STAFFORDSHIRE HEALTH AND WELLBEING BOARD

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Staffordshire Health and Wellbeing Board

Thursday 10 December 2020
3.30 - 5.30 pm
Microsoft Teams Meeting

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".

Agenda

Chair: **Cllr Johnny McMahon, Cabinet Member for Health, Care and Wellbeing**
Dr Alison Bradley, Clinical Chair of North Staffordshire CCG

No	Time	Item	Presenter(s)	Page(s)
1.	3.30 pm	**Welcome and Routine Items** a) Apologies b) Declarations of Interest c) Minutes of Previous Meeting d) Questions from the Public	Chairs	1 - 8
2.	3.35 pm	**COVID-19 Update**	Richard Harling	Verbal Report
3.	3.55 pm	**Strategy Questionnaire - Summary of Findings**	Jon Topham	9 - 74
4.	4.05 pm	**Commissioning Intentions** a) Staffordshire and Stoke-on-Trent Clinical Commissioning Groups Strategic Update b) SCC Commissioning Intentions	Cheryl Hardisty Richard Harling	75 - 88 89 - 90
5.	4.30 pm	**Population Health Management**	Jane Moore	91 - 94

6.	4.40 pm	**Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2019-2020**	Helen Jones John Wood	95 - 142
7.	4.45 pm	**Hospices**	Emma Hodges	143 - 150
8.	5.00 pm	**Family Strategic Partnership Board - Future of Wider Governance Arrangements**	Helen Riley	151 - 152
9.	5.05 pm	**Staffordshire Better Care Fund 2020/21**	Richard Harling	153 - 156
10.	5.10 pm	**Staffordshire Joint Mental Health Strategy (2021-2025)**	Richard Deacon Josephine Bullock	157 - 160
11.	5.20 pm	**Troubled Individuals Proposals**	Tony Bullock Natasha Moody	161 - 182
12.		**Forward Plan**		183 - 188

Date of Next Meeting

Thursday 4th March 2021 at 15:00. Venue and format to be confirmed.

Membership	
Johnny McMahon (Co-Chair)	Staffordshire County Council
Dr Alison Bradley (Co-Chair)	North Staffs CCG
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
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 Heath & Care (SCC)
Helen Riley	Director for Families & Communities (SCC)
Craig Porter	CCG Accountable Officer Representative
Simon Whitehouse	Staffordshire Sustainability and Transformation Programme
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
Howard Watts	Staffordshire Fire & Rescue Service
Jennifer Mattinson	Staffordshire Police
Jonathan Price	Staffordshire County Council

Note for Members of the Press and Public

Filming of Meetings

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Recording (including by the use of social media) by the Press and Public is permitted from the public seating area provided it does not, in the opinion of the chairman, disrupt the meeting.

Minutes of the Staffordshire Health and Wellbeing Board Meeting held on 3 September 2020

Attendance:

Dr Alison Bradley (Co-Chair (In the Chair))	–
Johnny McMahon	Staffordshire County Council
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Dr Richard Harling	Director of Heath & Care (SCC)
Helen Riley	Director for Families & Communities (SCC)
Craig Porter	CCG Accountable Officer Representative
Phil Pusey	Staffordshire Council of Voluntary Youth Services
Garry Jones	Support Staffordshire
Jeremy Pert	District & Borough Council Representative (North)
Tim Clegg	District & Borough Council CEO Representative
Rita Heseltine	South Staffordshire District Council
Jonathan Price	Staffordshire County Council

Also in attendance:

Jon Topham	Senior Commissioning Manager, Public Health

Apologies: Roger Lees (District Borough Council Representative (South))

29. Declarations of Interest

District and Borough Councillor representative Cllr Jeremy Pert (Stafford Borough Council) declared an interest as the Chairman of Staffordshire County Council's Healthy Staffordshire Select Committee.

a) Minutes of the Previous Meeting

RESOLVED – That the minutes of the meeting held on 5 March 2020 be confirmed and signed by the Co-Chair.

b) Questions from the Public

There were no questions at this meeting.

30. COVID-19 Response - Reflections and Implications

The emergence of Covid-19 had had an unprecedented impact on the UK and the World. Following the range of measures implemented since the first case in the UK in January, the battle against the virus was now focusing on rolling lockdowns in specific areas. In Staffordshire hotspot areas had been seen in Burton, Silverdale (Newcastle-under-Lyme) and Stone.

The Board considered the implications for the Health and Wellbeing Strategy of Covid-19 and what, if any, updates were necessary to reflect the current issues. This included the anticipated local government devolution, with a white paper expected in the autumn, and the development of NHS Integrated Care Systems.

The Board considered findings from the Covid-19 Recovery Coordinating Group, which set out impacts of the virus on:

- mental health and wellbeing, with anxiety and "coronavirus fear" being a considerable issue;
- the widening broader health inequalities;
- the mounting backlog of non-Covid patients for the NHS, including the drop in non-urgent referrals and the potential consequences of this;
- the impact on front line and key workers, on their mental health and the potential long-term effects of this;
- the extremely clinically vulnerable and the impact of continued self-isolation on their mental health;
- the partial closure of schools and the impact from the lack of education and social isolation which was expected to disproportionally affect the most disadvantaged;
- economic and social hardship, with the largest spike in unemployment on record;
- the surge in volunteering and social action; and
- increased use and familiarity in the use of technology.

The Board reflected on each representative organisation's experiences and learning from recent months, specifically considering the measures taken, their effectiveness and further work moving forward.

a) What has worked well during Covid-19?

Board Members shared the positives from their organisation's responses to the Covid-19 crisis, with many common factors seen. Positive reflections included:

- the incredible way staff had pulled together and their willingness to work above and beyond their core roles, their flexibility in ways of working, the extensive readiness to volunteer and a real willingness to rise to the challenges faced and the increased pace of work;
- quicker decision making;
- the impressive way in which the community supported each other in a wide variety of ways, including local and hyper local activity;

- excellent communication across the Primary Care network and CCG;
- good partnership working across public and voluntary sectors, including community hub food delivery, with the crisis helping to forge and reinforce partnerships in Staffordshire;
- the rapid mobilisation and digitalisation of processes including: phone triage; digital consultations; integrated care records; virtual and online meetings; educational courses; youth services and IAG offers; better engagement with vulnerable young people;
- core service delivery maintained whilst the way staff worked was necessarily different, eg working from home, using dedicated phone lines etc;
- the Everyone in Campaign which saw all rough sleepers accommodated and off the streets, presenting opportunities for future multi-agency working;
- the effectiveness and importance of local knowledge in tackling the crisis;
- continued support for those shielding;
- much closer relationships and stronger partnership working with schools;
- the work of the Stoke on Trent and Staffordshire Safeguarding Children's Board (SSSCB), increasing the frequency of meetings and developing a risk matrix;
- the continued work of schools and child care providers throughout the crisis for key workers and vulnerable children.

b) What hasn't worked so well?

Board members shared areas that had not worked so well, including:

- frustrations over national systems, including PPE distribution and NHS Test and Trace, with a local approach being much better;
- initial impact on some primary care practices needing support due to staff sickness;
- patients not presenting resulting in delayed diagnosis and future concerns over the impact of the disease backlog, particularly as winter approached and when considering any future Covid-19 spike;
- delayed hospital treatments and appointments, and the significant impact on workload for primary care this created;
- concern for many staff who had been overworked for some time, and the impact of exhaustion on their physical and mental health;
- newly trained social workers normally continued their training shadowing experienced staff, which presented difficulties with the current restrictions;
- the need for a better and more coordinated response from pharmacies;
- an increase in anti-social behaviour, particularly around country parks;
- an increase in domestic abuse, with the extent of this unknown at present;
- impact on leisure services and the need to support the not for profit providers of district and borough leisure services;
- the disproportionate impact on young people and the need for a partnership response to address this;
- concerns around the long and short term impacts on mental health;
- financial implications across organisations with a significant long-term impact expected;
- whilst there had been wonderful partnership working across the NHS, there was a need to ensure this partnership working was extended to include NHS and non NHS organisations;

- concerns that the rapid move towards digitalisation had unintentionally excluded a cohort of vulnerable adults.

Members shared concerns at the backlog of disease and the disease burden, the mental health concerns across all ages resulting from the crisis, the widening health inequalities and emphasised the importance of the Flu campaign. Cross sector and enhanced partnership working had positive impacts and there was a need to consider how this could be developed.

The H&WB Strategy was fairly high level and therefore still relevant, however certain elements might need a reemphasis, particularly around:

- obesity
- mental health
- health impact from economic pressures, including mental health, domestic abuse etc.
- social and health inequalities

RESOLVED – That:

a) the Covid-19 Recovery Coordinating Group social recovery discussion paper be noted;
b) the challenges identified for the Health and Wellbeing Strategy of Covid-19 be noted; and
c) the 5 November workshop date be used to consider any refresh of the Strategy.

31. Local Outbreak Control Plan

As part of the Test and Trace requirements a Covid-19 Local Outbreak Control Plan for Staffordshire had been produced. This set out how national and local partners would work with the public at a local level to prevent, contain and manage outbreaks.

Nationally the number of Covid-19 cases had started to rise and Staffordshire was mirroring this, although the County's case load remained below the national average. Following the 17 cases in Silverdale there had been a good response to testing and the case numbers were falling. Four wards in Burton upon Trent remained above the county average for case numbers. This was connected to underlying characteristics of the population in this area and community leaders were supporting work to address this. There had also been a number of cases in Tamworth recently with no common source identified presently. Local test and trace arrangements were in place, with regional, mobile and local test sites, although there had been some frustration with the national booking system.

The Director of Public Health thanked all who had been involved with the Local Outbreak Protection Board.

RESOLVED – That the Plan and associated governance arrangements be endorsed.

32. Integrated Care Partnerships

Peter Axon (ICP Development SRO and CEO) and Chris Bird (Director of Strategy) from North Staffordshire Combined Healthcare NHS Trust, presented details of the Integrated Care Partnerships (ICPs). An ICP was supplementary to an Integrated Care System (ICS), with ICS leading on system leadership and setting a strategic outcomes framework across a larger population than covered by any individual ICP. An ICP was not a new legal entity and all decisions on health and care services would be retained by the relevant statutory organisations. The intention was for ICPs to enable seamless service delivery with service users not seeing the interface between different services or service providers.

The Board received details of the ICS roadmap and development plan, with all STPs to become ICSs by 2022 and an ICS being more outcome focussed. Details of system functions, planning and leadership and governance were shared, with leadership arrangements being key to the success of the ICPs in selling the vision to both staff and the general population.

A new system architecture had been proposed, with ICP level focus likely to be centred on:

- operational liaison and local coordination
- delivery of transformation aligned to STP/ICS priorities
- tackling health inequalities

Whilst there was some national guidance on design and function there was little guidance on developing the ICPs. The new arrangements would emphasise collective system management and transformation and would require a dedicated organisational development programme to support change. The Board received an update on developments over the last six months, with alignment on certain pathways across the three ICP localities. Each identified priority had a multi-agency working group which would report back to the ICPs.

Four key areas of focus for ICP development from September 2020 would be:

- culture
- systems and processes
- governance
- enabling support (eg PHM, financial management, digital)

The new arrangements largely related to how NHSE expected the NHS locally to work together without the need to change legislation. There was no expectation for any changes to financial flows or communication arrangements with the County Council.

RESOLVED – That the presentation be noted.

33. Staffordshire Better Care Fund 2020/21

In September 2019 the H&WB had confirmed funding for the 2019/20 Staffordshire Better Care Fund (BCF) and its content, and had delegated sign off to the Co-Chairs. The Co-Chairs had signed off Staffordshire's 2019/20 BFC in January 2020 and the timescales for its approval. The Board also noted a request for re-baselining the overall

NHS contribution to adult social care in order to correct some historic issues. NHS contributions for social services in support of health, carers and Care Act were now reflected in a single figure of £20.729m for 2019/20.

The 2020/21 BCF Policy Framework was not yet published as priority was being given to managing the Covid-19 pandemic and NHS England would not be asking for BCF Plans at this time. NHS contributions to the BCF, including NHS contributions to adult social care would be uplifted by 5.3% for 2020/21. The iBCF (improved BCF) would be uplifted by 12.4%. The Winter Pressures Grant and Disabled Facilities Grant would remain at the same level as 2019/20.

NHSE had acknowledged that BCF Plans from April 2020 would not be formally approved, however they had indicated that for the duration of the Covid-19 pandemic systems should assume that expenditure of BCF funds would continue on existing services as in 2019/20 in order to maintain capacity in community health and social care.

RESOLVED – That:

a) the Board noted the 2020/21 BCF Policy Framework had not been published, and that due to the ongoing requirement to prioritise management of the Covid-19 pandemic, NHSE would not be asking for BCF Plans at this time; and
b) for the duration of the Covid-19 pandemic, systems would assume that expenditure of BCF funds should continue on existing services as in 2019/20.

34. Forward Plan

The H&WB had the following suggested additions to their Forward Plan for the December meeting:

- Commissioning intentions;
- Covid – 19
- H&WB Strategy
- BCF
- ICS/STP
- Children: SEND Strategy; and FSPB Strategy and governance;
- Adults: Mental Health Strategy; Prevention Plan; and Troubled individuals;
- Population Health management;
- DPH Report
- Broadband & digital infrastructure update;
- Healthwatch; and
- VCSE – update.

Included from today's Board meeting was an item from Tim Clegg, Chief Executive, Stafford Borough Council, reflecting on cross sector working.

RESOLVED – That the additions to the Forward Plan be agreed and prioritisation for the December Board meeting be in consultation with the Co Chairs.

Chairman

Staffordshire Health and Wellbeing Board – 10 December 2020

Strategy Questionnaire – Summary of Findings

Recommendations

The Board is asked to:

a. Consider the findings of the survey
b. Reflect and give direction based on the questions in the discussion section
c. Agree the next steps that the Board wishes to take

Background

1. At the September meeting of the Staffordshire Health and Wellbeing Board, members reviewed the impact of Covid,

2. As part of this discussion it the impact of Covid on the HWBB Strategy was also discussed

3. At the time, it was agreed to use the workshop slot in November to discuss the Strategy, priorities and delivery, in the light of Covid.

4. The November workshop was ultimately cancelled, because of the second Covid lockdown and a questionnaire was circulated to members to get views from members about how to proceed

5. The following is a summary of the findings of the questionnaire.

The Findings

6. Overall, there were 10 responses to the questionnaire:

    a. There was strong support for a focus on both Mental Health and for greater efforts to tackle the Wider Determinants of Health.

    b. The Board respondees felt that the focus for delivery should be on strengthening partnerships and the JSNA.

7. A more detailed question by question summary follows:

    Q3. We do not need to re-write the current Health and Wellbeing Board Strategy, but we do need to focus on some key priorities.

    7 /10 responses indicated that the Strategy did not need a re-write, but there was a sense that we do need to focus on some key delivery priorities and agree what we are actually going to do

Q4. Comments:

A range of comments suggested that mental health and health inequalities were key issues that need to be brought to the fore. A number of other comments suggest that we need to think about delivery and set relevant priorities that the system can manage, under the current Covid pressures

Q5. Is there anything missing from the Strategy that needs Board attention

Seven responses suggested gaps exist in the strategy

Q6. Please give more detail

There were a couple of comments to suggest that the strategy was not particularly strong regarding Children and Young People and also one comment about the gap around both Mental Health and Wider Determinants.

A number of comments suggested that we needed to reflect the impact of Covid, in the strategy and / or Board priorities for delivery

Q7. Focused on the JSNA priorities, which had been identified at the March 2020 Board meeting (see appendix). The following were identified as most important.

JSNA Priority	**Responses**
Wider determinants of Health	8
Mental Health	8
Lifestyles	2
Age Well	1
Alcohol and Drugs	1
Maternal & Infant Health	1

It was clear from the responses that the Board members saw Wider Determinants of Health and Mental Health as key priorities, by a significant majority.

Q8. What are the mechanisms by which the HWBB could deliver key priorities? This question was intended to look for ways in which the HWBB would proactively influence and act upon the priority areas it saw as most important.

All rankings (1-6) were added up to give an overall score (lowest score has most support)

Delivery actions	Score	No. of top 2 scores
Promote Partnership Working	15	8
Coordinated campaigns and public awareness	31	2
Stronger focus on the JSNA to influence decision making	32	4
Health in all Policies approach	36	4
Promote Good Practice	39	2
Board members act as Champions for Change	57	0

The most popular delivery mechanism was seen as Partnership working. Partnerships have certainly developed as a result of Covid, but work will be required to unpack this to enable the Board to act upon it.

There was clear support for a stronger focus on the JSNA to drive decision making, particularly in the light of Covid. This is unsurprising considering that the JSNA is a statutory duty of Health and Wellbeing Boards. A JSNA focus on Mental Health and Wider Determinants may be required, although this will also need to connect with the Population Health workstream as well.

Whilst only 2 people identified campaigns in the top 2 delivery mechanisms, it was ranked 3 or 4 by most people and nobody ranked it in the bottom two.

Four people identified Health in all Policies (HIAP) as one of the top two delivery mechanisms, although 3 people had HIAP in their bottom two, which suggests a lack of consensus

Discussion

8. In the light of these findings, the Board is asked to consider the following questions:

   a. Do the Board think that the findings are correct and reflect a clear direction for us to move forward with?
   b. Are the Board happy to support the majority view that we do not need to refresh the strategy?
   c. Do the Board support a focus on Mental Health and Wider Determinants of Health as key Board priorities?
      i. How do the Board wish to focus on Mental Health?
      ii. How do the Boar wish to focus on Wider Determinants?
   d. There was significant support for the Partnership role of the HWBB, how do we make this real with ICS, Stoke HWBB and other partnership bodies
   e. Agree the next steps that the Board wishes to take.

