

Staffordshire Health and Wellbeing Board

3.00 pm Wednesday, 8 January 2020
Oak Room, County Buildings, Martin Street, Stafford, ST16 2DH

Our Vision for Staffordshire

"Staffordshire will be a place where improved health and wellbeing is experienced by all - it will be a good place. People will be healthy, safe and prosperous and will have the opportunity to grow up, raise a family and grow old, as part of a strong, safe and supportive community. "

We will achieve this vision through

"Strategic leadership, influence, leverage, pooling of our collective resources and joint working where it matters most, we will lead together to make a real difference in outcomes for the people of Staffordshire".

A G E N D A

1. Welcome and Routine Items

Chair

- Apologies
- Declarations of Interest
- Minutes of Previous Meeting (Pages 1 - 10)
- Letter to Cllr Alan White, Co-Chair, from the Staffordshire PFCC (Pages 11 - 12)

2. Questions from the Public

3. End of Life Voluntary Action Alliance - Update (Pages 13 - 14)

Emma Hodges, Group Chief Executive – St Giles Hospice

4. Together We're Better Five Year Plan (Pages 15 - 20)

Simon Whitehouse, STP Director

5. CCG Commissioning Intentions

Presentation by Craig Porter, Managing Director (South), CCGs

6. SCC Commissioning Intentions

Presentation by Richard Harling, Director for Health and

Care, SCC

7. **Staffordshire Better Care Fund Plan 2019-20** (Pages 21 - 24)
Jenny Pierpoint, Portfolio Manager
8. **Director of Public Health Annual Report Update** (Pages 25 - 36)
Jon Topham, Senior Commissioning Manager, Public Health
9. **Families Strategic Partnership Annual Report 2018/19** (Pages 37 - 68)
Kate Sharratt, Assistant Director for Intelligence, Improvement and Development
10. **Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2018/19** (Pages 69 - 118)
John Wood, Independent Chairman
11. **Special Educational Needs and Disability** (Pages 119 - 124)
Tim Moss, Assistant Director for Education Strategy and Improvement
12. **Forward Plan** (Pages 125 - 132)
13. **Date of Next Meeting**

The next HWBB meeting is scheduled for Thursday 5 March 2020, 3.00pm, Trentham Room, SP1, Stafford.

Membership	
Alan White (Co-Chair)	
Dr Alison Bradley (Co-Chair)	North Staffs CCG
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Philip White	Staffordshire County Council
Dr Rachel Gallyot	East Staffs CCG
Dr Gary Free	Cannock Chase CCG
Dr. Paddy Hannigan	Stafford and Surrounds CCG
Dr Shammy Noor	South East Staffordshire and Seisdon Peninsula CCG

Dr John James	STP Chair of Clinical Leaders Group
Dr Richard Harling	Director of Health & Care (SCC)
Helen Riley	Director for Families & Communities (SCC)
Craig Porter	CCG Accountable Officer representative
Maggie Matthews	Healthwatch
Simon Whitehouse	Staffordshire Sustainability and Transformation PI
Phil Pusey	Staffordshire Council of Voluntary Youth Services
Garry Jones	Support Staffordshire
Jeremy Pert	District & Borough Council Representative (North)
Roger Lees	District Borough Council Representative (South)
Tim Clegg	District & Borough Council CEO Representative
Jennifer Sims	Staffordshire Police
Howard Watts	Staffordshire Fire & Rescue Service

Contact Officer: Jon Topham, (01785 278422),
Email: StaffsHWBB@staffordshire.gov.uk

Note for Members of the Press and Public

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Minutes of the Health and Wellbeing Board Meeting held on 5 September 2019

Attendance:

Alan White (Co-Chair (In the Chair))	–
Dr Alison Bradley	North Staffs CCG
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Philip White	Staffordshire County Council
Dr Richard Harling	Director of Health & Care (SCC)
Maggie Matthews	Healthwatch
Simon Whitehouse	Staffordshire Sustainability and Transformation PI
Garry Jones	Support Staffordshire
Tim Clegg	District & Borough Council CEO Representative
Jeremy Pert	District & Borough Council representative (North)
Howard Watts	Staffordshire Fire & Rescue Service
Chief Supt Jeff Moore	Staffordshire Police

Also in attendance:

Jon Topham	Senior Commissioning Manager, Public Health
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Apologies: Dr Paddy Hannigan (Chair, Stafford and Surrounds CCG) (Stafford and Surrounds CCG), Helen Riley (Director of Families and Communities and Deputy Chief Executive) (Director for Families & Communities (SCC)), Phil Pusey (Chief Executive Officer) (Staffordshire Council of Voluntary Youth Services), Roger Lees (District Borough Council Representative (South)), Jennifer Sims (Staffordshire Police) and Andrew Donaldson (Staffordshire County Council)

1. Declarations of Interest

There were none at this meeting.

- a) Minutes of Previous Meeting

RESOLVED- That the minutes of the Health and Wellbeing Board (H&WB) meeting held on 6 June 2019 be confirmed and signed by the Chairman.

b) Letter to Cllr Alan White, Co-Chair, from Action on Hearing Loss

Co-Chair Cllr Alan White shared the letter he had received from Action on Hearing Loss outlining their concerns at possible changes to the provision of hearing aids across Staffordshire and Stoke-on-Trent. Several Board Members had received letters from this organisation. Cllr White had previously met with the Group. It was proposed that the response from Cllr White inform them that their letter had been shared with the Board.

RESOLVED – That the letter to Cllr Alan White (Co-Chair) from Action on Hearing Loss and his agreed response be noted.

2. Questions from the public

There were none at this meeting.

3. Health and Wellbeing Board Terms of Reference

The revised H&WB Terms of Reference had been agreed at their meeting of 6 September 2018. At that meeting Members also agreed to review these annually.

Members received the 2019 review, and noted the following amendments:

- Paragraph 21: Agenda: removal of the three categories to simplify agenda setting;
- Paragraph 23: removal of Physical Activity Sub Group. Members had agreed at their 6 June 2019 meeting that the sub group would cease and that Sport Across Staffordshire & Stoke-on-Trent (SASSOT) was recognised as the lead agency for physical activity. Members agreed that, in future, Tim Clegg would act as the link between the H&WB and the SASSOT.

RESOLVED – That the amendments to the Terms of Reference be agreed.

4. Director of Public Health Annual Report Recommendations

Members had received a presentation on the Director of Public Health's (DPH) Annual Report "Live long and Prosper: digital technologies for health and wellbeing" at their June meeting. At that meeting it had been agreed that consideration would be given to how the Board would support the implementation of the 17 recommendations. Members now received details of proposed actions to enable each recommendation to be taken forward.

Several recommendations included the action to request a short report from the STP digital lead. The intention was for these to be included in one report to the Board outlining how using digital initiatives was changing health and care.

A report would also be brought to the December Board meeting to update Members on progress and give timescales for any outstanding actions.

RESOLVED – That the recommendations be endorsed and the proposed actions be agreed.

5. H&WB Strategy Delivery Plan

a) Public Health and Prevention Self-Help Programme

[Joanna Robinson, Senior Commissioning Manager, Public Health, in attendance for this item.]

The H&WB Strategy delivery plan included implementing public conversation campaigns to help raise awareness and support individuals to take more control of their health and wellbeing. The DPH's Annual Report also recommended that the H&WB:

- take a lead role in increasing public awareness of health and care digital technologies to help them improve health and wellbeing or better self-manage their conditions; and
- promote telecare and assistive technology and signpost people to useful devices.

With this in mind Staffordshire County Council (SCC) would be running four communication campaigns during 2019/2020 which: educated people on actions to improve or maintain their health and wellbeing; worked to persuade and/or motivate them to take action; and, signposted as appropriate to trusted information sources, advice, guidance, digital tools and assistive technologies.

The four campaigns were:

- sexual health – to reduce the number of residents aged 35+ who contract sexually transmitted diseases (STIs);
- NHS health checks – to increase uptake rates of NHS health checks for residents, particularly around heart health,
- supportive communities – to reduce demand on health and social care by encouraging support for family members, friends and/or neighbours to help individuals live more independently for longer as part of the #DoingOurBit campaign; and
- suicide prevention – to reduce the number of people taking their own lives in Staffordshire.

The campaigns would use social media, local media, email and other no-cost forms of digital communication, underpinned by a trusted source of information, advice and guidance. Support from other stakeholder organisations would also be sought and Members emphasised that campaigns were most effective where there was co-ordination between organisations to ensure the message reached the target audience. Packaging the message appropriately was also key to ensure the campaign reached the most appropriate department/sector within each organisation.

RESOLVED – That:

- a) this approach, as part of the Joint Health and Wellbeing Board Delivery Plan, be endorsed;
- b) the communication campaigns be supported by Board Members through their own organisations; and

- c) ensure information is targeted at the most appropriate department/ sector of each organisation to enable effective reach of the target audience for each campaign.

b) Re-Invigorating Health in All Policies

[Dave Sugden, Commissioning Manager, Strategy and Policy, in attendance for this item.]

In March 2017 the H&WB had agreed to embrace the Health in All Policies (HiAP) agenda, including becoming champions of HiAP across their respective organisations. In September 2018 a workstream was developed with District and Borough Councils, which included production of data packs to facilitate the definition and development of local priorities, resulting in four District/Borough Councils producing definitive HiAP strategies or plans as well as joint cross-directorate planning within SCC.

More recently a King's Fund report had highlighted improvements were stalling in national life expectancy for the first time in 150 years, with their analysis indicating this being driven by health inequalities arising from social determinants.

The NHS Long Term Plan (2019) placed great emphasis on the role of social determinants in NHS planning and outlined new requirements for local NHS systems to set out how health equalities would be reduced, including joint planning with the local authority.

To take this forward it was suggested that:

- Board Members signed up to a minimum standard for the development of HiAP activity within and across member organisations, with a view to establishing a baseline for a developmental and incrementally ambitious programme for HiAP;
- using these standards to develop specific priorities for HiAP action within and across organisations (in the first instance writing to the CCG Accountable Officer suggesting a joint planning session on HiAP and Social Determinants in line with NHS long-term planning);
- the development of initial HiAP action plans for Board Member organisations, with these being discussed at a future Board meeting;
- further supporting public health work, which drove and facilitated the HiAP agenda across organisations; and
- development of a contextual broader HiAP narrative.

Members suggested it would be beneficial to share good practice across District and Borough Councils as well as learning from areas nationally and internationally, such as Manchester, Coventry and Australia. They also considered the long and short term benefits from HiAP, including the impact on attainment and the variety of work undertaken by schools. Members were referred to the Stafford Borough Council's Supporting Schools Project website which was designed to complement and enhance the PSHE curriculum and gave an example of HiAP working successfully.

RESOLVED – That:

- a) Members commit to their role as “Champions for Change” for HiAP; and
- b) the proposed activity to take HiAP forward be agreed.

c) Effective Prevention for those on the Cusp of Care - Summary Report

[Wendy Tompson, Operational Insight Manager, in attendance for this item.]

The Board received the second deep dive Joint Strategic Needs Assessment (JSNA) for 2019 which focused on a better understanding of communities and people on the cusp of care. The JSNA enabled a better understanding of current and likely demand in the context of community and asset-based approaches and would help to inform current prevention and earlier intervention strategies.

The report considered current demand and the drivers for demand. An evidence base was being developed for groups and individuals at risk of requiring health and care services. Members also received details of a number of existing or developing products that would support understanding of the at-risk individuals/groups.

Members noted the opportunity to explore a more predictive approach to health and care using data to better understand individuals/specific populations that were more likely to benefit from NHS and/or adult social care support whilst also presenting an opportunity to shape appropriate responses from communities as part of the rising prevention agenda. To enable this, it was intended to take a population health management approach over the next six months. This would allow better understanding of how existing and integrated care record data could support the development of an early warning system approach to predicting future demand and targeting prevention at the earliest opportunity.

Close working and information sharing was discussed between Member organisations to help support early identification, exploring other data sets to help provide a clearer picture, such as missing persons and victims of crime data. A pilot for this information sharing was suggested to help predict the at risk groups. It was also important to ensure that data was gathered around risks where interventions were possible to ameliorate them, so appropriate actions and interventions could be taken.

RESOLVED – That:

- a) focus for the next JSNAs be around population health and social isolation and the the DPH Annual Report;
- b) the JSNA on understanding communities and people on the cusp of care be supported; and
- c) the “next steps” population health management approach to better understanding how existing and integrated care record data could support the development of an early warning system approach to predicting future demand be agreed.

6. CCG Consultation on becoming a Single Commissioning Organisation

[Sharon Young, Governor, NHS Stafford and Surrounds CCG.]

The Board was aware that the six Clinical Commissioning Groups (CCGs) across Staffordshire and Stoke-on-Trent had undertaken a consultation process on proposals to form a single Strategic Commissioning Organisation. The proposal recognised the opportunities for better planning, buying and delivery of health care for local people

through one organisation. The proposal also linked well with the NHS's long term plan to work effectively without barriers.

Assurances had been given that the single organisation would:

- remain clinically led and break down barriers in the interests of patients;
- retain strong, local clinical and patient voices to ensure local control;
- respect that different areas of the county may have particular healthcare needs that are different to others and that these particular needs must be considered;
- ensure that no CCG lost out financially as a result of a single Strategic Commissioning Organisation.

Members understood that the CCGs had been working more closely over recent years, including having a single leadership team and staffing structure, and Governing Body meetings held "in common". In December 2018 the CCGs wrote to NHS England informing them of their wish to explore the development of a single organisation.

Two options were considered:

- Option 1 – to keep the current arrangements of six separate CCGS under a single leadership team;
- Option 2 – to develop a single CCG.

Following the consultation feedback a decision was expected in September 2019. Should there be agreement to forming a single organisation the next step would be for the Governing Bodies to make a formal application to NHS England.

RESOLVED – That the progress made to form a single Strategic Commissioning Organisation be noted.

7. Revised Draft Carers Strategy

[Taryn Poole, Commissioning Officer, in attendance for this item.]

A Staffordshire Carers Strategy "All together for Carers" was being developed by SCC and the five Staffordshire CCGs. The Strategy set out the statutory duties for both SCC and the NHS under the Care Act 2014, Children and Families Act 2014 and the NHS Constitution.

The Strategy set out seven priorities:

- identifying carers
- improving information, advice and guidance
- staying healthy
- a life outside caring
- assessment and support
- crisis management
- recognition and value

The draft strategy had previously been considered by the H&WB at their meeting of 6 June 2019. A 12 week consultation had been undertaken, with feedback from this process having overwhelmingly supported the seven priorities as sensible, laudable and

exactly what SCC and the CCGs should be doing to further enhance the lives of carers across Staffordshire. Comments received from the consultation process had been reflected in the final version of the Strategy, including:

- a review of the carers pathway to ensure a single gateway and an equitable approach;
- a review of the commissioned services for carers to ensure they are able to deliver ambitions set out in the Strategy;
- how to strengthen relationships and joint working with the voluntary and community sector to improve collaborative working.

RESOLVED – That:

- a) the Staffordshire Strategy for Carers be endorsed; and
- b) the current review of the Carers Pathway and services arrangements be noted.

8. Staffordshire Better Care Fund Plan 2019/20

[Becky Wilkinson, Health and Care Partnership Manager, West Midlands Better Care Fund Lead, in attendance for this item.]

In March 2019 the H&WB had noted progress of the Staffordshire BCF during 2017-2019 and had agreed an extension of the current BCF schemes into 2019-2020. At their 6 June 2019 meeting the Board had noted publication of the 2019-2020 BCF Policy Framework and the financial risk presented by the delay in publication of the BCF Planning Requirements. These Requirements were published on 18 July 2019 and gave details of the submission and approvals process, confirming the uplift to the CCG cash transfers, which for Staffordshire would be 5.3%. As this represented an additional pressure to CCG budgets, additional funding was being made available to CCGs.

The Board received details of the 2019-2020 BCF Pooled Fund and inclusions in the Plan which, in line with national and regional guidance, would largely be a rollover of the 2017-2019 Staffordshire BCF Plan.

The 2019-2020 Plan had been agreed by the Joint Commissioning Board and would be approved by the CCG Governing Bodies. At their 2019 March meeting the H&WB had delegated sign off for the BCF Plan to the Co-Chairs. Members now heard that the Plan would be submitted no later than 27 September. A simplified assurance process was now in place, with regional moderation through a joint NHS and local government process.

The Board was made aware of continued difficulties in gaining agreement over the pooled funding. However, assurances were given that agreement with the CCGs was expected within the week. As such the Board would be unable to confirm the funding for 2019/20 as set out in recommendation a).

RESOLVED – That:

- a) confirmation of funding for the 2019-2020 Staffordshire BCF (as set out in paragraph 5 of the report) be delegated to the Co-Chairs once agreement with

the CCGs and NHS England has been achieved, and that the Board be notified once this has been achieved;

- b) content of the 2019-2020 Staffordshire BCF Plan be noted;
- c) delegated authority to sign off and submit the BCF Plan to the Co-Chairs be confirmed; and
- d) the submission and assurance timescales for 2019-2020 (as set out in paragraph 14 of the report) be noted.

9. Together We're Better Listening Exercise and Developing the Five Year Plan

A 12 week listening exercise had been undertaken by the Together We're Better Partnership seeking views on health and care services in Staffordshire and Stoke-on-Trent. This was the start of a formal involvement process to gather local experiences and views, particularly focused on areas highlighted in the Case for Change that may require significant transformation. Healthwatch had also undertaken engagement work.

Feedback from both exercises would be reported during Autumn 2019. Key themes were already being shared with the partnership's work programmes to help inform the development of the Pre-Consultation Business Case and the Five Year Plan. It was anticipated that work programmes would produce their long list of options by the Autumn, based on data analysis, clinical feedback and information gathered during the listening exercise. Programmes would then follow a best practice approach to develop a short list of options to be included in the Pre Consultation Business Case.

This was a system plan which required commitment from all organisations in the health and care system to act as one, unifying systems to become more efficient, nimble and responsive, focusing on a preventative agenda.

RESOLVED – That the approach to developing the Five Year System Plan be supported.

10. Forward Plan

The H&WB noted their Forward Plan, and the addition of the following items for their December meeting:

- Commissioning intensions;
- Population health management;
- Early Years Strategy;
- Staffordshire and Stoke-on-Trent Local Transformation Plan;
- MPTF;
- Adult Safeguarding Annual report;
- SEND Strategy;
- Supportive Communities Delivery Plan; and,
- End of Life Public Conversation Progress report.

RESOLVED – That the additions to the work programme be noted.

Chairman



MATTHEW ELLIS

Councillor Alan White – Deputy Leader
Staffordshire County Council
Cabinet Office
Wedgwood Building
Tipping Street
Stafford
ST16 2DH

Date: 30 October 2019

By email: alan.white@staffordshire.gov.uk

Dear Alan

I'm writing to you in your role as Co-Chair of the Staffordshire / Stoke on Trent Health and Wellbeing Board. This follows the Mental Health Crisis Care Concordat presentation by ACC Jenny Sims and Di Malkin (Staffordshire Police), at the Health and Wellbeing Board on 6th December 2018. At the meeting it was agreed that a review of the current Concordat should be undertaken.

I would like to update you on the progress made via the Staffordshire Mental Health and Community Safety Strategic Board's work plan. Initial meetings have taken place with a number of signatory agencies to the original Concordat, and a small cross-agency working group established. We are looking to have a re-drafted Concordat by the end of November which will:

- celebrate the success in meeting the needs of people in crisis in Staffordshire and Stoke-on-Trent
- set out key delivery of services
- extend the scope of the Concordat to other settings including the criminal justice system and further education
- include prevention as a key outcome measure.

My proposal would be to launch the revised declaration at a celebratory event towards the end of February 2020 once agreement is reached.

I would be grateful if you could share this information with members of the Staffordshire Health and Wellbeing Board. If you like further information please contact Dave Spurgeon, Research & Development Manager, Nacro (dave.spurgeon@nacro.org.uk) who is leading on this work on behalf of the Mental Health and Community Safety Strategic Board.

Staffordshire Commissioners Office, Ground Floor, Block 9, Weston Road, Stafford ST18 0YY

Contact us: 01785 232385 Twitter: @StaffsPFCC

www.staffordshire-pfcc.gov.uk

Yours sincerely

A handwritten signature in blue ink that reads "Matthew Ellis". The signature is written in a cursive style with a long, sweeping underline for the first name.

Matthew Ellis
Staffordshire Commissioner – Police, Fire and Rescue, Crime

Staffordshire Health and Wellbeing Board – 08 January 2020

End of Life Voluntary Action Alliance – Update

Recommendations

The Board is asked to:

- a. Support the work of the South Staffordshire End of Life Voluntary Action Alliance in developing a complementary community model for end of life care in Staffordshire.

Background

1. This is an introductory note to a verbal update to be provided by Emma Hodges from the St Giles Hospice on the ongoing work of the South Staffordshire End of Life Voluntary Action Alliance. (VAL)
2. This builds on the update on the VAL provided to the HWBB by Emma in December 2018, following the formation of the Alliance in January 2018. The approach supports the priorities identified via the Director of Public Health's report on End of Life in 2017 and the work of the End of Life STP Board. It also links to the HWBB End of life public engagement and awareness raising undertaken by PH and local partners in Staffordshire.
3. We know that End of Life care can be fragmented and not well connected with support in the community, resulting in poor life experience at a most crucial time. The South Staffordshire End of Life VAL, when formed, comprised of 17 agencies aiming to unite around a community-based vision for end of life care^{1,2} The voluntary sector's contribution is essential to achieving the vision set out in this framework. It also provides opportunities to share that vision with the statutory sector (e.g. via the STP End of Life board) and help them plan a much improved and comprehensive solution for end of life care.
4. At the time of the last update a funding application had been submitted by the Alliance to NHS England for their project focusing on voluntary, community and social enterprise engagement with STPs. The Alliance were asked to submit a paper for funding that would enable benefits to be fast tracked through building capacity and momentum. The HWBB received details of the NHS England approved action plan with details of funding.

¹The National Palliative and End of Life Care Partnership developed an ambitions framework for 2015-2020.
<http://endoflifecareambitions.org.uk/wpcontent/uploads/2015/09/Ambitions-for-Palliative-and-End-of-Life-Care.pdf>

²Ambition Six is that 'Each community is prepared to Help'. (Compassionate Communities)

5. A key element of development was to provide a different approach to Care Planning, to enable front line staff to have the confidence to talk about death and dying, with training on this being part of the work undertaken. Work was also

being considered around development of bottom up care plans and the potential impact of all these changes on care planning (e.g. On the number of care plans). The verbal update will provide information on this and the action research which is informing the further development of the local approach and Community model for end of life in Staffordshire

List of Background Documents/Appendices:

N/A

Contact Details

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Staffordshire Health and Wellbeing Board – 8 January 2019

Together We're Better Five Year Plan

Recommendations

The Board is asked to:

- a. Consider the information provided and discuss how we implement the priorities set out in the Five Year Plan for Staffordshire and Stoke-on-Trent
- b. To comment on the development of the Integrated Care System and share views on relationships with the HWBB.

Background

1. Together We're Better is required to publish its refreshed system Five Year Plan during Winter 2019/20. This will address the national ambitions set out in NHS England's Long Term Plan and respond to the challenges and opportunities faced by staff, public and partners locally.
2. This report aims to provide an update on the system's Five Year Plan that was submitted to NHS England in November 2019.
3. At the time of writing this report (26 November) we are awaiting feedback from NHS England on the submitted plan. As a result, there may be changes to this report and an update can be provided verbally in January.

Developing the Five Year Plan

4. The Five Year Plan is one plan for the whole system, owned by all partners, and will help us realise our vision: working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work. Although the national Long Term Plan is NHS focussed, integration is an essential theme and we're committed to developing a system-wide plan, which is collaborative across health, social care and the voluntary sector.
5. The ambitions set out in the national plan are challenging but realistic and reaffirm our ambitions locally. Much of the work Together We're Better has been doing over the past two years is reflected in the priorities set nationally.
6. A key ambition within the national plan is the development of Integrated Care Systems by 2021. Already the partnership is beginning to evolve to meet this national commitment. The Together We're Better Board will continue to be the vehicle to drive forward this strategic partnership, with conversations already underway amongst system leaders to redesign our approach locally. This includes the need to establish Integrated Care Partnerships, which will be the engine room to drive local transformation of the health and care system.

Informing the development of the Five Year Plan

7. The Together We're Better partnership held a listening exercise between the 3 June and 25 August 2019 to seek views on health and care services in Staffordshire and Stoke-on-Trent. A range of events were held with partners, elected members, health and care professionals, the voluntary sector and service users. The overall response rate is as follows:
 - a. 367 responses to the main involvement survey
 - b. 746 responses to the postcard survey
 - c. 108 listening events, roadshows and workshop events, with a total attendance of 2,975
 - d. 354 participant workbooks completed
 - e. 113 facilitator resource packs
 - f. 69 note taking templates
 - g. 11 pieces of correspondence received
 - h. 108 listening events, roadshows and workshop events, with a total attendance of 2,975.
8. The final Report of Findings from the listening exercise will be published following the general elections.
9. In addition, Healthwatch partners were commissioned by NHS England to undertake involvement activity that would inform the development of the Five Year Plan. This included:
 - a. Two surveys (731 responses) promoted widely: a general survey about health and care services and a specific survey aimed at people with long term conditions
 - b. Focus groups with children and young people (identified as a priority with Together We're Better)
 - c. Focus groups with the public to review NHS support within the care home sector.
10. This collective feedback has been used by the partnership to help inform the priorities included in the Five Year Plan.

System priorities

11. All partners are committed to delivering a plan that will achieve the collective vision: working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.
12. At the heart of this plan is delivering real improvements for local people who use or work within health and care services. The following priorities have been developed by our clinically led work programmes and are explored further in the Five Year Plan.

Delivering the 5 year plan

- Focussed prevention
- Urgent care
- Planned care
- Personalised care
- Mental health
- Maternity
- Cancer
- Learning disability and autism
- Children and young people
- Workforce
- Digital
- Finance

Delivering our system priorities

- Sustainable general practice
- Frailty (Ageing well)
- Continuing Health Care
- Fragmented pathways
- Achieving constitutional standards

Delivery of a sustainable system architecture

- Integrated care system
- Integrated care partnerships
- Primary care networks
- ICT
- System leadership & governance
- System financial management
- Population health management

Financial challenge

13. There is a national ambition to restore financial balance by 2023/24. As a system we have been open and honest about the significant financial deficit faced locally. The Five Year plan will outline our shared approach to delivering a system that is both financially and clinically sustainable.
14. In restoring financial balance, the partnership recognises that bold action will be needed to ensure that every taxpayers' pound is spent wisely. There may be difficult decisions ahead, which will need to be informed by the feedback from local service-users, staff and partners.
15. Work is currently happening across the partnership to undertake detailed activity and workforce modelling based on future models of care. This will help inform the final submission of the Five Year Plan and our overall approach to restoring financial and clinical sustainability.
16. Importantly, we recognise that in restoring financial balance we also need to continue to deliver services that meet local needs and are clinically safe.

System transformation

17. The Five Year Plan sets out the aspirations for the system and is a continuation of the 2016 plan. It highlights a range of short-term service improvements that are already in progress and could be implemented within the next two years. However, we recognise that in order to deliver clinical and financial sustainability we need to continue to progress with the long-term system transformation programme that our clinically led work programmes are driving.
18. We are now in the very early process of developing proposals to improve local health and care services, and continue to work with our clinicians and health professionals to review a number of services that are under consideration:
 - a. Urgent and emergency care

- b. Planned care
 - c. Maternity care
 - d. Integrated community care (South and East of the county)
 - e. Mental health care (South and East of the county).
19. This option appraisal process, which will inform the development of the Pre Consultation Business Case is an essential component of our system-wide Five Year Plan.
20. As part of this process, we held a number of workshops with public representatives and the health and care workforce during October and November 2019. The ambition of these sessions was to:
- a. Agree the 'desirable criteria' that will be weighted and used to score the proposals, for example quality of care, meets local needs and accessibility
 - b. Develop the intermediate list of proposals for service change.
21. This is a continuous journey as our technical experts, including clinicians and staff move from a long-list of proposals to developing a short-list over the coming months. At this moment in time, there are over 800 potential scenarios, or pathways, that have been identified by our clinical and service leads. We want to reassure you that no decisions have been made, and it is too early to predict what changes will be identified through this option appraisal process.
22. The partnership is keen to work closely with the Board at every step of this journey and welcomes the opportunity to provide a further update at a future meeting.

