

Health and Care Delivery Plan

2026/27

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Introduction

1. This Plan sets out the Health and Care directorate's priorities for the period from the start of January 2026 to the end of March 2027. The Plan outlines how the directorate and its partners will:
 - a) Contribute to the Council's corporate priorities, set out in the new Strategic Plan.
 - b) Deliver the Council's statutory duties for public health and adult social services, as set out in the Health and Social Care Act 2012, Care Act 2014, Mental Health Act 1983 and Mental Capacity Act 2005.
2. The purpose of the Plan is to help teams and staff understand their collective roles and responsibilities in contributing to the delivery of key outcomes and improvement activities. This applies to teams and staff within the directorate, working for key partners such as Midlands Partnership University NHS Foundation Trust (MPFT), and working for voluntary and independent sector organisations involved in improving health and providing care.



**Director of
Health and Care**
Dr Richard Harling

The Health and Care Directorate

About the Directorate

3. The Health and Care Directorate consists of three services. This Plan will inform the annual objectives for each service, for teams within the service, and for managers and individual staff.

Public Health and Prevention

4. This service is responsible for:
 - Understanding the health and care needs of people and communities.
 - Improving the health and well-being of adults and children.
 - Ensuring that the population is protected from threats to health.



**Acting Assistant
Director**
Bethan Page

Adult Social Care and Safeguarding

5. This service is responsible for:
- Assessing the health, care, well-being and communication needs, of people and their carers.
 - Protecting people's right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect.



Assistant Director
Jo Cowcher

Care Commissioning - including in-house care services

6. This service is responsible for:
- Shaping the market and ensure that care is sustainable.
 - Ensuring that care is joined-up, flexible and supports choice and continuity.
 - Directly providing a range of care services.



Assistant Director
Andrew Jepps

Outcomes

7. The Health and Care Directorate is responsible for achieving a range of outcomes, grouped in four themes, as shown in Table 1:
- **Promote health and independence** and help everyone feel happier, healthier, and more connected.
 - **Ensure effective and efficient assessment** of needs that offers fair access to services, and **Safeguards Adult**.
 - **Maintain a market** for care and support that offers good services, looking after people with dignity and at an affordable price.
 - **Ensure best use of resources**, people, data and technology.



Table 1: Outcomes

Theme	Outcomes	Relevant 'I' statements
Promote health and independence	1a: Ensure effective response to threats to health 1b: Influence determinants of health to improve healthy life expectancy and health outcomes and reduce health inequalities 1c: Promote independence and self-care 1d: Optimise activity and quality and ensure equitable access to public health services	<i>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.</i>
Ensure effective and efficient assessment and Safeguard Adults	2a: Ensure timeliness and quality of Care Act assessments and reviews 2b: Ensure timeliness and quality of financial assessments 2c: Ensure timeliness and quality of Safeguarding adults pathway 2d: Ensure timeliness and quality of outcomes of MHA and DoLS 2e: Ensure effective management of appointeeships and deputyships.	<i>I have care and support that is co-ordinated, 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. 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>
Maintain a market	3a: Improve activity and outcomes in reablement services 3b: Improve quality of care 3c. Ensure timely and equitable access to care 3d. Ensure affordable and sustainable care	<i>I have care and support that is co-ordinated, and everyone works well together and with me</i>
Ensure best use of resources	4a: Ensure financial balance 4b: Ensure a well-motivated and appropriately skilled workforce	

Measuring quality and performance

8. Each of the outcomes has a set of performance indicators, with targets where relevant. Selected performance data is available on a range of interactive dashboards for review by managers in real time so that remedial action can be taken where necessary.
9. We use performance information as well as feedback from people, complaints and compliments, views from staff and practice audits/quality visits to examine the quality of services and continually learn and improve. We encourage innovation creative ways of delivering better outcomes and experiences for people.
10. We carry out 'deep dives' into quality and performance to ensure that we identify and address any inequalities of access, experience and outcomes and that services are tailored to the needs of specific groups where necessary to take account of the diversity of the population.
11. We work in partnership and share quality and performance information with partners to facilitate collaboration and ensure that our services work seamlessly for people.