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List of Background Documents / Appendices:

Appendix 1 – JSNA Presentation (March 2020 Board Meeting)

Contact Details

Board Sponsor: Richard Harling, Director for Health and Care

Report Author: Jon Topham, Senior Commissioning Manager
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STAFFORDSHIRE
HEALTH AND WELLBEING BOARD

Health & Wellbeing Board

Joint Strategic Needs Assessment Health and Care

5th March 2020

Staffordshire County Council

Introduction

- Assessment of the population's strategic health and care needs through a shared evidence base.
- Builds on comprehensive JSNA undertaken in 2019
- Reporting focused on those key health and care issues in Staffordshire, as identified from the data.
- A separate but aligned Children's JSNA produced, received by the Families Strategic Partnership Board on behalf of the Health & Wellbeing Board, to guide its work.
- Opportunity to discuss the key issues, in readiness for the review of Health & Wellbeing Board existing metrics used to monitor performance.

Analysis Approach

- Review of existing statistical analysis and regular outcome surveillance of 100+ core performance measures.

- Utilised range of national and local data sources - Public Health Outcomes Framework, Quality and Outcome Framework, NHS data (NHS digital), education data etc.

- Additional analysis to understand new or emerging issues.

- Supported with resident voice intelligence where appropriate, previous research findings and national evidence.

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Health and Care Improvements

Areas of improvement, identified from the data include:

- 3 in 4 children are classed as school ready, with Staffordshire top performing of similar authorities. Also, higher than average employment rates, increasing from 71% to 80% in the last 4 years, and one of the lowest unemployment rates among peers.

- Fuel poverty reducing and lower than national, with Staffordshire Warmer Homes Fund expected to support 194 of 1000 eligible homes by end of February 2020, and further expansion planned.

- Teenage conception rates in line with national, and fallen by 27% in last 3 years from 25.5 per 1,000 to 18.6 per 1,000. In the last 10 years rates have more than halved.

- Smoking prevalence in adults reducing since 2012, from 17% to 12% - lower than national and among the lowest of statistical neighbours. Similarly, smoking related deaths have fallen by almost 10% in 2 years, and faster than national (8% fall).

- Estimated diabetes diagnosis rates have improved in the last 4 years, are higher than national and second best of statistical neighbours, enabling better management of the condition.

Health and Care Improvements

- The rate of people aged 65+ admitted to long-term residential or nursing homes has fallen between 2014/15 (642 per 100,000) and 2018/19 (538 per 100,000).
- Deaths rates (under 75 years) relating to cardiovascular, cancer and respiratory diseases reduced over last 15 years. Cardiovascular deaths fell by 48% and cancer related deaths by 22%, during this period.
- Under 75 mortality from all causes also reduced by 26%, from 439 per 100,000 to 323 per 100,000, and has been consistently lower than national for the last 9 years.

Some examples of wider system highlights include:

- Quality of services providing long term care and support is improving - 79% of services were rated 'Good' by CQC in August 2019, an improvement on 52% in January 2016.
- The opening of Amber Wood; a brand new, purpose-built specialist dementia Centre of Excellence in Burton on Trent. The care model that is delivered promotes independence and person-centred care for people with dementia in a 'home-like' environment.
- A new Supportive Communities programme is developing links between social care services and community-led organisations (charities, sports clubs etc.) to help to enable people maintain their independence.
- Improved information, advice and guidance through digital technology.

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Health and Care Key Issues

1. Wider Determinants
2. Ageing Well
3. Staying Mentally Well
4. Healthy Lifestyles
5. Alcohol and Drugs
6. Maternal and Infant Health

Key Headlines

1: Wider Determinants

- Wider determinants have a significant impact on people's health outcomes, and therefore play a key role in reducing health inequalities.

- Two thirds of Staffordshire's young people do not achieve a core level of attainment by the time they leave school, impacting on future health outcomes.

- Higher than average employment in Staffordshire, however annual earnings are below national, and 1 in 10 residents (and 13% of children) live in low income households.

- Poor housing estimated to cost the NHS in Staffordshire between £22-£39m per year. Fuel poverty has been higher than average for 5 of the last 7 years.

- 559 households homeless/at risk of becoming homeless (April-June 2019), an increase from the previous year. Of these, 256 (46%) are in priority need, higher than national (45%) and West Midlands (37%).

- Some of our more deprived communities within Cannock Chase, Newcastle and Tamworth are more at risk.

2: Ageing Well

- There are 65,900 more people aged 65+, than there were 20 years ago. By 2030 there will be 12,250 more older people aged 85+.

- Healthy life expectancy is 63 for men and 65 for women, both below retirement age. For women this is above national, and men in line with the national position.

- 22% of Staffordshire adults have a limiting long term illness (20% nationally), rising to 53% for older people (52% nationally). Over half of Staffordshire wards have a higher than average proportion of adults living with this.

- Increasing demand on acute services - 3,900 falls admissions in Staffordshire per year (2,144 per 100,000 aged 65+), increasing by 10% between 2017/18 and 2018/19. A national estimated cost of fragility fractures is £4.4bn per year.

2: Ageing Well

- Overall, around 50,300 emergency admissions in Staffordshire per year for people aged 65+, of which 8% relate to falls. Important to note any excess is likely to be a combination of both demand and practice.

- High proportion of delayed days due to transfer of care in Staffordshire (both NHS and social care attributable). High levels of hospital acquired functional deconditioning will contribute to this.

- Staffordshire has highest rate of its 15 statistical neighbours for excess winter deaths, and ranked fourth worst in England. Stafford has the highest rate and is ranked fifth worst in the country.

3: Staying Mentally Well

- Mental health and wellbeing is key issue in Staffordshire for both young people and adults, leading to significant demand on acute services.
- In Staffordshire 1 in 8 (12%) emergency hospital admissions with mental health diagnosis in under 25s, lower than national (15%). However, this increases to 1 in 4 for adults (26%), compared to 30% nationally. Admissions for intentional self-harm (all ages) also higher than average, and among the highest of its peers.
- CAMHS referrals increased by 11% between 2017/18 and 2018/19, and GP recorded depression trend is rising, with a widening gap between Staffordshire and national.
- Newcastle records the highest prevalence for both recorded depression and severe mental health.
- Mental health is the second most common factor cited in 60% of children's social care assessments (2018/19), rising from 56% in 2017/18.
- Staffordshire's Make Your Mark 2019 survey highlighted mental health as one of young people's top concerns (24%), similar to recent years.

4: Healthy Lifestyles

- Up to 40% of ill health could be prevented through healthier lifestyles, therefore a key driver of health outcomes and reduced demand on public services.

- 1 in 4 Staffordshire adults are physically inactive – second highest of its 15 statistical neighbours and also ranked tenth worst area in England.

- Excess weight in both children and adults is a key concern - 1 in 4 reception children, 1 in 3 Year 6 children, and 2 in 3 adults are overweight or obese.

- Highest rates often in those more deprived localities:
  - Newcastle: third worst area in the country for reception aged obesity
  - Cannock: fifth worst area in the country for excess weight in adults.

- Leads to increased pressure on the system – diabetes prevalence trend is rising, faster than England. Similarly, higher than average prevalence of heart disease, with all localities (except East Staffordshire) experiencing a higher than average prevalence.

5: Alcohol and Drugs

- Presents harm, significant costs and burden on public services – nationally alcohol alone is estimated to cost the NHS £3.5bn annually, and drug misuse treatment £500m.
- Alcohol for adults is a key issue. Alcohol admission rates in Staffordshire increased from 692 per 100,000 to 814 per 100,000 in the last 4 years, is consistently higher than national, and has the highest rate of its 15 statistical neighbours. Nationally recognised as a measure that's indicative of the general health in a locality.
- More than half of Staffordshire's districts have a higher than average alcohol admission rate, and is highest in Stafford and Cannock Chase.
- Key risk factor impacting on acute services – preventable liver disease rates risen by 22% during a 5 year period (2011-13 to 2016-18), with highest rates in similar localities.
- Substance misuse is the third most common factor in 54% of children's social care assessments, with alcohol (85%) more common than drugs (81%). Witnessed rising demand into children's social care in recent years

6: Maternal and Infant Health

- Staffordshire experiencing rising Infant Mortality in recent years – 121 infant deaths (2012-14) to 141 at its highest (2015-17).
- Latest data places Staffordshire statistically higher than national, and the highest rate of its 15 statistical neighbours.
- Staffordshire would need 10 less infant deaths per year to reach the national average position.
- Half of infant deaths in Staffordshire in the top 2 deprived quintiles. Tamworth and East Staffordshire have the highest rates, ranked fifth and sixth worst areas in England respectively. (Please note small numbers at district level).
- Key risk factors where performance is below average:
  - Smoking during pregnancy, and
  - Access to early infant healthcare checks, with work underway to understand contributory factors. Low number of families participating in mandated checks is due to a higher volume of Did Not Attends (DNAs).

Health and Care Issues - Discussion

1. Are there any other system wide key issues, that you feel are missing and need to be considered alongside these?

2. What are you currently doing, or plan to do, as a Board, to collectively respond to these issues?

3. Which of the issues do you feel are the priority areas of focus?

Next Steps

- Collate and agree key activities in response to the issues - March/April 2020

- Opportunity to review and refine existing approach to measuring performance and impact - 11 June 2020 meeting

- HWBB Quarterly performance monitoring by exception – to commence from June 2020.

Detailed Evidence Base

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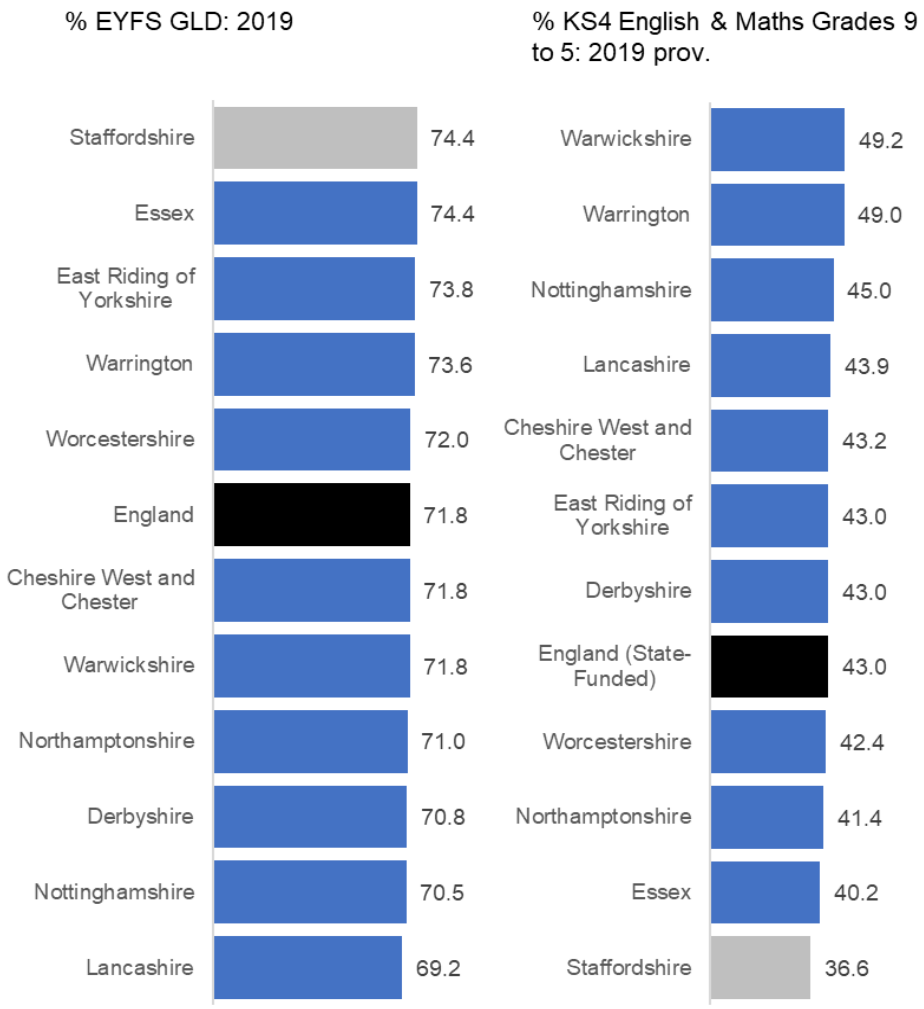
Wider Determinants

Educational Attainment

Educational attainment strongly linked with health behaviours and outcomes, such as long term diseases and mental health issues.

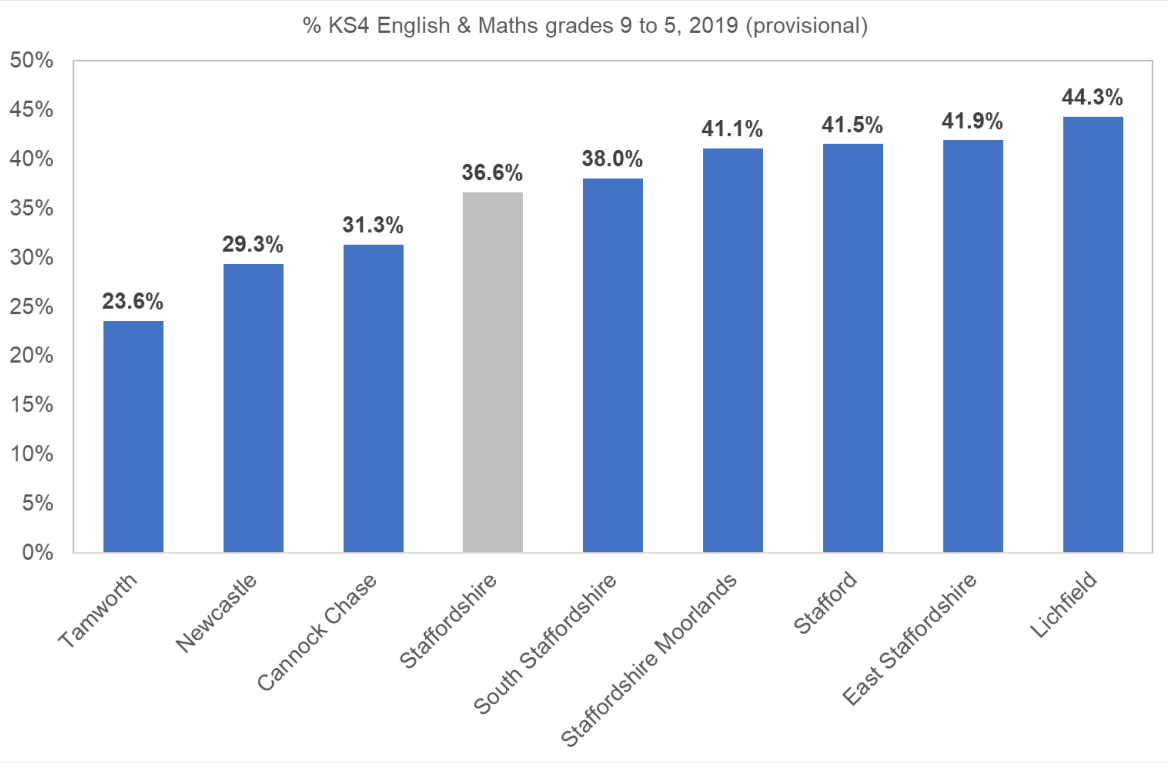
- Strong Early Years performance, with the majority (74%) school ready. Staffordshire remains above national and top performing of similar authorities.
- However, performance starts to dip by the end of primary school, and by KS4 attainment is the lowest among similar authorities (rank 11/11) and below national.



Source: Department for Education from LAIT

Educational Attainment – KS4

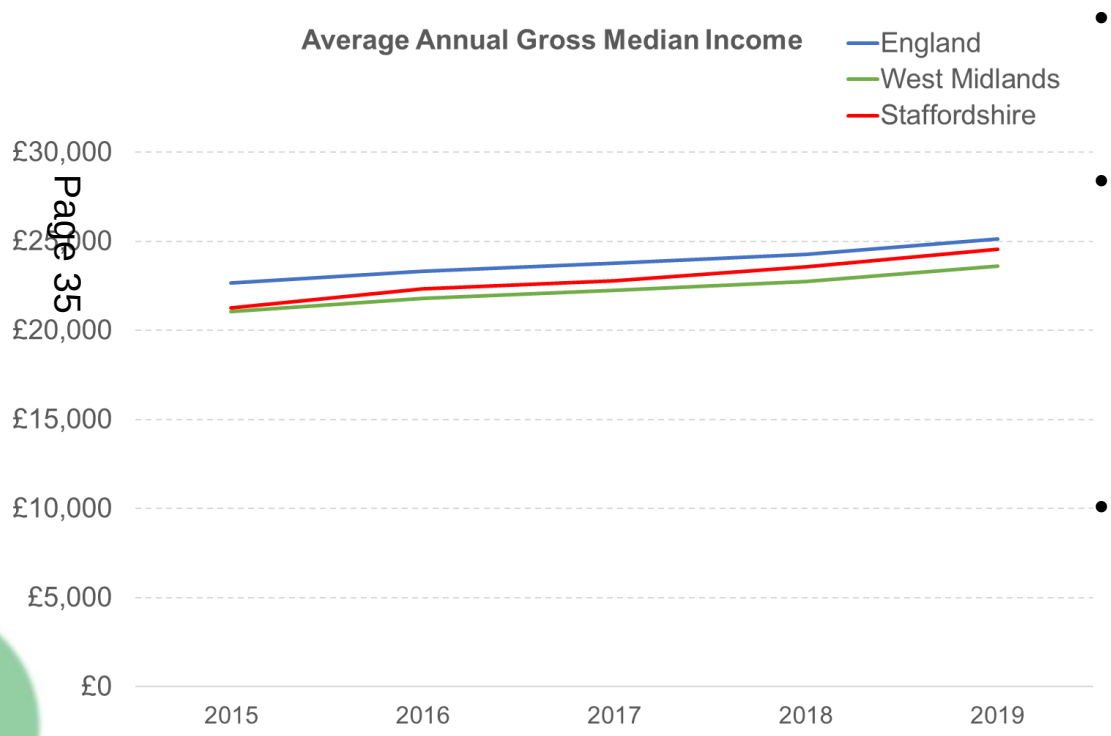
- 30 (of our 55 secondary schools) are significantly below national in the measure (2019 provisional).
- Latest (provisional) data for 2019 reflects a worsening picture compared to last year.
- Lichfield is the only district to perform significantly above national.
- Lower attainment linked to areas facing multiple socio-economic inequalities - Cannock Chase, Newcastle, South Staffs and Tamworth.