Developing an Integrated Care System

23. A key ambition within the national plan is the development of Integrated Care Systems by 2021. Already the partnership is beginning to evolve to meet this national commitment. The Together We're Better Board will continue to be the vehicle to drive forward this strategic partnership, with conversations already underway amongst system leaders to redesign our approach locally. This includes the need to establish Integrated Care Partnerships, which will be the engine room to drive local transformation of the health and care system.
24. The partnership is keen to work with the Health and Wellbeing Board to develop the local governance and reporting arrangements for the future system. The Health and Wellbeing Board members views are sought on this area.

Publishing the Five Year Plan

25. Once the final feedback is received from NHS England and the general elections are complete, the partnership will plan to publish a public version of the Five Year Plan. This will be available on the website and shared with stakeholders. It will

also be accompanied by a summary and an animation to communicate the system's priorities in an accessible and understandable way.

26. The Five Year Plan will provide the foundation for an ongoing dialogue with service users, clinicians, staff and partners over the coming years.

Further information

27. For more information visit www.twbstaffsandstoke.org.uk or email TWBcomms@staffordshire.gov.uk

Contact Details

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Staffordshire Health and Wellbeing Board – 08 January 2020

Staffordshire Better Care Fund Plan 2019/20

Recommendations

The Board is asked to:

- a. Note that the 2019/20 Better Care Fund (BCF) Plan was approved by the HWBB Co-Chairs and submitted to the Better Care Fund regional team on 27 September;
- b. Note that a request for re-baselining was made in order to correct some historic issues with BCF funding in Staffordshire;
- c. Note the timescales for the approval of the BCF Plan.

Background

1. In March 2019 the Health and Wellbeing Board noted the progress of the Staffordshire BCF during 2017-2019, agreed the extension of the current BCF schemes into 2019/20 and approved the delegation of the final sign-off of the 2019/20 plan to the Co-Chairs of the Board.
2. In June the HWB noted that the 2019/20 BCF Policy Framework had been published and also noted the financial risk presented by the delay in the publication of the BCF Planning Requirements.
3. In July the 2019/20 Better Care Fund (BCF) Planning Requirements were published allowing the drafting of the BCF Plan to commence and removing the risk in relation to BCF funding.

BCF Plan

4. The 2019/20 BCF Plan was drafted, agreed and submitted, in accordance with required timescales, by 27 September 2019. It was approved by the co-chairs of the Health and Wellbeing Board in line with delegation from the Health and Wellbeing Board. It was developed jointly between Staffordshire County Council and the Staffordshire Clinical Commissioning Groups and in accordance with guidance from the national and regional teams, the plan is largely a rollover of the 2017-19 Staffordshire BCF Plan.
5. The 2019/20 BCF Pooled Fund is made up of the following sources of funding:

Funding	£000's
CCG RNF transfers to SCC for ASC (previously SCISH)	18,037
CCG cash transfers to SCC for carers	601
RNF Cash Transfer plus Carers	18,638
CCG cash transfer for costs of Care Act	1,977
Total CCG cash transfer to SCC for adult social care	20,614
CCG directly commissioned services (retained by the CCG)	125
Total CCG contribution to adult social care	20,739
CCG aligned	51,073
iBCF part 1	23,202
iBCF part 2	5,003
Winter pressures	3,542
DFG	8,818
BCF Total	112,377

Approvals Process

6. Timescales for assurance of the BCF Plan and status of each is as follows:

- a. Submission of BCF Plan: 27 September – COMPLETE;
- b. Scrutiny of plans by regional assurance: end October - COMPLETE;
- c. Assurance recommendations considered by departments and NHSE: 5-15 November: COMPLETE
 - i. SCC and the CCGs have received notification that the Staffordshire BCF Plan has been recommended for approval and we await a formal letter to confirm this.
- d. Approval letters issued giving formal permission to spend: w/c 18 November: SUBJECT TO DELAY
 - i. As above, SCC and the CCGs have received notification that the Staffordshire BCF Plan has been recommended for approval and we await a formal letter to confirm this.
- e. Section 75 agreements to be signed and in place: 31 January 2020 – IN PROGRESS AND ON TRACK.

7. Owing to the timing of the writing of this report, a further verbal report will be given at the Health and Wellbeing Board meeting.

Re-baselining

8. Following submission of the Staffordshire BCF Plan, SCC and the CCGs made a request to re-baseline the CCG minimum contribution to social care to ensure that Staffordshire has the resources required to sustain essential services going forward.
9. The purpose of this re-baselining is to ensure that going forward the CCG minimum contribution includes funding to support carers and the Care Act.
10. SCC and the CCGs have received position informal feedback regarding this request, and it is likely that it will be approved. A further verbal report will be given at the Health and Wellbeing Board meeting.

Next Steps

11. Should the Staffordshire BCF Plan be approved SCC and the CCGs would need to have an agreed Section 75 Agreement in place by 31 January 2020. As there are no fundamental changes of the BCF Plan, it is envisaged that this will be a simple refresh of the 2017/19 Section 75 Agreement.

List of Background Documents/Appendices:

N/A

Contact Details

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Staffordshire Health and Wellbeing Board – 08 January 2020

Director of Public Health Annual Report Update

Recommendations

The Board is asked to:

Consider the recommendations in the table, in particular

- a. Invite Together We're Better, Digital Programme to present to the March Board
- b. Seek Updates on Broadband and Digital Infrastructure Strategy from SCC, at the December 2020 Board
- c. Support joined up approaches across the Public Sector

Background

1. The Director of Public Health report was presented to the Board at the June Board and can be found here:

<https://www.staffordshire.gov.uk/Care-for-all-ages/Publichealth/Annual-Reports/Live-long-and-prosper-digital-tech.aspx#Printableversion>

2. At the subsequent September Board meeting, it was agreed that the Chairs write to key organisations to ask them to consider the recommendations from this report.
3. This short report summarises the responses that have been received.

Recommendation	Responses	Comments
<p>R1. Superfast Staffordshire should continue to expand physical infrastructure such as access to broadband.</p> <p>Sent to:L Councillor Phillip White - Cabinet Member for Skills and Employability Darryl Evers – Director of Economy, Infrastructure and Skills</p> <p>Purpose: to highlight the role of physical infrastructure for digital technologies in improving health and well-being and ask for an update on rollout.</p>	<p>Staffordshire County Council Coverage extends to 96% of the Staffordshire population and take up has exceeded 60%</p> <p>Plans for the remaining 4% include discussions with 30 Communities about Community Fibre Partnerships</p> <p>Development of a Digital Infrastructure Plan for the next generation of digital infrastructure</p> <p>Together We're Better The Digital Programme view</p>	<p>HWBB should ask for an update on 4% of the population without access to High Speed Broadband – December 2020 Board meeting</p> <p>HWBB should ask for detail about the Digital Infrastructure plan when it is developed – December 2020 Board or earlier if plan is available</p>

Recommendation	Responses	Comments
	<p>the availability of infrastructure and supporting technology as critical to the success of the strategy and accordingly will work with both Staffordshire County Council and Stoke City Council to ensure high speed access to internet services</p>	
<p>R2. Staffordshire County Council, alongside relevant adult education and skills partners promote awareness of education and training opportunities to help residents develop basic digital skills.</p> <p>Sent to: Councillor Phillip White - Cabinet Member for Skills and Employability Darryl Evers – Director of Economy, Infrastructure and Skills</p> <p>Purpose: to ask that the Council promote awareness of education and training opportunities to help residents develop basic digital skills, along with details of how this will be achieved.</p>	<p>Staffordshire County Council</p> <p>SCC is a Grade 2 Good Learning Provider - community learning delivered to 4000 adults each year. This programme of learning includes basic and functional digital skills</p> <p>SCC ask that partners promote and signpost clients to relevant learning opportunities</p> <p>Together We're Better</p> <p>Citizen digital capability is fundamental to enabling people to take greater control over their health and wellbeing and accordingly the Digital Programme view the development of this capability as critical to the success of the programme. The Digital Programme will work with both local authorities to ensure generic skills programmes are in place. Additionally, skills packages will be developed to support patients where specific technology has been deployed.</p>	<p>HWBB should seek assurance that digital learning is connected, between NHS and SCC, where appropriate. March 2020</p>
<p>R3. Staffordshire Health and Wellbeing Board should take a lead in increasing public</p>	<p>Staffordshire County Council</p>	<p>The HWBB should encourage and promote</p>

Recommendation	Responses	Comments
<p>awareness of health and care digital technologies to help them improve health and wellbeing or better self-manage their condition.</p> <p>Sent To: Councillor Bryan Jones – Cabinet Support Member for Digital Community John Tradewell – Director of Corporate Services Andrew Donaldson – Head of Strategy</p> <p>Purpose: to run a campaign for Supportive Communities including the role of digital information, advice and guidance.</p>	<p>Supportive Communities Programme includes a commitment to improve our website and Staffordshire Connects with a strong focus on self help and self-management</p> <p>Plans will be developed to promote Digital and Assistive Technology in 2020</p> <p>We are exploring other opportunities around digital tools for wellbeing, like ORCHA</p> <p>Together We're Better</p> <p>The Digital Programme view awareness as a critical success factor</p> <p>Would welcome discussions on developing a consolidated approach</p>	<p>consolidated and coordinated approach between NHS, TWB and SCC, to promote public awareness of digital technologies. The Board should seek feedback at the March Board meeting.</p>
<p>R4. Staffordshire NHS and Staffordshire County Council should provide continuous learning and tools for the health and care workforce to enable them to develop the skills and knowledge to 'digitally prescribe' where there is a good evidence base.</p> <p>Sent To: Sir Neil McKay – STP Chair Simon Whitehouse – STP Director</p> <p>Councillor Phillip White - Cabinet Member for Skills and Employability Darryl Eysers – Director of</p>	<p>Staffordshire County Council</p> <p>Adult Social Care have been promoting Assistive Technology for a number of years, but recognise the need to improve the digital confidence of practitioners.</p> <p>When available ASC will be using a digital skills audit commissioned by Health Education England to assess needs and provide support to the workforce</p> <p>Together We're Better</p> <p>The Digital Programme recognises that workforce capability and capability to</p>	<p>HWBB should encourage join up of the system to enhance the digital skills of the workforce</p> <p>Options</p> <p>The HWBB and TWB should sponsor an Assistive Technology workshop in 2020 to coordinate the availability and awareness of Assistive Technology</p> <p>The HWBB should encourage the development of a joined up approach to developing workforce capability across the Public Sector</p>

Recommendation	Responses	Comments
<p>Economy, Infrastructure and Skills</p> <p>Purpose:</p> <p>to ask that they provide continuous learning and tools for the health and care workforce along with details of how this will be achieved.</p>	<p>lead digital transformation is critical</p> <p>Use a series of initiatives to develop skills in terms of how to use and how to apply technology</p>	
<p>R5. Staffordshire County Council and Staffordshire NHS should promote digital IAG to support people to live healthier and longer lives. ORCHA should be used as a resource to help individuals and front-line staff to access a range of applications that have been graded for their suitability and effectiveness.</p> <p>Sent to:</p> <p>Sir Neil McKay – STP Chair Simon Whitehouse – STP Director</p> <p>Andrew Donaldson – Head of Strategy</p> <p>Purpose:</p> <p>to ask that they promote digital IAG along with details of how this will be achieved. Board to support development of a ‘toolbox’ that incorporates information about ORCHA, digital information, advice and guidance, Assistive Technology and Telecare.</p>	<p>Staffordshire County Council</p> <p>Supportive Communities Programme includes a commitment to improve our website and Staffordshire Connects with a strong focus on self help and self-management</p> <p>Plans will be developed to promote Digital and Assistive Technology in 2020</p> <p>Together We’re Better</p> <p>The Digital Strategy incorporates the development of a Digital Health and Care Gateway defined as a single point of access for citizens. Whilst this will include access to records, personal and generic health and care information it will also be used as a generic and bespoke signposting and health promotion tool. This gateway will incorporate signposting to valuable and approved apps for citizens to access which is likely to be powered by a service such as ORCHA</p>	<p>See R3</p>
<p>R6. Staffordshire NHS should</p>	<p>Together We’re Better</p>	<p>The HWBB should seek</p>

Recommendation	Responses	Comments
<p>promote use of the NHS app to help people manage their primary care online.</p> <p>Sent to:</p> <p>Sir Neil McKay – STP Chair Simon Whitehouse – STP Director Stuart Lea - Programme Director and CIO</p> <p>Purpose:</p> <p>short report about how the NHS will promote the use of the NHS app to help people manage their primary care online, and details about coverage currently and anticipated.</p>	<p>The Digital Programme view the NHSApp as a high-level tool to access a summary view of their record as well as some other basic information. Critically, the NHSApp also includes a patient level authentication tool (NHSLogin) which will be used to authenticate to both the Digital Health and Care Gateway as well as any other tools locally or nationally developed such that patients do not have multiple usernames and passwords. The Digital Programme view the promotion of both the NHSApp and the wider Health and Care Gateway as part of a consolidated publicity campaign</p>	<p>assurance that there is broader understanding and join up of the system with regard to the NHS App and the wider health and care gateway</p> <p>Ask TWB Digital Programme lead to present the Digital Programme to the March 2020 Board</p>
<p>R7. Staffordshire NHS should promote the use of applications such as MyCOPD to help people manage long-term conditions where there is good evidence that they are effective - and invest in them where there is good evidence that they are cost saving.</p> <p>Sent to:</p> <p>Sir Neil McKay – STP Chair Simon Whitehouse – STP Director Stuart Lea - Programme Director and CIO</p> <p>Purpose:</p> <p>short report about how the NHS will promote applications to help people manage long-term conditions, and details about coverage</p>	<p>Together We're Better</p> <p>Ref 5</p>	<p>See 5</p>

Recommendation	Responses	Comments
currently and anticipated.		
<p>R8. Staffordshire NHS should roll out flash glucose monitors and insulin pumps for eligible diabetic people, in line with NHS policy and NICE guidelines.</p> <p>Sent to:</p> <p>Dr Gary Free – Cannock Chase CCG Chair Dr Rachel Gallyot – East Staffordshire CCG Chair Dr Alison Bradley – North Staffordshire CCG Chair Dr Shammy Noor – South East Staffordshire and Seisdon Peninsula CCG Chair Dr Paddy Hannigan – Stafford and Surrounds CCG Chair Marcus Warnes – Accountable Officer, Staffordshire CCGs</p> <p>Purpose:</p> <p>to ask for details about current and anticipated use of flash glucose monitors and insulin pumps.</p>	<p>Together We're Better</p> <p>This is not specifically covered within the Digital Strategy although outside of this the CCGs have already approved a NICE compliant policy on Flash Glucose monitoring.</p> <p>CCGs</p> <p>All six Staffordshire and Stoke-on-Trent CCGs commission insulin pumps in line with NICE Technology appraisal guidance [TA151]: Continuous subcutaneous insulin infusion for the treatment of diabetes mellitus (Published July 2008, Reviewed May 2011) https://www.nice.org.uk/guidance/ta151</p> <p>On the 25th April 2019 the Staffordshire and Stoke-on-Trent CCGs Governing Body meeting in common approved the Commissioning Policy for Flash Glucose Monitors meaning access to the provision was available to eligible patients from the 1st May 2019. For your information I have enclosed a copy of the Commissioning Policy which clearly sets out the pathway of care for eligible patients.</p>	<p>Achieved</p>
<p>R9. Staffordshire NHS through the STP digital workstream should keep abreast of developments with other biometric monitoring and implantable drug delivery devices and introduce these</p>	<p>Together We're Better</p> <p>The Digital Programme has a series of research and development orientated projects incorporating technology enable care</p>	<p>The HWBB should ask for regular (annual) feedback on the horizon planning undertaken by the Digital Programme, starting with a presentation by TWB digital programme to the March</p>

Recommendation	Responses	Comments
<p>into clinical practice as evidence emerges to demonstrate their effectiveness and cost-effectiveness.</p> <p>Sent to:</p> <p>Sir Neil McKay – STP Chair Simon Whitehouse – STP Director Stuart Lea - Programme Director and CIO</p> <p>Purpose:</p> <p>asking for short report about how the NHS keeps abreast of these developments and any plans for introducing biometric monitoring and implantable drug delivery devices.</p>	<p>services and artificial intelligence. The role of these projects is to horizon scan for the most promising solutions, select specific ones for pilot and produce a structured review and recommendation. Where there are positive recommendations the project will develop business cases to secure investment and wider delivery</p>	<p>HWBB</p>
<p>R10. The Health and Wellbeing Board should ask for a report on the Staffordshire Integrated Care Record as it is rolled out to examine the benefits and costs.</p> <p>Sent to:</p> <p>Sir Neil McKay – STP Chair Simon Whitehouse – STP Director Stuart Lea - Programme Director and CIO</p> <p>Purpose:</p> <p>short report about the Integrated Care Record.</p>	<p>Together We're Better</p> <p>The Staffordshire ICR is currently well underway with the first deliverables being expected in January 2020. It is too early to produce a meaningful report beyond what has already been shared with Staffordshire County Council who are a partner in its development. A further report will be produced once the system has gone live.</p>	<p>The HWBB should ensure that the ICR is on the forward plan. Ask the TWB Digital Programme to report to March 2020 Board</p>
<p>R11. Staffordshire NHS, through the STP digital workstream, should ensure that GP telemedicine is</p>	<p>Together We're Better</p> <p>Telemedicine pilots & projects are included with</p>	<p>The HWBB should ask for further detail.</p> <p>Ask the TWB Digital</p>

Recommendation	Responses	Comments
<p>thoroughly evaluated as it is rolled out.</p> <p>Sent to:</p> <p>Sir Neil McKay – STP Chair Simon Whitehouse – STP Director Stuart Lea - Programme Director and CIO</p> <p>Purpose:</p> <p>short report about the roll out of GP telemedicine.</p>	<p>research and development projects</p>	<p>Programme to report to March 2020 Board</p>
<p>R12. Staffordshire NHS, through the STP digital workstream should explore opportunities to roll out teledermatology and teleradiology, within a properly regulated framework to ensure good standards of care.</p> <p>Sent to:</p> <p>Sir Neil McKay – STP Chair Simon Whitehouse – STP Director Stuart Lea - Programme Director and CIO</p> <p>Purpose:</p> <p>short report about NHS plans for introducing teledermatology and teleradiology.</p>	<p>Together We're Better</p> <p>See above (Ref R9). Telemedicine pilots and evaluations are included within the research and development projects and teledermatology has already been identified as a priority area especially when coupled with artificial intelligence to recognise a good percentage of skin conditions.</p>	<p>See 11</p>
<p>R13. Staffordshire NHS should roll out online CBT to expand access for people with depression and anxiety in line with NICE guidelines.</p> <p>Sent to:</p>	<p>Together We're Better</p> <p>The Digital Programme would view this as being part of a consolidated publicity campaign around digital health and care engagement.</p>	

Recommendation	Responses	Comments
<p>Dr Gary Free – Cannock Chase CCG Chair Dr Rachel Gallyot – East Staffordshire CCG Chair Dr Alison Bradley – North Staffordshire CCG Chair Dr Shammy Noor – South East Staffordshire and Seisdon Peninsula CCG Chair Dr Paddy Hannigan – Stafford and Surrounds CCG Chair Marcus Warnes – Accountable Officer, Staffordshire CCGs</p> <p>Purpose: to ask for details about current and anticipated access to online CBT.</p>	<p>CCGs</p> <p>All Staffordshire and Stoke-on-Trent CCGs commission Improving Access to Psychological Therapies (IAPT) to provide access for at least 22,931 patients with anxiety and/or depression in 19/20. These services are fully compliant with NICE guidance and provide evidence based treatment pathways. In all areas digital therapy is provided utilising evidence based CBT packages; in addition we also offer digital therapy with specific Long Term Condition (LTC) modules for patients whose LTC is impacting their mental health.</p> <p>Staffordshire and Stoke-on-Trent CCGs are recommissioning all of the IAPT services to bring them under one single lead provider for 2020/21. The provision of digital therapy is specified within the new tender and we hope to extend the current offer.</p>	
<p>R14. Staffordshire maternity services and health visitors should promote the use of Breastfeeding Friend to support women to initiate and sustain breastfeeding.</p> <p>Sent to:</p> <p>David Wakefield – Trust Board Chair Tracy Bullock – Chief Executive</p> <p>Purpose:</p>	<p>Together We're Better</p> <p>The Digital Programme views this as a growth area and accordingly are keen to ensure there is consolidated development in this area. Furthermore, it should be recognised that such technologies work best at scale and accordingly the Digital Programme are keen to bring all local partners together to work in unison on piloting and deploying such solutions.</p>	<p>UHNM has declared n interest in becoming more involved in the HWBB</p> <p>The HWBB may wish to consider adding delivery organisations such as UHNM to the membership of the Board</p>

Recommendation	Responses	Comments
<p>to ask that they promote the use of Breastfeeding Friend along with details of how this will be achieved.</p>	<p>UHNM has been Baby Friendly sine 2002.</p> <p>All Staff undertake breastfeeding training on an annual basis, and there is a mandatory 2 day course for new starters</p> <p>The Link to Breastfeeding Friends has been added to to the infant feeding pages on the UHNM website</p> <p>UHMN does not employ Health Visitors</p>	
<p>R15. The Health and Wellbeing Board should promote telecare and assistive technology and signpost people to useful devices.</p> <p>Sent to:</p> <p>Andrew Donaldson – Head of Strategy</p> <p>Purpose:</p> <p>a campaign for Supportive Communities including the role of telecare and assistive technology.</p>	<p>Staffordshire County Council</p> <p>Plans will be developed to promote Digital and Assistive Technology in 2020</p> <p>Together We're Better</p> <p>The Digital Health and Care Gateway and “Staffordshire Apps Store” can incorporate such tools where there are free to use. Where such tools require funding then the Digital Programme are working with the CCG to develop and approach to Digital Commissioning to ensure that both Digital requirements are embedded into current health and care contracts and new technologies are available within such services</p>	<p>See R3 and R4</p>
<p>R16. The Health and Wellbeing Board should monitor the national evidence base for assistive technology</p>	<p>Together We're Better</p> <p>Whilst wider than the Digital agenda the Digital</p>	<p>See R4</p>

Recommendation	Responses	Comments
<p>and telecare and encourage local providers to participate in evaluation of telecare and assistive technology.</p> <p>Sent to:</p> <p>Andrew Donaldson – Head of Strategy</p> <p>Purpose:</p> <p>to sponsor a workshop for providers to highlight the opportunities from assistive technology and telecare.</p>	<p>Programme are able to contribute through the digital health promotion channels being developed through the Digital Health and Care Gateway.</p>	
<p>R17. Staffordshire County Council and Staffordshire NHS should consider the role that robots might play in provision of care and should future-proof new facilities so that robots can be introduced as the technology matures.</p> <p>Sent to:</p> <p>Sir Neil McKay – STP Chair Simon Whitehouse – STP Director Becky Jones – Programme Director, Estates Programme</p> <p>Purpose:</p> <p>asking for assurance that the role of robots has been considered in the design of new facilities.</p>	<p>Together We're Better</p> <p>Ref 9</p>	

Contact Details

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Staffordshire Health and Wellbeing Board – 08 January 2020

Families Strategic Partnership Annual Report 2018/19

Recommendations

The Board is asked to:

- a. Endorse the Families Strategic Partnership (FSP) Annual Report 2018/19 and acknowledge the contributions to deliver the Health and Wellbeing Board (H&WBB) Strategy.
- b. Agree that the FSP will not produce an annual report for 2019/20 and instead produce a revised FSP strategy and governance structure for the H&WBB to review in Summer 2020.

Background

1. To monitor progress to deliver the Staffordshire's Children, Young People and Families Strategy (www.staffordshire.gov.uk/fsp), the Families Strategic Partnership (FSP) has produced its second Annual Report (see Appendix 1).
2. The Annual Report details activities that the FSP has been involved in during 2018/19 as well as providing a high level overview of key activities it will undertake in 2019/20.
3. All partners within the Families Strategic Partnership (particularly sub-group leads) have contributed to the development of the Annual Report, including: Staffordshire Office of the Police and Crime Commissioner, Staffordshire Police, Staffordshire County Council, Staffordshire Fire and Rescue Services, Staffordshire Council of Voluntary Youth Services (SCVYS).
4. In 2019/20, the FSP has expanded to include the Special Educational Needs and Disability (SEND) partnership and Education Strategy forum. In addition, the FSP has requested for the Children and Young People's JSNA to be updated so that the partnership can continue to be intelligence led. Partners have agreed that the timing is right to review the FSP infrastructure to ensure that it is fit for the future and is focusing on the right deliverables to improve outcomes for children, young people and families in Staffordshire.
5. Following the completion of the JSNA, the FSP will hold workshops to review the existing arrangements and actions will take place to:
 - a. Update the FSP Strategy and revise its priorities and work programme
 - b. Review the governance arrangements and make any necessary changes to improve it.

6. In place of the 2019/20 annual report, the revised FSP strategy and governance structure will be shared with the H&WBB in Summer 2020 for consideration and approval.

List of Background Documents/Appendices:

Appendix 1: Families Strategic Partnership Annual Report 2018/19

Contact Details

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Report Author: Kate Sharratt, Head of Intelligence, Improvement and Development, Staffordshire County Council

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Email Address: katherine.sharratt@staffordshire.gov.uk

Partners in the Families Strategic Partnership Board and Families Partnership Executive Group have contributed to the development of the Annual Report.

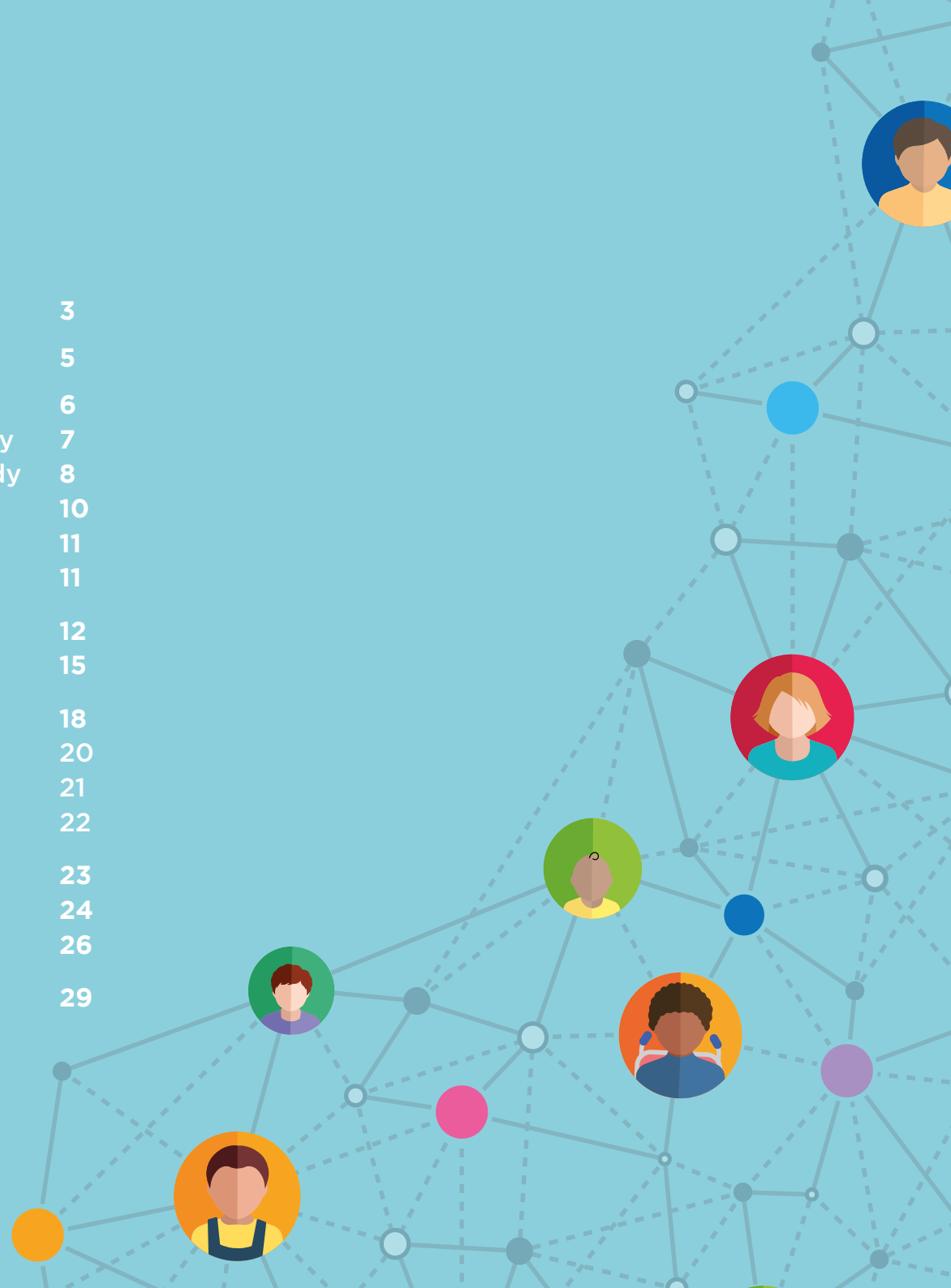
Family Strategic Partnership

Annual Report 2018/19



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Executive Summary

Our goal is to make Staffordshire one of the best places for children, young people and families to live.