Improvement projects

12. The Health and Care directorate has a range of improvement projects for 2026-28. Corporate and directorate level projects are listed in Table 2 and summarised below. The cost recovery plan is critically important to enable us to recover expenditure within budget and is already underway.

Table 2: Improvement projects

Projects	Public Health & Prevention	Adult social care & safeguarding	Care commissioning
Corporate level projects	<ul style="list-style-type: none"> • Health checks 	<ul style="list-style-type: none"> • New social care case management system 	<ul style="list-style-type: none"> • Opportunities for disabled people • Care homes • Recommissioning of Supported Living care services
Directorate level projects	Cost recovery plan		
	<ul style="list-style-type: none"> • 0-19 services 	<ul style="list-style-type: none"> • Preparing for adulthood • Section 117 • Charging review • DOLs 	<ul style="list-style-type: none"> • Extra Care

Cost Recovery Plan

Project summary	
Care services need to operate within budget. We will manage costs to ensure that care remains affordable and that Health and Care functions are sustainable.	
Key milestones	Date
Implement the Choice Policy and Top-up Policy (subject to Cabinet approval)	January 2026
Implement the pricing strategy for care home placements for adults aged over 65	January 2026
Complete a second cohort of priority individual reviews	February 2026
Identify a third cohort for priority individual reviews	February 2026
Complete Supported Living Service Reviews	June 2026
WLT Lead: Richard Harling	Cabinet Lead: Cllr Martin Rogerson
Key performance indicators	Target
Total weekly expenditure on identified portfolio of care services	≤ average of £7.683M
Proportion of priority reviews completed	100% by date for cohort
Mean prices (separately) of new nursing home placements and new residential home placements	Reduction
Mean prices (separately) of all nursing home placements and new residential home placements	Reduction
Supported Living Service Reviews completed	100% by June 2026

Health checks

Project summary	
The Council is required to offer Health Checks for eligible people. We will expand provision of Health Checks, linked to lifestyle services to support people who can benefit.	
Key milestones	Date
Complete Health Check Online recruitment and onboarding for selected/interested practices.	October 2026
Deploy additional capacity for Everyone Health.	December 2026
Deploy additional capacity in GPs and pharmacies.	December 2026
Deploy additional capacity in brief advice/referrals for lifestyle interventions.	December 2026
Complete awareness activities to promote health checks	December 2027
WLT Lead: Claire Mclver	Cabinet Lead: Cllr Martin Rogerson
Key performance indicators	Target
Total health checks completed during the period 2025-2028.	36,126

0-19 services

Project summary	
The Council needs to optimise outcomes for children and their families within the funding available. We will review the 0-19 service and identify opportunities for prioritisation and to improve productivity.	
Key milestones	Date

Work with MPFT to identify and consider options for service redesign to improve outcomes for children and young people	March 2026
Develop a full set of performance metrics to measure activity, quality, productivity and outcomes of 0-19 services.	September 2026
Agree a revised Section 75 for 0-19 services for 2027/28 onwards.	October 2026
WLT Lead: Claire Mclver	Cabinet Lead: Cllr Martin Rogerson
Key performance indicators	Target
Proportion of mothers who received a first face to face antenatal contact with a Health Visitor at 28 weeks or above	38.8%
Proportion of births that receive a face to face assessment by a Health Visitor by 10-14 days	83.0%
Proportion of children who received a Health Visitor 6-8 week assessment	81.8%
Proportion of children who received a 12 month review by 12 months	76.8%
Proportion of children who received a 2-2.5 year review	78.4%

New social care case management system

Project summary	
The Council needs an effective social care case management system that optimises the efficiency of social care processes. We will design, procure, and implement a new case management system for adults' and children's social care.	
Key milestones	Date
Complete system design.	April 2026
Liquid Logic will Go live	March 2027
Complete implementation of Liquid Logic	End April 2027
Decommission Care Director	November 2027
WLT Lead: Jo Cowcher	Cabinet Lead: Cllr Martin Rogerson