Source: Department for Education from LAIT and Nexus

Jobs and Income

Income is often linked to life expectancy, disability free life expectancy and self reported good/poor health. In Staffordshire, higher than average employment (80%) and unemployment rates remain well below national and regional averages.

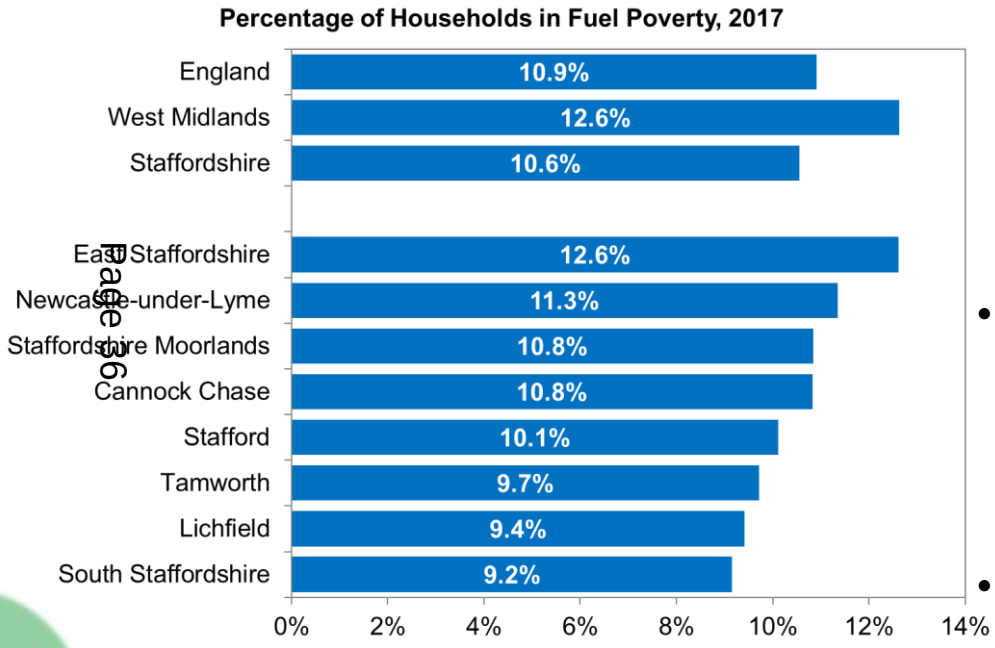


- Lower than average annual earnings.
- Cannock Chase and Newcastle have the lowest levels of income, and also experience health issues such as lower life expectancy and excess weight.
- More Staffordshire residents are in lower paid, more manual and routine jobs, compared to national.
- Positively, house prices remain low in Staffordshire and therefore more affordable.

Source: Annual Survey of Hours and Earnings from NOMIS

Housing

The housing environment is a key factor contributing to positive mental wellbeing, prevention of accidents and falls and living independently.



- Fuel poverty (10.6%), although just below national, it has been higher than average for 5 of the last 7 years, and represents over 39,000 households who may struggle to maintain a warm, dry home.
- Primarily in East Staffordshire and Newcastle. Also the areas with higher unplanned admissions for respiratory conditions.
- 559 households homeless/at risk of becoming homeless (April-June 2019), an increase from the previous year.
- Of these, 256 (46%) are in priority need, higher than national (45%) and West Midlands (37%).

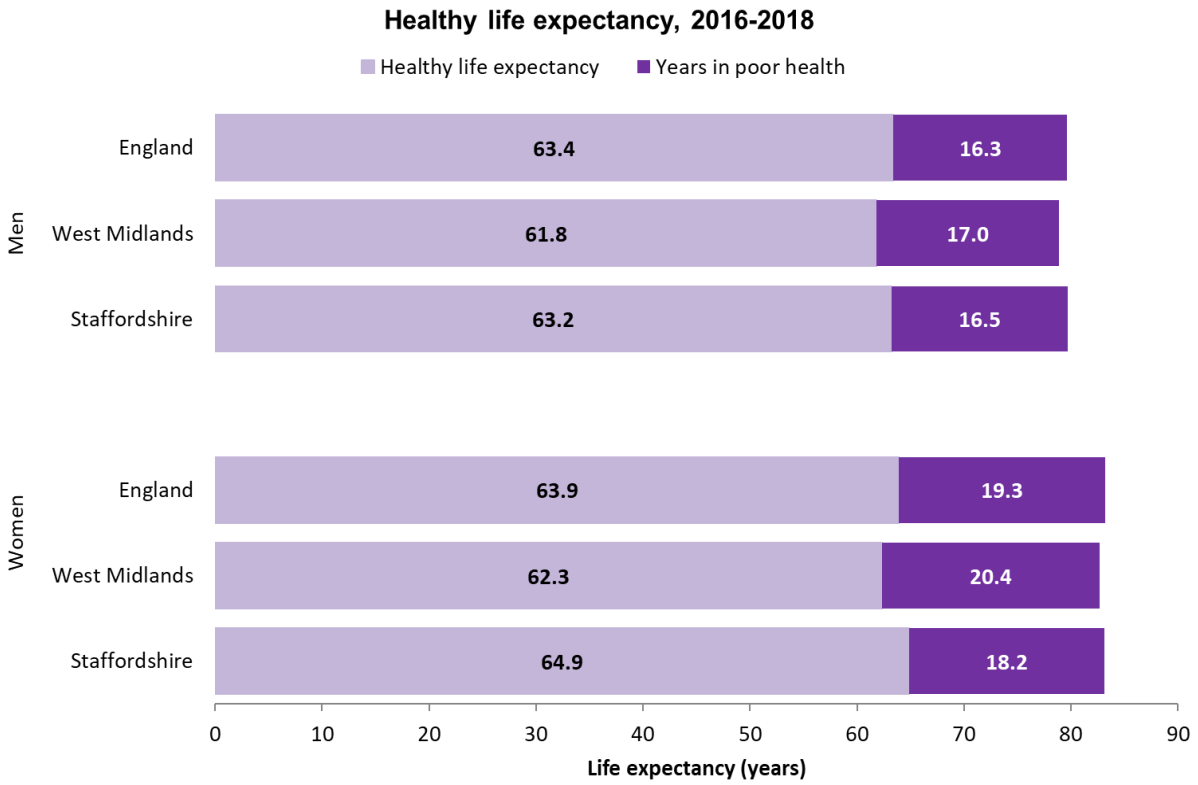
Source: Statutory Homelessness in England from Gov.uk

Ageing Well

Healthy Life Expectancy

Life expectancy is a good measure of the quality of life years of a population.

- On average in Staffordshire women spend over 18 years of their lives in poor health, and Men spend 16.5 years in poor health.
- Compared with national, men spend less of their lives in good health while women spend more of their life in good health.
- Staffordshire residents living in the most deprived areas have a HLE which is around 12 years shorter than those living in less deprived areas.

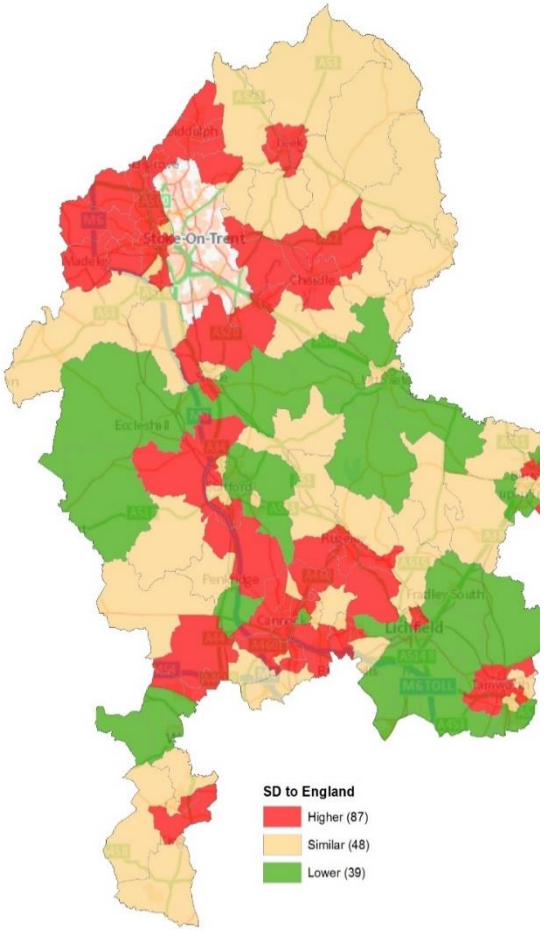


Source: Office for National Statistics

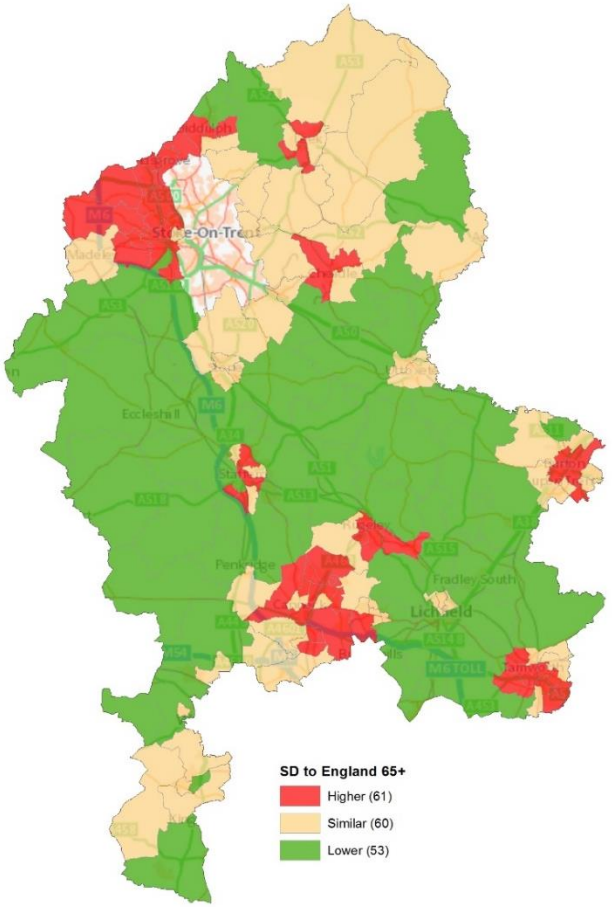
Limiting Long Term Illness

- 22% of Staffordshire adults have a limiting long term illness. In older people (aged 65+) this increases to 53%. Both statistically higher than national (20.4% and 51.5%).
- Half of Staffordshire's wards have a higher than average proportion of all adults living with a limiting long term illness, and around a third for older people.
- This varies widely, ranging from 11% in Hawks Green (Cannock Chase) to 32% in Biddulph South (Staffordshire Moorlands)

LLTI – all adults



LLTI – aged 65+



By 2030 over 19,000 more Staffordshire residents living with a limiting long term illness

Source: Census, 2011

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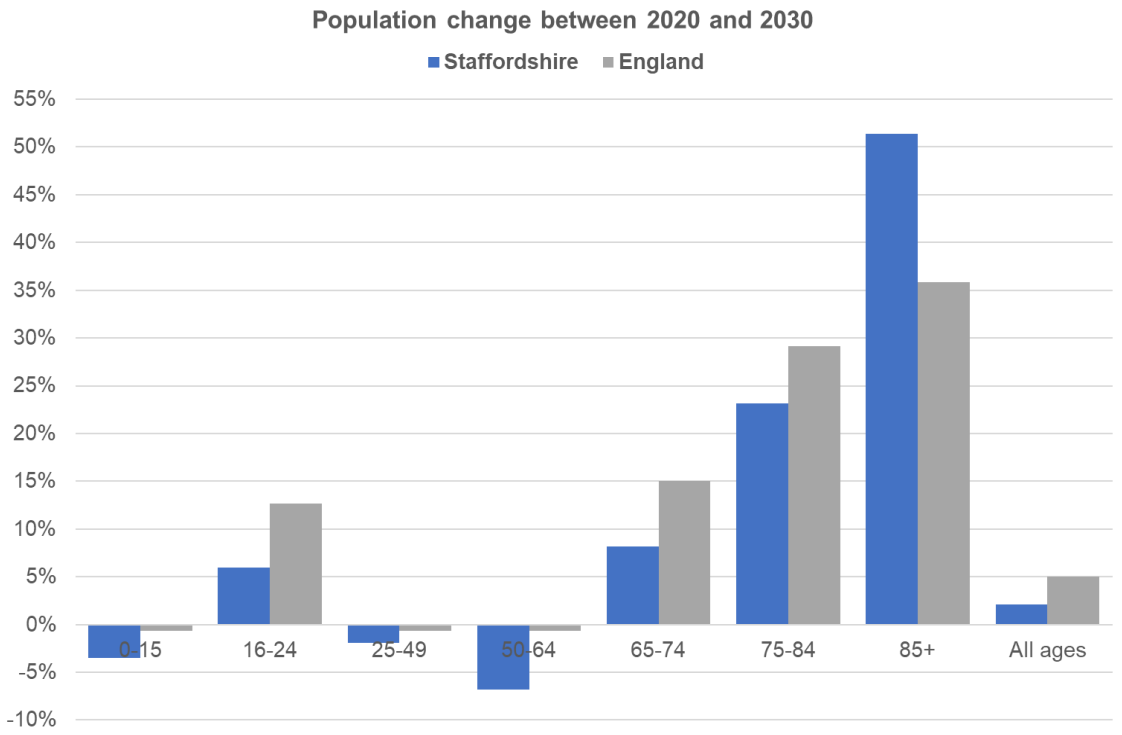
Projected Growth in Older Population

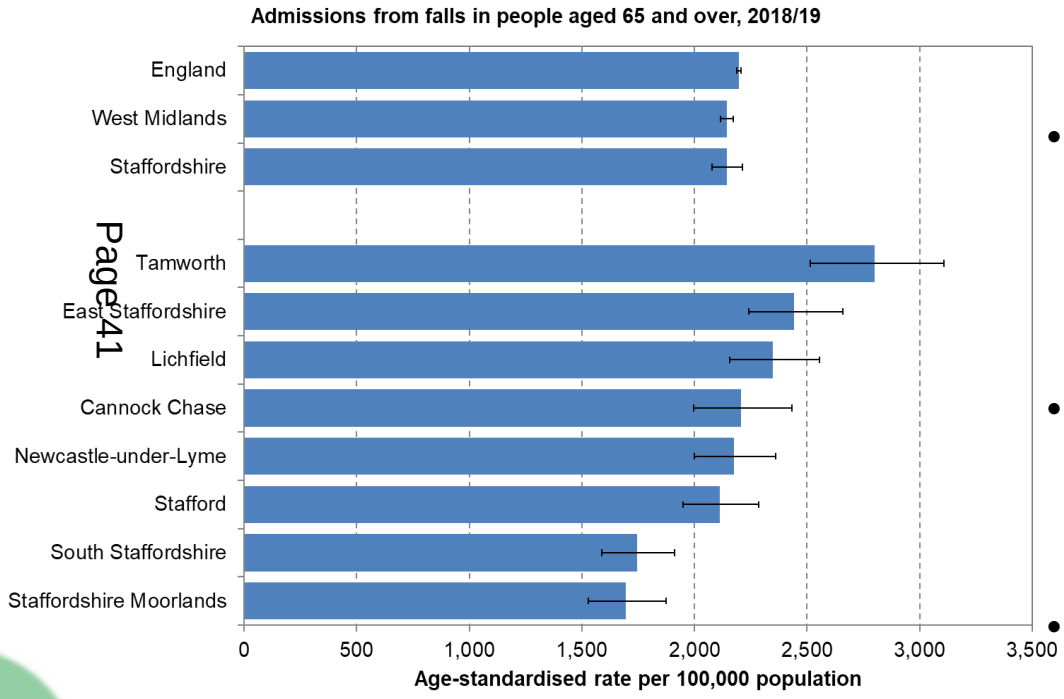
By 2030:

- Staffordshire's elderly population (85+) will increase by 12,250 people.
- Unlike the national trend, working age population projected to decline and the older population will increase.
- Fewer working age people to support the young and the old.
- All represent an increasing demand on public services.