We want to bring everyone together to make sure that Staffordshire is a place where families feel valued and happy so that our children have the best start in life.

Most people in Staffordshire are healthy, happy and can enjoy life. We play a big role in this and are proud of what we do to support our communities.

This last year (2018 – 2019) has been an incredibly positive but challenging year for Staffordshire’s Families Strategic Partnership. In the face of increasing financial pressures, we have continued to put actions in place that help partners improve support for families at their earliest point of need, by implementing our Early Help strategy and ‘Place Based Approach (PBA)’ initiative.

We have continued to build strong partnership arrangements capable of addressing the challenges our communities face. It is important that we continue to utilise this and accelerate our joint response to provide a sustainable offer for the future, against a backdrop of ever diminishing resource. The success of the partnership today and continued success tomorrow is our joint responsibility.

This report highlights some of our achievements from the last year as we continue to pursue our joint purpose. This is only the beginning; we hope to build on the successes achieved to date.



Helen Riley

Helen Riley

**Chair of the
Family Strategic
Partnership Board**



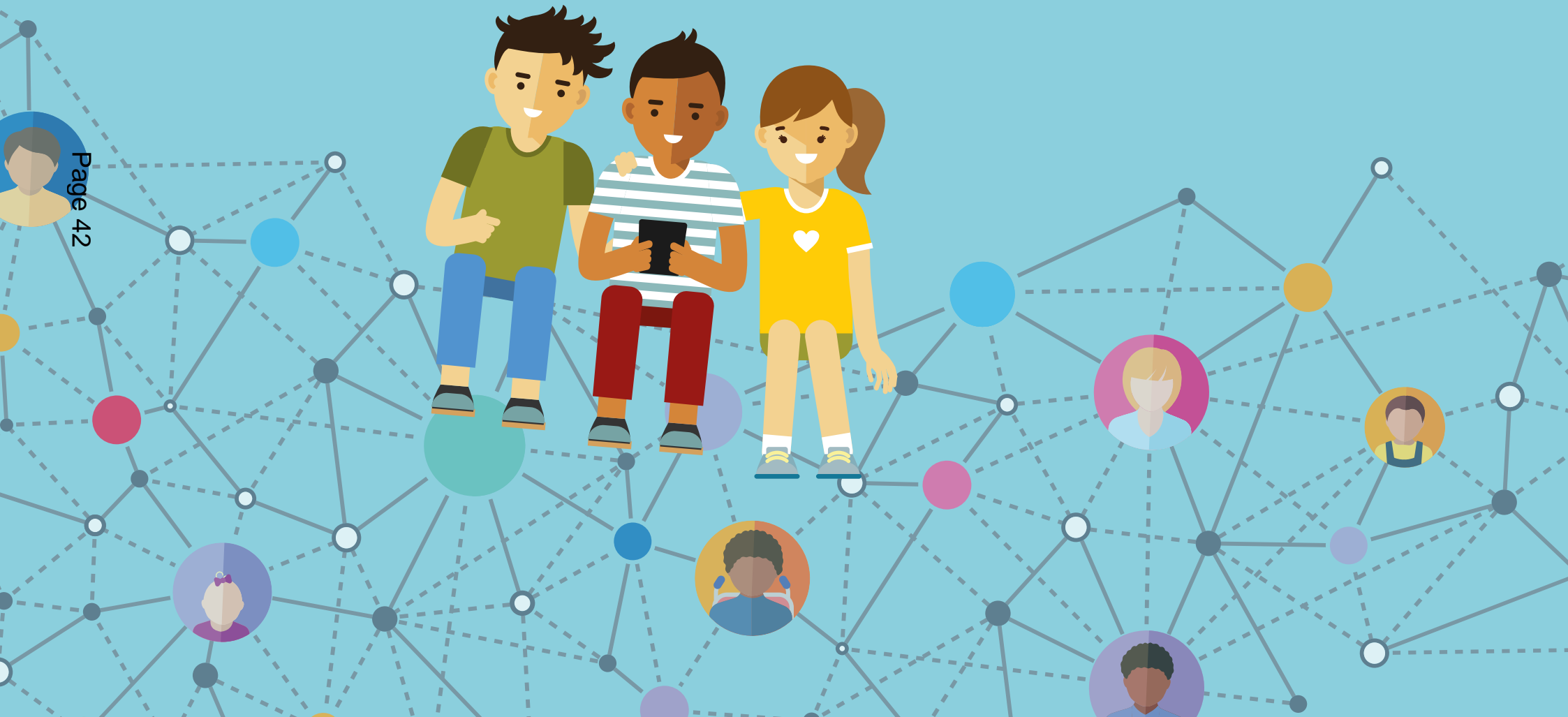
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Glynn Luznyj

**Vice Chair of the
Family Strategic
Partnership Board**



Introduction



The Families Strategic Partnership (FSP) is made up of a Families Strategic Partnership Board (FSPB) that is supported by a Families Partnership Executive Group (FPEG). The FSP reports into the Health and Wellbeing Board (H&WBB) and works closely with the Stoke-on-Trent and Staffordshire Safeguarding Children Board.

The partnership was formed in Autumn 2015 and has continued to go from strength to strength.

All activities commissioned by the partnership have 'improving outcomes for children, young people and families' at their heart and partners work in a true collaborative manner to deliver the strategy.

Following the H&WBB strategy refresh in 2018, the FSP have also refreshed their strategy in 2019. The strategy can be viewed [here](#).

The strategy, outcome framework and the delivery plan were developed with partners based on a Joint Strategic Needs Assessment and through 1:1 interviews and workshops between the FSPB and FPEG.

The outcomes identified are measurable and designed to monitor progress against the three high level outcomes of the Children and Families Strategy, that children and families are happy and healthy, feel safe and belong, achieve and contribute.

An overview of Staffordshire's current performance figures can be found on the [interactive dashboard](#)



Summary of Activity

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Early Help, Place Based Approach and Earned Autonomy

The Stoke-on-Trent and Staffordshire Safeguarding Children Board's Early Help Strategy encourages all partners to work together to support the needs of children and families at the earliest possible opportunity, to prevent issues escalating to a point where statutory services are required.

Prevention and early intervention are key to help families' live safe and happy lives. Working locally with partners to spot issues early and address the root causes of problems means we can help families sooner and provide them with the support and tools they need to move forward in a positive way.

In Staffordshire, a decision was made to align the Early Help, Place Based Approach and Earned Autonomy activity to reduce duplication and enable effective implementation. This hasn't come without its challenges as it has required a culture shift and at a time when resources invested in Early Help initiatives are reducing.

Following the successful application for Earned Autonomy status, partners have embedded new governance arrangements aligning four work streams (Building Resilient Families and Communities, Early Help, Place Based Approach and Earned Autonomy) into one.

Examples of outcomes that partners have achieved together are detailed below:

- **A total redesign of the Early Help paperwork and implementation of new processes that improve information gathering. This has enabled practitioners to focus on support that is required to deliver outcomes for individuals and families.**
- **the new and locally developed Early Help Performance Framework has been used across the 8 districts to identify 3-5 local partnership priorities. These priorities have provided the focus for a District Plan to deliver Earliest Help and intervention through a whole family approach using allocated Earned Autonomy funding.**
- **Earliest Help Showcase Events have taken place across the 8 districts to raise awareness of the local community-based support offer that is available in each district. These events have improved awareness of the local voluntary and statutory support systems available.**
- **A newly devised tool designed to evidence the level of partnership maturity was tested in each district. The results were used to evidence where further development are required to become mature in our partnerships by March 2020.**
- **Partnership Harm Reduction Hubs focused on earlier intervention and partnership working to support vulnerable people are now running in all districts. This has resulted in a reduction of reported domestic violence cases in Tamworth and Newcastle.**
- **The Commissioned Family Support Service, the Schools Referral Service and the Child Health and Wellbeing service are contributing and supporting the Early Help agenda.**

Summary of Activity

Building Resilient Families and Communities - Case Study

Who is in the family?

A father, mother and 6 children

What were the issues?

In October 2017, the Family Intervention Partnership (FIP) began to support the family. Whilst working with the family the concerns escalated resulting in the children becoming subject of a child protection plan in December 2017 under the category of neglect. There were significant concerns regarding the parent's mental health, substance use, financial difficulties, housing issues and the lack of attendance at health appointments. There were also concerns regarding parental conflict and domestic abuse, leading to the parents' separation.

The situation worsened when the father moved five children into his elderly mothers 3 bed terraced property. The eldest teenage child stayed in the old family home with his newly pregnant girlfriend. However, this property was then ordered for repossession, leaving the eldest child at risk of becoming homeless.

Cont...



Summary of Activity

What interventions took place?

- Our team offered financial support to the father and helped him apply for benefits.
- We helped the father put in a housing application and social needs assessment so he could move into a more suitable home.
- Direct work was completed with the children to explore their wishes and feelings.
- We helped the father to support his family by helping him establish a routine and improved his communication with the children's schools.
- An application for free childcare 'Think 2' was made for the youngest children. The eldest teenage son was helped attain housing, financial stability and ongoing support for him, his girlfriend and unborn child. Food parcels were provided whilst he was settling in to new accommodation.

What was the outcome?

- The father is now financially stable, and has made an application for a council property.
- All children are now attending school and nursery regularly.
- The youngest children's immunisations are now all up to date.
- The children have attended arranged contact meetings with their mother.
- The Child Protection Plans have ceased as it was no longer felt that the family needed any further local authority involvement.
- The eldest teenage son now has his own property and is accessing the appropriate benefits.
- A referral was made to the local support team to help his girlfriend and their unborn child. Their baby has arrived and is progressing very well, and they are thriving as parents.



Summary of Activity

Early Years

The Early Years Advisory Board has continued to champion the importance of the Early Years. We have agreed with the FSP that Early Years will be a priority and we are working with partners to agree the strategy and delivery plan.

Nationally there is more focus on a system wide approach to the Early Years and as a result policy changes are being implemented. This has resulted in the partnership;

- **Completing a Partnership Maturity Matrix to assess our position across the Early Years system.**
- **Accessing the Early Years Peer Review Training.**
- **Submitting a joint bid with Stoke-on-Trent for the Early Outcomes Fund.**
- **Starting the development of an Early Years Strategy, Delivery Plan and Vulnerability Pathway.**
- **We are looking to launch a campaign linked to articulate the importance of the word gap in Early Years but linked to wider parenting skills and aspiration.**

The eight district based Family Improvement Boards continue to support and challenge the delivery in each locality. Each board has target groups they are seeking to engage and priorities that they are seeking to achieve. They have achieved success in the following areas;

10

- **The number of volunteers has increased from 128 to 168 since March 2018. Most of the Children's Centre volunteers tend to be from the target groups. These volunteering opportunities are often helping mothers to build their confidence and self-esteem, learning new skills to help them improve their lives.**
- **Within Staffordshire 71.2% of early years foundation stage children who have received referral-based family support have achieved their Good Level of Development. Four of the eight districts achieved over 80%. These are Cannock at 80%, Lichfield at 78.9%, Newcastle-under-Lyme at 90% and Tamworth at 90.9%.**
- **The reach for families living in the 0-30% Lower Layer Super Output Areas (LSOA's) has increased to 78%. Ofsted deem this engagement as a high volume of target users.**
- **The governance has improved with the locality board successfully delivering priorities identified by the partnership including; a reduction in obesity in South Staffordshire, an improvement in the Good Level of Development, improved access to Children's Centre service and embedded delivery of the Health and Wellbeing Service particularly the Community Development Officer who is becoming actively involved in supporting local priorities.**

Space

Space was introduced by the Staffordshire Commissioner for Police, Fire and Rescue and Crime, Matthew Ellis, to bring together public, voluntary and private sector organisations to help nurture, support and guide youngsters across the county.

The 2018 programme was the most ambitious and successful yet with a record number of places for 8-to-17-year-olds being filled during the summer holiday period throughout Staffordshire and Stoke-on-Trent and is aligned to the wider children and families system.

Space 2018 was another huge success with attendances reaching over 30,000 and youth Anti-Social Behaviour (ASB) reports reducing by 41% when compared to the same period in 2017. The Space 2018 report can be viewed [here](#).

ASB reduced from 1110 recorded youth-related ASB incidents in the county in 2017 to 659 registered this 2018 over the summer period. The most significant drop came in Newcastle-under-Lyme, where there were 69 recorded youth-related ASB incidents during the recent summer holidays – compared to 147 during the corresponding period last year. This represented a drop of 53.1 per cent.

Engagement with the targeted cohorts has shown mixed successes with some areas achieving high numbers of engagement through effective referral pathways and planning, whilst some areas have not been able to evidence good engagement. This will be addressed in 2019 as funding has been made available again for Space and requirements are being agreed with local authorities. Planning includes work to improve and develop referral pathways and engagement with targeted cohorts.

FSP Newsletter

The FSP understand that it is important to raise awareness of our work and to share our progress with the children and families' workforce across Staffordshire. Each quarter, the partnership has worked together to develop a digital round up of our work and partnership activity taking place across the county.

The digital FSP newsletter has grown in popularity and engagement since its beginnings in January 2018. The readership has increased to almost 3,000 unique subscribers and has a total open rate of 57% in the last newsletter of the quarter.

FSP newsletter from 2018-19 can be viewed on the [Family Strategic Partnership website](#).

Voices of Children, Young People and Families

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Voices of Children, Young People and Families

The overall aims of the Voice of Children, Young People and Families work strand are based on the results of the annual Make Your Mark Survey. The tables below show the results from the annual Make Your Mark Survey. The table on the left represents the key issues for local Staffordshire children and the table on the right shows the national priorities.

Staffordshire



Issue	
Mental Health	1.504
Knife Crime	1.305
Period Poverty	869
Equal Pay	801
Homelessness	747
Curriculum for life	630
Votes at 16	484
Transport	312
Welcome Refugees	234
Youth Services	130

National (UK)



Issue	
Mental Health	181,691
Knife Crime	196,897
Period Poverty	102,172
Equal Pay	128,147
Homelessness	120,017
Curriculum for life	102,331
Votes at 16	80,688
Transport	77,985
Welcome Refugees	62,490
Youth Services	43,559

Voices of Children, Young People and Families

Here is a sample of some of the amazing work that has taken place over the last 12 months to improve how we are capturing and acting on the voices of children, young people and families:

- **Created more meaningful opportunities for children, young people and families to influence and shape commissioning from start to finish.**
- **Used social media to better engage with children, young people and families.**
- **Worked with partners in libraries to promote the Make Your Mark survey.**
- **Decorated the Children and Adolescent Mental Health Services (CAMHS) buildings to be more friendly and inviting for young people.**
- **A digital platform has been created to help sign post care leavers to support.**
- **The Youth Council has helped test the 'Wham Plan' platform that helps children and young people manage their mental health.**
- **We elected four new Youth Council representatives**

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Other Workstream Activity

Activity	Outcome
<p>Reducing Infant and child mortality</p> <p>Improving parenting aspirations, self-esteem and parenting skills</p>	<ul style="list-style-type: none"> ● The Maternity Transformation Board has prevention as a key priority. ● The Smoking In Pregnancy is out to tender, Breastfeeding and Campaigns for the Child Death Overview Panel (CDOP) are areas of focus for 2018/19. As such we have secured additional funding to deliver Breastfeeding Peer Support Programme via the Children's Centre's, Promotional materials to support key messages for Midwifery colleagues to identify those in need of support. We will continue to monitor the effectiveness of this work to ensure it impacts on the prevention indicators such as infant mortality. ● Smoking in Pregnancy Service out to tender focussed on delivering a service to those most in need as a way to prevent infant mortality. ● Parenting impacts on all aspects of the partnership. ● As such partners have met to assess the current offer and how we identify those most in need, which has led to the development of the Vulnerable Families Pathway. ● We have started working on a campaign which will be launched in spring, this campaign will focus on the important role that parents play. ● As part of the strategy development there is a clear ask of parents which will be delivered through all aspects of partnership work.
<p>Reduce avoidable hospital admissions</p>	<ul style="list-style-type: none"> ● The Children's Staffordshire Transformation Project has been established and has met to agree that they will complete a prioritisation process of which injury prevention will be considered.

Cont...

Other Workstream Activity

Activity	Outcome
Active communities to combat obesity	<ul style="list-style-type: none"> • A task and finish group has been set up to deliver this priority involving key stakeholders. • The task and finish group have developed and submitted an obesity trailblazer bid to Public Health England (PHE) which will focus on increased physical activity and more generally healthy lifestyle choices. • The group has identified aspirations to improve the offer with a delivery plan for 2019/20 linked to the Placed Based Approach (PBA.)
Supporting schools to improve the wellbeing of children and young people through school based Personal Social and Health Education (PSHE)	<ul style="list-style-type: none"> • Cannock area used to pilot a new way of working. • We have been working with a number of schools in Cannock to identify local needs, good practice and existing resources used by schools. This will be used to identify any gaps for both universal PSHE provisions and targeted programmes. • Working with Regional and national PSHE lead to identify barriers for schools in delivering PSHE
Improve the emotional health and wellbeing of children, young people and families	<ul style="list-style-type: none"> • In July 2018, a Emotional Wellbeing Needs Assessment was published that provided a robust position statement. The Needs Assessment looked at the whole family (including partners) and the findings were shared with the Health and Wellbeing Board in Summer 2018. • The Emotional Wellbeing Strategy for Stoke and Staffordshire - has been refreshed. Further work is underway to develop the implementation plan. • The Health and Wellbeing Board will ensure that adults and children's services will work together to help improve emotional wellbeing outcomes for those within a household. • There is a proportion of poor emotional health that is preventable with robust preventative work. The Early Help, PBA and Earned Autonomy work will support this cohort.

Other Workstream Activity

Activity	Outcome
Reducing Infant and child mortality	<ul style="list-style-type: none"> Maternity Transformation Board has prevention as a key priority. Staffordshire have identified that Smoking in Pregnancy, Breastfeeding and Campaigns for the Child Death Overview Panel (CDOP) are areas of focus for 2018/19. As such we have secured additional funding to deliver Breastfeeding Peer Support Programme via the Children's Centre's, Promotional materials to support key messages for Midwifery colleagues to identify those in need of support. We will continue to monitor the effectiveness of this work to ensure it impacts on the prevention indicators such as infant mortality. Smoking in Pregnancy Service out to tender focussed on delivering a service to those most in need as a way to prevent infant mortality.
Improving parenting aspirations, self-esteem and parenting skills	<ul style="list-style-type: none"> Parenting impacts on all aspects of the partnership. As such partners have met to assess the current offer and how we identify those most in need, which has led to the development of the Vulnerable Families Pathway. We have started working on a campaign which will be launched in spring, this campaign will focus on the important role that parents play. As part of the strategy development there is a clear ask of parents which will be delivered through all aspects of partnership work.
Reduce avoidable hospital admissions	<ul style="list-style-type: none"> The Children's Staffordshire Transformation Project has been established and has met to agree that they will complete a prioritisation process of which injury prevention will be considered.

Performance Framework



Performance Framework

The FSPB has developed an outcomes framework to monitor progress against the FSP strategy and delivery plan which are grouped under the three strategy outcomes: being healthy and happy, feeling safe and belonging and achieving and contributing.

The Children's Outcomes Framework currently provides data that is routinely available. There remains a number of gaps particularly around voice outcome indicators which are still to be developed which means that outcome measures will continue to evolve.

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You can view the Children's Outcomes Framework reported to the Health and Wellbeing Board on the Staffordshire Observatory [website](#), which also includes trend and locality information alongside interactive dashboards which are updated on a regular basis and form a key part of the Joint Strategic Needs Assessment evidence base for Staffordshire.

Performance against indicators are summarised into whether they are a concern for Staffordshire (the indicator performs worse than the national average), are of some concern (similar to the national average or trends have been going in the wrong direction over a period of time) or are of little concern (where the performance is better than England).

Performance Summary



Performance Summary

Happy and Healthy

Priorities

1. Reducing infant and child mortality
2. Improving parenting aspirations, self-esteem and parenting skills
3. Active communities to combat obesity
4. Supporting schools to improve the wellbeing of children and young people through school based PSHE
5. Improve the emotional health and wellbeing of children, young people and families
6. Reduce avoidable hospital admissions

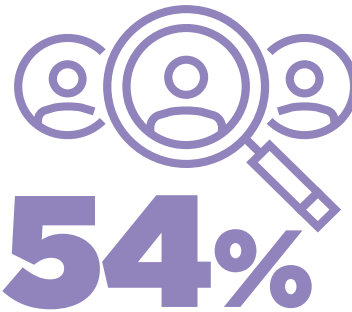


Infant mortality rates are higher in Staffordshire than the rest of England, with rates in East Staffordshire the 7th highest in the country

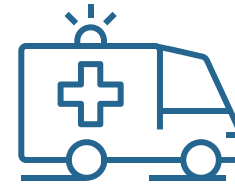
13%
of women smoked during pregnancy



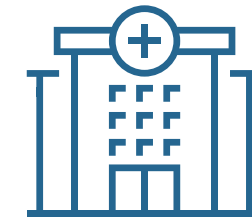
Breastfeeding prevalence rates at six to eight weeks are improving but remain lower than England



of families proactively manage social, emotional and mental health needs with rates improving



Unplanned hospital admissions for long term conditions in under 19's in Staffordshire are higher than national



Hospital Admission rates as a result of self-harm in 10-24 year olds are similar to the national average



Hospital admissions caused by unintentional and deliberate injuries in children under 15 are lower than the national average

25%

of children aged four to five carry excess weight; rates in Cannock Chase, East Staffordshire, Newcastle and Tamworth are higher the average



35%

of children aged 10-11 carry excess weight; Rates in Newcastle and Tamworth are higher than England

Achieve and Contribute

Priorities

1. Continue to listen to the voice of children, young people, families and stakeholders to build their knowledge and experience into the development of the delivery plan and into designing solutions
2. As a partnership seek to expand and develop to opportunities that exist within the Early Years of a child's life to improve children's attainment with a focus on the most disadvantaged



75%

of children achieved a good level of development which is better than the national average

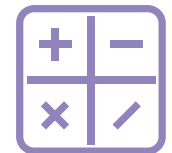


However there are inequalities, for example,

58%

of children eligible for free school meals achieved this level

65%



of pupils achieved the expected standards in reading, writing and maths at Key Stage 2. Which is similar to the national average, but only 9% of children with Special Educational Needs achieved this.



5%

of pupils were absent from school which is lower than the national average but has increased

38%

of pupils achieved grades 5-9 in GCSE English and maths and is lower than England; Cannock Chase, Tamworth, Newcastle and South Staffordshire all have lower attainment rates than the national average

Performance Summary

Safe and Belong

Priorities

1. Continue to develop the Early Help and Earliest Help offer within communities, including the transformation through our Earned Autonomy
2. Support the delivery of the priorities within the Staffordshire Community Safety Agreement, ensuring appropriate links are made with the work of the FSP
3. Establish a consistent approach to the local Vulnerability Hubs



The rate of first time entrants to the Youth Justice System is lower than the national average

At

41%,



reoffending rates are similar to the national figure



The rate of recorded domestic abuse incidents are increasing but remain lower than England; rates in Cannock Chase, East Staffordshire, Newcastle and Tamworth are higher than average

4.5%

of young people are at risk of Child Sexual Exploitation which is similar to the national average

Referrals rates to Children's Social Care are lower than national levels



However the rate of children in need is currently higher than national average and trends shows that rates are increasing



Rates of child protection plans are currently lower than national, however trend data shows they have also been increasing



The rate of Looked After Children is similar to England; however rates in deprived areas are much higher

Priorities and Next Steps

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Priorities for 2019/20

It was acknowledged that performance of the delivery plan has demonstrated that where there has been a focus on action over a number of years there has been improvement in performance, Early Help is a good example of this. The FSPB has therefore agreed that for 2019/20, the partnership would consolidate delivery of the existing priorities around the following themes:



Priorities and Next Steps



Priorities and Next Steps

The specific priorities are as follows:



Happy and Healthy

1. Reducing infant and child mortality
2. Improving parenting aspirations, self-esteem and parenting skills
3. Active communities to combat obesity
4. Supporting schools to improve the wellbeing of children and young people through school based PSHE
5. Improve the emotional health and wellbeing of children, young people and families
6. Reduce avoidable hospital admissions
7. Infant mortality, childhood obesity, hospital admissions



Safe and Belong

1. Continue to develop the Early Help and Earliest Help offer within communities, including the transformation through our Earned Autonomy
2. Support the delivery of the priorities within the Staffordshire Community Safety Agreement, ensuring appropriate links are made with the work of the FSP
3. Establish a consistent approach to the local vulnerability hubs
4. Mainstreaming Building Resilient Families and Communities principles



Achieve and Contribute

1. As a partnership seek to expand and develop the opportunities that exist within the Early Years of a child's life and SEND to improve children's attainment with a focus on the most disadvantaged



Understanding

1. Continue to listen to the voice of children, young people, families and stakeholders to build their knowledge and experience in the development of the delivery plan and designing solutions and actions



Culture

1. Culture will be a key element to deliver the priorities and themes detailed above.

Next Steps

In 2018 and 2019, Ministry of Housing, Communities & Local Government (MHCLG) and Ofsted have commented that the Families Strategic Partnership is a maturing partnering. As a maturing partnership we have been successful in drawing down additional resources in excess of £6m to deliver multi-agency initiatives, for example, Earned Autonomy and Reducing Parenteral Conflict.

In 2019/20, the Families Strategic Partnership will focus on:

- **Consolidating the action plan- delivering existing priorities with a focus on areas of challenge**
- **Continuing to focus on data and developing insight by listening to the voice of children, young people and families – this will include the Joint Strategic Needs Assessment refresh.**
- **Mainstreaming the principles of Building Resilient Families and Communities through the Place Based Approach**
- **Closer alignment to the Sustainable Transformation Programme children's work stream**
- **Closer alignment and governance with Early Years, SEND and Education strategies.**

In April 2019, the FSPB agreed to expand its portfolio to include Education and Skills Strategic Group and SEND Partnership Group. Work will take place in 2019/20 to redesign the FSPB to ensure its delivers against its existing commitments as well as the priorities for the new portfolio areas.

Priorities and Next Steps



Priorities and Next Steps

On overview of the new portfolios are detailed below:

Education and Skill Strategic Group

- Hold responsibility for identifying education and skills priorities and reviewing available information to evaluate the impact on outcomes for the people and communities of Staffordshire.
- Align combined resources to focus on a small set of key priorities to support the delivery of our vision.