Preparing for adulthood

Project summary	
Children who are likely to be eligible for care as adults need to have a Care Act assessment and where necessary a support plan in place before their 18 th birthday. Health and Care and Children and Families will work together to ensure that children who are likely to be eligible for care as adults are identified and assessed in a timely way and that their support maximises their independence.	
Key milestones	Date
Develop clear measurable pathways for referral from relevant Children and Families to Health and Care teams	March 2026
Produce practice guidance for children's social care practitioners setting out entitlements to care and support post 18.	March 2026
Produce a handbook for children and their parents/carers setting out entitlements to care and support post 18.	March 2026
Produce a market development plan for providers to offer care for young adults aged 16-25.	March 2026
Review the impact of the updated pathways and practice guidance using audits, late referral data, feedback from young people and their families and professionals.	September 2026
All appropriate children's and adults' practitioners will have completed strengths-based training	March 2027

WLT Lead: Richard Harling and Bernie Brown	Cabinet Lead: Cllr Martin Rogerson	
Key performance indicators		Target
Number of looked after children and children with SEND who are likely to be eligible for care and support as adults who are known to children's social services before their 17 th birthday and referred to adult social services after their 17 th birthday		Zero
Proportion of children due to turn 18 within one month and likely to be eligible for care and support as adults who have Care Act assessment complete, DST complete if required, care and support plan agreed, appropriate commissioner agreed, services identified and plan in place for transfer.		≥75%
Proportion of children due to turn 18 within next 6 months and likely to be eligible for care as adults who have Care Act assessment complete, DST complete if required, care and support plan agreed and appropriate commissioner agreed		≥75%
Proportion of children due to turn 18 within next 12 months and likely to be eligible for care as adults who have Care Act assessment complete and DST complete if required		≥50%
Total cost of looked after children and children with SEND likely to be eligible for care and support as adults with costed care packages/placements greater than £7,000		Reduce

Section 117

Project summary		
The Council and the NHS are required to arrange Section 117 aftercare for people discharged after a Section 3, 37, 45a, 47 or 48 inpatient stay. We will make sure these arrangements are appropriate, that they offer the best possible outcomes for people, and that they are cost effective.		
Key milestones	Date	
Complete reviews of existing individuals to confirm that Section 117 aftercare remains appropriate and cost-effective.	March 2026	
Review commissioning arrangements to identify opportunities to improve quality, access and value for money of commissioned services for Section 117 aftercare.	March 2026	
WLT Lead: Jo Cowcher	Cabinet Lead: Cllr Martin Rogerson	
Key performance indicators		Target
Proportion of individuals who are Section 117 entitled reviewed within last 12 months.		≥80% by March 2026
Council share of funding for individuals who are Section 117 entitled.		50%
Council share of weekly run rate for individuals who are Section 117 entitled (SSOT ICB only; Council and NSCHT commissioned)		£0.427M

Deprivation of Liberty Safeguards (DOLS)

Project summary	
We will continue to improve productivity so that we are able to manage the rising number of DOLS requests within the budget available.	
Key milestones	Date
Analysis of expected demand and cost of options for provision.	January 2026
Plan to implement preferred option.	March 2026

Complete implementation of preferred option.		November 2026
WLT Lead: Jo Cowcher		Cabinet Lead: Cllr Martin Rogerson
Key performance indicators		Target
Number of DOLS requests outstanding more than 21 days		≤400
Number of DOLS requests outstanding		≤1000
Monthly expenditure on DOLS assessments (rolling 12 months)		≤£1.500M