Source: Office for National Statistics

Frail Elderly – Falls Admissions



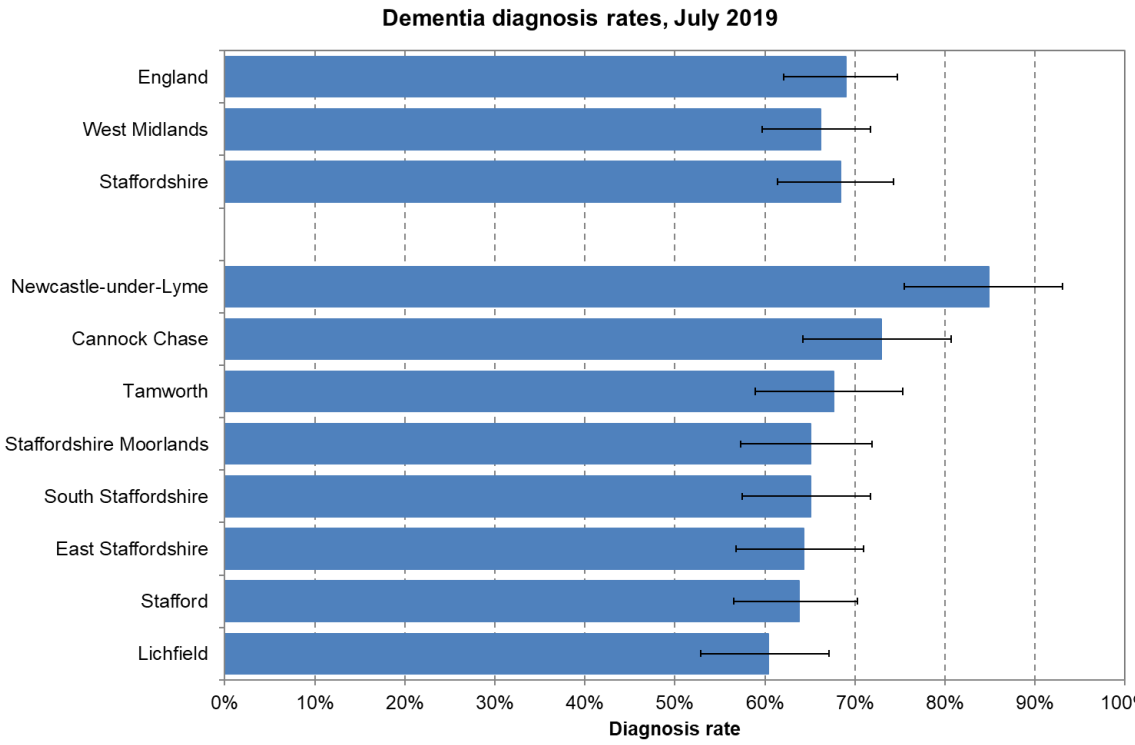
- Over 3,900 admissions to hospital for Staffordshire people aged 65+ for a fall-related injury (2018/19).
- Staffordshire falls admission rate increased by 10% between 2017/18 and 2018/19, and now similar to national average.
- Falls lead to increased risk of hip fracture - over 1,000 hip fracture admissions in Staffordshire each year.
- People aged 75+ account for three quarters of hip fractures, with rates higher in women.
- Highest in Tamworth and East Staffordshire (higher than National) .

By 2030, an additional 870 falls admissions per year, if admissions grow at the same rate as 65+ population.

Source: Public Health England, Public Health Profiles, Feb 2020 https://fingertips.phe.org.uk © Crown copyright 2020

Dementia Prevalence

- Over 13,000 older people in Staffordshire are estimated to suffer from Dementia.
- Diagnosis rate in Staffordshire is 68%, as at end of July 2019, and in line with national.
- Although all districts are similar to national, diagnosis rates are at their lowest for Lichfield.
- Prevalence set to increase by 4,300 people by 2030.
- A higher diagnosis rates does however enable people to receive appropriate treatment.

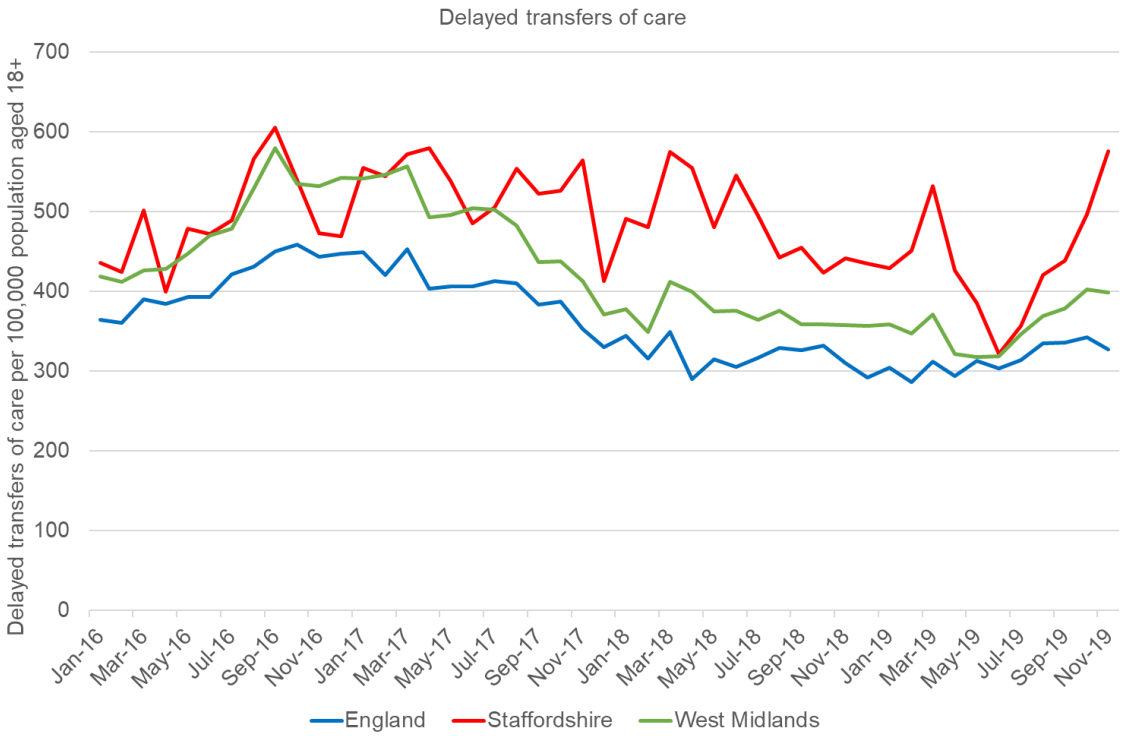


Source: Health and Social Care Information Centre

Delayed Transfers of Care

Staffordshire has high levels of delayed transfers of care. Two thirds are attributable to the NHS and one third to social care. These are due to high numbers of hospital admission of the frail elderly, hospital acquired functional deconditioning, and difficulty in discharging people to 'discharge to assess' services.

- Delayed transfers of care have increased over the winter, after a decline in the summer, and remain higher than regional and national levels.
- A third of delayed transfers of care related to University Hospitals North Midlands.

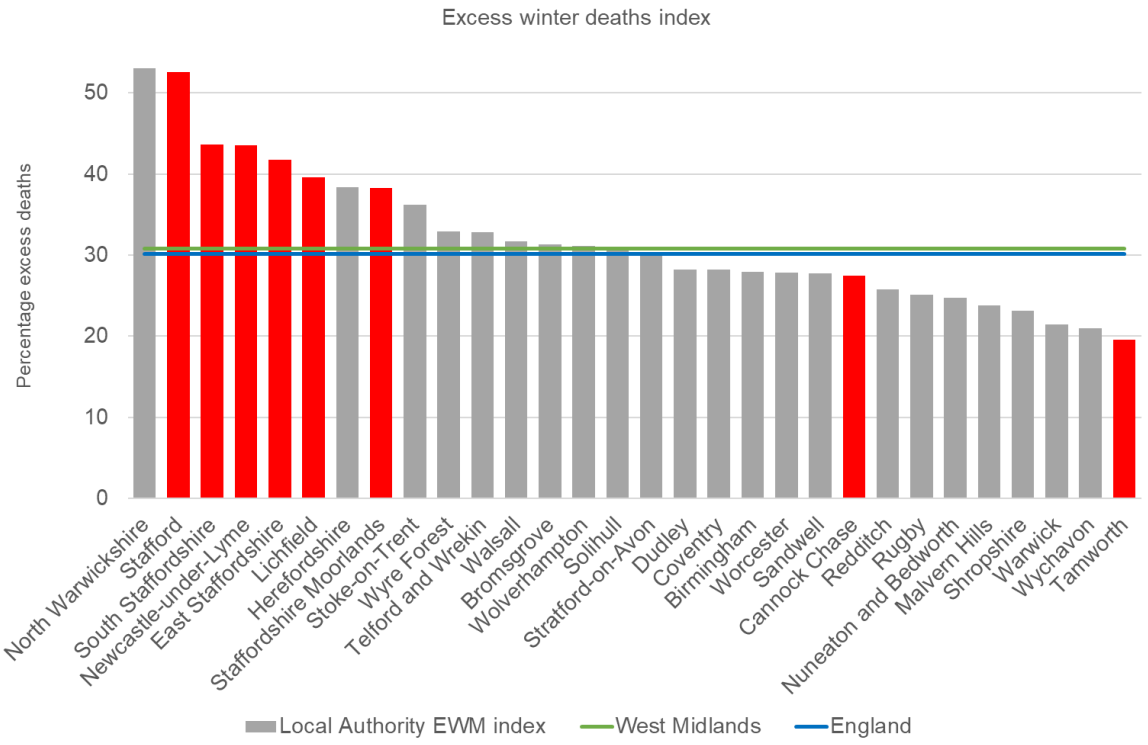


Source: NHS England and NHS Improvement Data Collection and ONS Population Estimates

Excess Winter Deaths

Excess winter deaths has potential to impact on lower life expectancy, with common causes being respiratory diseases and mental health.

- Staffordshire has the highest rate of its statistical neighbours, with 6 districts falling into the 10 worst performing Local Authorities in the West Midlands.
- Higher than average rates compared to national (2017-18).
- Highest rates experienced in Stafford (52.5%), who rank the fifth worst area in England. Lowest rates in Tamworth (19.6%).
- Over one third of all excess winter deaths were caused by respiratory diseases.



Source: Public Health England. Public Health Profiles. Feb 2020 https://fingertips.phe.org.uk © Crown copyright 2020

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Staying Mentally Well

Mental Health Prevalence - Children and Young People

- Limited data on the prevalence of emotional and mental disorders; but estimates from national surveys provide an indication of possible scale:

Between 1 and 2 in 10 children in Early Years have poor emotional wellbeing.

2,780 to 5,550
Staffordshire children

Almost 1 in 10 children of school age have a mental health disorder.

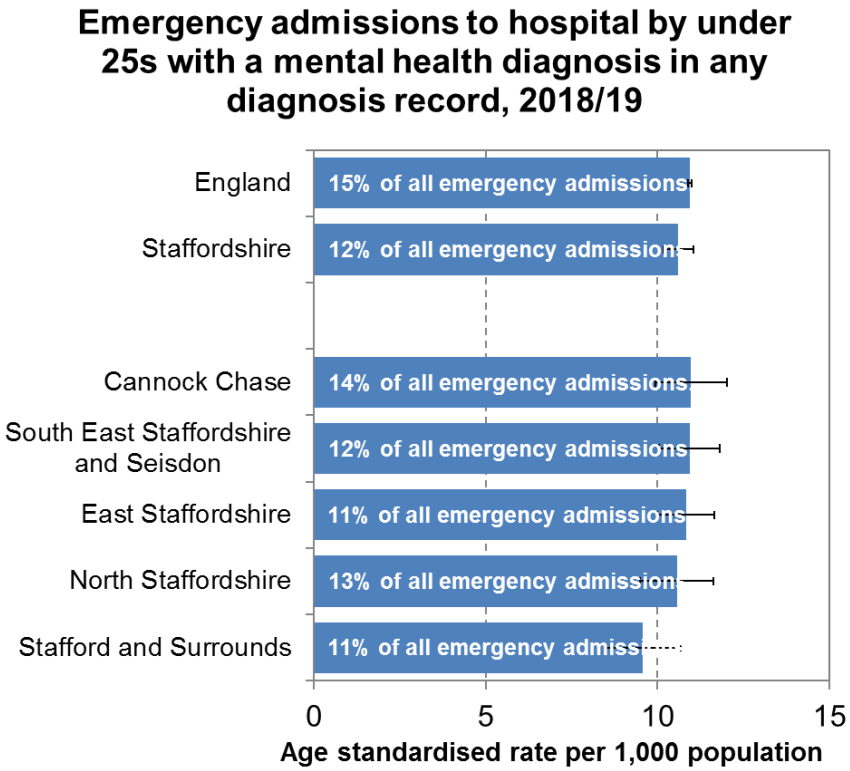
10,353
Staffordshire children/young people

- Mental Health is the second most commonly cited factor in children's social care assessments - 60% (3,748) of children's social care assessments in 2018/19, up from 56% in 2017/18.

- 7,500 responses to Make Your Mark Survey (2019) also highlight mental health as a top concern (24%) in younger people.

Hospital Admissions - Mental Health Under 25s

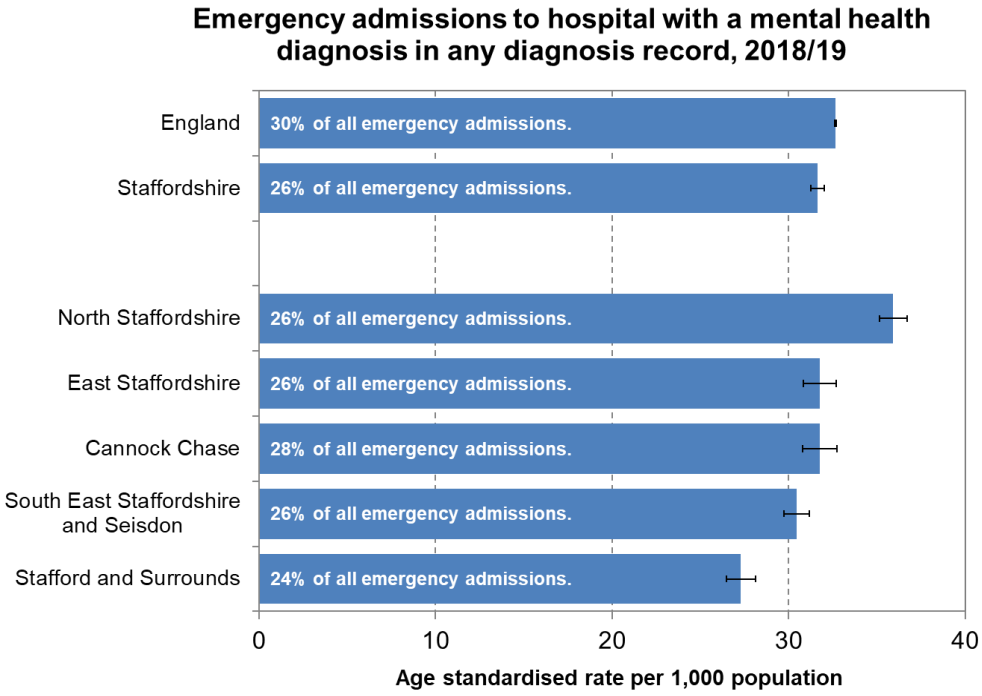
- 1 in 8 (12%) emergency hospital admissions for under 25s with a mental health diagnosis in Staffordshire (2018/19), lower than national (15%).
- The number of referrals to Child and Adolescent Mental Health Services (CAMHS) increased by 11% between 2017/18 and 2018/19*.
- The number of C&YP accessing NHS funded community mental health services increased by 2% between 2017/18 and 2018/19.



* Includes referrals to North Staffs Combined and MPFT services only, does not include referrals to third sector organisations.