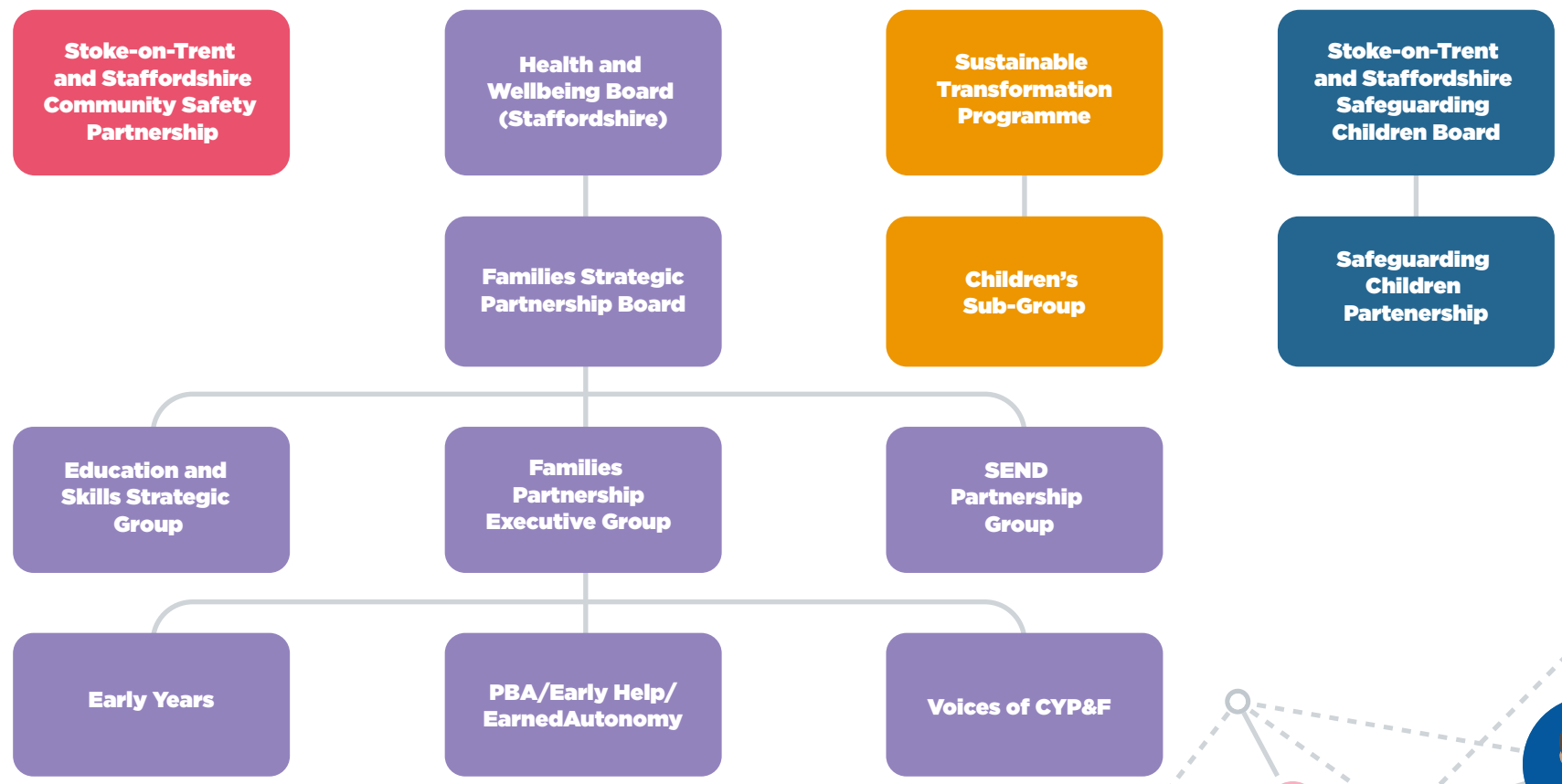
SEND Partnership Group

- Setting and evaluating the effectiveness of the SEND Strategy, its outcomes, joint commissioning arrangements and provisions for children and young people with SEND in Staffordshire.
- Ensures that SEND priorities are identified and represented in the SEND Strategy.
- Ensures that appropriate scrutiny of data and intelligence mechanisms are robust enough to:
 - Inform joint and single agency commissioning intentions.
 - Capture and challenge outcomes as well as system performance.
 - Identify and capture the needs of all children and young people with SEND.
 - Identify trends and decided where to focus our attention for now and in the future in order to improve outcomes, system performance and meet our vision
 - Ensure that parents, carers, children and young peoples voices are captured and are fed into strategic plans and system improvements.
 - Monitor the delivery of the strategy and hold all sub groups to account.
 - Ensure that transparent, equitable and robust processes are in place for all aspects of the SEND system including funding, travel solutions, placements and assessments.
 - Account for the preparation for Local Area Review inspections and ownership of any actions arising from inspection.

Monitor the financial sustainability and our achievements to ensure we are getting maximum value for money.

In addition, the FSP will continue to build strategic alliances with the Community Safety Partnership, Sustainable Transformation Programme and Safeguarding Children Board to ensure key stakeholders are effectively working together to develop an amalgamated Children and Families System that improves outcomes for Staffordshire’s residents.

The diagram below illustrates the proposed strategic children and families partnership landscape:



Glossary of Acronyms

FSP - Families Strategic Partnership

FSPB - Families Strategic Partnership Board

FPEG - Families Partnership Executive Group

H&WBB - Health and Wellbeing Board

SSCB - Staffordshire Safeguarding Children's Board

JSNA - Joint Strategic Needs Assessment

PBA - Place Based Approach

EHA - Early Help Assessment

DCLG - Department for Communities and Local Government

BRFC - Building Resilient Families and Communities

PSHE - Personal, Social, Health and Economic Education



Family Strategic
Partnership
Annual Report 2018/19



Staffordshire Health and Wellbeing Board – 08 January 2020

Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2018/19

Recommendations

The Board is asked to:

- a. Receive the SSASPB Annual Report 2018/19 in accordance with the requirements of the Care Act 2014 Statutory Guidance.
- b. Provide feedback and challenge to the work of the SSASPB.

Background

1. Safeguarding Adult Boards (SABs) became statutory as a result of the Care Act 2014. There are three main statutory functions of the Board i) To publish an Annual Report ii) to produce a strategic plan and iii) to undertake Safeguarding Adult Reviews. This Annual Report of the Staffordshire and Stoke on Trent Adult Safeguarding Partnership Board (SSASPB) covers the period from 1st April 2018 to 31st March 2019. Mr John Wood was the Independent Chair of the Board throughout this period.
2. The Care Act states that the objective of a SAB is to help and protect adults in its area by coordinating and ensuring the effectiveness of what each of its members does. The Board's role is to assure itself that safeguarding partners act to help and protect adults who:
 - a. Have needs for care and support
 - b. Are experiencing or at risk of abuse or neglect; and
 - c. As a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect
3. The Board has a constitution that outlines its responsibilities. Briefly these include to:
 - a. Play a strategic role in holding organisations to account where practice leads to abuse
 - b. Ensure policies and procedures promote engagement with adults throughout the enquiry process;
 - c. Ensure staff are competent in working with people and have the authority, skills and knowledge to use the full range of interventions/legal powers;
 - d. Ensure lessons are learnt to improve practice;
 - e. Communicate the importance of adult safeguarding widely to communities and all those delivering services with guidance on how to seek help and support;
 - f. Collect hard data (statistics), qualitative data (audits) and the views of service users, carers and family members.

4. **Structure:** The SSASPB has seven sub-groups (District sub-group, Learning and Development sub-group, Policies and Procedures sub-group, Performance, Monitoring and Evaluation sub-group, Mental Capacity sub-group, Safeguarding Adult Review sub-group and an Executive sub-group). Each sub-group produces its own business plan which is monitored and driven through the Executive sub-group and overseen by the Board itself whose responsibility it is to monitor progress and unblock inhibitors.
5. **Strategic Priorities:** i) To improve Engagement with service users, carers and families, members of the public and professionals/volunteers, ii) to understand safeguarding related issues with regard to Leadership in the Independent Care Sector, iii) Financial and Material Abuse.
6. **Adult Safeguarding data: Staffordshire headlines for reporting period 1 April 2018 to 31 March 2019**
 - a. **Concerns reported:** There have been 3711 occasions where concerns have been reported that adults with care and support needs may be at risk, or are experiencing, abuse or neglect. The numbers have decreased by 1197 (24%) occasions compared to 2017/18. The decrease coincides with a change in the way that data is captured.
 - b. Following the change in recording practice only reports that meet the threshold for a Section 42 enquiry are recorded as a safeguarding concern. As a consequence the number of concerns are lower and the proportion of those referred for Section 42 enquiries are much higher. Following an initial assessment, it was determined that the duty of enquiry requirement was met in 90% of concerns.
 - c. **Age:** Of the people subject of a Section 42 enquiry, those aged between 75-84 and 85-94 (both 26%) represent the largest cohort, followed by 64-74 (14%) and then 50-64 (12%). There is very little change compared to last year.
 - d. When comparing the age breakdown with general Staffordshire population statistics, it is evident that people in the 65+ age grouping are disproportionately over represented for Section 42 enquiries.
 - e. **Gender:** Females represent the majority of adults subject of a Section 42 enquiry, with 61% over the year – this is similar to last year.
 - f. **Ethnicity:** The majority of individuals subject of a Section 42 enquiry are White 89.6% followed by Asian with 0.9%. Anecdotally, people from ethnic minorities are disproportionately under represented for Section 42 enquiries. However 8.5% of records do not have ethnic background recorded which limits the usefulness of any comparison to the wider population.
 - g. **Primary Support Reason:** Physical support continues to be the most common primary support reason (61%) an increase on what was reported last year (49%), followed by learning disability support (14%) and mental health support (11%).
 - h. **Type of abuse:** Neglect and Acts of Omission/Physical Harm/Financial Abuse continue to be the most frequent types of harm and abuse identified for Section 42 enquiries, together accounting for 75% of all harm/abuse recorded.

- i. **Expressed outcomes met:** The proportion of people subject of a Section 42 enquiry whose outcome was fully met decreased from 85% last year to 80% this year. When combining outcomes fully met with partially met this figure increases to 97%.

List of Background Documents/Appendices:

Appendix 1: The Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2018/19

Contact Details

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Staffordshire and Stoke-on-Trent
Adult Safeguarding Partnership Board

Abuse must stop



SSASPB Annual report 2018-2019



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City of
Stoke-on-Trent



Staffordshire
County Council



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'If you suspect that an adult with care and support needs is being abused or neglected, don't wait for someone else to do something about it'.

Adult living in Stoke-on-Trent – Telephone: 0800 561 0015

Adult living in Staffordshire – Telephone: 0345 604 2719

**Further information about the Safeguarding Adult Board and its partners can be found at:
www.ssaspb.org.uk**

Front cover includes photographs of Staffordshire and Stoke-on-Trent, from top right to bottom left: Stafford Castle, Tamworth Castle, Lichfield Cathedral, Stoke-on-Trent Potteries, Mow Cop Castle.

2. INDEPENDENT CHAIR FOREWORD

It is my privilege as Independent Chair to write the introduction to this Annual Report of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board.

The Annual Report provides an overview of the work of the Board and its sub-groups illustrated with case studies (pages 20-23) as to how the focus on Making Safeguarding Personal is making a positive difference to ensuring that adults with care and support needs are supported to make choices in how they will live their lives in a place where they feel safe, secure and free from abuse and neglect, which is a fundamental right of every person.

As the Independent Chair my role is to provide leadership and constructive challenge to ensure that Board members work effectively together and make a positive difference to adult safeguarding. The Board collectively recognises that it is vitally important that our safeguarding adults services are as good as they can be to meet the needs of some very vulnerable adults who need support to help keep them safe from harm. It is also important that those providing services always recognise that each person's needs are different and respond accordingly.

As the Board has matured, the openness and willingness to both challenge and be challenged, to provide assurances as to the effectiveness of services or where improvements are required has developed and that culture is vital if we are to remain effective in meeting our statutory responsibilities. The changing demographics locally and nationally and the continued budgetary pressures on all agencies that have been widely publicised make joint working all the more important. In Staffordshire and Stoke-on-Trent there is evidence that collectively we have created the right environment for that work to take place and have strong levels of commitment from partners to make it happen.

It is against this background that I would again like to take this opportunity to acknowledge the commitment and enthusiasm of all of our partners and supporters including the statutory, independent and voluntary community sector who have a clear focus on doing their best for those adults whom we are here to protect and consistently demonstrate a strong commitment to do that.

I am again particularly grateful to all who chair the Board sub-groups as well as the Board Manager Helen Jones and the Board Administrator Rosie Simpson who work so hard behind the scenes to ensure that our business programme works efficiently.

I look forward to building on the work and achievements of the Board next year.

John Wood QPM



3. ABOUT THE STAFFORDSHIRE AND STOKE-ON-TRENT ADULT SAFEGUARDING PARTNERSHIP BOARD (SSASPB)

The Care Act 2014 provides the statutory requirements for adult safeguarding. It places a duty on each Local Authority to establish a Safeguarding Adult Board (SAB) and specifies the responsibilities of the Local Authority and connected partners with whom they work, to protect adults at risk of abuse or neglect.

The main objective of a Safeguarding Adult Board, in this case the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB), is to help and protect adults in its area by coordinating and ensuring the effectiveness of what each of its members does. The Board's role is to assure itself that safeguarding partners act to help and protect adults who:

- have needs for care and support
- are experiencing or at risk of abuse or neglect; and
- as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

A Safeguarding Adult Board has three primary functions:

- It must publish a Strategic Plan that sets out its objectives and how these will be achieved
- It must publish an Annual Report detailing what the Board has done during the year to achieve its objectives and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adult Reviews (SARs) or any on-going reviews
- It must conduct a Safeguarding Adult Review where the threshold criteria have been met.

Composition of the Board

The Board has a broad membership of partners in Staffordshire and Stoke-on-Trent and is chaired by an Independent Chair appointed by Staffordshire County Council and Stoke-on-Trent City Council in conjunction with Board members.

The Board membership is shown at Appendix 1, page 41.

The Board is dependent on the performance of agencies with a safeguarding remit for meeting its objectives. The strategic partnerships with which the Board is required to agree responsibilities and reporting relationships to ensure collaborative action are shown in the Governance Structure at Appendix 2, page 42.

Safeguarding Adults – A Description of What It Is

The statutory guidance for the Care Act 2014 describes adult safeguarding as:

“Protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time, making sure that the adult’s wellbeing is promoted including where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances”.

Abuse and neglect can take many forms. The various categories as described in the Care Act are shown at Appendix 3, page 43. The Board has taken account of the Statutory Guidance in determining the following vision.

Vision for Safeguarding in Staffordshire and Stoke-on-Trent

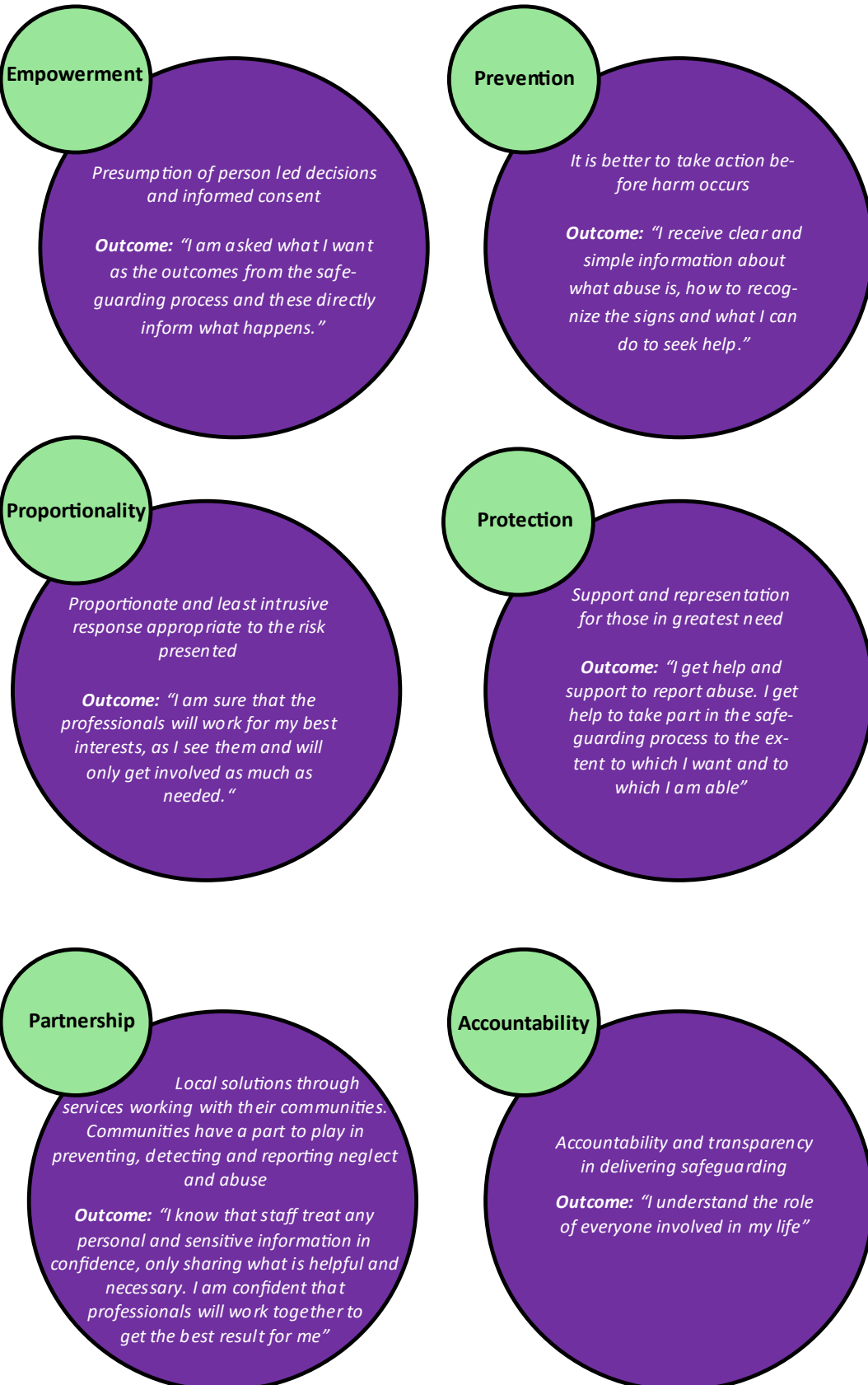
'Adults with care and support needs are supported to make choices in how they will live their lives in a place where they feel safe, secure and free from abuse and neglect.'

Our vision recognises that safeguarding adults is about the development of a culture that promotes good practice and continuous improvement within services, raises public awareness that safeguarding is everyone's responsibility, responds effectively and swiftly when abuse or neglect has been alleged or occurs, seeks to learn when things have gone wrong, is sensitive to the issues of cultural diversity and puts the person at the centre of planning to meet support needs to ensure they are safe in their homes and communities.



4. SAFEGUARDING PRINCIPLES

The Department of Health (DoH) set out the Government's statement of principles for developing and assessing the effectiveness of their local adult safeguarding arrangements and in broad terms, the desired outcomes for adult safeguarding for both individuals and agencies. These principles are used by the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board and partner agencies with safeguarding responsibilities to benchmark their adult safeguarding arrangements.



5. WHAT WE HAVE DONE

This section outlines the work done in partnership during the year to help and protect adults at risk of abuse and neglect in our area. It also highlights some of the key challenges that have been encountered and consequent actions.

Executive sub-group

Chair: Kim Gunn; Designated Nurse Adult Safeguarding (North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups)

The Executive sub-group has responsibility for monitoring the progress of all sub-groups as well as its own work-streams. The core work of the Executive sub-group includes receiving and considering regular updates of activity and progress from sub-groups against their Business Plans; it ensures that the core functions of the Board's Constitution are undertaken and that the Strategic Priorities of the Board are delivered. The Executive membership is made up of the Chairs of the sub-groups, Officers to the Board, the Board Manager and the Board Independent Chair.

During 2018/19 the sub-group has:

- Monitored the progress against the three Strategic Priorities (Leadership in the Independent Care Sector, Financial and Material Abuse and Engagement)
- Monitored the activity towards mitigation of risk using the SSASPB Risk Register
- Managed the membership of the Board and managed the Board membership process
- Managed and monitored the SSASPB budget
- Driven the review of the Strategic Plan which was discussed in detail at the SSASPB Development Day held on 18th May 2018 and consequently updated
- Delivered the structural changes that were proposed at the Development Day i.e. concluding the Mental Capacity Act sub-group, the Learning and Development sub-Group and the Policies and Procedures sub-group. Relevant activities have been merged with other work. Also, created the Prevention and Engagement sub-group and Practitioner forum
- Considered a suggestion to join with the Local Safeguarding Children Board and become a family Board. This was discussed at length and the result was that the Board would remain as it is for now. Further discussions could take place during 2019/20 once the new Childrens Board arrangements are embedded if requested
- Received updates and challenged both Local Authorities regarding Large Scale Enquiries (LSEs) and Deprivation of Liberty Safeguards (DoLS) authorisation backlogs
- Approved final drafts of SSASPB documents
- Reviewed the membership of the Executive sub-group and amended the Constitution to reflect this
- Overseen the introduction of the General Data Protection Regulations and how it has impacted upon the work of the Board and its sub-groups
- Supported the review of the performance of the Independent Chair
- Overseen a piece of work designed to improve the potential for successful Police prosecutions through improved evidence gathering processes
- Contributed to a National Review of the engagement of Prisons with Safeguarding Adult boards
- Considered the requirements of the NHS Intercollegiate document

- Considered the proposal by the District and Borough Council sub-group to change how they engage with strategic fora (Including the SSASPB)
- Driven the improvement plan that followed the Development Day held in May 2018
- Researched and planned the agenda for the Development Day held in June 2019
- Consulted upon and proposed that the SSASPB hosts a Safeguarding Conference in November 2019 and agreed speakers and content designed to enhance the skills of practitioners

Safeguarding Adult Reviews sub-group

Chairs: Detective Superintendent Jennie Mattinson April 2018 to January 2019; Detective Superintendent Simon Brownsword January 2019 to present (Staffordshire Police)

The Safeguarding Adult Reviews (SAR) sub-group has responsibility for ensuring that the SAR protocol is revised at least annually and that any SAR referrals comply with the process. Since the conclusion of the Learning and Development sub-group it has also taken responsibility for identifying and cascading the lessons learnt from any reviews (SARs or Multi-Agency Learning Reviews or MALRs).

Safeguarding Adult Review referrals:

During 2018/19 there were 3 referrals for consideration of a Safeguarding Adult Review.

Case 1: This case was referred in early August 2018. It involved a man in his early 60s with Down's Syndrome who was placed in a nursing home for respite in October 2016 whilst there was an assessment of his elderly mother's care and support needs. Three weeks after placement he was found to have a fractured femur which was believed to be the result of an unwitnessed fall in the home. Sadly, he passed away in hospital in mid-December 2016. The circumstances had not initially been brought to the attention of the SAR sub-group, but it subsequently became aware following the inquest where the Coroner had raised concerns about the care provided. The Coroner had issued two Prevent Future Deaths notices and the scoping panel determined that, after considering the responses to these notices, the learning to be gained had been identified through this process. It was agreed that no further review was necessary.

Case 2: This case was referred in early August 2018 and involved a 29-year-old woman (R) with a mild learning disability. Her mother had formed a relationship with a sex offender (who had been convicted of sexually abusing R as a child) and there was concern about the risk posed to R. It was agreed by the SAR sub-group that the Section 42¹ enquiry had safeguarded the woman by supporting her to move into independent accommodation and that the criteria for a statutory SAR were not met.

The consideration of both cases above has led to the SAR sub-group considering how to raise awareness of the SSASPB SAR protocol so that appropriate cases are forwarded for consideration. The SAR protocol and lessons learned from SARs and MALRs are available on the SSASPB website www.SSASPB.org.uk

Case 3: This case was referred in March 2019 and a scoping panel meeting was held on the 5th June 2019. Further information will be provided in the 2019/20 Annual Report.

Safeguarding Adult Reviews (SARs): Concluded in 2018/19

Safeguarding Adult Review conducted under Section 44(1) Care Act 2014

'John' was a 66-year-old male at the time of his death in 2016. He had a learning disability and a long diagnosed mental health condition together with other medical conditions which included difficulties with swallowing food. He was placed by one local authority into a care home situated in a neighbouring local authority where he lived for many years. John's health deteriorated, and he was observed to start unusual eating habits, including taking and eating frozen food during the night.

A Section 42 (Care Act 2014) enquiry was commenced in autumn 2015 in response to concerns about the risks of choking. A Care Plan was agreed. At a multi-disciplinary team meeting held in March 2016 it was agreed that he required a 'waking' night staff rather than the current 'sleep in' arrangements to monitor his nocturnal activity due to the heightened concerns of him taking food.

Before the staffing arrangements were put into place John took food which was not fork mashable from the kitchen during the night and was found deceased the following morning by care home staff. A post mortem examination recorded the cause of death as 'choking' with a secondary cause of cerebral vascular disease

Lessons Learnt:

- There was poor verbal and written communication. Better record keeping would have improved everyone's knowledge about John's care and support needs. The Care Home staff were in the best position to monitor John's well-being and information sharing with others engaged in meeting his needs could have been improved.
- There was a lack of a holistic and coordinated approach to the complex needs of adults with care and support needs. The care home staff could have co-ordinated activity.
- There is a disconnect between the information from quality inspections of care homes, individual safeguarding enquiries and wellbeing assessments meaning that all information needed to address the circumstances of adults with care and support needs is not available and not addressed.
- Confusion about roles and responsibilities undermined care planning and safeguarding planning. Where there are cross boundary matters it would be beneficial to clarify roles and responsibilities early on in any enquiry.
- The Lack of clarity regarding who should carry out a mental capacity assessment with John regarding food choices and actions left him at risk.

The full report can be found on the SSASPB website [here](#).

The SSASPB has also undertaken two Multi-Agency Learning Reviews which have been concluded within the 2018/19 reporting period.

Multi-Agency Learning Review 1

In 2017 the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) received a Safeguarding Adult Review referral relating to 'David' aged 50 years who was a resident of Stoke-on-Trent who died with self-neglect contributing to his death. He had lived with his mother, but after her death he

moved from the home address. The loss of his mother had a significant emotional impact upon David and he became very lonely.

David appears to have been unable or unwilling to care for himself. He had a lengthy history of excessive alcohol use. Several agencies were involved in supporting him at home; his personal hygiene was extremely poor and his home was unclean most of the time. He had several mental health assessments. Agencies were involved in trying to support him to reduce and eventually stop his alcohol use however he declined offers of inpatient detoxification interventions.

Adult Social Care (Stoke-on-Trent) maintained appointeeship for David in an attempt to reduce his access to alcohol, they also arranged for him to receive care at home. This was initially two calls per day, but this changed to one longer call to support him more effectively with his personal care.

West Midlands Ambulance Service was repeatedly called by David, sometimes daily, and regular, inappropriate and unnecessary calls made to Staffordshire Police. It is believed that this was mainly because of boredom and loneliness. David's presentation caused unpopularity in his community as he was often soiled and unclean.

At the inquest the Coroner recorded that death was because of bronchopneumonia, chronic obstructive pulmonary disease, skin ulceration and chronic alcoholism. Whilst there were no concerns about the provision of care offered and sometimes agreed to by David, the SSASPB decided to conduct a multi-agency learning review to better understand the links between substance misuse, mental ill-health and self-neglect as many professionals were left wondering what they could have done to improve David's willingness to engage with them.

The review highlighted areas of good practice and those where improvements could be made.

Lessons learned:

Areas of good practice:

- GP was excellent at sharing their concerns with other agencies including ASC and WMAS
- Housing allowed David to remain in the home he shared with his mother over and above any usual timescale as the house met under-occupancy scheme.
- David's situation was referred to the Vulnerability Hubs for information sharing
- Excellent support provided over the phone at 2am by the Mental Health Access Team.

Areas for improvement:

- Professionals should not make assumptions that alcohol misuse is a lifestyle choice but should explore underlying issues recognising that it could be triggered by more complex issues
- Professionals should explore how to support adults with extremely poor self-hygiene to access local facilities and community groups
- Full documentation on case files is essential, allows others to really understand why decisions were made and trends in well-being.

Multi-Agency Learning Review 2:

Stoke-on-Trent: Closure of a Nursing unit of a care home

In August 2017 there was serious professional concern about the nursing unit of a Care Home in Stoke-on-Trent. This led to the regulator, the Care Quality Commission (CQC,) arranging an urgent inspection which in turn led them to requiring the immediate closure of the nursing unit of the home. A combination of health and social care agencies worked with the owners and staff in the practical arrangements to achieve this. Nursing and social care staff were allocated to arrange urgent assessments of all residents while other staff were involved with informing relatives and staff at the home. The third element was identifying alternative and available placements that would meet the needs of each individual resident. The tasks were completed within less than a week. However, there were concerns from those involved that although the outcomes were largely positive the process adopted was confusing and at times chaotic. There was a view that, despite substantial goodwill and energy from staff from all agencies, the result was in part fortunate and there was little confidence that in a similar future event such a positive outcome could be guaranteed.

The Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board decided to commission an independently led Multi-Agency Learning Review from which to identify lessons to be learned and to improve future processes and practice.