Charging review

Project summary		
The Council needs to make sure that the NHS is charged appropriately for the cost of care services. We will review our charging procedures and ensure that income is recovered.		
Key milestones		Date
Confirm that the Council is not funding health needs that are more than incidental/ancillary to their social care needs.		February 2026
Confirm that individuals and care providers are aware of any NHS funding contribution to the cost of care.		February 2026
Confirm that legal agreements are in place to allow the Council to commission health services on behalf of the NHS - including the health component of Section 117 aftercare.		February 2026
Produce and deliver training to ensure staff awareness of the Integrated Support Protocol and associated guidance.		February 2026
Establish quality assurance and governance arrangements for the Integrated Support Protocol and associated guidance		July 2026
WLT Lead: Jo Cowcher		Cabinet Lead: Cllr Martin Rogerson
Key performance indicators		Target
Proportion of people in receipt of care services who have health needs that are more than incidental/ancillary to their social care needs who have an NHS funding contribution.		100%
Proportion of people for whom Council is commissioning health services on behalf of NHS who are aware of the NHS funding contribution.		100%
Proportion of people for whom Council is commissioning health services on behalf of NHS whose care provider are aware of the NHS funding contribution.		100%
Proportion of people for whom Council is commissioning health services on behalf of NHS for whom there is an appropriate legal agreement in place - including the health component of Section 117 aftercare.		100%
Proportion of people for whom Council is commissioning health services on behalf of NHS for whom the Council has issued an invoice - including the health component of Section 117 aftercare.		100%
Proportion of people for whom Council is commissioning health services on behalf of NHS for whom the Council is receiving payment - including the health component of Section 117 aftercare.		100%
Weekly NHS income.		Maintain or increase
Number of people with gross cost of care >£3000 per week and no NHS contribution to cost of care.		Zero

Opportunities for disabled people

Project summary	
People with disabilities want to live their best lives. The Council will work with partners to increase access to employment and local amenities.	
Key milestones	Date
Initiate the Connect to Work programme with clear referral routes and pathways.	April 2026
Work with partners and experts to produce a plan to increase the accessibility of community facilities.	April 2026
Develop more effective and accessible ways to communicate and share information with the disabled, sensory, and neurodivergent community.	September 2026
Run training and communications campaigns to increase understanding and awareness of disabilities, sensory needs, and neurodivergence.	October 2026
WLT Lead: Andrew Jepps	Cabinet Lead: Cllr Martin Rogerson
Key performance indicators	Target
Number of disabled adults supported to employment through the Connect to Work programme.	TBC
Number of accessible bus stops	2400 by March 2027
Number of accessible community facilities [such as leisure centres, libraries, parks, shops, entertainment venues]	40 by March 2027
Number of travel assistance cards distributed and downloaded	100 cards in use or downloaded per year
Increase the number of people playing disability football in Staffordshire	1,000 by the end of the 2027/28 season.
Number of Health and Care staff completing Oliver McGowen training	100% of H&C staff trained by March 2026
Number of disabled people registered as Community Champions.	25% increase per year [baseline, required]
Number of people with lived experience on relevant Boards and Groups	46 by March 2027

Care homes

Project summary	
The Council needs to ensure sufficient care home capacity that offers quality, timely access and value for money. We will finalise and implement new arrangements for commissioning care homes and consider development of a new nursing home in Tamworth.	
Key milestones	Date
Implement the Choice Policy and Top-up Policy	January 2026
Implement the pricing strategy for care home placements for adults aged over 65	January 2026
Publish improved information and advice for self-funding care home residents	January 2026

Implement the pricing strategy for placements for adults aged 18 to 65	April 2026
Improved brokerage system in place	April 2026
Update the Care Home Market Position Statement	July 2026
Complete a tender process and award new care homes contract for adults aged over 65	July 2026
Complete a tender process and award new care homes contract for adults aged 18 to 65	July 2027
WLT Lead: Andrew Jepps	Cabinet Lead: Cllr Martin Rogerson
Key performance indicators	Target
Nursing homes registered in Staffordshire CQC rated "Outstanding" or "Good" as a proportion of all nursing homes in Staffordshire that have been inspected by CQC	80%
Residential homes registered in Staffordshire CQC rated "Outstanding" or "Good" as a proportion of all residential homes in Staffordshire that have been inspected by CQC	80%
Proportion of new care home placements sourced within timescale	75%
Proportion of new care home placements for adults aged over 65 sourced at below the Laing Buisson median price for the relevant Lot (excluding FNC and 1:1)	90%
Individual proportions of each of Lot 1, 2, 6 and 7 care home placements sourced at below the Laing Buisson median price for the relevant Lot (excluding FNC and 1:1)	90%
Mean prices (separately) of new nursing home placements and new residential home placements	Reduction
Mean prices (separately) of all nursing home placements and new residential home placements	Reduction
Proportion of block booked beds active and in payment that are occupied	90%