Hospital Admissions – Mental Health Adults

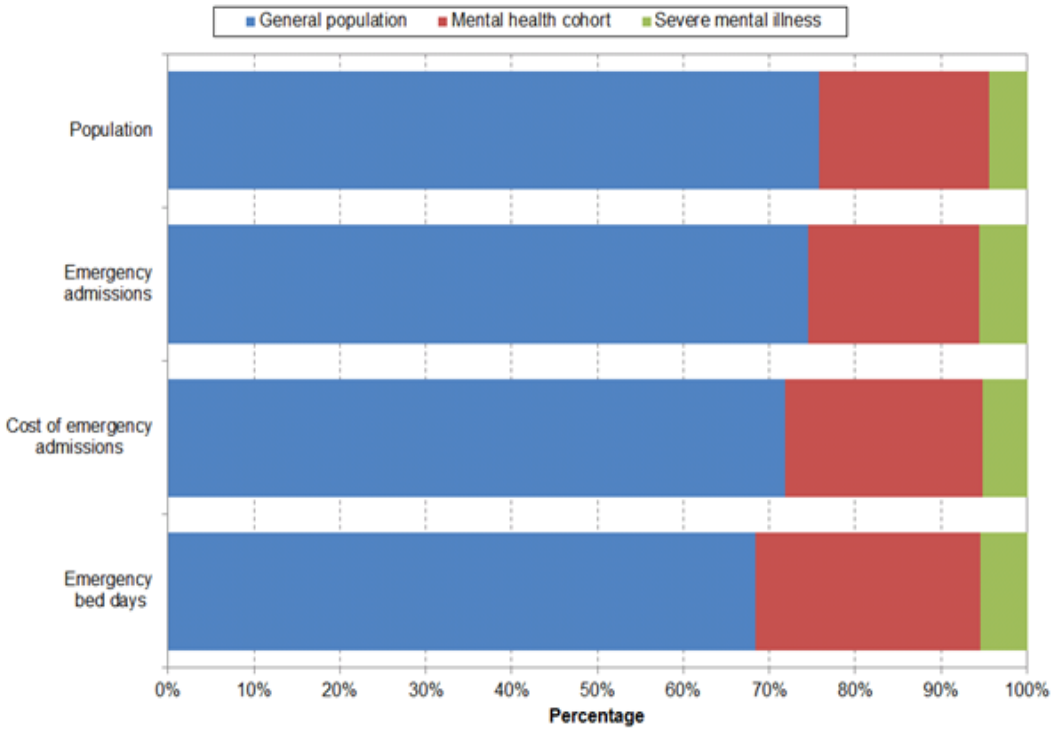
- 1 in 4 (26%) emergency hospital admissions for adults with a mental health diagnosis in 2018/19, also lower than national (30%).
- North Staffordshire has the highest admission rate with a mental health diagnosis.
- Staffordshire also has fourth highest rate of its statistical neighbours for emergency admissions for intentional self harm (all ages.)
- Newcastle and Staffordshire Moorlands also have higher GP recorded levels of depression/severe mental illness.



Hospital Admissions – Mental Health Adults

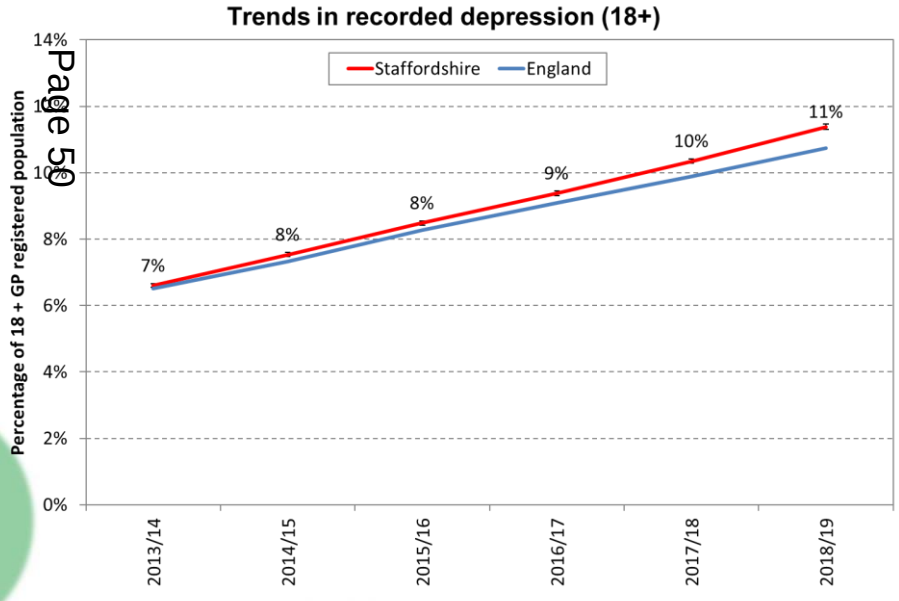
- In Staffordshire, once admitted to hospital, people with a mental health condition have longer spells in hospital (4.9 days) compared with the general population (2.8 days).
- People with a mental health condition also make up around one third of all emergency bed days, and 28% of all costs in Staffordshire.
- Average cost of an admission for a patient with a mental health condition in Staffordshire is around £420 more than the general population.

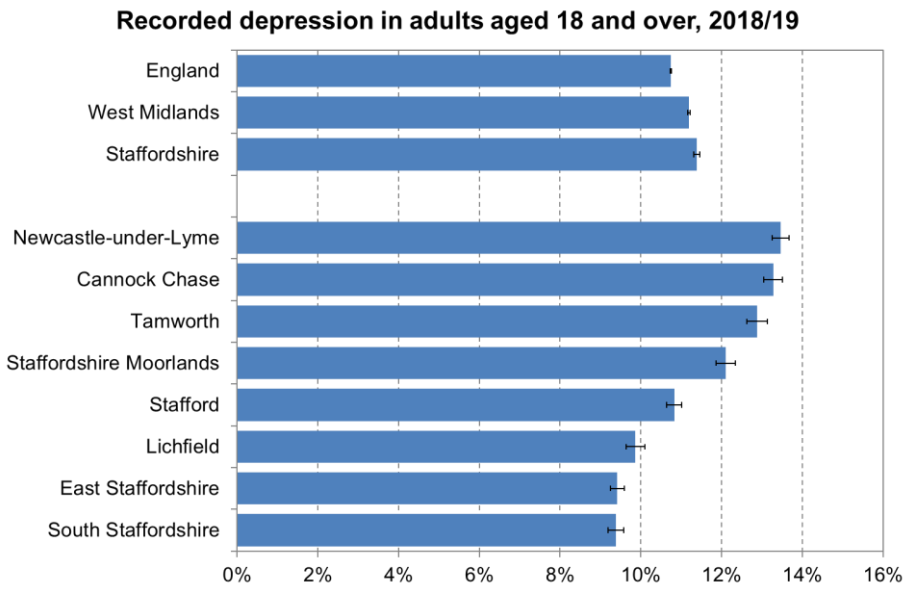
Population and emergency admissions for Staffordshire patients aged 16+ (2014/15)



GP Recorded Depression - Adults

- GP recorded depression (11%) is increasing and is higher than the national average.
- Recorded prevalence of depression is higher than national in Newcastle, Cannock Chase, Tamworth and Staffordshire Moorlands.

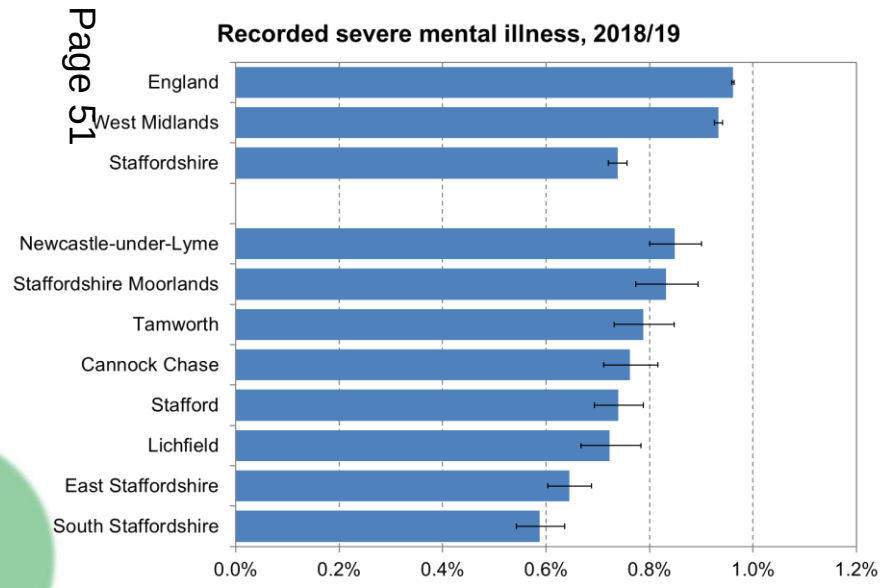


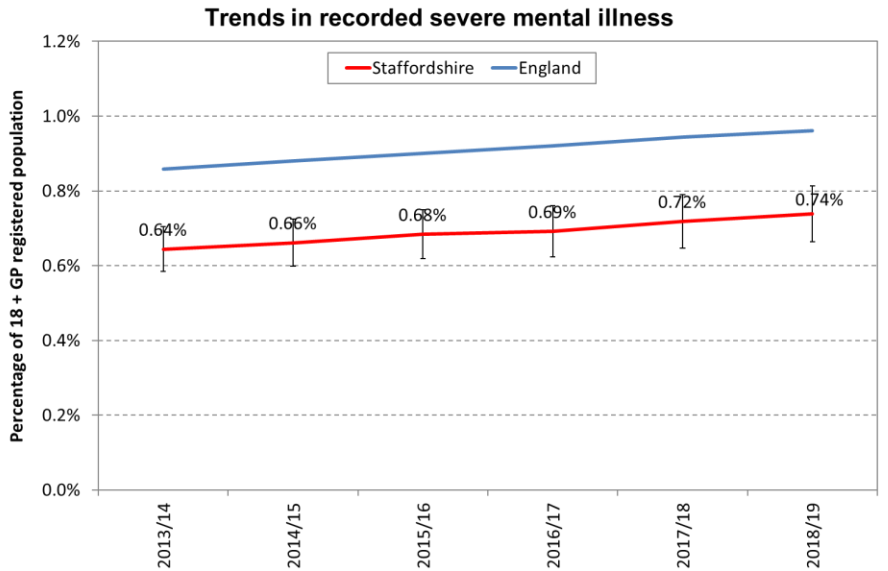


Source: Quality and Outcomes Framework (QOF), NHS Digital

Severe Mental Illness

- GP recorded severe mental illness is below the national average but is increasing.
- The prevalence is higher in Newcastle and Staffordshire Moorlands.





Source: Quality and Outcomes Framework (QOF), NHS Digital

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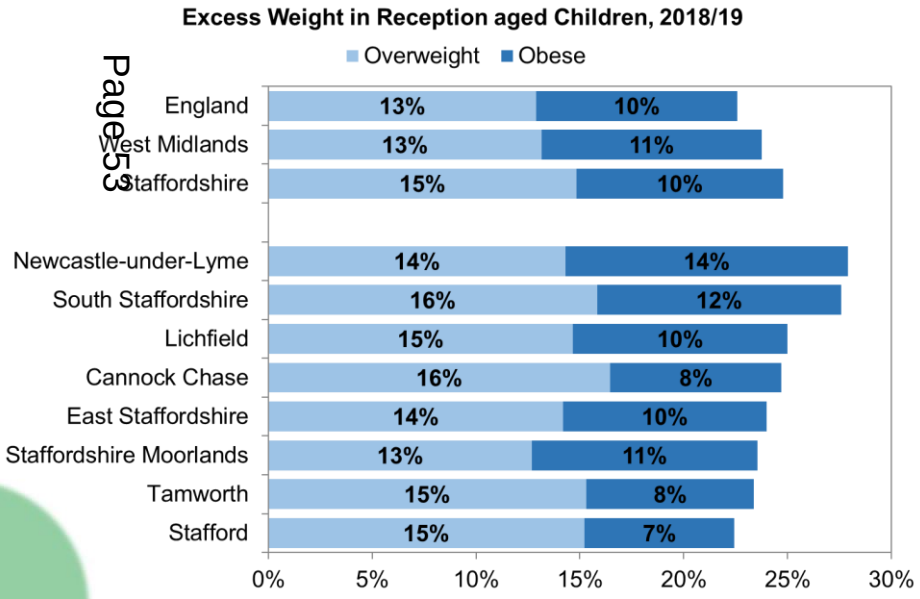
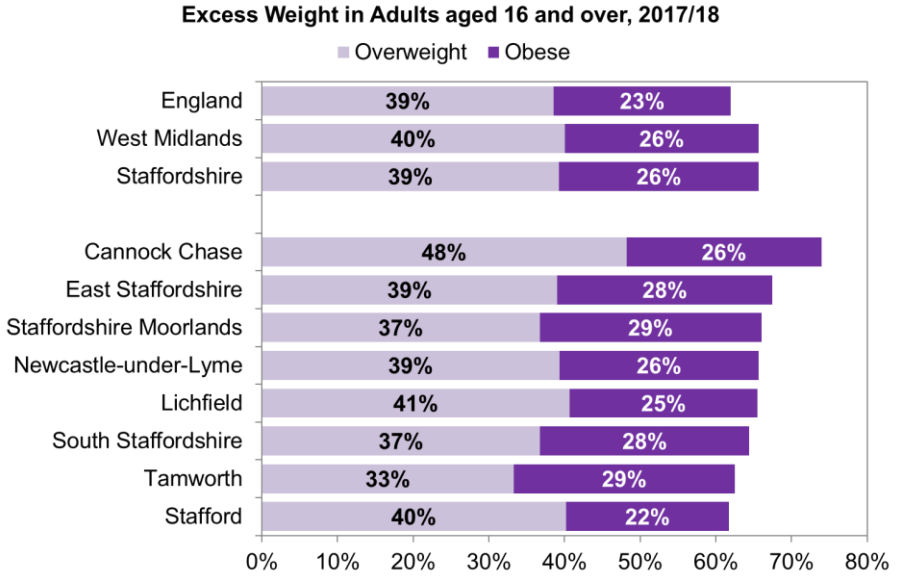
Healthy Lifestyles

Excess Weight

- In Staffordshire 1 in 4 reception aged children, 1 in 3 at the end of primary school and 2 in 3 adults are overweight or obese.

- **Excess weight** (overweight and obese) for both reception aged children and adults is higher than the England average.





- Similar localities with higher than average **Obesity** levels:
- **Reception children**: Newcastle & South Staffordshire**. Adults**: Cannock & East Staffs.

Source: Child Weight – National Child Measurement Programme
Adult Weight - Adult Weight – Public Health England (Using Active People Survey Data)

Excess Weight in Reception Aged Children – Locality Focus

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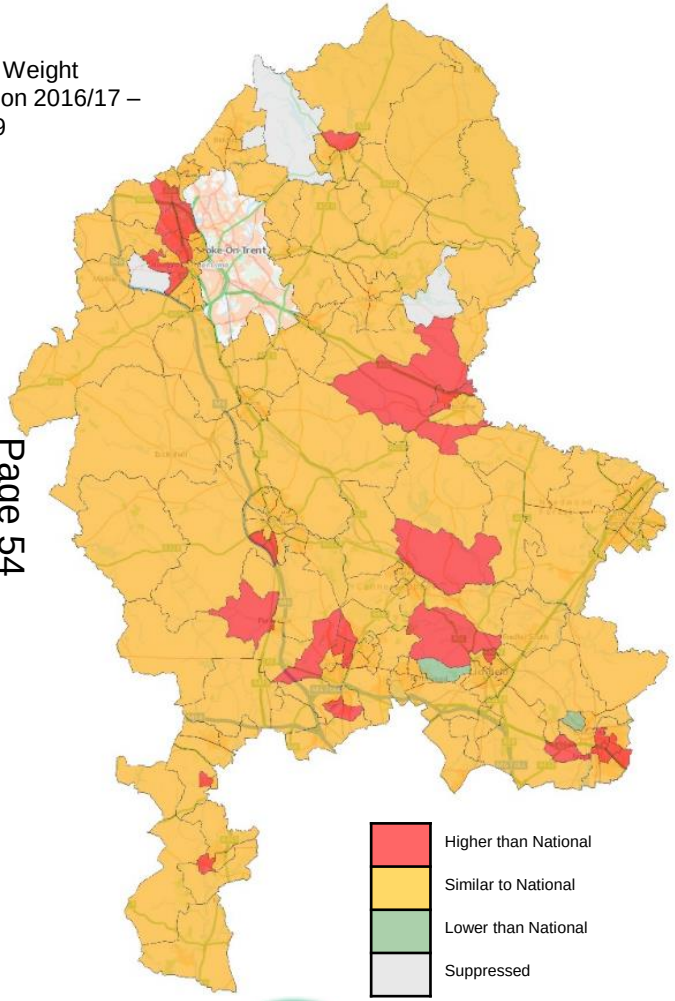
Excess Weight Reception 2016/17 – 2018/19

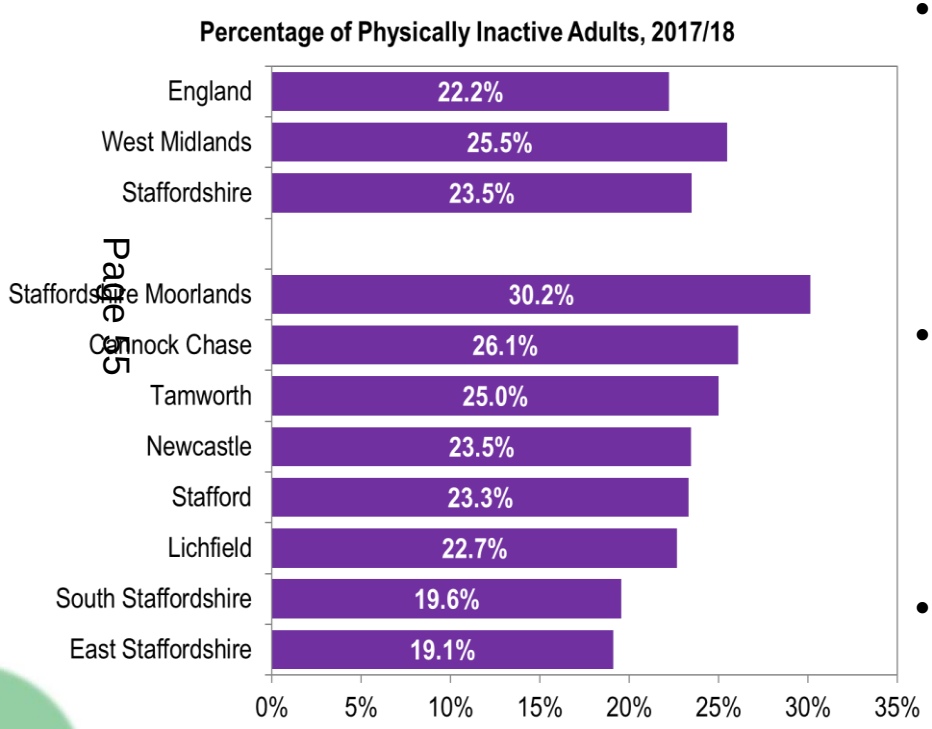


- **Newcastle** is the third worst area in England for Obesity, and levels have increased from 7.4% (2014/15) to 13.6% (2018/19).
- Over a quarter of Newcastle's wards have significantly higher levels of Excess Weight and Obesity than national.
- Overall, 29 Staffordshire wards have higher levels of **Excess Weight** for reception aged children, with each district having at least one ward affected.
- Two thirds (18) of these wards also have higher levels of deprivation than the Staffordshire average.