Areas of good practice:

- Despite the at times chaotic response to a challenging situation there was excellent collaborative working by all involved agencies, including working with partners across geographical boundaries.
- The willingness of the care home owners to participate in the Multi-Agency Learning Review
- Acknowledgement by all that there are areas for improvement and a willingness to work together to achieve this for the benefit of future similar situations

Areas for improvement:

- The SSASPB partners are to consider how WMAS data about frequency of incidents at a care or a nursing home could be used to prevent incidents of abuse and neglect
- To seek assurance that Commissioners of care have appropriate mechanisms to share concerns about nursing and care homes that is informed by, and in turn informs, front line staff
- The local partnership of the Council, NHS agencies and the CQC should have an agreed written process to support the closure of homes at short notice and that staff are aware of this. The policies should reflect national good practice
- The guidance is to include how the Police may capture evidence with which to consider any potential criminal justice process.
- The local partnership should consider testing the procedures, for example by using simulated exercises, to further identify improvements.

Other SAR sub-group activity - In addition to the management of SAR and MALR processes the sub-group has:

- Worked closely with the Learning and Development sub-group in preparation for the handover of responsibilities to produce and cascade lessons learned from any reviews
- Used the Board Managers National Network to consider good practice developed by other SABs

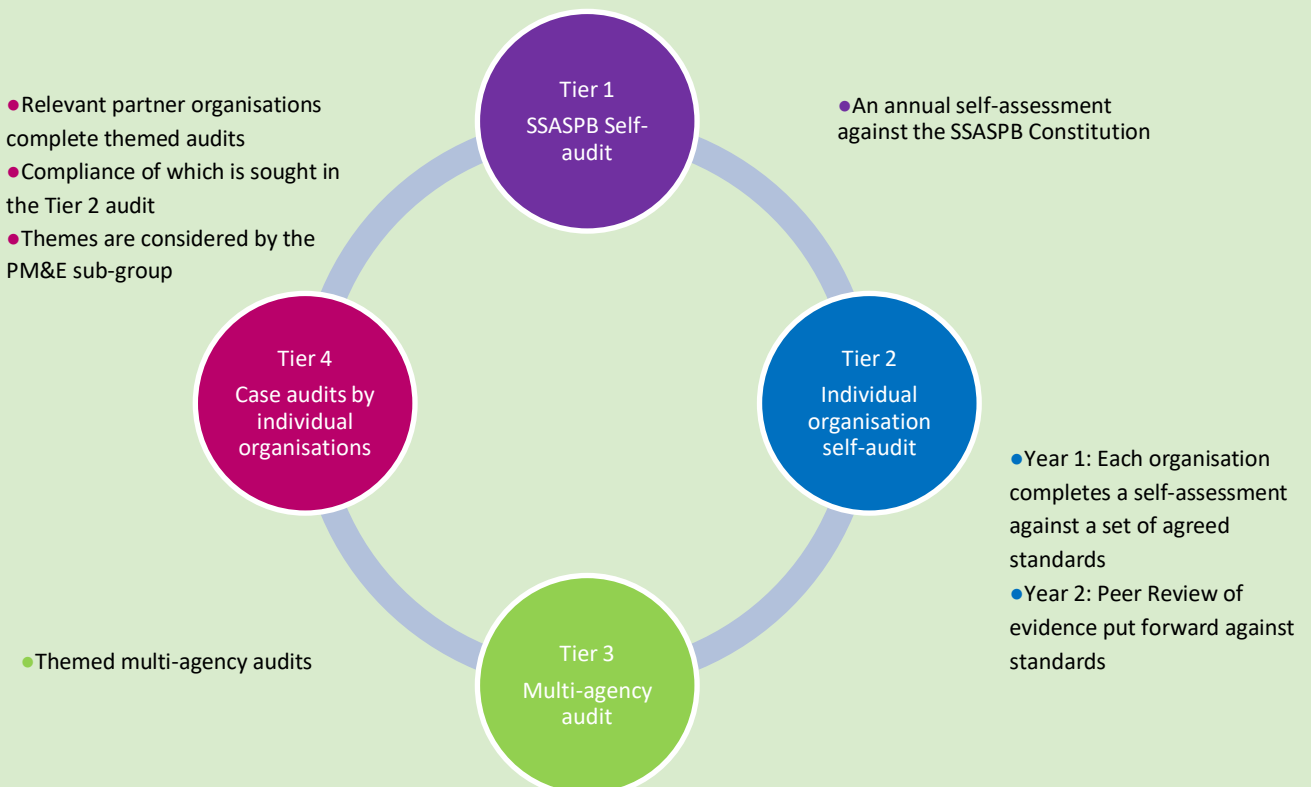
- Reviewed the SAR protocol to ensure continuous improvement
- Contributed to the West Midlands Region SAR Repository to share learning whilst the National SAR library is being developed
- Worked with Community Safety Partnerships managing current Domestic Homicide Reviews (where they involve adults with care and support needs)
- Considered a request made by the Stoke-on-Trent Community Safety Partnership to undertake a review under Section 44(4) Care Act 2014 – ‘power to review’ (the sub-group determined that there was no significant learning for partners and a review didn’t take place)
- Used the above Domestic Homicide Review case to raise awareness that adults with care and support needs may be intentionally hidden from partner agencies and therefore inhibiting their ability to provide care and support
- Considered the impact of the General Data Protection Regulations (GDPR), May 2018, on information sharing and updated the SAR protocol
- Updated the items owned by the SAR sub-group on the SSASPB risk register
- Produced 3 lessons learned bulletins which are published on the SSASPB website
- Developed a letter to provide information to families who become involved in SARs
- Initiated a review of how agencies gather evidence and share information to support criminal proceedings to enable the best possible case to be presented to the Crown Prosecution Service (CPS)
- The Board Manager has represented the SAR sub-group at the newly formed Regional SAR group.

Performance, Monitoring and Evaluation sub-group

Chair: Sharon Conlon, Head of Strategic Safeguarding, Midlands Partnership Foundation Trust

The SSASPB 4-tiered audit framework:

Below is an illustration of the audit framework which is referred to in the sub-group activity below



The sub-group has:

- Reviewed the SSASPB performance report and the various contributions from connected partners. More detail can be found on page 17 in the Board Development section
- Agreed the submission of the Performance section of the 2018/19 Annual Report
- Reinforced the need for detailed commentary from relevant partners to explain the performance data contained in the Annual Report
- Refreshed the Tier 1 audit (Compliance with the SSASPB Constitution)
- Determined which partners should be asked to complete the next Tier 2 audit (Organisational self-audit)
- Conducted the Tier 2 audit during March and April 2018 (findings to be included in the 2019/20 Annual Report)
- Received 27 responses to the non-statutory request to complete the Tier 2 audit – an excellent response
- Considered the impact of GDPR on Tier 3 Multi-agency Case File audits (MACFA)
- Conducted a Tier 3 Multi-agency Case File Audit without sharing personal data to assess how useful this would be (in consideration of GDPR). It was found to be of very little benefit.
- Agreed that the themes for Tier 3 audits should be informed by the annual data capture, SARs or the Practitioners Forum
- Received themes and trends from four single agency (Tier 4) audits by Health partners (University Hospitals of North Midlands (UHNM), University Hospital of Derby and Burton (UHDB), North Staffordshire Combined Healthcare Trust (NSCHT), Midlands Partnership Foundation Trust (MPFT).
- Received and responded to the analysis on the four Tier 4 audits
- Confirmed the assurance elements of Learning and & Development sub-group which will come within the remit of the Audit and Assurance sub-group
- Reviewed the list of partners from whom the Board seeks assurance about the compliance rate and quality of training provided
- Sought the support of the National SAB Managers network to identify a way of conducting MACFAs whilst remaining compliant with GDPR. One Board then shared their compliant gateway which has been adopted by the SSASPB
- Considered the case of R. v Kurtz heard in Court in December 2018 which highlights the importance of the Crown Prosecution Service (CPS) preferring the most suitable charge. In this case the appeal of conviction was upheld – we compared this result with the successful prosecution in a very similar Stoke-on-Trent case (the abuser was charged with manslaughter as opposed to wilful neglect as seen in the Kurtz case). The study of this case also led to a better understanding of the importance of good liaison with Community Safety Teams with particular reference to DHR and SAR discussions
- Reviewed the Section 42 post-enquiry questionnaire pilot. Unfortunately, despite good partner buy-in there was a very poor response with only two Stoke-on-Trent questionnaires returned. It was agreed not to pursue this methodology of feedback.



Policies and Procedures sub-group

Chair: Ruth Martin, Safeguarding Team Manager, Staffordshire County Council

The sub-group has:

- Considered the learning from a 'Person Story' about a young woman with a learning disability and who became pregnant. Staffordshire County Council, North Staffordshire Combined Health Trust and University Hospitals of North Midlands all worked together to support the young woman to ensure that she was able to be responsible for bringing up her child. It had been thought initially that the child may have been taken from her under legislation using the Children Act (1989). The case study was also presented to the October 2018 SSASPB meeting
- Continued to consider how SSASPB and prisons in Staffordshire can better engage with reference to their responsibilities for adult safeguarding
- Refreshed Section 9 of the [Section 42 procedures](#) (Large Scale Enquiries and Enhanced Provider Monitoring) on the basis of feedback
- Engaged with the West Midlands Regional Safeguarding Network and contributed to the Editorial Group which produces Regional Procedures
- Adopted the West Midlands Self-Neglect principles (with localised procedures)
- Adopted the West Midlands Persons in a Position of Trust Policy
- Reviewed the SSASPB Policy schedule with the outcome that products remain current in a prioritised order
- Considered the impact of GDPR on information sharing and revised the information sharing guidance to take account of changes
- Reviewed the risk register
- In April 2019, in response to the findings of the Development Day held on 18th May 2018, the formal sub-group was closed. Instead, an email group of former members has been retained to communicate on relevant matters. Task to Finish groups will be formed as and when the need arises.

Learning and Development sub-group

Chairs: Angela Jervis, (Head of Safeguarding Children) Staffordshire and Stoke-on-Trent Partnership Trust, (1st April 2018 to 4th October 2018) and Claire Histed, Adult Safeguarding Lead, Midlands Partnership Foundation Trust, (4th October 2018 to December 2018)

The sub-group has:

- Identified the need and decided to develop a lessons learned poster/flyer for each SAR or MALR. These are to be found at the end of the Safeguarding Adult Review section.
- Reviewed the training presentations for the Mental Capacity Act and Adult Safeguarding which are freely available on the SSASPB website
- Planned for and hosted a Multi-agency event to share learning from the Safeguarding Adult Reviews, Multi-Agency Learning Reviews and Domestic Homicide Reviews conducted in Staffordshire and Stoke-on-Trent in the past 2 years. There were also presentations on Prevent, Domestic Abuse and Hoarding delivered by Staffordshire Police, ARCH (domestic abuse service) and Staffordshire Fire and Rescue Service.

- Received detailed feedback (produced by Board partner Brighter Futures) from the 87 attendees at the event.
- Used this feedback to deliver 2 further events later in the year to a total of 74 partner agency staff.
- Sought assurance on the training delivered by statutory and provider partners through quarterly training returns
- In December 2018, in response to the findings of the Development Day held on 18th May 2018, the sub-group was closed with relevant areas from the business plan being allocated to other sub-groups. An email group of former members has been retained to communicate on relevant matters. Task to Finish groups will be formed as and when the need arises



Mental Capacity Act sub-group

Chair: Karen Capewell, Strategic Manager Safeguarding, Quality and Commissioning Adult Social Care, Health Integration and Wellbeing, Stoke-on-Trent City Council

The sub-group has:

- Developed a practitioner’s guide (3 separate documents) to the Mental Capacity Act which has been placed on the SSASPB website. This was done in response to a recurring theme from SARs and MALRs where frontline staff appeared to be unsure about the application of the Mental Capacity Act (2005)
- Supported Staffordshire Police with their introduction of the nationally acclaimed Herbert Protocol which assists them to more quickly locate adults with dementia who go missing from care homes
- Reflected on recent case law circulated via the Mental Capacity Act Case Law Bulletin
- Reviewed the DoLS reports which are submitted to the Board



- Monitored the progress of the replacement DoLS legislation and considered the various implications
- Considered the risk to the Board if it doesn’t have sight of DoLS performance and updated the SSASPB risk register
- In December 2018, in response to the findings of the Development Day held on 18th May 2018, the sub-group was closed. Instead, an email group of former members has been retained to communicate on relevant matters. Task to Finish groups may be formed as and when the need arises

District/Borough Council sub-group

Chair: Michael Hovers, Communities, Open Spaces & Facilities Manager, East Staffordshire District Council

This is a joint sub-group of the Staffordshire Safeguarding Children Board (SSCB) and the SSASPB. Although a Unitary Authority, and therefore not having District or Borough Councils, Stoke-on-Trent City Council was represented through a Housing Manager. This proved beneficial to both the sub-group and Stoke-on-Trent City Council and was brought about following attendance at an Overview and Scrutiny meeting at Stoke-on-Trent City Council where a member felt that Stoke-on-Trent ought to be in attendance. The Chair of the sub-group sits on both SSASPB and SSCB Executive sub-groups.

- Considered the revised Strategic Priorities for both the SSCB and SSASPB so that supporting work plans may be devised
- Considered how the priorities of the Boroughs/Districts and the Boards could better align
- Considered how best practice could be shared within this forum
- Reviewed the agenda to include presentations of relevant topics for example Modern Slavery, Domestic Abuse, Child Sexual Exploitation, Mental Capacity Act etc
- Considered Borough/District council responses to the recent Modern Slavery briefing
- Considered the new Domestic Abuse provision by New Era
- Received a presentation from Stafford and Rural Housing, following publication of their safeguarding Annual Report. This was really useful and generated much debate
- Added a representative from Stoke-on-Trent City Council Housing team as it was believed that there were benefits from their attendance
- Reviewed and approved the Parish Council generic safeguarding policy
- Considered a request from Boroughs/Districts to have one safeguarding training package covering adults and children – to be explored further
- Agreed to hold further events attended by Ruth Martin and Helen Jones to help nominated District and Borough staff better understand adult safeguarding and MCA implications.
- Received an update on the SSASPB SARs/MALRs and Community Safety Domestic Homicide Reviews
- Sought and received agreement for all District/Borough Councils to complete the SSASPB Tier 2 (Individual Organisation) audit.
- All Districts and Boroughs completed and returned the Tier 2 audit.
- Received an overview of the work of New Era, the countywide Domestic Abuse service provider.
- Considered the proposal put forward by this sub-group with regards to future engagement with multi-agency fora.
- This sub-group was closed in June 2019. An alternative means of engagement with the work of the Board is to be proposed. The emailing list will be maintained, and members will continue to be consulted upon and complete Tier 2 audits through which to provide assurance to the Board.

6. BOARD DEVELOPMENT AND IMPROVEMENT ACTIVITY

Development day 18th May 2018

The purpose of the day was to examine and confirm the aspirations of the Board and review its Strategic Plan and Strategic Priorities. There was agreement for the Board to work towards outstanding performance and to be consistently good at everything it does.

The Independent Chair welcomes challenge and some of the partners in attendance raised concerns about the amount of time committed by their staff in support of the work of the Board. In particular there was comment about the number of sub-groups in the Board's structure with specific reference to the frequency of meetings and the travelling time taken in order to attend. As a joint Local Authority Board, meetings are shared mainly between the locations in Stoke-on-Trent and Stafford.

At a subsequent Executive sub-group it was considered how to respond to these concerns resulting in a reduction in the number of sub-groups from 7 to 5. (This includes the District Council sub-group which ceased to exist in its current format in May 2019).

The new structure can be seen on page 42 of this annual report.

Changes:

The **Policies and Procedures sub-group** no longer meets on a routine basis. Board policies/procedures/guidance are reviewed through electronic communications. A task to finish group will be formed for more complex matters.

The **Performance, Monitoring and Evaluation** sub-group refocused its work and became the Audit and Assurance sub-group.

The Audit and Assurance sub-group reviewed how the Board seeks assurance through data reports. Consequently, from April 2019, rather than receiving quarterly performance reports there is now an annual data capture which is used to determine areas which need closer scrutiny and to request more detailed information or audit activity.

The work of the **Learning and Development** sub-group was shared between others:

- the Safeguarding Adult Reviews (SARs) sub-group took on responsibility for sharing lesson learned from SARs and Multi-Agency Learning Reviews (MALRs)
- the newly named Audit and Assurance sub-group now seeks assurance on the training provided by partner agencies in line with the Board's Care Act commitments
- the Executive sub-group has responsibility for overseeing the arrangements for key SSASPB events

The **Mental Capacity Act sub-group** ceased to exist once the Mental Capacity Guidance documents were produced and published. This is another group which remains virtually so that relevant matters can be forwarded to the previous membership for attention.

A new sub-group was formed: **Prevention and Engagement**, to reflect the commitment to the prevention of adult abuse and to provide support to the Engagement Strategic Priority of the Board.

This year the Board considered the impact of the General Data Protection Regulations (GDPR), which commenced on 25.05.18, on the sharing of data for safeguarding audit purposes. It was agreed that there is a legitimate reason to share data for the necessary activity of safeguarding service improvement through

the identification of good practice and areas for improvement. The information is shared confidentially and with only those who are engaged in the audit.

In the Spring of 2020, the Tier 2 audit (page 12) submissions from 27 connected partners will be revisited, and more detailed work undertaken on selected standards to ensure that there is a consistent approach to evidence submission by those engaged in the process.

In taking on responsibility for the training assurance from the Learning and Development sub-group, the Audit and Assurance sub-group proposed that from April 2019 all agencies participating in the Tier 2 process will also forward information to support training assurance requests.

7. PERFORMANCE AGAINST 2018/21 STRATEGIC PRIORITIES

In the reporting period (April 2018 to 31 March 2019) the three Strategic Priorities were:

- Engagement
- Leadership in the Independent Care sector
- Financial and Material Abuse

Progress reporting towards Strategic Priorities has been a standing agenda item at Executive sub-group meetings. A summary of progress is outlined below.

Strategic Priority: Engagement

This year the Board reinforced its commitment to 'engagement' by forming a new sub-group 'Prevention and Engagement'. This was brought about following the SSASPB Development Day held on 18th May 2018 where Board members were invited to review the Strategic Priorities and structure of the SSASPB. The sub-group is chaired by the Statutory Service Lead and Principal Social Worker for Staffordshire County Council with the Strategic Manager Safeguarding, Quality and Commissioning Adult Social Care, Health Integration and Wellbeing for Stoke-on-Trent City Council as vice chair.

Engagement is a broad term and for the purposes of the work of the Board this means engagement with several key groups of people:

- Adults with care and support needs
- Their carers and advocates
- People who work or volunteer with them
- Members of the public

What we have done to engage with the key groups:

For the past two years the Board Manager has been visiting the Carers Hubs meeting in several locations in the City and County. This has enabled contact with friends and family of adults who have care and support needs and was invaluable when the Board was reviewing its Strategic Priorities. As a direct result of listening to the concerns of the carers the Board decided to focus on Financial and Material Abuse as a new Strategic Priority for 2019/22, further detail about this Strategic Priority can be found on page 27 of this Annual Report.

During October 2018 the Board Manager visited the North Staffordshire branch of the British Sight Loss Association held at Hanley Library to present on Adult Safeguarding and how to recognise and report abuse and neglect; together with an overview of lessons learned from Safeguarding Adult Review and Multi-Agency Learning Reviews. At the end of the discussion a woman with significant sight loss approached the Board

Manager and asked for help with making her less susceptible to financial abuse as she was receiving many 'cold callers' via the telephone. With her permission her details were passed to Staffordshire County Council Trading Standards department who helped her to adjust her telephone system and gave good advice. The woman was extremely grateful and thanked all concerned. A further visit to this group has been arranged for Autumn 2019.

The Performance, Monitoring and Evaluation sub-group consulted upon, developed and piloted a questionnaire with which to gain the views and experiences of those adults engaged in a Section 42 Enquiry. These were produced in easy-read format and handed out by Social Workers at the conclusion of the enquiry. Adults and/or their carers were invited to complete the questionnaire when it suited them and return it by post in a pre-paid envelope. Unfortunately, the return rate was so low that when the pilot concluded the process was discontinued. This methodology of seeking feedback has also been seen to have limited success in other areas of the Country.

The Board has been responsive to requests made by those who most need support to deliver improved practice in adult safeguarding. Through the work of the sub-groups, and as part of the Strategic Priorities work plans, the Board has done a significant amount of work this year to support those who work or volunteer with adults who have care and support needs. The need to deliver this work came from those who identified the benefits from having practical guidance. Two key pieces of work were guidance on:

- Supported Decision Making and Good Practice in Assessing Mental Capacity
- Financial and Material Abuse

Both are available on the SSASPB website under the SSASPB Policy, process and Guidance section which has been accessed on 818 occasions during the past year. The Mental Capacity guidance consists of 3 separate documents including an information leaflet which was printed and distributed to partner organisations and at multi-agency meetings/events.

The Board has refreshed its adult safeguarding awareness material which is also available to view and print on the website. Hard copies of wallet cards, posters and leaflets are available upon request to SSASPB.admin@staffordshire.gov.uk and all products cover information relevant to both Stoke-on-Trent and Staffordshire.

The SSASPB website was updated and contains much information about adult safeguarding in our area and the lessons we have learned from Safeguarding Adult Reviews and Multi-Agency Learning Reviews.

The following two training packages that are available on the SSASPB website are reviewed annually:

- Adult Safeguarding Awareness (ASA) - Level 1, and
- Mental Capacity / Deprivation of Liberty Safeguards (DoLS) Awareness – Level 1.

They are available without cost to anyone who wishes to use them.

A request was made via the District Council sub-group for the Adult Safeguarding Team Leader (Staffordshire County Council) and the SSASPB Manager to visit the District and Borough Councils to discuss examples of adult safeguarding concerns with key staff who come into contact with adults who have care and support needs in their communities. Seven District and Borough Councils were represented at 4 events at which they were able to openly discuss specific examples of scenarios with the Team Leader and Board Manager. They were attended by staff from teams including Community Safety, Environmental Health, Housing, Taxi Licensing, Late Night Refreshment Licensing and Enquiry Offices. This proved to be an excellent forum at which to clarify any misunderstandings of what adult safeguarding is and isn't and how to approach

situations which don't meet Section 42 criteria - self-neglect and hoarding being the most frequently put forward for discussion.

One of the Board's responsibilities from the Care Act 2014 is to learn lessons from Safeguarding Adult Reviews (also includes Multi-Agency Learning Reviews or MALRs). The Learning and Development sub-group led on the production and arrangements for a total of 7 half-day learning events which started in January 2019 and finished in August 2019. A total of 240 front line staff and supervisors from many agencies in Stoke-on-Trent and Staffordshire attended these events and received excellent evaluations. The events centred on the Multi-Agency Learning Review into the care and support provided to a 50-year-old Stoke-on-Trent man who self-neglected. More information on the circumstances and what the Multi-Agency Learning Review identified can be found on page 9 of this Annual Report.

The Board commissioned VOICES (Voices of Independence, Change and Empowerment in Stoke-on-Trent) and Expert Citizens to support the events. They gave a presentation on their work with those who are rough sleeping and an Expert Citizen openly talked about his experiences as someone who self-neglected and lived on the streets of Stoke-on-Trent. This was particularly impactful and was hugely appreciated by those who attended. Owing to the prevalence of queries about self-neglect and hoarding at the District Council events Staffordshire Fire and Rescue Service did a presentation on Fire Prevention and hoarding to further support the self-neglect theme. Finally, the Adult Safeguarding Team Leader from Staffordshire County Council, supported by the Adult Safeguarding Manager at Stoke-on-Trent City Council, presented on self-neglect and adult safeguarding.

Another series of learning and engagement events was funded by the local Clinical Commissioning Groups and aimed at GP Practice Managers. These were held in different locations in the City and County and a total of 48 attended. The presentations covered Domestic Abuse, Adult Safeguarding Awareness and the requirements of the NHSE Intercollegiate Document (Adult Safeguarding: Roles and Competencies for Health Care staff).

In May 2018, 87 front line staff and supervisors from many partner agencies attended a full day learning and engagement event. Presentations had a focus on adults with care and support needs in the areas of Hoarding, Domestic Abuse and the Prevent programme. There was also a presentation on Learning Lessons from Safeguarding Adult Reviews.

At every opportunity the lessons we learn from reviews are covered at Board events. This includes learning from Domestic Homicide Reviews involving adults with care and support needs.

The following exemplify Making Safeguarding Personal and cross-partner collaboration;

Case Study: North Staffordshire Combined Health Trust (NSCHT)

A staff member from the NSCHT Home Treatment Team had assessed a service user who had a physical disability. The service user was experiencing a decline in their mental health after becoming aware that a person who presented a risk to them had identified where they were living. The Police were contacted by the service user, however when the circumstances were explained there was no Police action as no crime had been committed. The staff member made an adult safeguarding referral, with the service user's consent, on the grounds that their ongoing care and support needs due to physical disability meant they were unable to protect themselves from potential abuse. This resulted in a multi-agency co-ordination of actions which were taken to safeguard the individual. This a good example of involving the service user in safeguarding plans, thinking holistically about potential risk, remaining focused on the outcomes the adult with care and support needs wants and working creatively with third sector agencies to find solutions.

Case Study: University Hospitals North Midlands (UHNM)

A consultant who works at the Royal Stoke Hospital, was walking outside the hospital premises and witnessed an elderly woman experiencing verbal abuse from a young male. The male was seen to pour a bottle of water over the elderly woman whilst repeatedly shouting and swearing at her. His behaviours escalated, and the elderly woman appeared very frightened and distressed. The consultant approached her to determine if she was okay and if she needed help. The woman said she would be fine and quickly left with the male but looked frightened.

The Consultant was very concerned for the woman and telephoned UHNM safeguarding team for advice. Hospital security located her using CCTV and the Safeguarding Team lead others to offer multi-agency support to her. The man who was with her was her son and the woman declined the offer of any help and support at this time saying that she was fine.

Noting that a clinic appointment had been scheduled in outpatients for the male the Safeguarding Team were able to discuss the concerns with the clinical nurse specialists about the witnessed abuse. The clinical nurse specialists advised that when the patient next attended clinic an opportunity would be created to talk alone with his mother and ask if she was okay. In addition, the information relating to the incident would also be passed onto the patient's GP for them to be aware and create the opportunity for further monitoring. The letter outlined the concerns for potential domestic abuse.

This case highlights the recognition of abuse together with a rapid response, good knowledge of who to go to for help, excellent communication and escalation. In addition, there was also evidence of effective networking between both UHNM Safeguarding Team and the specialist clinical areas and appropriate information sharing between UHNM and the GP.

Case Study: University Hospital of Derby and Burton (UHDB)

A 54-year-old female with a life limiting illness was being cared for in a side room in hospital. She had capacity to make small decisions at certain times of the day, but due to illness, became tired quickly and was unable to retain information, she was assessed as lacking capacity to make decisions for her care and treatment.

The female's ex-partner was observed by staff on the ward to physically assault her. He leaned on her chest with his arm, grabbed her face and forcefully made her look and listen to him. The ward contacted the Safeguarding Team for advice and support with a safety plan.

A meeting was held with the Safeguarding Team, ward staff and family members to discuss the concerns and share the safety plan that was to be implemented. The safety plan consisted of moving the patient out of the side room and into a bay to allow for better monitoring; increasing observations during visiting times and for a Deprivation of Liberty Safeguard (DoLS) to be applied for as the ex-partner had been threatening to remove her from hospital. Visiting times were also restricted for him. He was advised of the measures and why they had been put in place when he next visited. The senior ward staff were supported by the Safeguarding Team to have this difficult but necessary conversation. The Police were contacted; they attempted to speak to the patient but unfortunately, she was too ill to be interviewed.

Because of the action taken the patient was protected from further abuse and the ex-partner acknowledged that his behaviour was wrong, taking responsibility for his actions. The Safeguarding Team then supported the ward staff with a review of the situation to identify good practice and learning.

Staffordshire Police: Case Study 1

'J' was a frequent caller to the police. He would often call 999 requesting whisky and reporting that his fire had been left on by carers. 'J' was diagnosed with dementia and already had a social worker working with him. His local Police Community Support Officer (PCSO) visited 'J' frequently. She identified that the domiciliary care providers could improve the standard of their care for him as their lack of support was having a negative impact on 'J's' emotional wellbeing. The PCSO also identified that there was a lack of food being purchased for him and that he would only leave his bed to use his commode. With frequent communication between the PCSO, the mental health team and adult social care, the decision was made for a review of his care package and a best interest meeting took place. As a result of this meeting, 'J' agreed to move into a residential home whereby he receives around the clock care. This was a good outcome for 'J' who no longer felt that he had to ring the Police for help and which followed Making Safeguarding Personal and Best Interest Assessment principles. His wellbeing improved and he was able to take outside walks which he had been previously unable to do.

