness and isolation through more social interaction and community-led initiatives.
- › Ensuring that public transport meets the needs of the aging population through the work our Transport Team do.

**OBJECTIVE C**

**People have the skills and technology to be able to make use of digital information and advice, and can access information in traditional ways if they choose to.**

**ACTIVITIES**

- › Ensuring our online information, advice and guidance are inclusive and accessible. The Council's Strategy is digital first, but we recognise that some people may need to information in another format.
- › Developing and promoting various online resources which provide information on how to live well at home, including the Staffordshire County Council website and Staffordshire Connects.
- › Providing free computer guides on how to use technology, and access to computers and volunteer IT buddies at your local library.
- › Providing Supportive Communities Training, available to a variety of staff across adult social care, health and the community and voluntary sector, which includes the development of digital skills as well as a wide range of other topics. These staff can then share the information they have learnt with the older people they have contact with.
- › Establishing Community Help Points as trusted places within communities that can help individuals to access information about local services or activities and feel more confident in using the internet.





# Priority 2 | Quality care

## OUTCOME

To ensure that when older people need adult social care support, that there are good quality services available.

## KEY PERFORMANCE INDICATOR

Proportion of care services rated as 'Outstanding or Good' by the Care Quality Commission compared to national and regional averages.

## OBJECTIVE A

Improve the quality of care in Staffordshire.

## ACTIVITIES

- › Ensuring the quality and staff capacity within the care sector through the implementation of our Workforce Strategy
- › Maintaining and enhancing our focus on quality assurance and quality improvement. The Council has developed a Quality Assurance Framework and our care home contracts will continue to align with this enabling the Council to effectively manage the risks and quality improvement work with the market.
- › Targeted quality assurance and quality improvement actions, including from:
- › The Provider Improvement Response Team (joint between the Council and the ICBs) includes nurses and other staff who work with care homes who require more intensive support to help them improve.
- › The Council's Quality Assurance Team which monitors and supports contracted adult social care services.
- › The Care Market Development Team, which assists providers with staff recruitment, training and retention.
- › We will continue working with MPFT to enable access to the wide range of clinical capability within MPFT.
- › Where services are repeatedly identified by CQC as requiring improvement, and unable to demonstrate sustained improvement despite advice and assistance, the Council will consider whether it can continue to make new placements and also consider supporting a move of residents, where this is in their interests on a balance of risks.



# Priority 3 | Living Independently

PRIORITY

3

## OUTCOME

To support older people who require adult social care to continue living at home for as long as possible.

## KEY PERFORMANCE INDICATOR

Access to services that provide support at home; number of older people admitted to residential and nursing homes.

## OBJECTIVE A

Older people and their carers are able to access support when they need it.

## ACTIVITIES

- › Block booking additional respite beds in care home across the County to ensure that when carers need a break, that there is good quality respite care available to meet their needs, and that this is available to book in advance so that carers can make plans.
- › Commissioning home care providers to deliver care in people's homes.
- › Commissioning Night Sitting services in people's homes.
- › Commissioning day care providers where older people can attend a building based day centre and access activities in the community.
- › Developing a dementia navigation offer to enable people with dementia and their families to understand the dementia pathway, explore options and prepare for the future. This would include offering information and practical guidance to help people understand dementia, cope with day-to-day challenges and prepare for the future. The service would offer information to people who are worried about their memory and ongoing support to people affected by dementia face to face or over the phone.
- › Refreshing our Carers strategy for how we support carers to live a healthy and independent life and keep caring as long as they choose to. The current strategy already includes:
  - › Working in partnership with carers, health and social care providers, communities and employers with the aspiration to develop a carer friendly society, which values and supports carers to fulfil their caring role and maintain their health and wellbeing.
  - › A Carers Partnership Board that involves carers and organisations which support carers and aims to develop a carer friendly society where carers are clearly valued, supported and cared for, and supports delivery of the carers strategy.



**OBJECTIVE B**

**People know how to access social care services when they need them.**

**ACTIVITIES**

- › Providing good quality information, advice and guidance to ensure everyone accessing care and support for themselves or for someone else, can have the right information at the right time to make informed decisions and choices about the care and support required.
- › Promoting better information for self funders when considering what their future care needs may be, enabling informed decisions to be made about the appropriate time to consider care and how to find the most suitable choice for an individual when considering funding their own care.
- › Promoting the 'Your social care journey explained' page on [Staffordshire.gov.uk](https://www.staffordshire.gov.uk) which will enable people to explore ways to find help and support with daily living, including how to contact Staffordshire Cares Contact Centre where they are unable to find the right support themselves.
- › Leaflets will be available in high traffic public places to provide information about how to access help and with daily living.

**OBJECTIVE C**

**Approaches to care recognise peoples' strengths and skills**

**ACTIVITIES**

- › Embedding a strengths-based approach to all social care assessments to make the most of people's own assets.
- › Regularly reviewing peoples care needs and continued work with providers to ensure that individual strengths and abilities are fully recognised in the care review process.
- › Offering reablement for people leaving hospital through our Homefirst service, with as many people as possible regaining their skills and becoming independent.
- › Offering step up reablement to people who are in the community and perhaps already receive a home care package but may benefit from a brief period of reablement to help increase their independence.
- › Promoting an enablement approach across our contracted Home Care and Extra Care services.
- › Piloting an outcome-based home care approach, which aims to move away from "time and task" oriented approaches, to deliver meaningful outcomes to people building on their own strengths and capabilities.





## OBJECTIVE D

### Promote innovation and the use of technology to support people with care needs

#### ACTIVITIES

- › Maximising opportunities for innovation and more efficient models of care as people become more used to technology. We need to ensure people feel comfortable with this change and have the right skills.
- › Using technology to complement the face-to-face care people receive, provide greater opportunities to monitor risks, deterioration in needs and access to care and support. We will ensure technology is considered as part of an individual's care needs both at home and when receiving social care funded services.
- › Actively promoting the use of readily available technology and how this can enable people to live independently for longer.
- › Promoting and embedding better use of technology to support people, social work teams and providers as people transition from home or hospital to a social care placement.
- › Investing in a range of Assistive Technology's to support people with dementia and their families.
- › Recognising that technology isn't a preference for all residents, and ensure that other options are available to support too to ensure no one is excluded.



# Priority 4 | Care Homes

## OUTCOME

To ensure that when older people need adult social care support but can no longer stay at home, that the right support is available.

## KEY PERFORMANCE INDICATORS

access to care homes; affordability of care home placements.

## OBJECTIVE A

Enabling choice and control for people who have care needs

## ACTIVITIES

- › Working with providers to try to ensure current provision is flexible and able to meet the changing needs of people.
- › Where there is not sufficient provision, the Council will explore establishing our own services, or with Strategic partners where appropriate, subject to individual business cases. The Council have already established our own care homes in areas where there wasn't sufficient capacity to meet demand and are currently exploring the development of nursing homes in specific areas of need.
- › Increasing the amount of block booked beds within care homes across the County. This means that there should be an increased choice for people at a price the Council is prepared to pay, subject to vacancies at any given time.
- › Ensuring timely access to care home placements when required.
- › Reducing the differential in price across similar care services.





## OBJECTIVE B

Older people are able to continue to stay connected to friends and the local community, and participate in activities within care homes and the wider community.

### ACTIVITIES

- › Co-producing with our residents, care providers and other key partners to ensure that our contracted services offer the facilities and activities that residents want and need.
- › Regular provider engagement and forums with our contracted providers to make them aware of our engagement feedback and what people want in their services.
- › Provision with our contracts with providers that their services have good facilities and that people are supported to participate in activities within the building and the wider community.