Source:
Child Weight – National Child Measurement Programme

Physical Inactivity in Adults

Regular physical activity is linked to reduced risk of obesity, various health conditions and improved wellbeing.



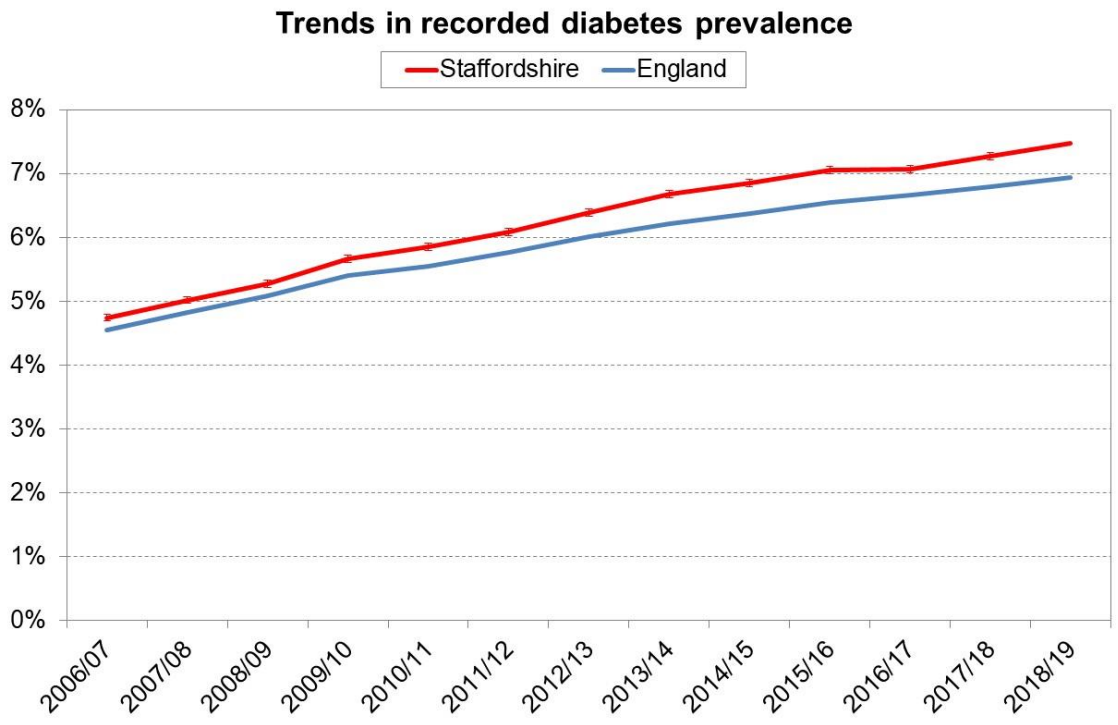
Source: Adult Weight – Public Health England (Using Active People Survey Data) from Fingertips

- 1 in 4 Staffordshire adults are physically inactive, second highest of its statistical neighbours, ranked 10th worst area in England, and almost statistically above national.
- Staffordshire Moorlands has a higher than average proportion of inactive adults, and also experiences the highest levels of obesity and coronary heart disease.
- 1 in 5 people aged 25-54 are inactive, which increases with age.
- Staffordshire is also the lowest of its statistical neighbours, and statically worse than national, for walking five times a week.

Diabetes Prevalence Trends

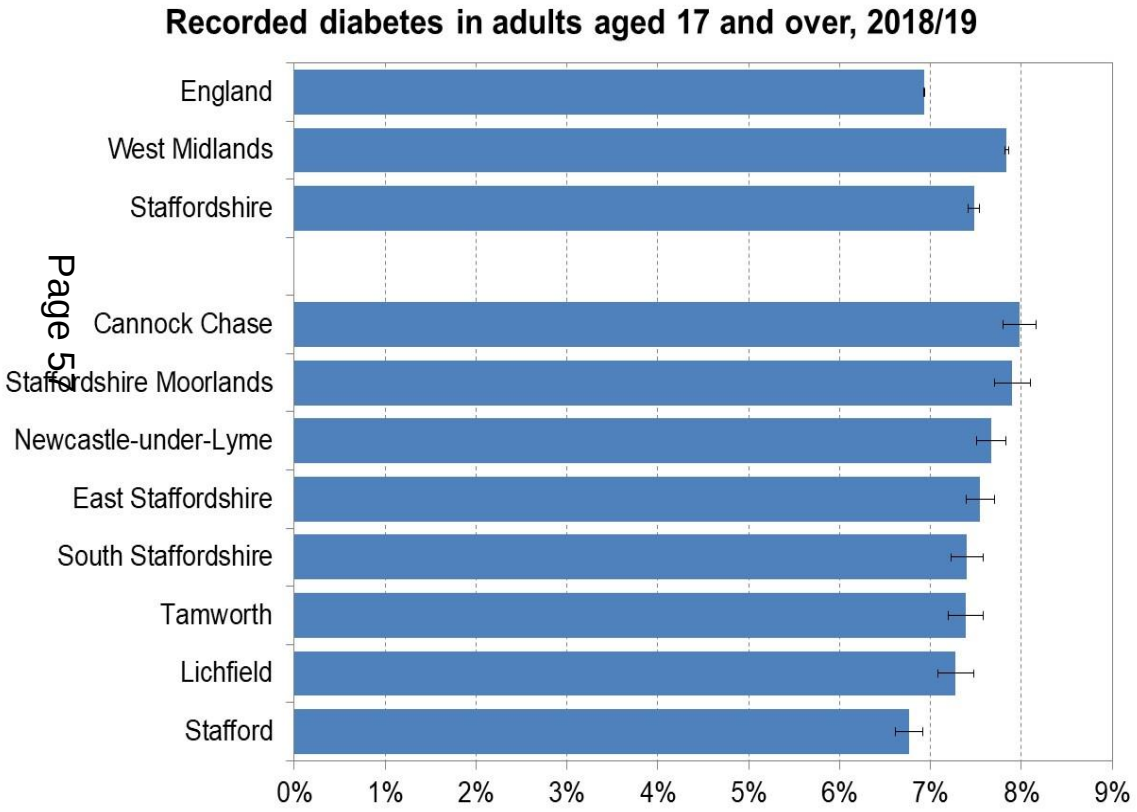
Lifestyle challenges such as obesity, are key risk factors for wider health conditions which often lead to increased pressure on the system.

- Increasing trend in diabetes across Staffordshire, which continues be faster than England.
- Likely to be a combination of poorer lifestyles amongst residents, as well as improvements in awareness, early diagnosis and recording over time.
- Estimated diagnosis rates have improved during the last 4 years, enabling better management of the condition.



Source: Quality and Outcomes Framework (QOF), NHS Digital

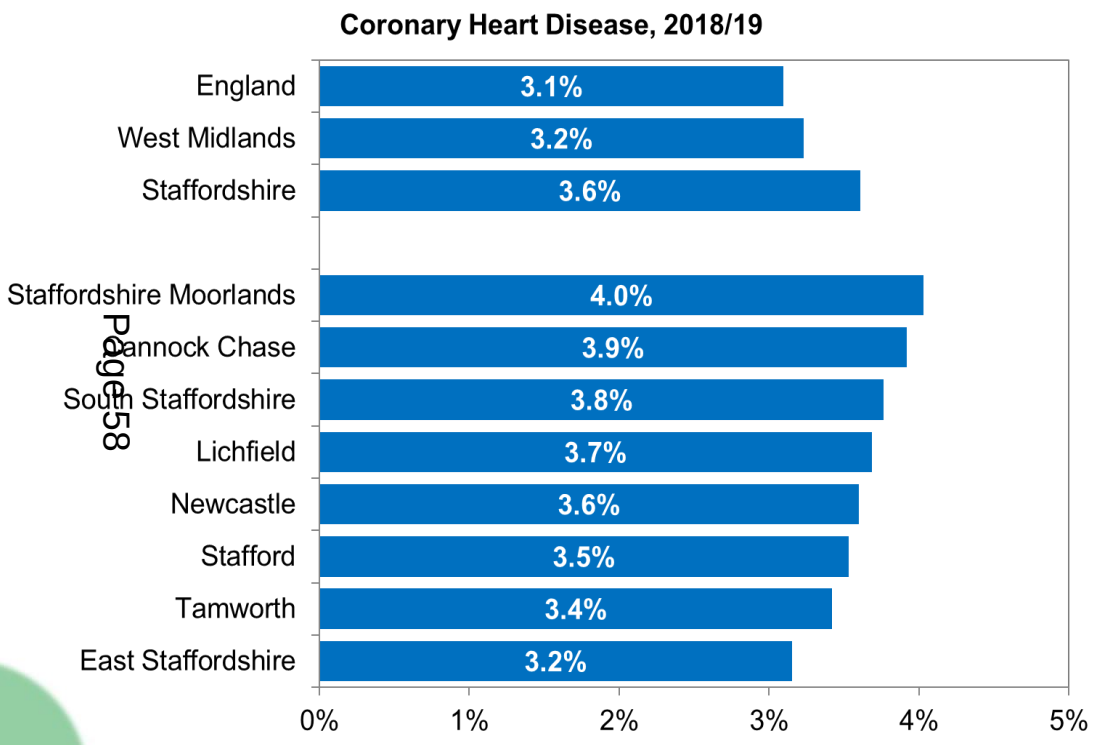
Diabetes Prevalence by District



- With the exception of Stafford, which is lower, the recorded prevalence of diabetes (2018/19) is higher across all districts in Staffordshire.
- Localities experiencing higher prevalence of diabetes linked to areas with high levels of adult weight, with Cannock Chase a key area of focus for both.

Source: Quality and Outcomes Framework (QOF), NHS Digital

Coronary Heart Disease



- Similarly, higher levels of excess weight and diabetes may have an impact on the prevalence of heart disease in Staffordshire.
- Staffordshire has a prevalence higher than national, and all localities, with the exception of East Staffordshire, also remain statistically higher than the national average.
- The districts with the highest levels, Staffordshire Moorlands and Cannock Chase, are also among those areas with higher levels of inactivity, obesity and diabetes prevalence.

Source: Quality and Outcomes Framework (QOF), NHS Digital

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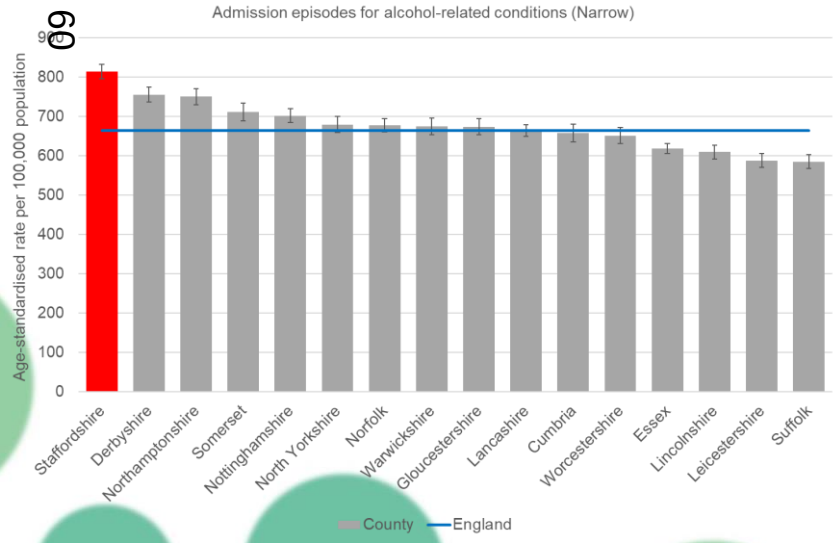
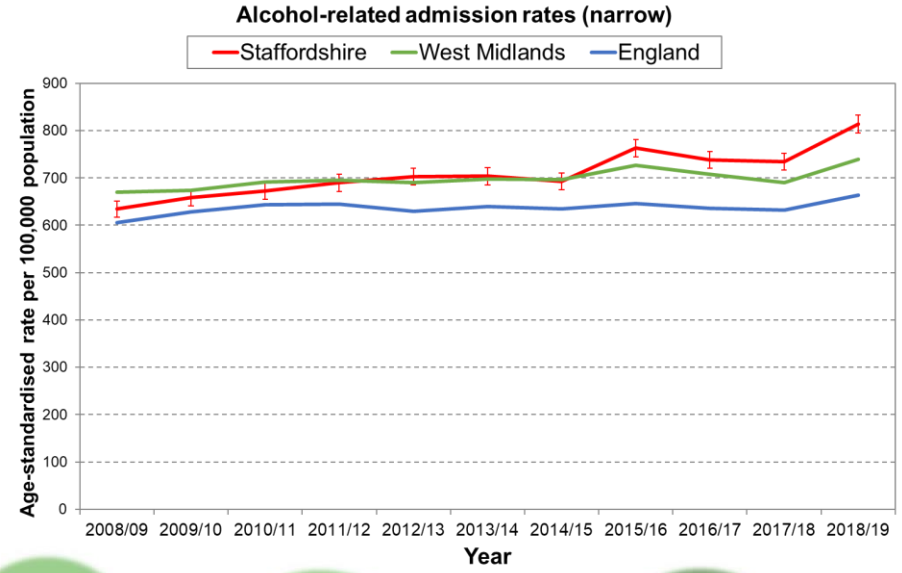
Alcohol and Drugs

Alcohol-Related Hospital Admissions for Adults

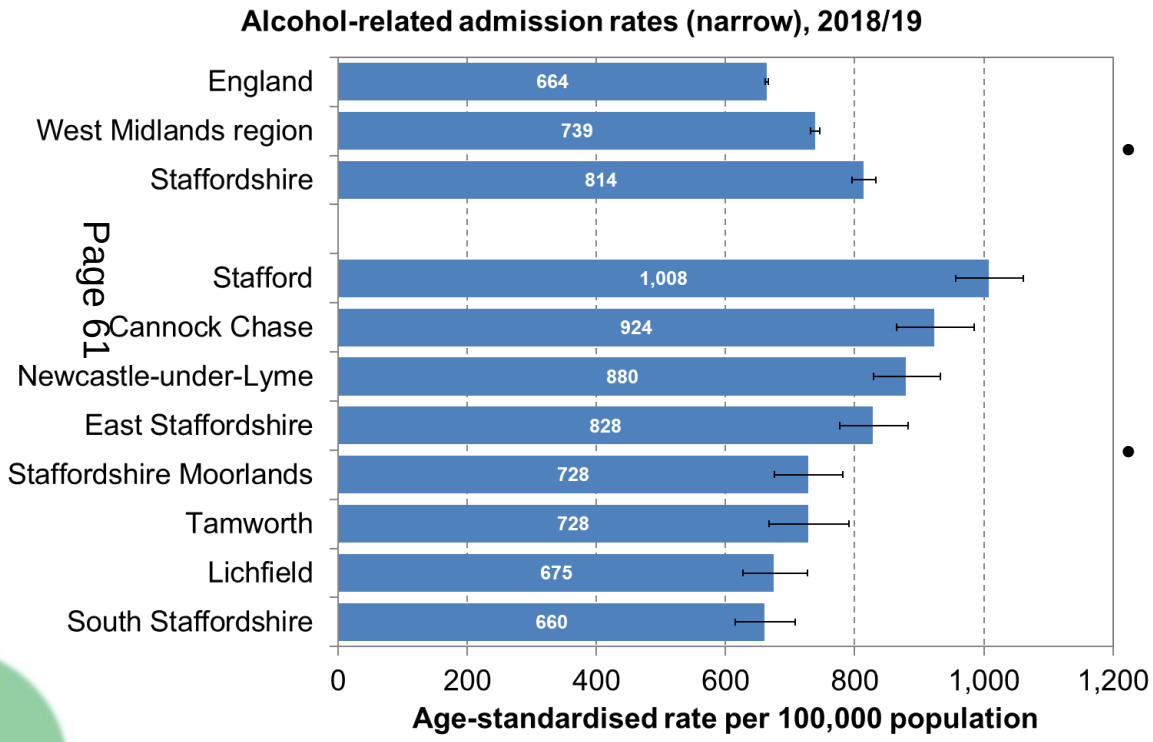
- 7,300 alcohol-related admissions (2018/19) for adults in Staffordshire, with rates increasing. Staffordshire also has the highest rate of its statistical neighbours. Nationally acknowledged as a measure that's indicative of the general health in a locality.
- National estimates (2019) applied to Staffordshire, suggest 6% (30,877) of adults are dependent on alcohol.
- One in 3 adults drink over 14 units of alcohol a week, and highest among males and the 55-64 age group. There is no income variation for alcohol dependency.