Staffordshire Police: Case Study 2

'K' was a woman who was repeatedly calling Staffordshire Police, sometimes up to 11 times per day. She had dementia and lived alone as her dog was removed from her care due to un-intentional neglect. She would phone the police daily to report the theft of her dog. Owing to her vulnerabilities, a safeguarding concern was forwarded, and 'K' was supported through the Police Early Help Project which aims to support people to keep themselves safe. 'K's' local Police Community Support Officer (PCSO) visited and while there checked her fridge which was full of out of date food. She had no support around her home or for personal care and she was extremely isolated. 'K's' neighbours were estranged from her and lacked awareness of her needs. The PCSO worked closely with 'K's' allocated Social Worker, and subsequently a care company became involved. The PCSO frequently provided 'K's' social worker with a list of calls that she would make to the police and these were used to identify when 'K' appeared to be most anxious. The care calls were then centred around these times which also ensured that 'K's' care needs would be sufficiently met.

As a result of frequent care package review meetings and communication between agencies, 'K' now receives a minimum of 9 hours of care each day, is taken out to her favourite places and has recently been to the theatre to watch her favourite stage show. 'K' has built a great rapport with the care givers and the calls to the Police have stopped completely. The PCSO organised a dementia awareness raising event for members of 'K's' immediate community so that they had a better understanding of her needs.

Case Study: Midlands Partnership Foundation Trust (MPFT)

'M' is a 59-year-old female who was living in conditions judged by others as unsuitable. 'M's' flat was described as unclean, cluttered and smelly. There were also reports of 'M' crying and screaming in her flat and struggling to look after her dog. Several safeguarding concerns for self-neglect had been made within a short timespan regarding the condition of the property from various sources however 'M' appeared to remain outside of the thresholds for adult safeguarding, as she appeared to have no eligible care and support needs.

'M' had a history of a mental health diagnosis however had no current or recent contact with secondary mental health services or physical health teams. 'M' had contacted her local Mental Health team and advised

the team not to accept any referrals from her housing provider as she was not struggling with her mental health. It was known that 'M' was frequently seeing her GP and able to access the community and shop for herself. There were no clear concerns that 'M' was self-neglecting.

The last referral advised that M had arranged for someone to walk her dog, however this person had taken payment but not provided the service. This final referral was raised as financial abuse. This referral raised questions about 'M's' ability to protect herself and met the threshold for further enquiries.

The enquiry was undertaken by a member of the adult safeguarding team, using relationship-based practice, 'M' agreed to allow her into her flat. The enquiry officer took account of all of the previous safeguarding concerns and discovered that 'M' had been initially allocated a ground floor flat, then given an upstairs flat. The majority of 'M's' difficulties stemmed from her inability to negotiate the stairs safely, this was the reason for rubbish backing up in the flat, the dog not going out and 'M's' frustrations around her housing situation were the reason for her crying. The investigation also found that 'M' had, since childhood, been mistrustful of professionals and had an eccentric way of interacting with them.

Although the outcome of the financial abuse enquiry was 'no further action', it was a positive one as 'M' had taken appropriate steps to protect herself, there was no ongoing risk of abuse and the loss of a small sum of money was causing 'M' no issues. The investigating worker conducted an informal assessment, mindful that 'M' had declined social work involvement, and established no ongoing care and support needs other than a need for more suitable housing. There were no issues of self-neglect, 'M' was taking appropriate steps, albeit unconventional, to ensure she was clean, despite not having a washing machine. The enquiry officer ensured 'M' was receiving appropriate benefits and was accessing the correct medical interventions for her health concerns.

The enquiry officer however did work with the housing provider, addressing the concerns which ensured that 'M's' housing application was reprioritised to the highest priority. The housing providers were also informed of 'M's' strategies for managing her needs, which although unconventional, were working for 'M'. The enquiry officer was also able to reinforce that 'M's' history of interacting with people should not be perceived as someone with mental health issues, but as someone who had developed coping strategies over her lifetime and although these could be perceived as unusual to others, were not a cause of concern. As a result of the working relationship between 'M', the enquiry officer and the housing provider 'M' was to be allocated a more appropriate property as a matter of urgency. Since this intervention, there have been no further referrals from any agency raising concerns for 'M' which would suggest that this intervention through Section 42 was successful in resolving the issues leading to 'M's' difficulties. This case study exemplifies the Making Safeguarding Personal approach; demonstrating flexibility of decision making to support the adult's wishes.

Strategic Priority: Leadership in the Independent Care Sector

In 2015 the Board identified the lack of leadership skills in the independent care sector being a recurring trend locally in Large Scale Enquiries (LSE) and Safeguarding concerns. The priority was re-reviewed and allocated to the CCG Safeguarding Lead in August 2016 and this report sets out to evidence the achievements of the priority following the collaboration of work between health and social care to deliver on the agreed performance indicators with the recommendation to the Board to close this now as a priority.

What we set out to do:

- Monitor relevant CQC inspection reports and Enhanced Provider Monitoring reports.

- Identify non-compliance with the ‘well-led’ and ‘safe’ domains through scrutiny of ‘inadequate’ and ‘require improvement’ ratings of Care Homes.
- Monitor compliance with improvement actions arising from inspections seeking further assurances around leadership management interventions if required.
- Seek assurances as to the effectiveness of the Local Authority oversight arrangements for Care Homes subject to Large Scale Enquiries.
- Identify relevant matters for consideration of action by commissioners of services.

The Key performance indicators were agreed as:

- Reduction in Large Scale Enquiries where ‘leadership of the care provision’ is a factor.
- Fewer care homes requiring compliance action from CQC.
- More services being rated as good or outstanding in the ‘well-led’ and ‘safe’ domains.

The CQC State of Care report <https://www.cqc.org.uk/publications/major-report/state-cares> indicates people’s experience of care depends on how well local systems work together where they live. There have been improvements in regulatory ratings during the course of this priority and detailed below are some of the key factors which have impacted to deliver the objectives of the priority.

1) Quarterly report to Safeguarding Board of Large Scale Enquiries led by both Local Authorities.

The board agreed a standardised reporting template which is far more focused and aids the auditing of themes and trends to identify gaps in services or areas of concerns. The report focuses entirely on the services being supported through the LSE Process and provides assurance of the protection measures in place to ensure the health and welfare of the individuals in receipt of care affected.

2) Escalation process and assurance of proportionate and timely agency responses through an annual update from Quality and Safeguarding Information Sharing Meeting (QSISM) chair to board.

QSISM is attended by members of the Safeguarding Board and there is a clear escalation route embedded within the terms of reference. The QSISM chair presents an annual update to the safeguarding board of the themes and trends within the region supported by additional annual presentations and assurances from CQC, Health Watch and the Quality Assurance Teams from both local authorities. All agencies have reported notable improvements in services rated “Good” or “Outstanding” and continued decreases in regulatory enforcement actions.

3) Joint working with both Local Authority and Clinical Commissioning Group Staff for Quality Assurance and shared reporting with CCG Safeguarding and Nursing Home Support Nurses working across both Safeguarding and Quality Assurance teams.

The CCG Adult Safeguarding and Nursing Home Support Nurses are now working across two teams providing support to the Adult Safeguarding Enquiry Team and both Local Authority Quality Assurance Teams targeting the high risk services resulting in significantly improved information sharing and supported early warning identification of services requiring additional support.

4) Inception of the Nursing Home Quality Assurance meeting within the CCG with attendance by LA with escalation to QSISM.

The CCG has a new working group and this escalates issues into the Quality and Safeguarding Information Sharing Meeting (QSISM) and into the CCG Quality Committee. The focus of this monthly meeting is on quality improvement within the independent Care Home sector.

5) Appointment of the named GP for Adult Safeguarding.

The CCG secured half funding for 2 year pilot of a GP to support Adult Safeguarding who has been supporting the work with care homes in LSE and some of the significant safeguarding cases in addition to providing clinical guidance to the teams within the Adult Safeguarding Enquiry Teams of the Local Authority and the Police. There has also been additional training delivered within Primary Care to improve the early warning flagging of concerns by visiting professionals.

6) Multi-Agency Learning Review funded by SSASPB to review urgent closure of a Nursing unit of a care home in Stoke-on-Trent.

A Multi-Agency Learning Review was held on 3rd September 2018 to identify lessons to learn, among these was the identified need of an early alert to the Police to ensure that they are able to gather sufficient information to make prosecutions in the event of neglect reaching the criminal threshold. This work continues and there is currently work on-going to produce a defined closure policy which is aligned between Staffordshire and Stoke-on-Trent.

7) Provider Improvement Response Team pilot housed by Staffordshire LA but covering 6 CCG geographical areas.

A 12 month pilot has commenced to work with Care Home providers continually failing to achieve standards in addition to those in regulatory failure. The focus of this team was set up to support services continually failing to achieve regulatory standards. The team have effectively supported several services under enforcement action providing timely assurance of safety to those service users affected having a greater presence within the provision and ensuring external support systems are effectively linked.

8) Trigger system implementation at contact centre for early identification/escalation of concerns within Staffordshire.

A monitoring system has been set up to flag up to the Advanced Practitioners within the Staffordshire Adult Protection Investigation Team (SAPIT) when there are safeguarding concerns about a service provider outside of expected referrals. This escalation has allowed for early information gathering to determine the requirement for an Large Scale Enquiry Strategy discussion. Linked to this is the dynamic procurement systems which automatically suspends placements for providers rated inadequate by the Care Quality Commission.

9) Twice yearly LSE thematic review and lessons learnt events to be managed by Quality Assurance Teams.

Both local authority quality leads agreed to co-ordinate a thematic review of repeated concerns identified throughout the LSE process to ensure support services are effectively commissioned and used with engagement from the independent sector.

10) Assurance from Disclosure and Barring Service (DBS) to board members due diligence with effective information sharing via assurance presentation to Board.

The DBS provided a detailed update of their work within the region on 18th July 2019. They gave assurance around the operational work undertaken to monitor individuals identified through criminal and/or safeguarding route and how this is used effectively to respond to the issue of individuals moving from provision to provision.

Since the inception of the priority there has been a steady improvement across the patch of the improvement in regulatory standards and this is reflected in the reduced numbers of services subject to Large Scale Enquiries but an increase in enhanced provider monitoring which evidences the effectiveness of monitoring and early interventions being successful across Staffordshire and Stoke-on-Trent. The data below from CQC supports this improving picture.

Data

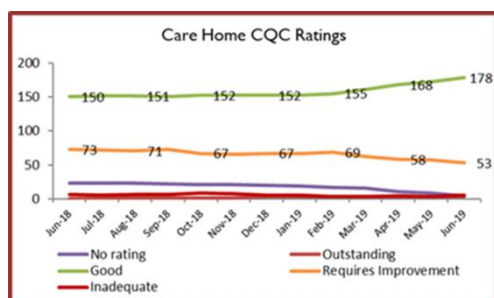
April 2017

Nursing Home Area	No of Homes	No of beds	Awaiting Inspection	Outstanding	Good	Requires Improvement	Inadequate
Staffordshire	85	4281	5	0	43	31	2
Stoke-on-Trent	19	1122	3	1	7	9	2
Totals:	104	5403	8	1	50	40	4

April 2019

Nursing Home Area	No of Homes	No of beds	Awaiting Inspection	Outstanding	Good	Requires Improvement	Inadequate
Staffordshire	78	4236	2	1	42	31	2
Stoke-on-Trent	19	1122	1	0	10	5	0
Totals:	97	5358	3	1	52	36	2

During the last 2 years, whilst there has been a loss of 7 care homes (45 beds) within the nursing home market, the data demonstrates a marked reduction in providers outside of regulatory standards with 55% of our market now rated Good or Outstanding and only 3% awaiting a rating which is further evidence of due diligence and oversight by CQC when compared to 8% waiting for inspection 2 years prior.



Large Scale Enquiries	Staffordshire	Stoke-on-Trent
April 2017	7	4
April 2019	3	1

Both local authorities have evidenced a reduction in the number of Large Scale Enquiries which have reduced to 75% in Stoke-on-Trent and 57% across Staffordshire in the last two years. This was one of the original objectives set within the priority. Staffordshire & Stoke-on-Trent LAs are working effectively supported by the CCG Quality and Safeguarding Teams enabling early identification of concerns through robust continuous

monitoring which has led to ensuring to providers struggling to achieve standards are assisted with the production of support plans and clearer access to resources. Care Homes that repeatedly fall into LSE are also identified through biannual thematic meetings by the Quality Assurance Teams. Leadership is measured by the regulator as “Well Led” and as at April 19 both Staffordshire and Stoke-on-Trent Local Authority data evidences an increasing trend of improvement. Stoke-on-Trent achieved an overall 75% in Good or Outstanding CQC ratings in Residential and Nursing Homes. Staffordshire achieved good or outstanding in 72% of Residential Homes and 59% of Nursing Homes. There has been a particularly noticeable upward trend from February 2019 to August 2019 as some of the interventions became more imbedded.

There are a number of factors outside of agencies control which was reflected within the CQC’s annual report on their review of health and social care in England. <https://www.cqc.org.uk/publications/major-report/state-care> The State of Care report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve. The report shares national ratings and provides the assurance that most people in England receive a good quality of care. The evidence suggests quality overall has been largely maintained from the preceding year, and as in Staffordshire and Stoke-on-Trent there are some areas able to evidence improvements, despite the continuing challenges that Care providers face.

Workforce problems nationally have a direct impact on people’s care. Getting the right workforce is crucial in ensuring services can improve and provide high-quality, person-centered care and this remains a focus locally with greater opportunities for accessing training and development opportunities within this sector. Recruitment and retention is an issue locally as is the demand for additional staff due to increased demands on services. Staffordshire has a higher than national rise within its ageing population with many people living with complex, chronic or multiple conditions, such as diabetes, cancer, heart disease and dementia.

Conclusion

Whilst Leadership in this sector remains a cause often cited when a service is failing, the board has received assurances that connected partners are responding in a timely and effective manner. Joint working, implementation of robust practices and processes is ensuring the safety of our individuals in receipt of support within the borough. Commissioners of both health and social care, through collaborative working continue to drive the necessary improvements and Staffordshire and Stoke-on-Trent have a greater alignment to the national CQC ratings reported within the State of Care report. It is recommended that the board continue to receive updates from agencies and the assurance that the quality and audit assurances are maintained and continue to be supported by board partners.

Strategic Priority: Financial and Material Abuse

Financial and Material Abuse was identified as a key strategic priority in July 2018. Financial and Material Abuse includes theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

It is strongly suspected that the number of victims of Financial or Material Abuse who have care and support needs is likely to be massively under reported. Nationally it is estimated that only between 10 – 20% of incidents are ever reported but this is not widely recognised. During 2016/17 the proportion of Section 42 enquiries where Financial and Material Abuse was identified was 20% in Staffordshire and 11% in Stoke-on-Trent. The national average was 18%.

Financial abuse can also be identified in other forms of abuse. Financial control is often found in domestic abuse and modern slavery. It is important that when completing enquiries consideration is given to safeguarding the adult’s finances.

The consequences can be far more costly than just the financial loss and the impact can contribute to deteriorating health, loss of independence and loss of self-confidence. This can extend to additional resource demands on the health and social care sector to provide support - which could be prevented through earlier intervention and protection.

By making this a priority the Board aims to raise awareness of financial and material abuse, how to recognise it, report it, respond to it and take steps to prevent it from happening.

The sub-group has representatives from both Staffordshire and Stoke-on-Trent Trading Standards Team, Staffordshire Police fraud team, safeguarding leads from both Stoke-on-Trent and Staffordshire Adult Social care as well as input from the Community Safety Partnership. The focus of the sub-group has been to:

Seek assurances as to the effectiveness of safeguarding partner arrangements to widely communicate to communities the risk of financial abuse and scams, with a particular emphasis on people most vulnerable to risk

Seek assurances as to the effectiveness of the current arrangements for reporting concerns, by safeguarding partners and the wider public, that an adult with care and support needs is suspected of being subject to financial or material abuse

Seek assurances as to the effectiveness of the current arrangements of safeguarding partners to respond to concerns that an adult with care and support needs is suspected of being subject to financial or material abuse

Conduct an analysis of the reported cases of financial or material abuse involving adults with care and support needs to identify trends in abuse and opportunities for prevention actions

Respond to the findings of the review of reporting arrangements with actions that may be necessary to raise awareness. A consideration should be that the more complicated and time consuming the referral process is, the less likely it is that an individual will make a referral

Encourage and co-ordinate actions around workforce development, including signs to look for and how to respond

Update Financial Abuse Guidance through the policy and procedure sub-group and make this available through the SSASPB website

To date the sub-group has been comparing data and details of concerns of financial abuse to gain an understanding of the scale of the problem in Staffordshire and Stoke-on-Trent. This has led the sub-group to determine that a more in-depth study of the information is required. Links are being made with Staffordshire University to conduct research studies in to the data to better identify the most prevalent types of financial abuse in Staffordshire and Stoke-on-Trent and those people most at risk.

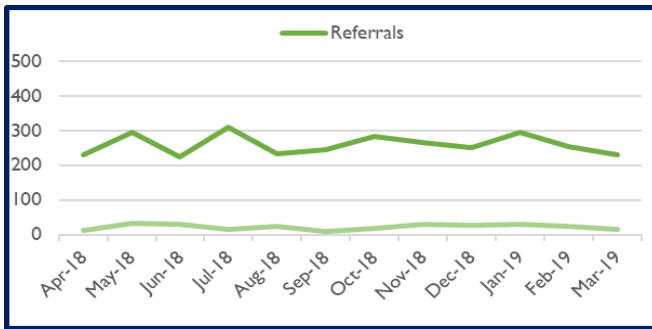
Training has been delivered to practitioners both from Trading Standards but also the Police and social care practitioners in the Multi-Agency Safeguarding Hub. The Financial and Material Abuse guidance to support all practitioners has been completed and is available on the board website.

The sub-group will continue to progress the work and research over the next year which will then enable preventative actions that shall seek to help empower adults who have care and support needs to protect themselves or be supported to reduce the risks of Financial and Material Abuse.

8. ANALYSIS OF ADULT SAFEGUARDING PERFORMANCE DATA

Performance Summary

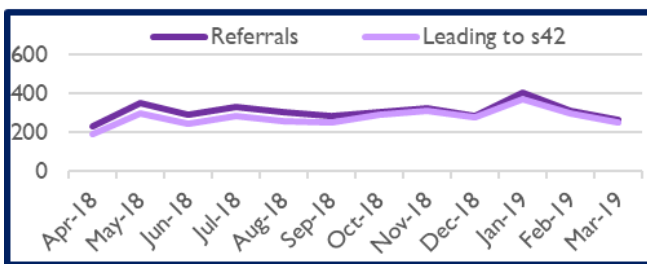
Stoke on Trent



Gender	
Staffordshire	Stoke on Trent
61% Female	59% Female
39% Male	41% Male



Staffordshire



Age	
Staffordshire	Stoke on Trent
8% 18-29	7% 18-29
10% 30-49	14% 30-49
12% 50-64	20% 50-64
24% 65-74	15% 65-74
26% 75-84	19% 75-84
26% 85-94	21% 85-94
4% 95+	4% 95+
1% Unknown	



Primary Support Reason (Top 5)	
Staffordshire	Stoke on Trent
61% Physical	51%
14% Learning Disability	21%
11% Mental Health	16%
7% Memory	8%
<3% Social	<1%



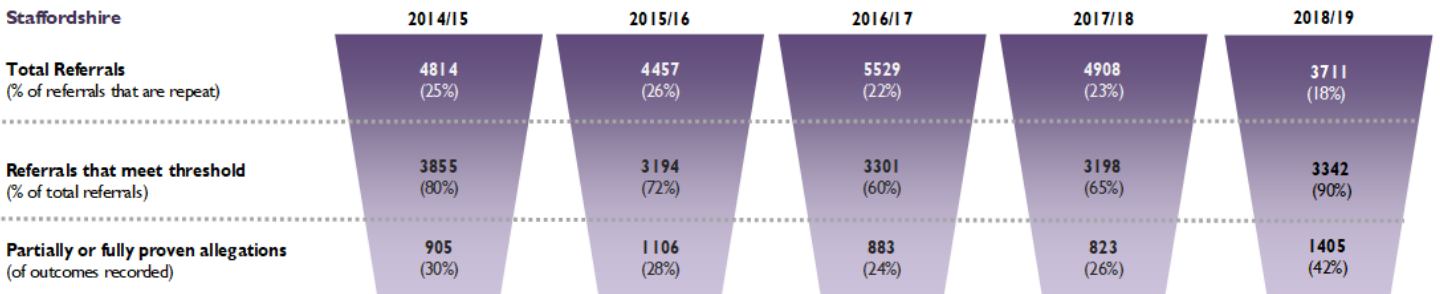
Types of abuse (Top 5)	
Staffordshire	Stoke on Trent
34% Neglect	45%
20% Financial	22%
21% Physical	21%
12% Emotional	20%
8% Self Neglect	6%



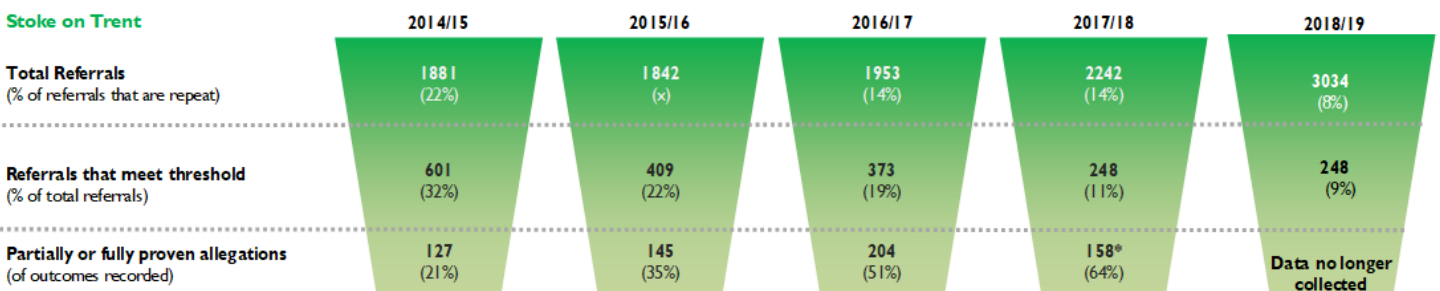
Location of abuse (Top 5)	
Staffordshire	Stoke on Trent
49% Home	34%
20% Residential Home	19%
16% Nursing Home	19%
5% Other	14%
<5% Hospital	<5%

Note: Stoke on Trent LA record multiple types of abuse and therefore may not total 100%

Staffordshire



Stoke on Trent



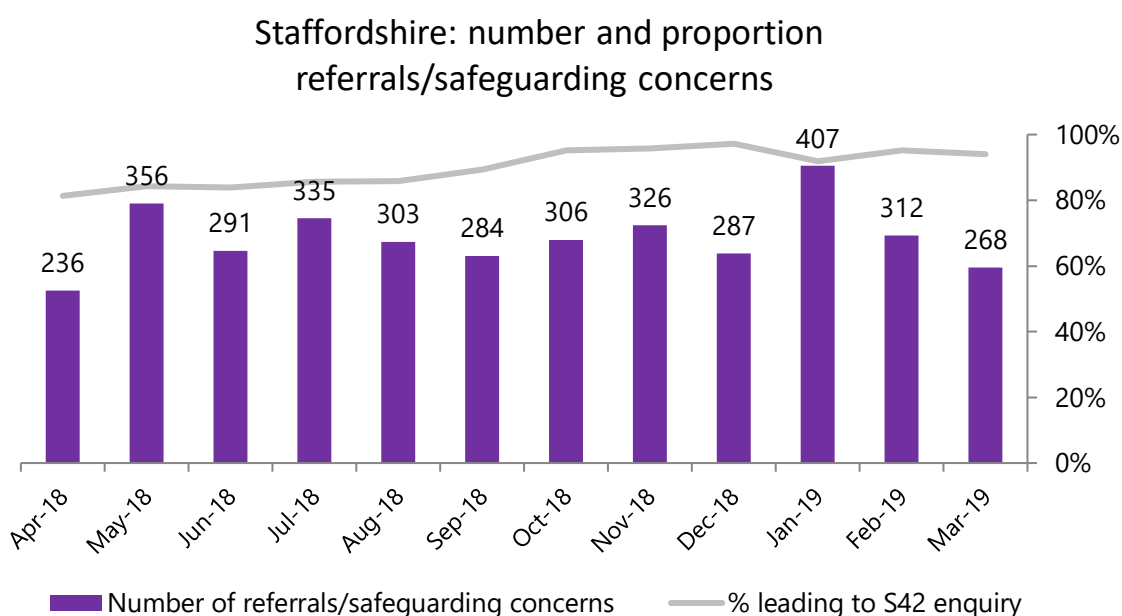
This section provides commentary and analysis of safeguarding data from Stoke-on-Trent and Staffordshire.

Number and proportion of referrals/safeguarding concerns

The safeguarding partners in Staffordshire and Stoke-on-Trent have established and widely publicised the procedures for reporting concerns that an adult with care and support needs may be experiencing or is at risk of abuse or neglect.

Reported concerns can progress to a formal enquiry under Section 42 of the Care Act 2014 if the criteria for the duty of enquiry requirement is met. In cases where a statutory response is not required the local arrangements ensure signposting and engagement as necessary with appropriate support services.

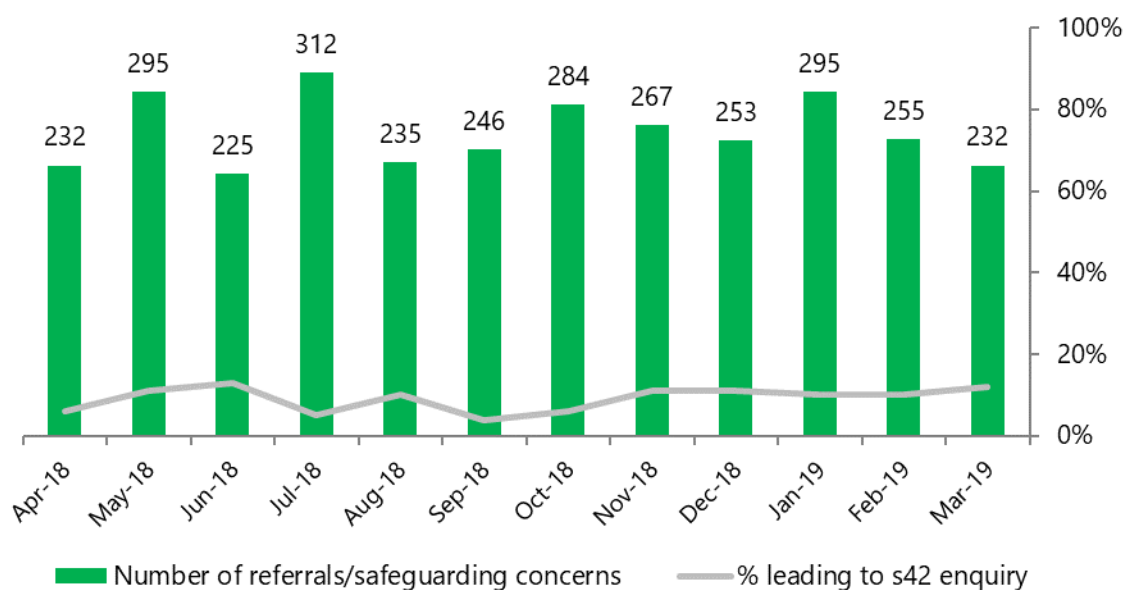
It should be noted that there is a difference between how both LAs capture and report this data. This accounts for similarities in the numbers between both LAs which could reasonably be assumed to vary more due to the difference overall population sizes.



During the course of the year, in Staffordshire, there have been 3711 occasions when concerns have been reported that adults with care and support needs may be at risk of or are experiencing abuse or neglect. The total figure has decreased by 1197 (24%) occasions from 4908 in 2018/19. This is due to a change in the way this data is now captured by Staffordshire; only those that require a Section 42 enquiry (i.e. meet the threshold) are recorded as a safeguarding concern, and therefore the number of referrals will be lower and the proportion of referrals leading to Section 42 enquiries will be much higher.