Recommissioning of Supported Living care services

Project summary	
The Council needs to ensure sufficient Supported Living capacity that offers quality, timely access and value for money. We will implement the approved new arrangements for commissioning Supported Living care services.	
Key milestones	Date
Implement a revised Pen Portrait	March 2026
Develop a mechanism for Personal Budget setting	April 2026
Extend the care services DPS	May 2026
Implement a Spot Purchase Agreement	June 2026
Complete Supported Living Service Reviews	June 2026
Approve a Supported Living accommodation: choice and top-up policy	July 2026
Review current Tenancy Agreements (subject to consent)	July 2026
Implement Care Place for call-offs	July 2026
Publish a housing needs & demand analysis	September 2026
Refresh the Market Sustainability Plan and Market Position Statement	September 2026
Move from Net to Gross payment for care providers	March 2027
WLT Lead: Andrew Jepps	Cabinet Lead: Cllr Martin Rogerson
Key performance indicators	Target

Supported Living care services contracted by the Council and with active placements that are rated "Outstanding" or "Good" by CQC as a proportion of Supported Living care services contracted by the Council that have been inspected by CQC.	80%
Supported Living Service Reviews completed	100% by June 2026
Proportion of new Supported Living care services sourced within timescale	80%
Proportion of new Supported Living care services sourced within Reference Rates	95%
Weekly run rate for Supported Living care services	<£884,224 at 31 March 2026
Proportion of Supported Living care services appropriately contracted (including managed budget or self-directed support)	100% by September 2026
Proportion of people in Supported Living care services who have an appropriate Tenancy Agreement (subject to consent)	90% by July 2026
Proportion of people in Supported Living care services who live in affordable accommodation	100%

Extra Care

Project summary	
The Council needs a consistent and fair offer of support to Extra Care housing schemes and residents that meets individual's assessed eligible needs and offers value for money. We will review and determine our offer of support and then implement revised arrangements as necessary.	
Key milestones	Date
Ensure a shared understanding of future Extra Care demand with District and Borough Councils and work towards this being included in Local Plans.	March 2026
Consult on the Council's Extra Care model with residents and housing providers.	October 2025 to March 2026
Implement the new Extra Care model.	January 2026 to March 2028
WLT Lead: Andrew Jepps	Cabinet Lead: Cllr Martin Rogerson
Key performance indicators	Target
Number of Extra Care schemes within project that have implemented new model.	100% by March 2028
Proportion of Extra Care nomination rights used.	≥75%

Delivery and Governance

13. Governance arrangements are in place to ensure accountability for continual improvement in performance as well as progress of improvement projects.
14. Key performance data and progress against corporate improvement projects will be reported to Cabinet and the corporate Quality Performance and Improvement Board. All performance data and progress against all improvement projects will be reported to Health and Care Senior Leadership Team monthly and the Cabinet Member Lead will receive regular updates.
15. Relevant performance data and progress against relevant improvement projects may reported to the Health and Well-being Board, Cabinet / MPFT Trust Board, the Staffordshire and Stoke on Trent Safeguarding Adults Board, and the Health and Care and Safeguarding Overview and Scrutiny Committees as appropriate.

Budget

16. The Health and Care gross budget for 2025/26 is **£552.7M** from a range of sources as shown in Table 3. It is essential that we live within our means: sound finances are the foundation on which we build improvements to our services.
17. Health and Care faces cost pressures from rising demand for care and support as the population ages, as well as rising prices due to inflation and increases in the national living wage. These cost pressures are recognised in the Council's current Medium Term Financial Strategy with the gross budget forecast to increase by nearly **£90M** between 2026/27 and 2030/31.
18. There are further cost pressures from the price of care home placements for older people, the NHS operational plan and associated savings, and high volumes of care being provided to a relatively small number of complex people. A cost control plan is in place to ensure that care services operate within budget. In addition, Health and Care needs to make savings for the Medium Term Financial Strategy totalling nearly **£14M** in 2026/27.