Source: Public Health England. Public Health Profiles. Feb 2020 https://fingertips.phe.org.uk © Crown copyright 2020
Source: Calculated by Public Health England: Population Health Analysis (PHA) team using data from the Health Survey for

Alcohol-Related Hospital Admissions by District

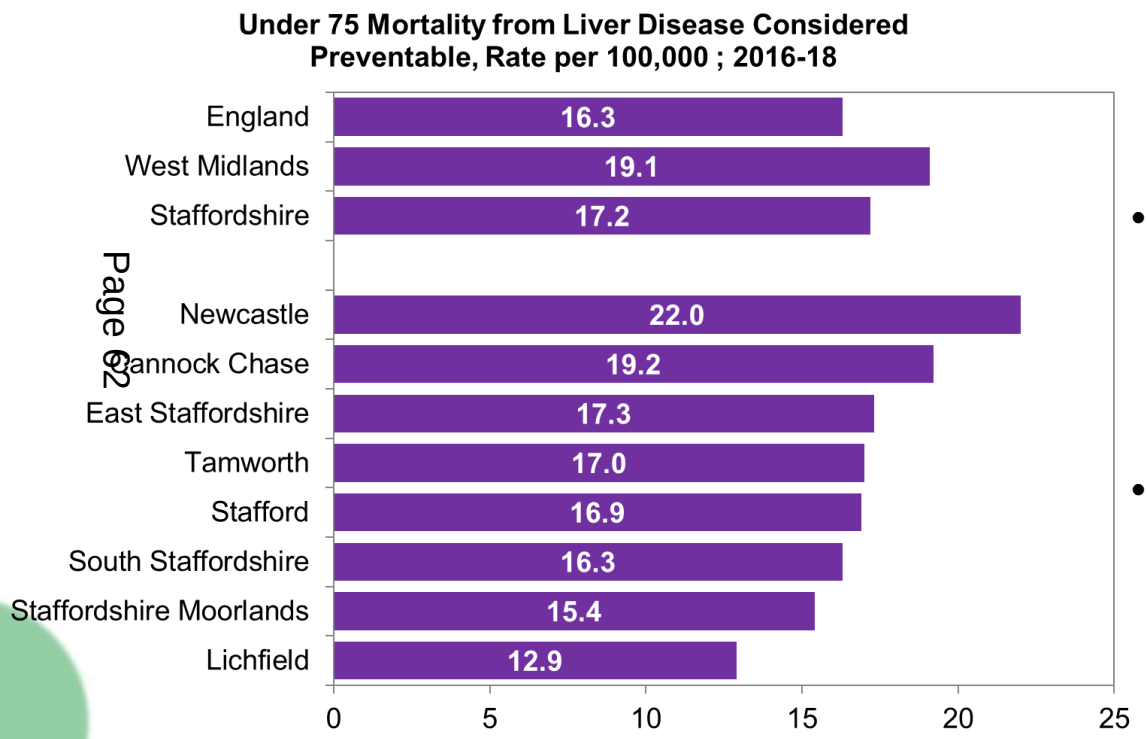


- Over half of Staffordshire's districts have higher than average rates.
- Stafford, Cannock Chase, Newcastle, East Staffordshire, Staffordshire Moorlands and Tamworth are all key areas of focus.
- 616 years of life lost due to alcohol related conditions in under 75 years (per 100,000), rising to 793 in East Staffordshire and 761 in Newcastle.
- Newcastle also has the highest preventable liver disease mortality rate.

Source: Public Health England. Public Health Profiles. Feb 2020 https://fingertips.phe.org.uk

Preventable Liver Disease

Over 90% of liver disease is preventable, with alcohol consumption and obesity being two key risk factors.

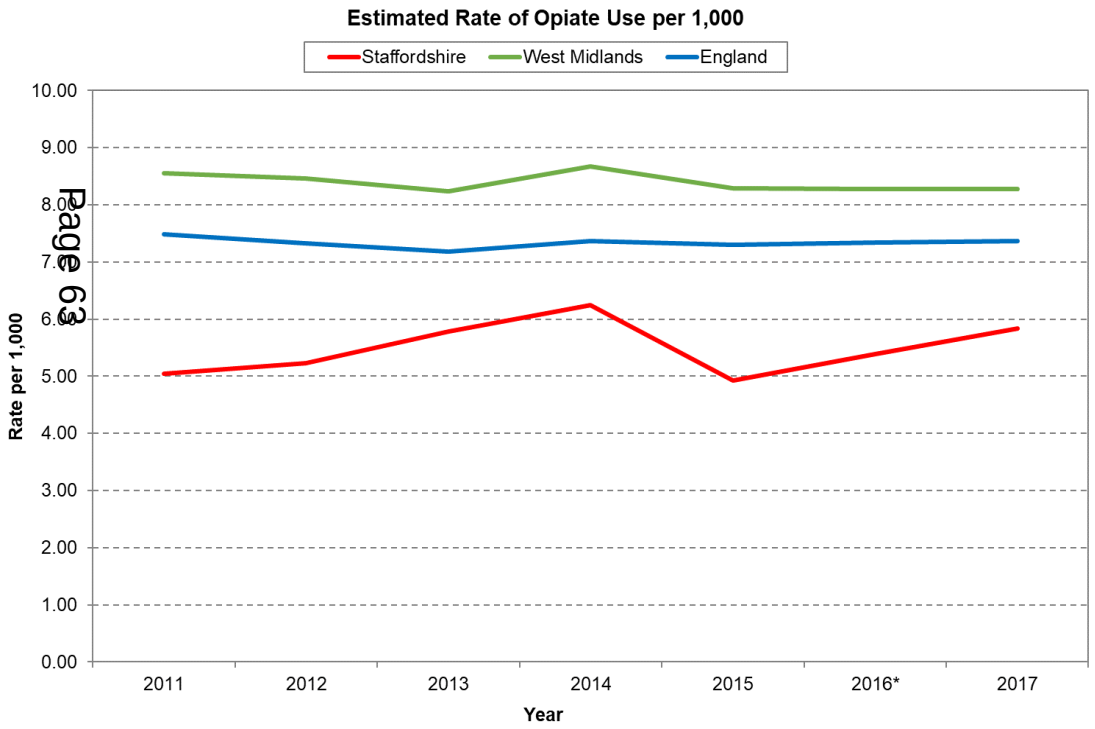


- Around 160 adults die each year from liver disease, with rates among females above national average.
- Rates have risen by 22% between 2011-13 and 2016-18, and is above national (but not significantly so).
- Similar to alcohol related hospital admissions, Newcastle, Cannock Chase and East Staffordshire have higher rates.
- These localities also experience multiple social economic issues e.g. higher excess weight levels, low KS4 education attainment.

Source: Public Health England, Public Health Profiles, Feb 2020 https://fingertips.phe.org.uk © Crown copyright 2020

Prevalence of Drug Misuse

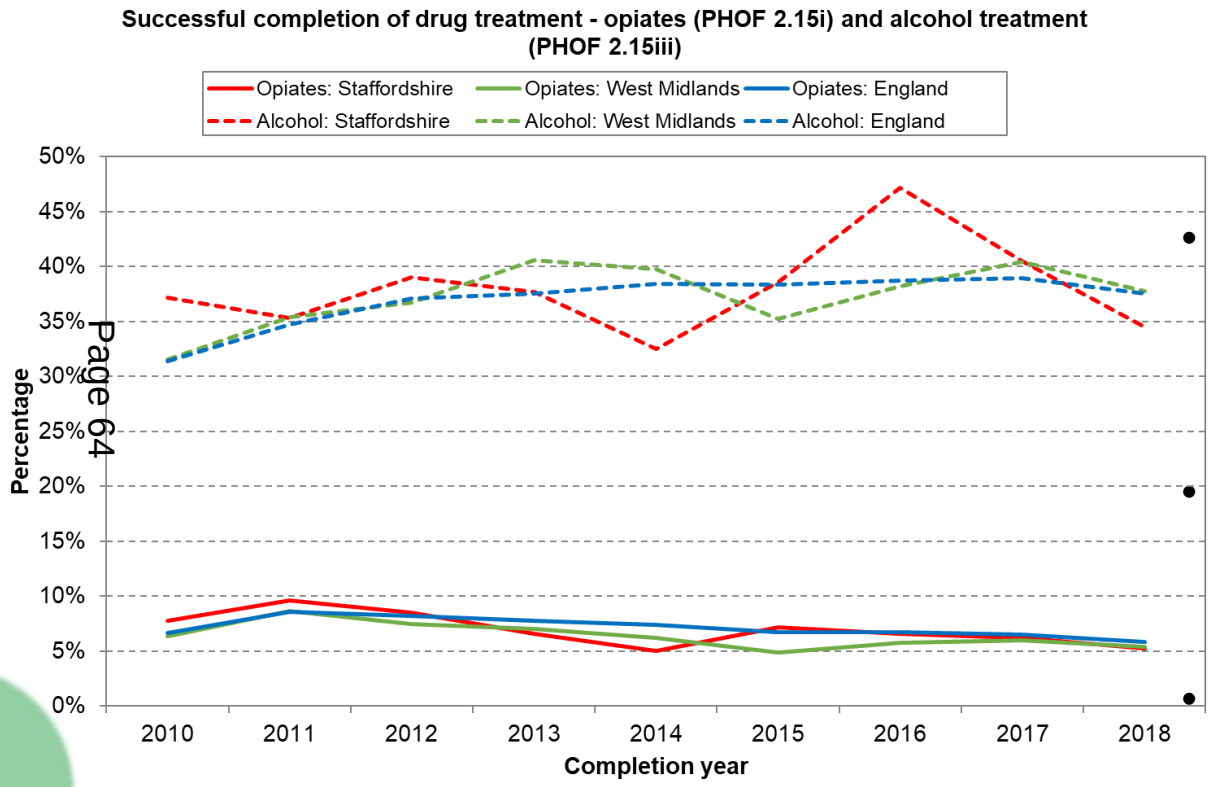
Similar to alcohol, drug use is also a key cause of societal harm, including crime, family breakdown and deprivation.



- It is estimated 17,472 Staffordshire adults have a drug dependence (2019), with two thirds (67%) being male.
- Prevalence is greater in those from lower income groups.
- Opiate use has a greater prevalence in Staffordshire (5.84 per 1,000), compared to crack cocaine use (3.56 per 1,000), however both remain in line with national.

Source: Gov.uk from Public Health England

Drug and Alcohol Treatment Outcomes

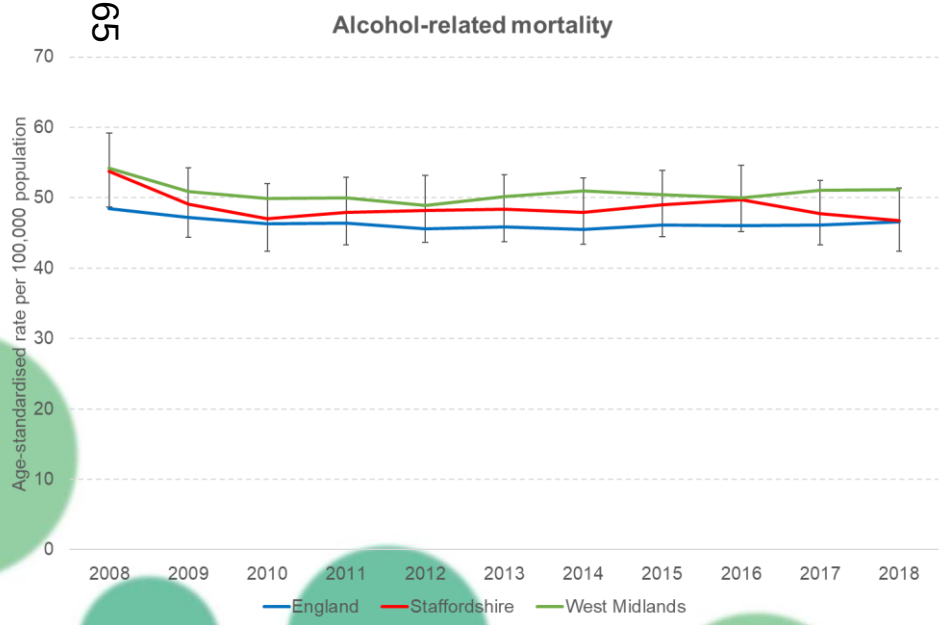


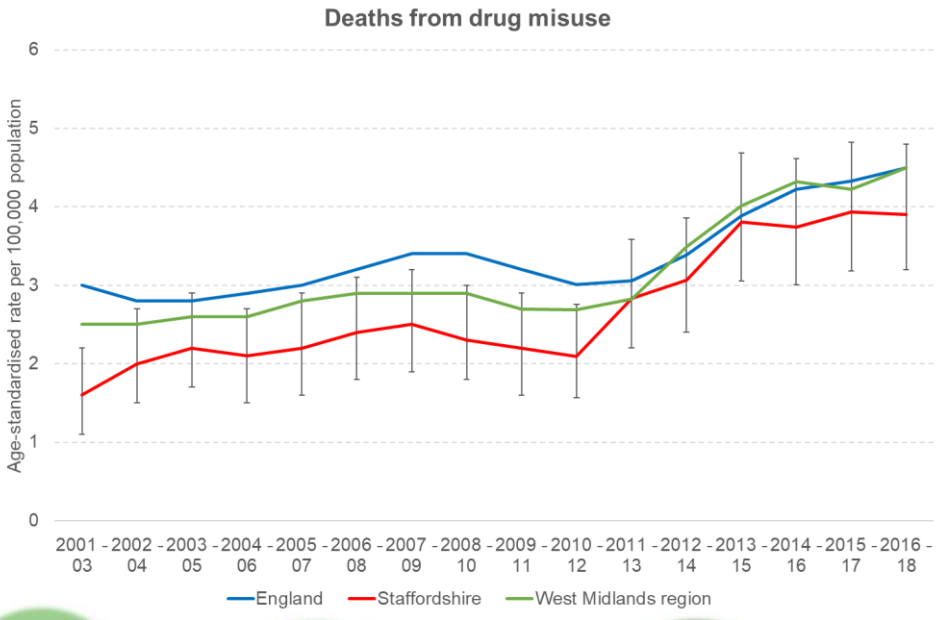
- Successful completion of drug and alcohol treatment is used as the key proxy measure of recovery.
- 34.5% of alcohol users successfully completed treatment, below national (37.6%) but not significantly.
- Also, recent decline in successful outcomes for alcohol users (2017 / 2018).
- 5.3% (88) of opiate users in Staffordshire successfully completed treatment, below national, but not significantly.

Source: Public Health England. Public Health Profiles. Feb 2020 https://fingertips.phe.org.uk

Alcohol and Drugs - Mortality Rates

- Nearly 430 alcohol related deaths recorded in Staffordshire (2018), with a slight decline since 2016. Similarly, rates among males are over twice as high as females.
- Death rates for drug misuse remain lower than national and regional rates. Whilst small numbers, Staffordshire has seen a rise in the last 6 years, a similar trend to national. 97 Staffordshire residents died from drug misuse (less than 1% of all deaths during 2016-18). Nationally recognised as a key impact of an ageing population of people who use drugs.





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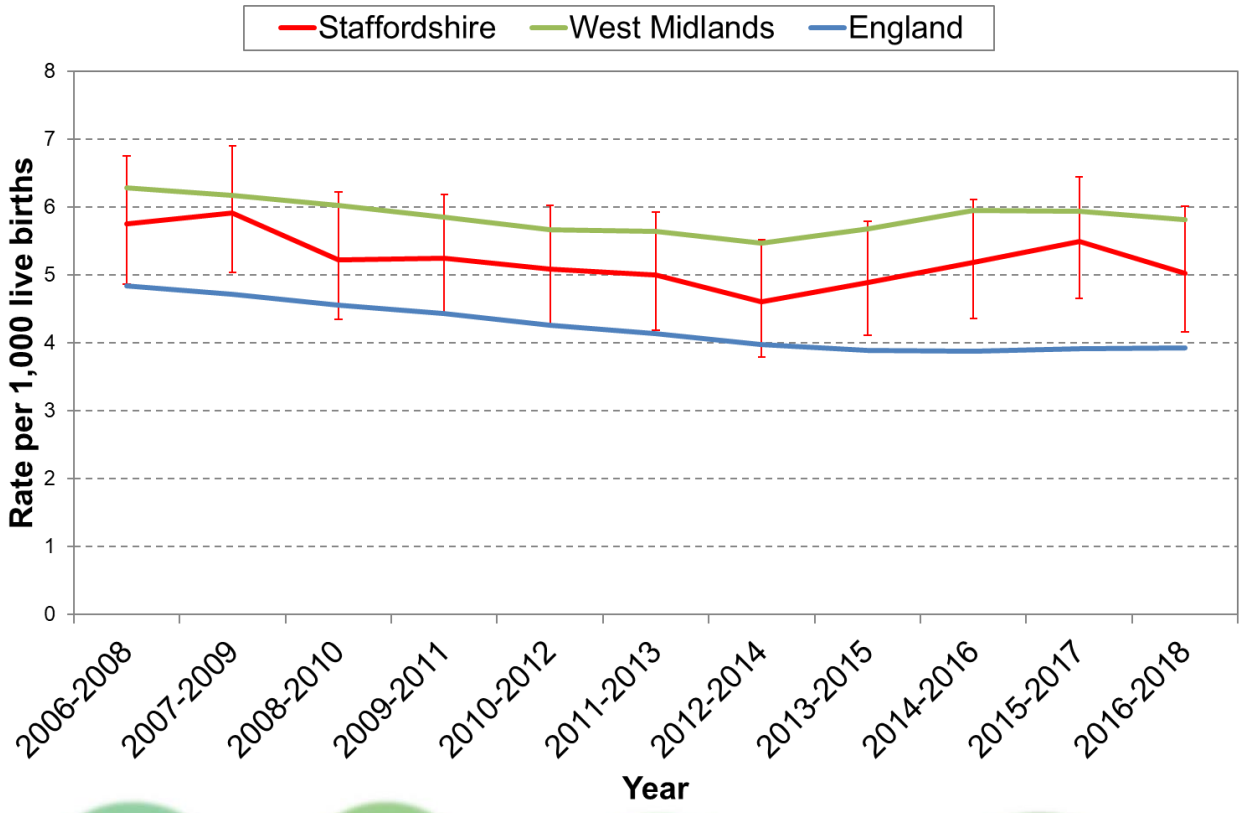
Maternal and Infant Health

Infant Mortality – Rising Trend

A key indicator of the general health of an entire population.