Following an initial assessment, it was determined that the duty of enquiry requirement was met in 90% of concerns. This proportion is much higher than previous years, (65%) which is due to a change in the way of recording (see above). The expected trend is that all referrals will meet the threshold for a Section 42 enquiry over the next 12 months indicating better initial assessment.

Stoke-on-Trent: number and proportion of referrals/safeguarding concerns



In Stoke-on-Trent there were 3034 reported safeguarding concerns in relation to adults with care and support needs during 2018/19. This is an increase of 792 from 2242 compared to 2017/18 an increase of 35%. This can be partly explained by the Large-Scale Enquiries that have been undertaken causing an increase as more cases are identified through this process. As part of 'Making Safeguarding Personal' referrals will take other routes of support and avoid becoming a safeguarding concern.

Following initial assessment, it was determined that the duty of enquiry requirement was met on 9% of those occasions which has decreased from 11% in 2017/18.

The Board has asked for an explanation from the local authorities about the different methods of gathering and interpreting information in relation to safeguarding concerns. The responses are summarised below.

- Both authorities review information on the AS1 (initial safeguarding referral form)
- Both make a decision at this point to determine if the three stage criteria is met
 - a- *does the adult have care and support needs,*
 - b- *are they at risk or experiencing abuse*
 - c- *and as a result of their care needs are they unable to protect themselves*
- If the three stage test is met then a decision is made by both authorities to gather further information (called a planning discussion).
- The planning discussion will involve information gathering from various sources, both professional and family and friends and the adults view where they have capacity to be involved.
- Following this information gathering both authorities make a decision if further enquiries and exploration of safeguards for the adult is required.
- If the decision is for no further enquiries, it is at this stage that Staffordshire and Stoke-on-Trent make a different recording decision –
- Stoke-on-Trent record this decision as – No Section 42 required (but also record what other actions either care assessment request, review etc. as a non-statutory Sec42)
- Staffordshire record this decision as – Section 42 enquiry completed (either no ongoing risk, closed at adult's request, concerns substantiated or unsubstantiated)

In essence Staffordshire and Stoke-on-Trent Local Authorities follow the same procedures but the recording on systems is an internal decision for each authority. This review has illustrated that both authorities are taking the same steps to ensure adults are safe and risks minimised.

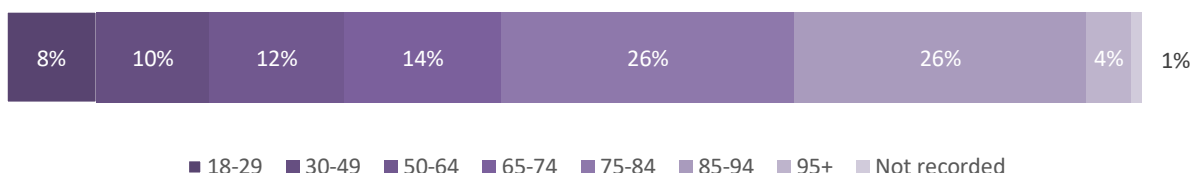
This difference in recording is replicated throughout the country with a wide variation in conversion rates for Section 42 enquiries between 12% and 69%. Both authorities have been involved in the work of the Local Government Association in an attempt to reduce this variance. The Local Government Association has announced that it will produce further guidance to make the process for recording a Section 42 clearer.

The following pages provide an analysis of the findings under various headings from the concerns that have resulted in a formal Section 42 enquiry.

About the Person

To give a picture of the personal circumstances of those at risk of abuse or neglect information is collected on the age, gender, ethnic origin and primary reason for adults needing for care and support and this information is provided below.

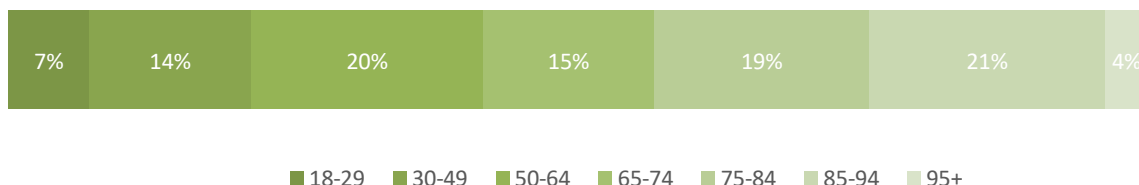
Staffordshire Age Breakdown (Section 42)



Staffordshire

Of the people subject of a Section 42 enquiry, those aged 75-84 and 85-94 (both 26%) represent the largest cohort, followed by 65-74 (14%), and then 50-64 (12%). There has been very little change in the population this year compared to last year. Only in 1% of cases has no data been recorded. When comparing the age breakdown with general Staffordshire population statistics, it is evident that people in the 65+ age groupings are disproportionately over represented for Section 42 enquiries.

Stoke-on-Trent Age Breakdown (Section 42)



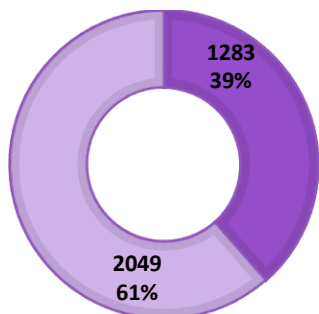
Stoke-on-Trent

For Stoke-on-Trent, the largest cohort represented is those aged 85-94 (21%), closely followed by 50-64 (20%), and then 75-84 (19%). The proportion of people over 75 has been decreasing (by 17%) over the last

two years, whilst those under 50 have increased (by 11%) in the same period. This may be due to the increase in large scale enquiries in relation to people with learning disabilities being younger. When comparing the age breakdown with the general Stoke-on-Trent population figures, it is apparent that people over 65 are disproportionately over represented for Section 42 enquiries.

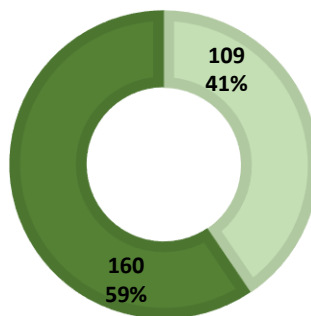
Gender

Staffordshire: Gender Breakdown



Male Female

Stoke-on-Trent: Gender Breakdown



Male Female

Staffordshire

Females represent the majority of adults’ subject of a Section 42 enquiry, with 61% over the year and males representing 39%; similar to last year. Females are over represented (by 12%) when compared to the overall Staffordshire gender breakdown.

Stoke-on-Trent

Stoke-on-Trent has a slightly lower proportion of females in their cohort compared to Staffordshire, but females have increased compared to 54% last year with a corresponding decrease for men.

Note: Recording systems are currently unable to break down data further to reflect broader gender categories to be fully inclusive.

Ethnicity

Ethnicity	Staffs	Stoke-on-Trent
White	89.6%	87.9%
Asian	0.9%	2.8%
Black	0.4%	0.4%
Mixed	0.3%	0.0%
Other	0.3%	1.2%
Refused	0.0%	0.0%
Undeclared / Not Known	8.5%	7.7%

Staffordshire

The majority of individuals (Section 42) are 'White' (89.6%, a slight decrease from last year), followed by Asian (0.9%).

Stoke-on-Trent

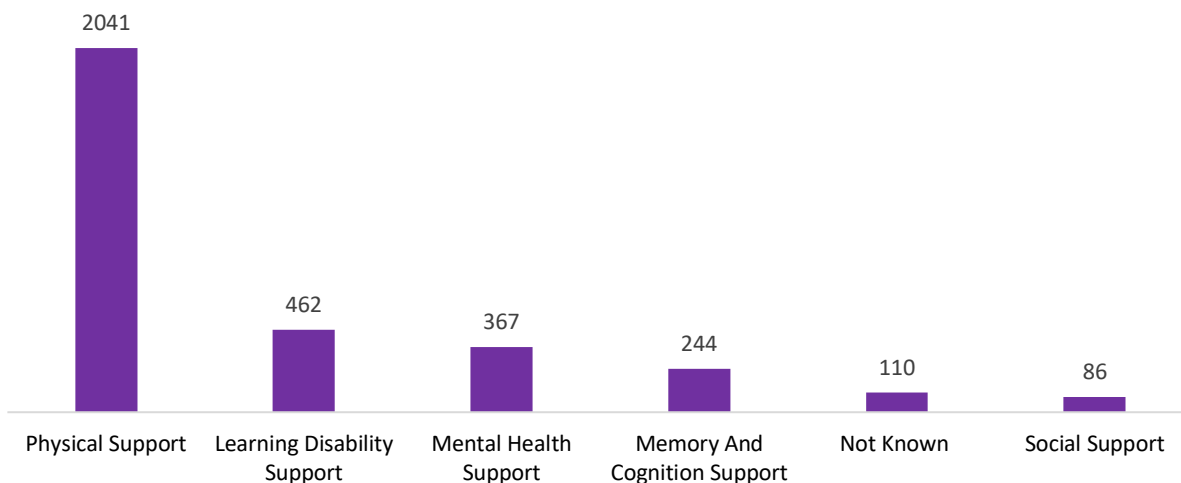
The pattern is similar in Stoke-on-Trent, the majority of declared ethnicities are 'White' (87.9%, a slight decrease since last year), followed by Asian (2.8%, a slight increase since last year).

Anecdotally, it is known that people from ethnic minority populations are disproportionately under-represented for Section 42 enquiries; however, for both local authorities (Staffordshire 8.5% and Stoke-on-Trent 7.7%), records do not have their ethnic background captured which limits the usefulness of any comparison to the wider population.

Primary Support Reason: the bar charts below illustrate the type of care and support need of the adult subject to abuse or neglect

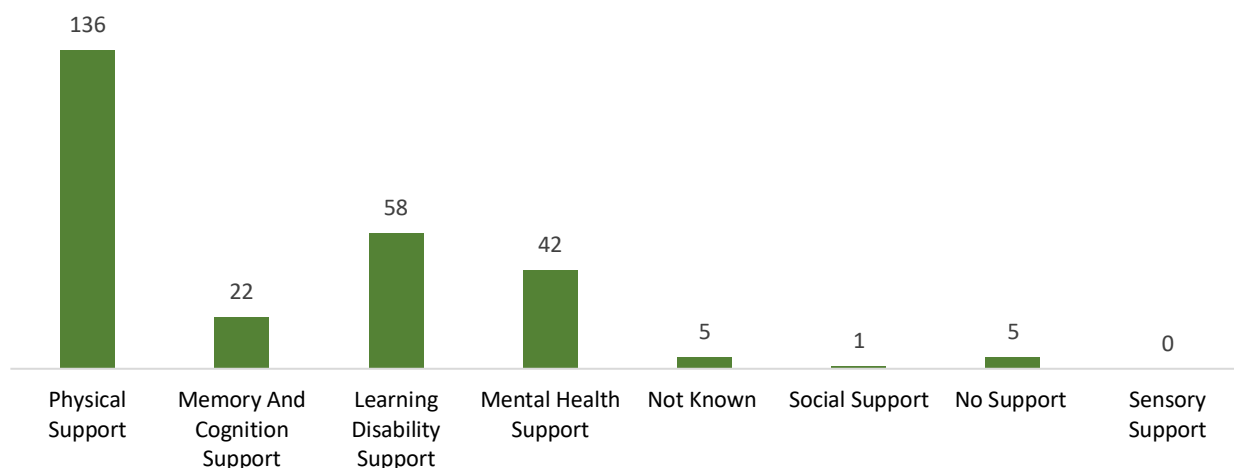
Staffordshire

Staffordshire: Primary Support Reason



Physical support continues to be the most common primary support reason in Staffordshire in 2018/19 (61%) an increase of what was reported last year (49%), followed by learning disability support (14%) and then mental health support (11%) which was more of a factor for the older age groups. 'Not knowns' have decreased from last year as updated data has been resubmitted by Staffordshire giving an opportunity for updated validated data.

Stoke-on-Trent: Primary Support Reason



Stoke-on-Trent

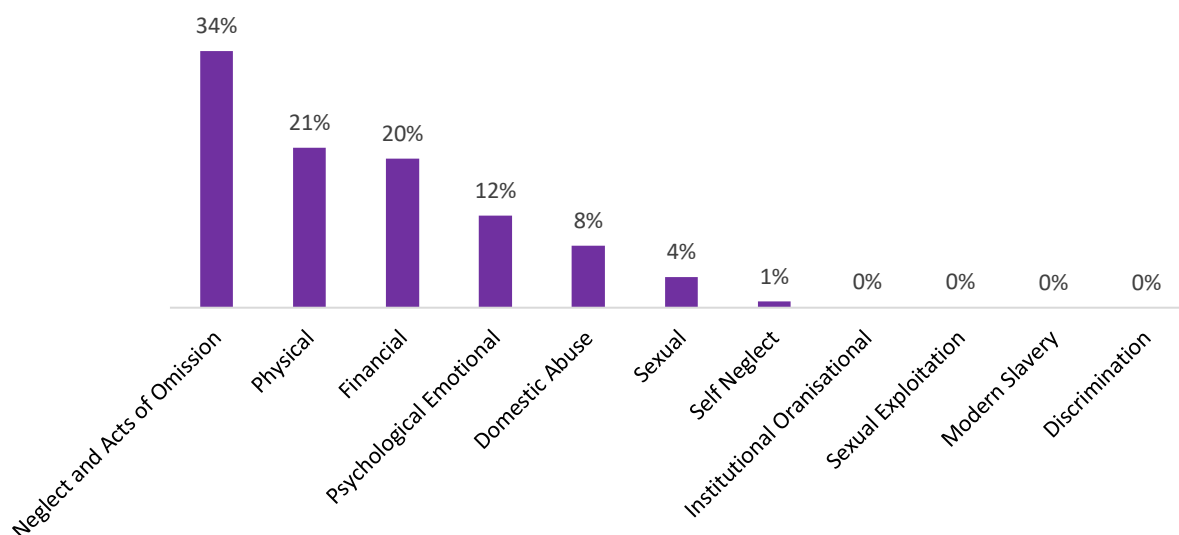
Physical support similarly represents the largest proportion of primary support reasons recorded in Stoke-on-Trent at 51%, followed by learning disability support with 21%, an increase of 8% since last year, due to large scale enquiries that have uncovered abuse in this area; mental health support accounts for 16%.

Types of Harm or Abuse identified at Section 42 safeguarding enquiry

The below information shows the types of abuse and neglect reported in comparative proportions:

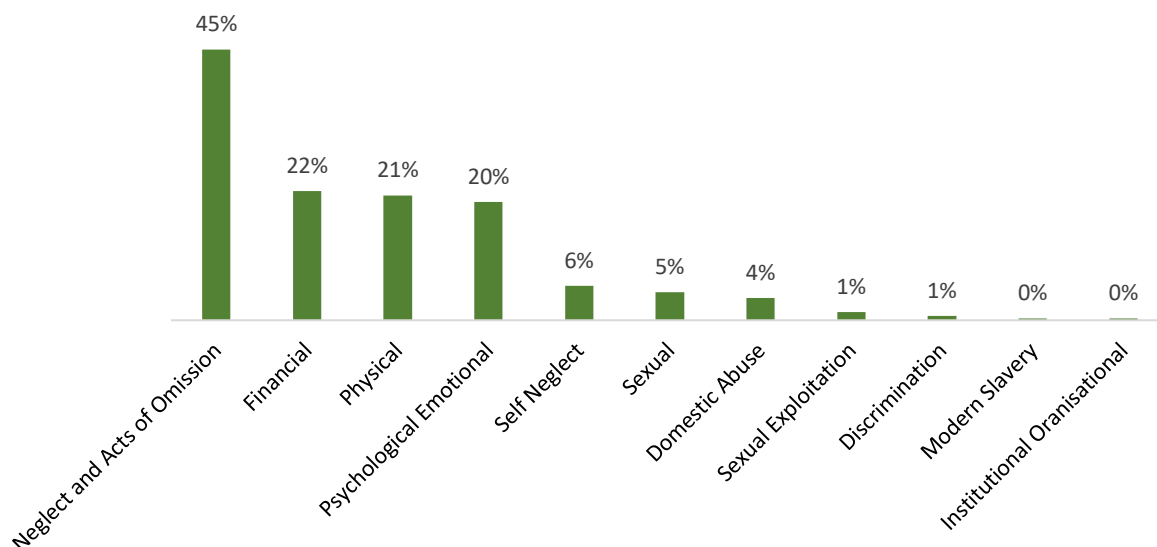
Staffordshire

Staffordshire: Type of harm or abuse identified at Section 42 safeguarding enquiry



Neglect and Acts of Omission/Physical harm/financial abuse continue to be the most frequent types of harm and abuse identified for Section 42 safeguarding enquiries in Staffordshire, together accounting for 75% of all harm/abuse recorded. Neglect and acts of omission, show a slight decrease during the course of the year; whilst financial abuse has increased (3%) in 2018/19.

Stoke-on-Trent: Type of harm or abuse identified at Section 42 safeguarding enquiry



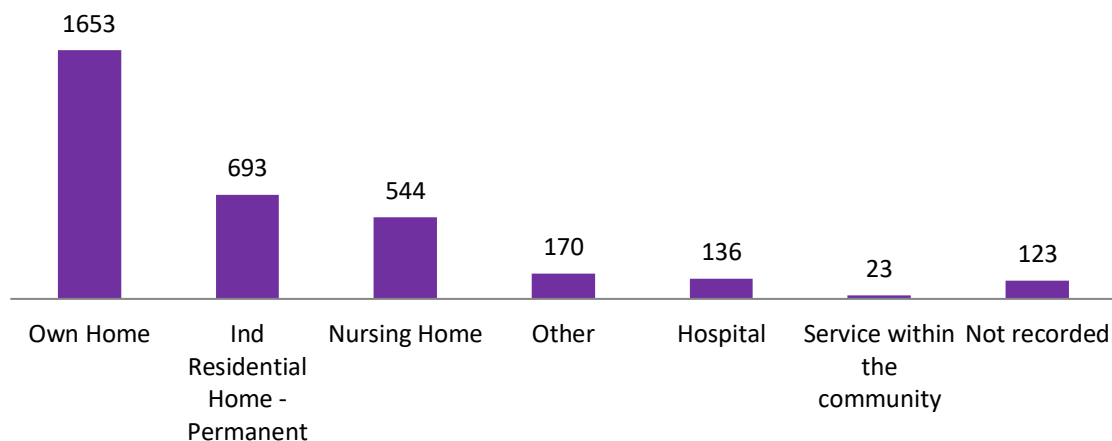
The trend of increasing neglect cases has continued in 2018/19 and is up to 45%, from 37% in 2017/18. The proportion of cases where financial abuse has been reported has increased significantly when compared to 2017/18, from 9% to 22% due to improved identification of this type of abuse. Psychological emotional abuse has also increased this year, from 14% last year to 20% this year, again most likely to be linked to better identification and awareness.

Despite the relatively low numbers of safeguarding concerns recorded under sexual abuse, there is a risk to adults with care and support needs and particular trends for adults with a learning disability.

Since 2016/17 new categories of Sexual Exploitation, Discrimination and Modern Slavery have been included. In Staffordshire, fewer than 10 cases were identified as involving sexual exploitation and fewer than 5 cases for discrimination and modern slavery. Stoke-on-Trent reported fewer than 5 cases in all of these categories. Figures may not reflect what is happening in communities and an awareness campaign and training for partner agencies may be required so that this type of abuse is recognised and supported appropriately.

Location of abuse

Staffordshire: Location of Abuse (Section 42)

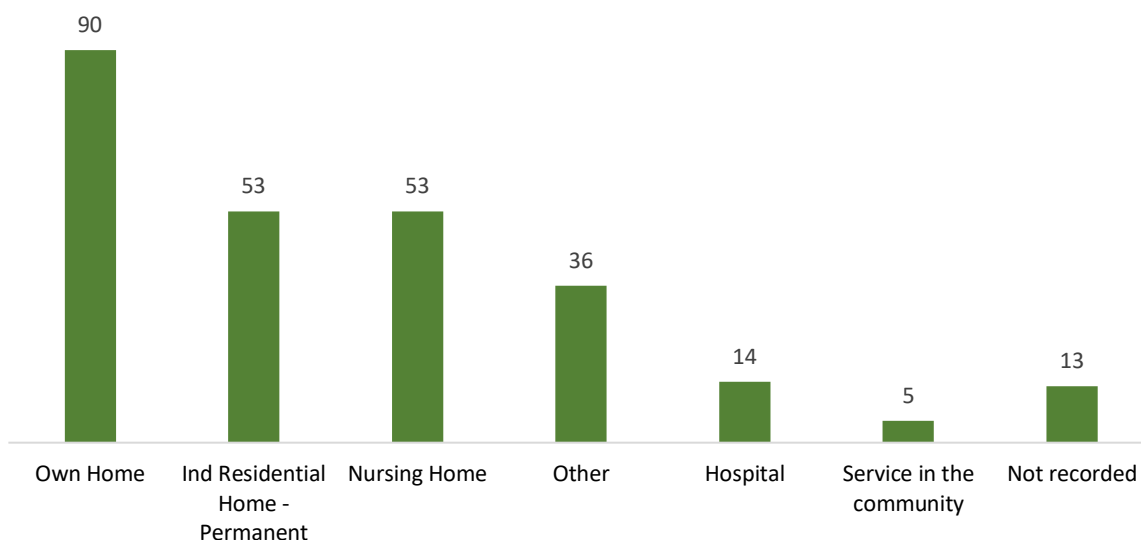


Staffordshire

Of those people subject of Section 42 enquiries, the majority (1653) were in the person's own home with nearly 50%. The next most common locations in Staffordshire were residential homes (21%) and nursing homes (16%); similar to last year.

Stoke-on-Trent

Stoke-on-Trent: Location of Abuse (Section 42)



The most prevalent location of abuse in Stoke-on-Trent are the person's own home (34%) and Independent Residential Home and Nursing Home (both 20%). This has changed from last year, when the majority of concerns were in nursing homes, identified in Large Scale Enquiries. Abuse in the person's own home has increased by 13% from last year. Other locations are similar to last year.

Findings of Concern Enquiries

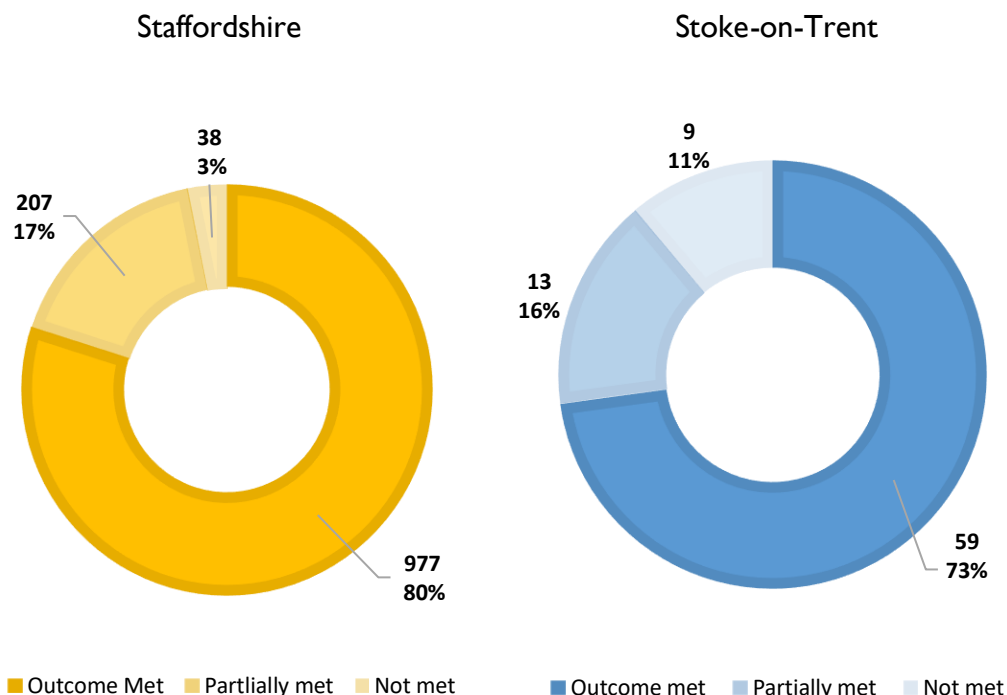
The following section provides an overview of the findings of Section 42 enquiries showing what is happening to referrals through to whether allegations were proven with a comparison to previous years.

Staffordshire: Referrals have reduced again this year, but more meet the threshold; due to being captured differently as noted earlier. Repeat referrals have decreased by 5% from last year. Partially or fully proven allegations have increased from 26% last year to 42% this year.

Stoke-on-Trent: Demand has continued to increase during 2018/19 for Stoke-on-Trent with the reported number of concerns rising by 26%. The proportion of cases meeting the threshold has continued to reduce from 32% in 2014/15 and is now 9%. Partially or fully proven allegations data is no longer collected by Stoke-on-Trent.

Note: There is an explanation for the reasons for variation in recording between Staffordshire and Stoke-on-Trent on page 31.

Number and proportion of people who were involved in a Section 42 enquiry whose expressed outcomes were met.



Staffordshire

In Staffordshire the proportion of people subject to a Section 42 enquiry whose expressed outcome was met has decreased from 85% last year, 97% of people expressing their desired outcomes as either fully or partly met has remained the same as last year.

Stoke-on-Trent

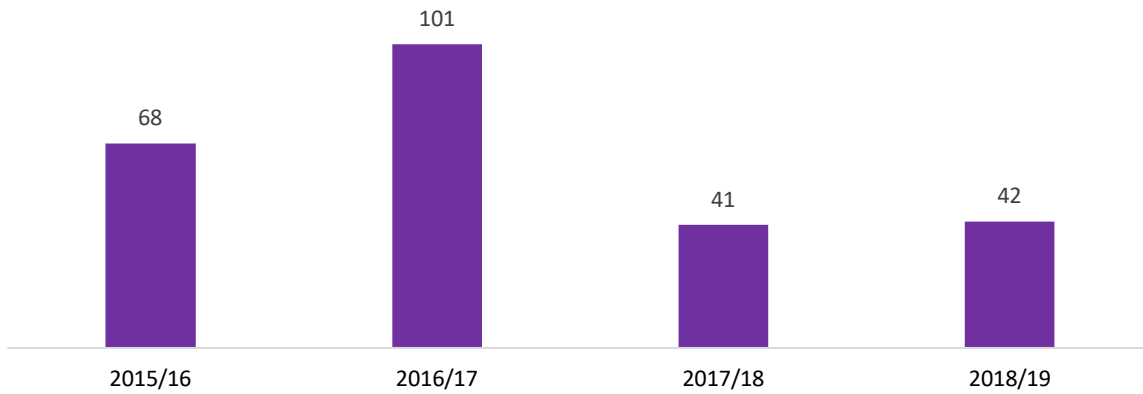
The proportion of people subject of a Section 42 enquiry whose expressed outcome was met or partially met decreased to 89% from 92% in 2017/18.

Staffordshire Police information

Care Worker ill treatment/wilful neglect of an individual

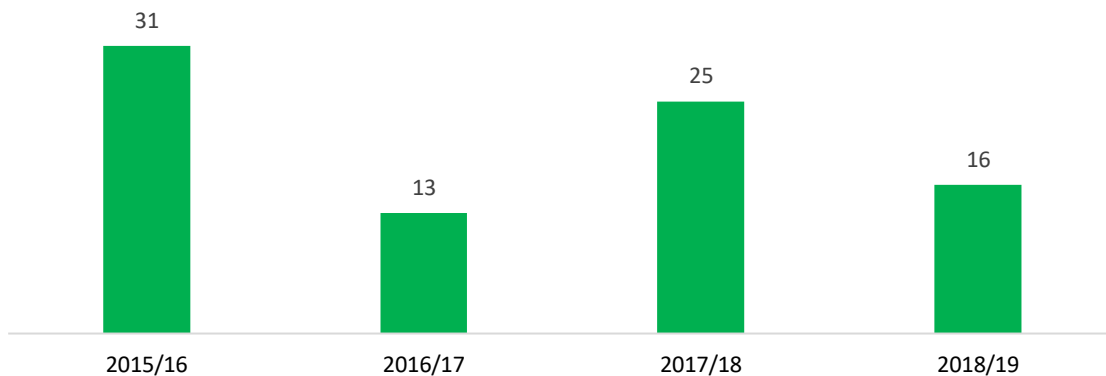
The 2016/17 SSASPB Annual Report indicated an increasing number of concerns and criminal investigations involving paid care staff. There were a large number of repeat locations, which had a large number of crimes linked to them. There were also a number of historic offences (committed prior to the date period) were only 1 historic offence has been recorded in the last 2 years. For the last two years the number of recorded crime offences has remained similar at 41 and 42 respectively.