Table 3: Health and Care budget 2025/26

	Base budget inc. ASC precept	Social Care Grant	Other adult social care grants	Net budget	Public Health Ring Fenced Grant	Better Care Fund from NHS	NHS income	Other grants and income	Client income	Gross budget
Public Health & Prevention	0	0	0	0	51.370	0	0	4.712	0	56.082
Adult Social Care & Safeguarding	36.665		0.408	37.073		8.230	0.050		1.300	46.653
Care Commissioning	208.010	47.413	39.944	295.367		19.958	38.657		96.005	449.987
Total	244.675	47.413	40.352	332.440	51.370	28.188	38.707	4.712	97.305	552.722

How we work



Encourage our communities to help themselves and each other

We help people identify their personal strengths and the assets around them and draw on these to develop greater resilience and maximise their independence. And we support people to work together and build strong local networks. We recognise the diversity of our population and offer people a chance to make choices, take positive risks and live fulfilling lives. We adopt a strengths mindset that guides everything we do, every decision we make, and every interaction we have to shape a culture where everybody has the opportunity to prosper, be healthy and happy.'



Value our workforce

We encourage staff to be creative and welcome their ideas about how outcomes and services can be improved. We will continue to strengthen our own workforce as well as the wider social care workforce including with co-ordinated recruitment campaigns, learning and skills development, career pathways and preparation for leadership, well-being support, incentive schemes, flexible working and reduced travel time, and recognition for their efforts. We recognise the strength of having a diverse workforce and that reflects our communities. We will be inclusive and harness the contribution of staff from a range of different backgrounds.



Embrace technology

Technology will play a growing role in improving health and care outcomes and services. We will embrace new technologies, trying out new systems and embedding those that are effective, including assistive technologies and artificial intelligence. We will enhance our understanding of emerging technologies so that any deployment has effective governance and safeguards. We will be inclusive and ensure that everyone can enjoy the benefits of new technologies.



Co-production

'Staffordshire's Co-production Promise' sets out how we will listen to our communities, partners and businesses and work together to develop, improve and evaluate services. We value contributions from people from a diverse range of backgrounds. We will create safe spaces for people to get involved in service redesign and ensure that communication is open, honest and timely. We will acknowledge mistakes and put things right as quickly as possible.

Strategic Risks

19. The Health and Care Directorate faces a range of risks. The highest-level risks are highlighted in table 5 along with mitigations.

Table 5: risks and mitigation

Risk	Mitigation
<p>Demand for adult social care increases resulting in more adults requiring assessments and more adults requiring care.</p>	<ul style="list-style-type: none"> • Demand, capacity and costs are continually monitored and managed. • Ongoing investment in prevention services to prevent, reduce and delay needs for care and support. • Continuous improvement activity to manage assessment demand within resources. • Quality assurance ensures that practice is strengths based and eligibility is determined correctly. • Market shaping to ensure that care services are available at an affordable price and signal any changes in capacity requirements.
<p>Rising inflation compromises sustainability of care providers or leads to unaffordable costs</p>	<ul style="list-style-type: none"> • Prevention activities to reduce demand for care services. • Market shaping to ensure that care services are available at an affordable price and signal any changes in capacity requirements. • Quality Improvement support for care providers. • Work with providers to understand actual cost of care and mitigate risks to sustainability. • Market sustainability plans. • Annual discretionary fee review.
<p>HM Government grants and/or other sources of income discontinued</p>	<ul style="list-style-type: none"> • Lobbying to ensure continuity. • Regular review of effectiveness of Better Care Fund and associated grants and their role in funding care services at current levels.
<p>Shortage of staff in care sector resulting in insufficient capacity and/or higher costs</p>	<ul style="list-style-type: none"> • Implementation of the Care Workforce Strategy. • Work with partners to understand and address any risks associated with over reliance by providers on International Recruitment.
<p>Communicable disease or environmental hazard has significant impact on health.</p>	<ul style="list-style-type: none"> • Emergency Planning and Response plans in place. • System-wide Memorandum of Understanding for communicable disease management signed off by the Local Health Resilience Partnership. • Targeted vaccination programmes for high risk/low uptake population groups.
<p>Cost shifts from the NHS generate unsustainable cost pressures for the Council</p>	<ul style="list-style-type: none"> • Management of interface with Continuing Health Care. • Development and implementation of Section 22 statement and guidance and Integrated Care Protocol.