Care Worker ill-treatment / Wilfully Neglect of an individual



The number of recorded crimes is spread over 9 locality policing teams. There have been no repeat victims, but there are 3 repeat offenders. There are also 7 locations with more than 1 crime recorded and the majority occurred in care/nursing homes.

Ill Treatment or Wilful Neglect of a Person lacking capacity by anyone responsible for that person's care



There has been a decrease of 9 crimes compared to the previous year. These are spread over 8 locality policing teams with only 1 area experiencing an increase. There are no repeat victims or offenders, but there is a repeat location. Almost half of crimes occurred in nursing/ care home settings.

9. FINANCIAL REPORT

Budget Report 2018/19:

The Board is supported by a part-time Independent Chair, a full-time Board Manager and a full-time Administrator. There was a change in Administrator in this period resulting in nine weeks without cover or cost.

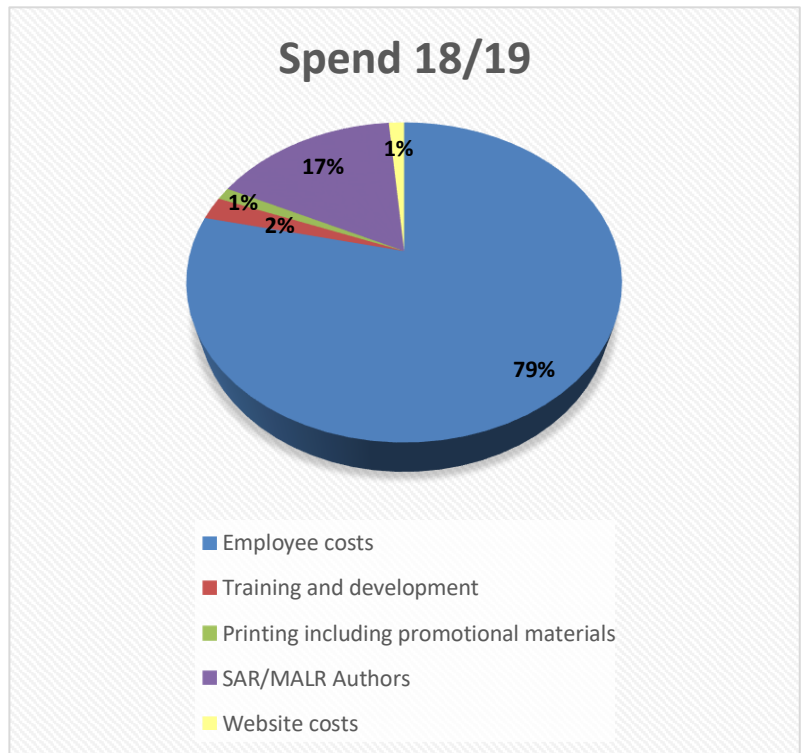
The Board wishes to acknowledge those partners who have provided rooms without cost which includes Staffordshire County Council, Stoke-on-Trent City Council, Staffordshire Fire and Rescue Service and Staffordshire Police.

Income: This was year 2 of a 3 year budget agreement which had been approved by the statutory partners in January 2017.

Partner:	Stoke-on-Trent City Council	£16,875
	Staffordshire County Council	£50,625
	CCGs	£67,500
	Staffordshire Police	£15,000
	TOTAL	£150,000

Spend:

Staffing	£102,801 <i>note (i)</i>
Training and development	£3,056
Catering	£55
Printing/stationery	£1,688 <i>note (ii)</i>
SAR/ MALR Authors	£21,444
Website costs	£1,800
TOTAL:	£131,982



Notes (i) All staffing costs including employment costs, mobile phone and travelling

(ii) Including promotional leaflets

APPENDIX 1: BOARD PARTNERS

Statutory Partners as of 31st March 2019

- Local Authorities
 - Staffordshire County Council
 - Stoke-on-Trent City Council
- Staffordshire Police
- NHS
 - Staffordshire and Stoke-on-Trent Clinical Commissioning groups

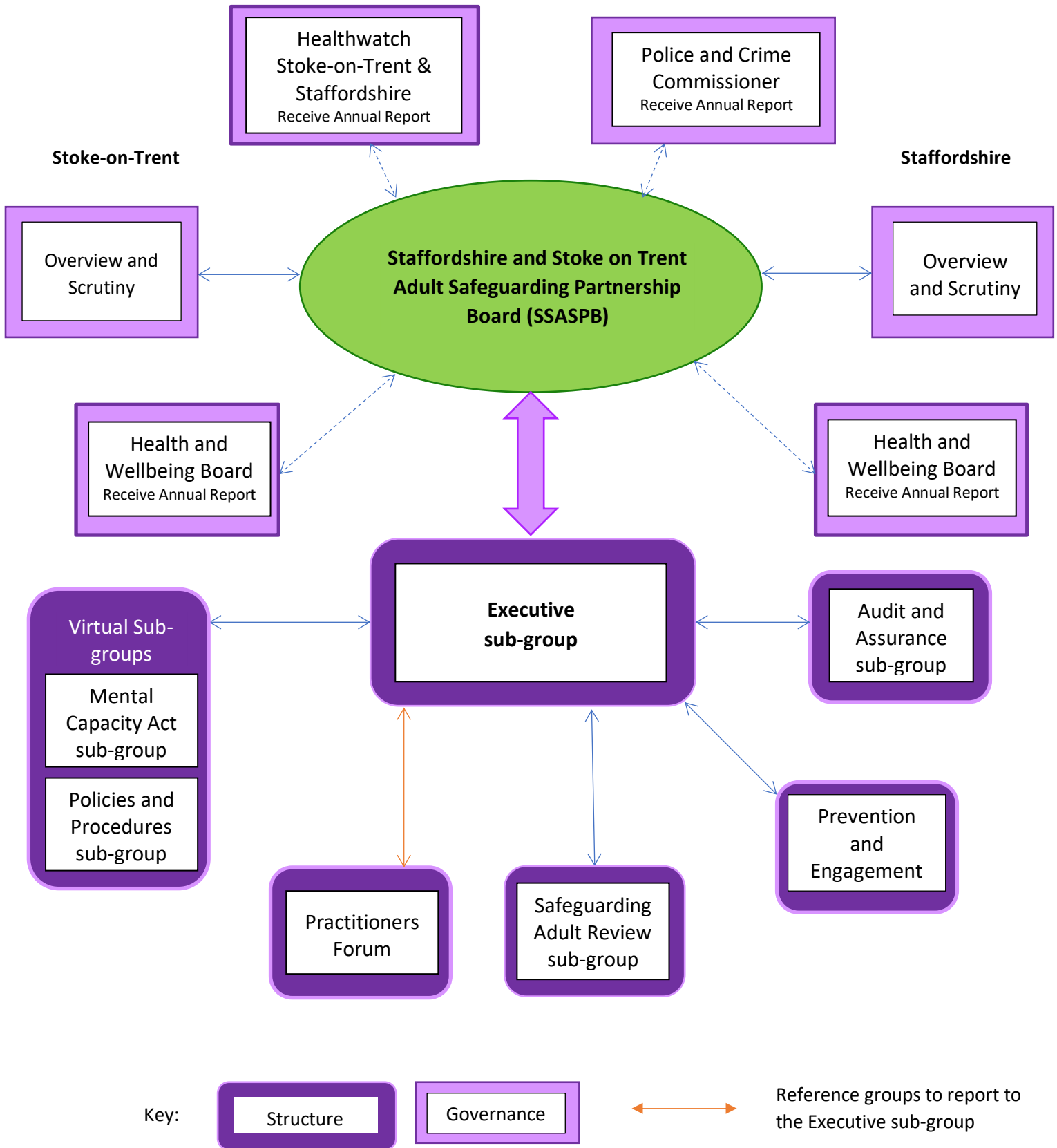
Extended Partnership as of 31st March 2019

- Community Rehabilitation Company (CRCs) (Staffordshire and Stoke-on-Trent)
- Domestic Abuse Forum
- Hate Crime Forum
- Healthwatch (Staffordshire and Stoke-on-Trent)
- Her Majesty's Prison Service (HMPS)
- Local Authority Lead members
- Midlands Partnership Foundation Trust (MPFT)
- National Probation Service (NPS) (Staffordshire and Stoke-on-Trent)
- North Staffordshire Combined Healthcare NHS Trust (NSCHT)
- Representatives from the voluntary sector
- Staffordshire Association of Registered Care Providers (SARCP)
- Staffordshire District Councils Safeguarding sub-group
- Staffordshire Fire and Rescue Service (SFARS)
- Trading Standards (Staffordshire and Stoke-on-Trent)
- University Hospitals of Derby and Burton (UHDB)
- University Hospitals of North Midlands (UHNM)
- Virgin Care
- West Midlands Ambulance Service (WMAS)

APPENDIX 2: GOVERNANCE STRUCTURE

From 1st April 2019

Governance and Structure



APPENDIX 3: CATEGORIES OF ABUSE AND NEGLECT

Categories of abuse and neglect - Section 14.17 of The Care Act Statutory Guidance describes the various categories of abuse and neglect:

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.

Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse - including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery - encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

11. REFERENCES

i. **Care Act 2014:** <http://www.legislation.gov.uk/ukpga/2014/23/contents>

12. GLOSSARY

Glossary	
CCG	Clinical Commissioning Group
CPS	Crown Prosecution Service
CQC	Care Quality Commission
CRC	Community Rehabilitation Company
DA	Domestic Abuse
DHR	Domestic Homicide Review
DBS	Disclosure and Barring Service
DoLS	Deprivation of Liberty Safeguards
GDPR	General Data Protection Regulation
HMIC	Her Majesty's Inspectorate of Constabulary
HMIP	Her Majesty's Inspectorate of Prisons
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference
MASH	Multi-agency Safeguarding Hub
MCA	Mental Capacity Act (2005)
MPFT	Midlands Partnership Foundation Trust
NHSE	National Health Service England
NPS	National Probation Service
NSCHT	North Staffordshire Combined Healthcare Trust
OPG	Office of the Public Guardian
PiPoT	Persons in Position of Trust
QA	Quality Assurance
QAF	Quality Assessment Form
QSISM	Quality Safeguarding and Information Sharing Meeting
SAB	Safeguarding Adults Board
SAR	Safeguarding Adults Review
SARCP	Staffordshire Association of Registered Care Providers
SCC	Staffordshire County Council
SCR	Serious Case Review
SFARS	Staffordshire Fire and Rescue Service
SSASPB	Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board
SSSCB	Stoke-on-Trent and Staffordshire Safeguarding Childrens Board
SoTCC	Stoke-on-Trent City Council
TS	Trading Standards
UHDB	University Hospital of Derby and Burton
UHNM	University Hospitals of North Midlands
WMAS	West Midlands Ambulance Service

Please use the link below to the SSASPB website for more detailed descriptions and additional glossary items.

<https://www.ssaspb.org.uk/Professionals/Glossary.aspx>

What do I do If I have an Adult Safeguarding concern?

REPORT IT

If the adult lives in
Stoke-on-Trent

0800 561 0015

Minicom: 01782 236037

If the Adult lives in
Staffordshire

0345 604 2719

Please visit the SSASPB
website for more ways to
report a concern
[www.ssaspb.org.uk/
reporting-abuse](http://www.ssaspb.org.uk/reporting-abuse)



City of

Stoke-on-Trent



Staffordshire
County Council



Staffordshire Health and Wellbeing Board – 08 January 2020

Special Educational Needs and Disability

Recommendations

The Board is asked to:

- a. Note the content of this report and status of the Local Area Written Statement of Action.
- b. Provide comment and responses in regard to the approach set out in the Written Statement of Action and the status of each priority area.
- c. Endorse the direction of travel to improve the SEND service as detailed in the Next Steps section.
- d. Recommend that the HWBB review and sign-off the SEND strategy in September 2020.

Background

1. In November 2018 Staffordshire was inspected by OFSTED and CQC to judge the effectiveness of the area in implementing the special educational needs and disability (SEND) reforms as set out in the Children and Families Act 2014. The inspection outcome was that a Written Statement of Action was required to address the significant areas of weakness identified in the published report letter (<https://reports.ofsted.gov.uk/provider/44/80561>).
2. The Written Statement of Action (see Appendix 1) was co-produced with all partners and stakeholders as a strategic response to organise roles and responsibilities, establish a united vision and strategic plan, communicate effectively to drive improvement and share what works well
3. The Written Statement of Action submitted to Ofsted in April 2019 sets out how Staffordshire County Council and NHS Staffordshire Clinical Commissioning Groups will work together with partners, parents/carers and young people and with school leaders, to improve outcomes for children and young people with SEND. The statement of action is being used to support the collective drive for improvement.
4. The Written Statement of Action was published on local websites, sent to Ofsted, CQC and the Secretary of State in April 2019. HMI assessed whether the statement was fit for purpose and the Ofsted Regional Director wrote to the local area to communicate that the statement was assessed as fit for purpose with some minor amendments.

5. A key element of the WSoA is the formation of seven sub groups that would be in the format of task and finish groups; each group is responsible for leading on the focus areas within the eight identified priority areas as outlined in the WSoA.
6. The Chairs of each sub-group will meet monthly prior to the SEND Partnership Group (SPG) to highlight progress of their actions plans, associated risk and inter-dependencies.
7. Risks/issues identified at the Chairs meeting will be escalated directly to the SEND Partnership group who will escalate/report to the Families Strategic Partnership Board ensuring a robust governance process is in place. The seven sub groups are:
 - a. Leadership and Governance
 - b. Joint Commissioning
 - c. Early Years
 - d. Graduated Response
 - e. Assessment and Planning
 - f. Local Offer and Engagement Group
 - g. 8 x District Governing Body Groups
8. Appendix 1 provides the latest status report of the WSoA and each of the 8 priority areas.

Next Steps

9. The SEND Strategy will inform the future multi-agency direction of travel regarding SEND in Staffordshire. The SEND strategy will need to be co-produced with key stakeholders (including engagement with children, young people and families). It is proposed that informal stakeholder engagement takes place during the winter 2019/ 2020 and this engagement will inform the draft SEND strategy that will be formally consulted on during spring and early summer 2020. The strategy is intended to be launched in September 2020.
10. The SEND strategy will contain a set of principles that will underpin the way key partners, particularly, education, health and social care, will work with children, young people and families, communities and partners to meet the needs of people with special educational needs and disabilities.
11. The strategy:
 - a. aims to build on the strengths disabled citizens have by focusing on their skills and qualities, those of their family or carers, and those of their community. Helping people do things for themselves as far as possible, rather than routinely doing things for people is a core principle.
 - b. ensures appropriate support is available at the right time for those with a disability to maximise their independence, and prevents, reduces or delays additional needs.
12. Following the production of the SEND strategy, a range of activity will commence to ensure its effective delivery.

13. The proposed key elements of the SEND model are detailed below:

- a. SEND locality hubs will provide a mechanism to identify and support children experiencing difficulties early, reducing the need for Education, Health and Care Plans (EHCPs).
- b. Children with moderate learning difficulties will be educated within mainstream settings whenever possible.
- c. Special schools will be encouraged to provide outreach support to Mainstream settings.
- d. The special school strategy will ensure that special schools provide for those with the greatest need.

14. At a locality level, the SEND model will be aligned to other locality models, including: Place Based Approach, Harm Reduction Hubs and Supporting Communities. Work is also underway with schools to ensure there is aligned activity at a local level.

List of Background Documents/Appendices:

Appendix 1 – Written Statement of Action

Contact Details

Board Sponsor: **Helen Riley** Chair of the Families Strategic Partnership Board (FSPB) and Deputy Chief Executive and Director for Families and Communities

Report Author: **Tim Moss**, Assistant Director for Education Strategy and Improvement, Staffordshire County Council and **Tracey Shewan**, Director of Communications and Engagement, Clinical Commissioning Group

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Priority Area	Priority Activities	<p>Overall Status of the Priority Area Blue - outcomes agreed, and embedded and being delivered Red - Work in progress or not started and there are concerns that the outcomes may not be delivered in time, Amber – Work In progress, and expected to be completed in time for the outcomes to be delivered by the date in the plan. Green - Completed. Grey - work not started but there are no concerns that outcomes may not be delivered.</p>
[1] Partnership roles and responsibilities that drive improvement or share what works well.	1.1 Roles and responsibilities to drive improvement 1.2 United vision and strategic planning to drive improvement 1.3 Effective communication to drive improvement	A
[2] Aspirations and expectations for children and young people	This priority is embedded within the other priorities within the Written Statement of Action. (1.1, 1.2, 3.1,3.3, 4.0, 5.0, 6.0)	A
[3] Co-production, 'tell it once' approach and local area's relationships with schools.	3.1 Co-production is strong across the local area 3.2 Parents/ carers and families state that the local area listens to them or their child. The 'tell it once' approach is embedded. 3.3 The local area's relationships with education providers are productive and meaningful.	Green
[4] Co-produced quality, aspirational of EHC plans with effective reviews	4.0 EHC plans are effective in identifying and addressing the holistic needs of CYP. They are understandable to parents and have clear, smart outcomes	A
[5] Preparation for Children and young people at transition points	5.0 Arrangements for the review of the children and young people's needs at transition points between key stages, from one phase of education to another and then into employment/work readiness and independence are effective	A
[6] Graduated Response	6.0 A transparent, informative and effective Graduated Response	Green
[7] Improvement work in schools, alternative provision and the independent sector.	7.0 There is effective oversight of improvement work in schools, alternative provision and the independent sector	A
[8] Access to the right help and support.	8.0 Children and young people and their families have access to the right help and support. Arrangements for accessing some services are clear and transparent	A



STAFFORDSHIRE HEALTH AND WELLBEING BOARD

FORWARD PLAN 2019/2020

This document sets out the Forward Plan for the Staffordshire Health and Wellbeing Board.

Health and Wellbeing Boards were established through the Health and Social Care Act 2012. They were set up to bring together key partners across the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch to lead the agenda for health and wellbeing within an area. The Board has a duty to assess the needs of the area through a Joint Strategic Needs Assessment and from that develop a clear strategy for addressing those needs – a Joint Health and Wellbeing Strategy. The Board met in shadow form before taking on its formal status from April 2013.

The Forward Plan is a working document and if an issue of importance is identified at any point throughout the year that should be discussed as a priority this item will be included.

Councillor Alan White and Dr Alison Bradley
Co- Chairs

If you would like to know more about our work programme, please get in touch on 07794 997 621

Unless otherwise stated, Public Board Meetings are held in Staffordshire Place 1, Trentham and Rudyard Rooms, at 3.00pm.

Public Board Meetings:
5 September 2019
5 December 2019 cancelled
8 January 2020
5 March 2020

Date of Meeting	Item	Details	Outcome
6 June 2019 PUBLIC BOARD MEETING	Director of Public Health Annual Report Report Author – Jon Topham Lead Board Member – Richard Harling	Annual report this year is “Live Long & Prosper: Digital Technologies for Health and Wellbeing”	The draft report was shared with Members, with the final report being brought to their September meeting
	Suicide Prevention Update Report Author – Vicky Rowley Lead Board Member – Richard Harling	An update on parental mental health and suicide prevention.	Funding for environmental measures to prevent suicides in identifiable hotspot areas to be raised with SCC and the CCGs by Cllr Philip White and CCGs Craig Porter
	District Council & H&WB Report Author – Lead Board Member - Tim Clegg	Presentation outlining the work of district & borough Councils in promoting health and wellbeing.	Continued engagement with partners to promote health and wellbeing.
	Air Quality Report Author – Mike Calverley Lead Board Member – Richard Harling	A report on Air Quality last came to the Board on 7 December 2017.	Progress noted.
	Children’s Safeguarding Report Author – Kate Sharratt Lead Board Member – Helen Riley	Outline the new arrangements for the Stoke-on-Trent & Staffordshire Safeguarding Children’s Board.	The new arrangements be noted.
	H&WB Strategy – Delivery Plan Report Author – Jon Topham Lead Board Member – Richard Harling	Considering “Staffordshire H&WB Strategy – An Approach to Delivery” and “Public Health and Prevention Supportive, Communities”	Considered a number of delivery approaches, and included: re-energising public conversations; leadership for HiAP; and leadership for targeted JSNA.
	Carers Strategy Report Author – Gill Morris Lead Board Member – Richard Harling	SCC & the CCGs new draft all age carers strategy “All Together for Carers”	Members to provide feedback on the Strategy as part of the consultation process.
	BCF Report Author – Jennie Pierpont Lead Board Member – Richard Harling	Highlighting concerns around timescales/funding of the BCF	That the concerns be escalated to the Secretary of State for Health and Social Care.
Physical Inactivity Report Author – Ben Hollands Lead Board Member - Glynn Luznyj	Changes to Physical Inactivity governance.	SASSOT be recognised as the lead agency for physical activity, with consideration being given to how their work will be reported back to the H&WB.	

Date of Meeting	Item	Details	Outcome
5 September 2019 PUBLIC BOARD MEETING	End of Life Conversation with the Public – progress report Report Author – Dave Sugden Lead Board Member – Richard Harling	At the September 2018 meeting Board Members requested a progress report on the end of life work stream with providers to help imbed learning from the campaign in 6 – 12 months time.	Deferred to the December meeting.
	H&WB Strategy Report Author – Jon Topham Lead Board Member – Richard Harling	The Strategy included: implementing public conversation campaigns; increasing awareness of digital technologies within the health and wellbeing; and promote telecare and assistive technologies and signpost effectively. Focusing on Public Health and Prevention Self-Help Programme, details of how this will be achieved.	Members endorsed the approach to this element of the delivery plan and supported the proposed communication campaigns.
	STP Consultation follow-up Report Author – Lead Board Member - Simon Whitehouse	Details of the listening exercise process and outcomes.	The Board supported the proposed approach to developing the Five Year System Plan.
	Review of Terms of Reference Report Author – Jon Topham Lead Board Member – Richard Harling	The revised Terms of Reference had been agreed at the September 2018 Board meeting. At that time, it was also agreed that they should be reviewed annually, with a report being brought to each September Board meeting.	Amendments were made to the agenda layout and that the SASSOT would now be the lead agency for physical activity.
	DPH Annual Report Report Author – Richard Harling Lead Board Member – Richard Harling	It had been agreed to bring the final report to the September meeting.	The 17 recommendations and actions for implementation were agreed by Members. A further report will be brought to the December meeting showing progress made and identifying any outstanding recommendations and timescales for their implementation.
	JSNA Deep Dive – Communities Report Author – Divya Patel Lead Board Member – Helen Riley	Cusp of Care JSNA	Members supported the promotion of population health management and integrated care data in developing an early warning system approach to predicting future demand.
	HiAP Leadership Report Author – Dave Sugden Lead Board Member – Richard Harling	Updating the Board on activity since March 2017 when they had agreed to promote HiAP throughout their respective organisations.	Members committed to their role as “Champions for Change” for HiAP and agreed the activities proposed within the report.

Date of Meeting	Item	Details	Outcome
	BCF Report Author – Jenny Pierpoint Lead Board Member – Richard Harling	At the March 2019 meeting the Board had noted progress with the Staffordshire BCF and agreed an extension of the current BCF schemes into 2019-2020. They had also received details of possible financial risk at their June 2019 meeting.	The Board delegated sign-off to the Co-Chairs on confirmation of funding and noted the submission and assurances of timescales.
	CCG Merger Report Author – Sharon Young (Stafford & Surround CCG) Lead Board Member – Alison Bradley	To inform the Board of progress on the proposed CCG merger	Members noted progress and the anticipated decision timescale.
	Revised Draft Carers Strategy Report Author - Andy Marriott Lead Board Member - Mark Sutton	Details on the revised strategy.	The Board endorsed the Staffordshire Strategy for Carers and noted the current review of the Carers Pathway and services arrangements.
5 December 2019 8 January 2020 PUBLIC BOARD MEETING	Families Strategic Partnership Board Annual Report Report Author – Kate Sharratt Lead Board Member – Helen Riley		
	SCC & CCG Commissioning Intentions SCC – Richard Harling CCGs – Craig Porter		
	DPH Annual Report Report Author – Richard Harling Lead Board Member – Richard Harling	At their September meeting it was agreed to report any outstanding recommendations and the timescale to their implementation to the December meeting.	
	Staffordshire and Stoke-on-Trent Local Transformation Plan Report Author – Natasha Moody Lead Board Member – Helen Riley		
	Adult Safeguarding Annual Report Report Author – John Wood Lead Board Member – Helen Riley		
	SEND Strategy Report Author – Tim Moss Lead Board Member – Helen Riley		
	STP Delivery Plan Report Author – Simon Whitehouse / Jonathan Bletcher Lead Board Member - Simon Whitehouse	Progress from STP is a standard item for each H&WB meeting.	

Date of Meeting	Item	Details	Outcome
	End of Life Public Conversation – Progress Report Report Author – Dave Sugden Lead Board Member – Richard Harling	At Sept 18 meeting board members requested progress report on end of life workstream with providers to help embed learning from the campaign in 6 - 12 months' time	
5 March 2020 PUBLIC BOARD MEETING			

HWBB Statutory Responsibility Documents

Document	Background	Timings
Pharmaceutical Needs Assessment (PNA)	<p>The PNA looks at current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets the current and future population needs for Staffordshire residents and identifies any potential gaps in current services or improvements that could be made.</p> <p>The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to HWBs.</p>	<p>The current PNA was published in March 2018.</p> <p>The PNA is reviewed every three years (the next assessment is due in 2021)</p>
Joint Strategic Needs Assessment (JSNA)	<p>The H&WB arrange for:</p> <ul style="list-style-type: none"> • an annual JSNA update report • 2 deep dive reports per year • Quarterly exception reporting 	The Annual JSNA report comes to the March H&WB.
Joint Health and Wellbeing Strategy (JHWS)	The JHWS sets out how the needs identified in the JSNA will be prioritised and addressed.	JHWS was adopted by the H&WB at their June 2018. An action plan will be developed to set out how the Strategy will be delivered.
CCG and Social Care Commissioning Plans	The H&WB receive annually details of both CCG commissioning plans and Social Care to consider whether these have taken proper account of the JHWS.	Annually, normally at the March meeting.

Board Membership Role	Member	Substitute Member
Staffordshire County Council Cabinet Members	CO CHAIR - Alan White – Cabinet Member for Health, Care and Wellbeing Mark Sutton – Cabinet Member for Children and Young People Philip White – Cabinet Support Member for Learning and Employability	Gill Burnett – Cabinet Support Member for Adult Safeguarding
Director for Families and Communities	Helen Riley – Deputy Chief Executive and Director for Families and Communities	Mick Harrison – Commissioner for Safety, Children & Families
Director for Health and Care	Richard Harling – Director of Health and Care	Karen Bryson – Assistant Director, Public Health & Prevention
A representative of Healthwatch	Maggie Matthews – Healthwatch Advisory Board Chair	Robin Morrison – Chief Executive, Healthwatch Staffordshire Simon Fogell – Executive Director
A representative of each relevant Clinical Commissioning Group	Gary Free – Chair of Cannock Chase CCG Paddy Hannigan – Chair of Stafford and Surrounds CCG Shammy Noor – Chair of South East Staffs and Seisdon Peninsula CCG Rachel Gallyot – Chair of East Staffs CCG CO CHAIR - Alison Bradley - Chair of North Staffs CCG	Marcus Warnes – Chief Operating Officer
Representative of the CCG Accountable Officer	Craig Porter – CCG Managing Director of South West Division	tbc

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Staffordshire's Health and Wellbeing Board has agreed to the following **additional representatives** on the Board:

Role	Member	Substitute Member
District and Borough Elected Member representatives	Roger Lees – Deputy Leader South Staffordshire District Council Jeremy Pert – Cabinet Member (Community Portfolio) Stafford Borough Council	Brian Edwards
District and Borough Chief Executive	Tim Clegg – Chief Executive Stafford Borough Council	tbc
Staffordshire Police	ACC Jennie Sims	Chief Superintendent Jeff Moore
Staffordshire Fire and Rescue Service	Howard Watts – Director of Prevent and Protection	Jim Bywater
Together We're Better - Staffordshire Transformation Programme	Simon Whitehouse – Programme Director	tbc
Voluntary Sector	Phil Pusey – Chief Executive SCYVS Garry Jones – Chief Executive Support Staffordshire	tbc