- A total of 128 infant deaths (5 per 1,000 births) within their first year of life (2016-18). Of these, 102 (80%) occurred in the first 28 days (neonatal deaths).
- Rates recently been increasing, and despite recent reduction current rates remains higher than national and statistical neighbours.
- Tamworth and East Staffordshire with a higher than average rate – 7.1 and 6.8 per 1,000 births. Also ranked 5th and 6th worst areas in England respectively.

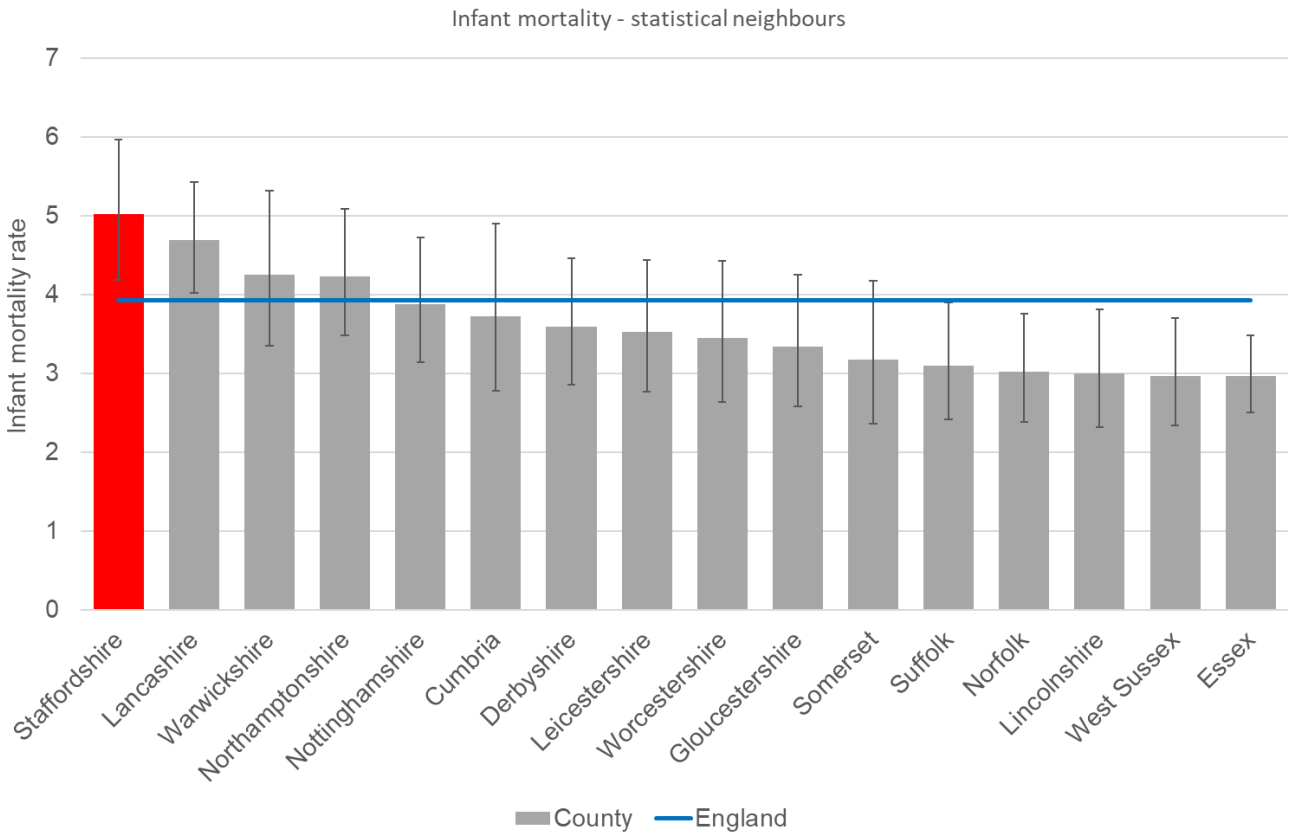
To reach the national average, Staffordshire would need to reduce the number of infant deaths by 10 each year.



Source: Public Health England. Public Health Profiles. Feb 2020 https://fingertips.phe.org.uk

Infant Mortality - Statistical Neighbour Comparator

- Staffordshire has the highest rate of all its statistical neighbours.
- To reach the statistical neighbour average we would need to reduce the deaths by 11 a year.
- Higher rates linked to areas facing multiple socio-economic issues – half of infant deaths are in Staffordshire's top 2 deprived quintiles.



Source: Public Health England, Public Health Profiles, Feb 2020 https://fingertips.phe.org.uk © Crown copyright 2020

Child Death Overview Panel – Key Findings

Local Safeguarding Children Boards (LSCBs) required to review the deaths of all children, to learn lessons and reduce number of preventable child deaths.

- The total number of deaths in Staffordshire and Stoke-on-Trent between April 2017 and March 2019 was 135, of which 62% were in Staffordshire. Most were boys (56%).

- Where reviews details are available, modifiable factors were identified in 30 deaths:
  - 25 cases related to children aged under one year.
  - 11 cases associated with sleeping arrangements.
  - Smoking was identified in 18 of the 30 cases.
  - Alcohol / Drug use was identified in 8 cases.
  - Other factors identified included: domestic violence, neglect, not accessing healthcare, consanguinity and environment.

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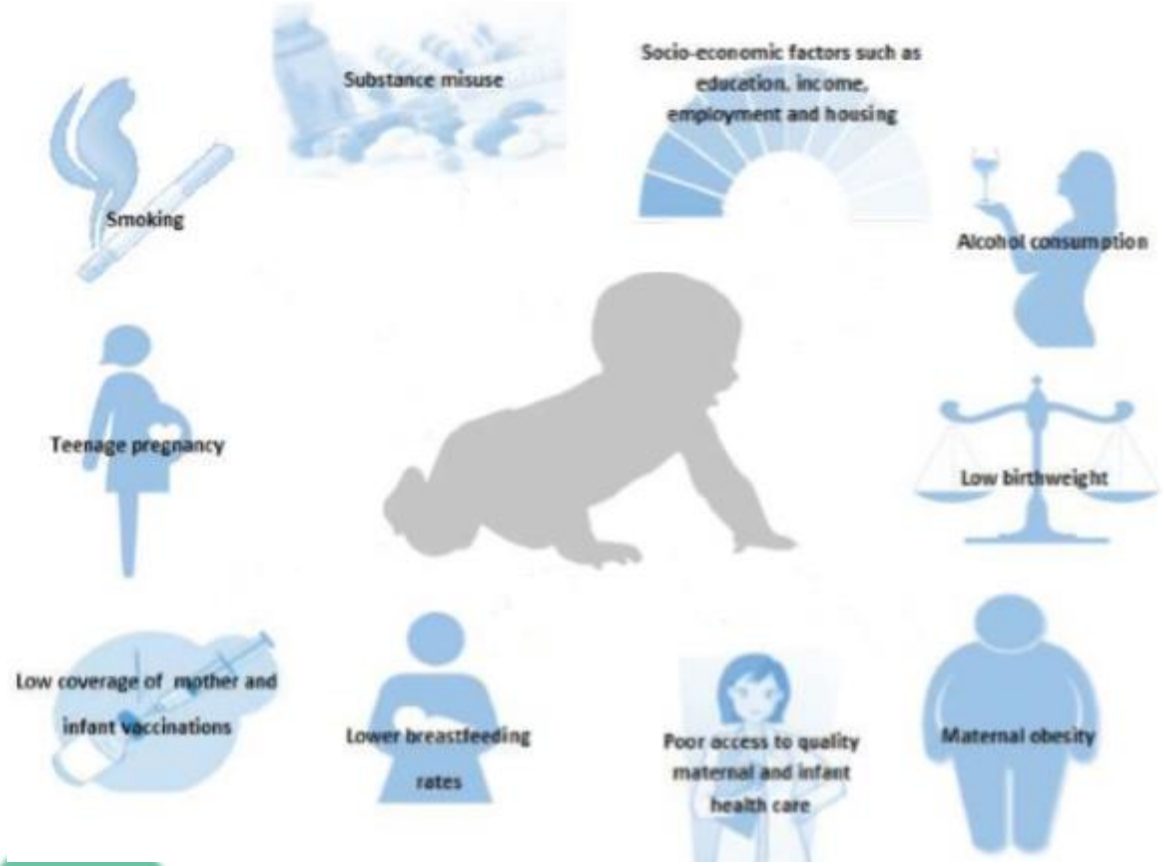
Infant Mortality: Key Risk Factors

A number of factors are known to increase infant mortality, therefore understanding these provides an opportunity for early intervention and prevention strategies.



Tackling Infant Mortality

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13%

of mothers smoked during pregnancy

1 in 13

Babies born with low birthweight

1 in 3

Mums don't start breastfeeding

1 in 5

New birth visits not completed within 14 days

2 in 100

conceptions in girls aged 15-17

53%

Of pregnant women in Staffordshire don't get a Flu vaccine

2 in 3

Mums not breastfeeding at 6-8 weeks

1 in 5

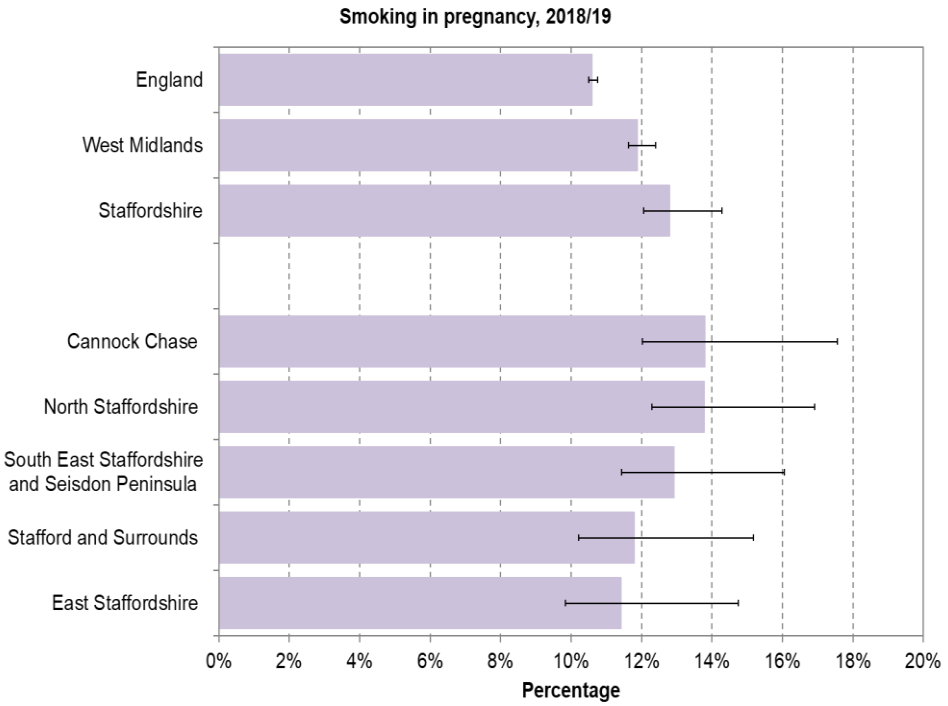
Did not receive a 6-8 week review

Statistical difference to National: Better , Similar, Worse.

Infant Mortality Risk Factors: Smoking

Smoking in pregnancy is a known risk factor leading to infant mortality, and remains an area of focus for Staffordshire

- More women (13%) smoked during pregnancy, than the national average (2018/19). However, rates have remained stable since 2016.
- Rates higher across all localities, particularly Cannock Chase and North Staffordshire.
- Also highest in routine and manual occupations (25%).

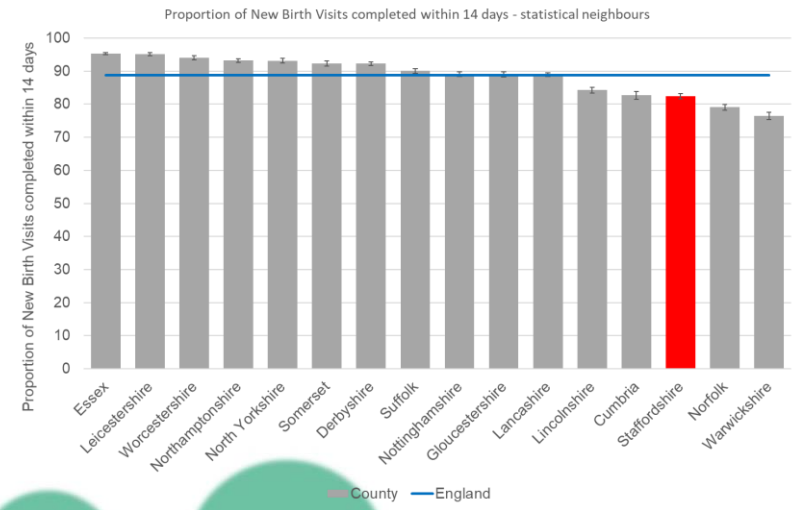


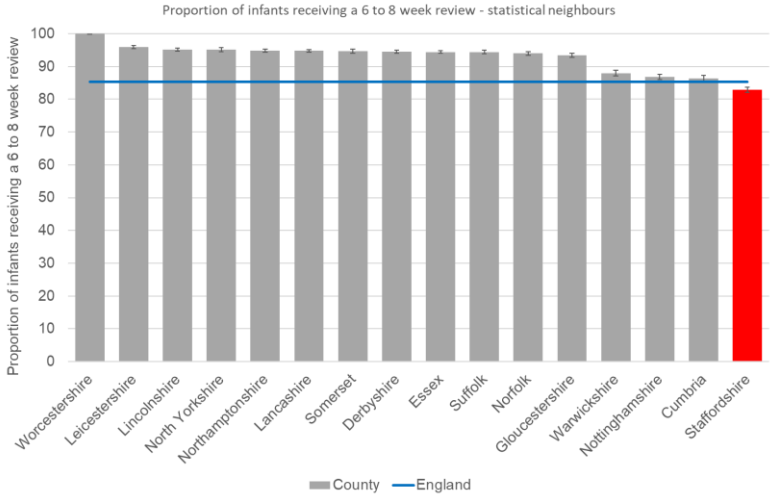
Source: Health and Social Care Information Centre, Lifestyle Statistics

Access to Maternal and Infant Health Care

Effective post natal support can help reduce the risk for infant mortality.

- 82.5% of new birth visits were completed within 14 days, and 83% of infants received a 6-8 week review.
- For both checks Staffordshire is significantly below national, and for 6-8 week reviews Staffordshire reports the lowest proportion of its statistical neighbours.
- Similar trend can be seen for early years - 1 in 4 children do not receive a 2-2½ year child development review. Note: low number of families participating in mandated checks is due to a higher volume of Did Not Attends (DNAs).





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Locality Summary

- The table below shows which districts were highlighted for each issue.
- Cannock Chase, Newcastle and Tamworth were identified for more issues than other districts.
- East Staffordshire was also identified across multiple issues.

	Cannock Chase	East Staffs	Lichfield	Newcastle	South Staffs	Stafford	Staffs Moorlands	Tamworth
1. Wider Determinants	■			■				■
2. Ageing Well		■	■	■	■	■		■
3. Staying Mentally Well	■			■			■	■
4. Healthy Lifestyles	■	■		■	■		■	
5. Alcohol and Drugs	■	■		■		■	■	■
6. Maternal and Infant Health	■	■						■

Staffordshire Health and Wellbeing Board – 10 December 2020

Staffordshire and Stoke-on-Trent Clinical Commissioning Groups Strategic Update

Recommendations

The Board is asked to:

a. Note that nationally the planning, commissioning, and finance framework for 2021/22 has not yet been published, and that due to the ongoing requirement to prioritise management of the Covid-19 pandemic, there was no obligation to produce commissioning intentions.

b. Note the updates provided on the impact of Covid-19 and Phase 3 Planning, the focus on the priorities outlined in the long-term plan and the ongoing work in relation to service changes.

Background

1. On 30th January 2020, NHS England and NHS Improvement (NHSEI) declared a Level 4 National Incident, triggering the first phase of the NHS pandemic response. In March 2020, a Covid-19 control centre was established to provide control and command, co-ordination and decision-making across the STP.

2. Since March 2020 the system has been operating and planning in a very different environment and has responded to national guidance outlined in four letters to date.

    a. The NHSEI *Next Steps* letter of 17th March 2020, set out the key actions for each part of the NHS to redirect staff and resources to prepare for the emergence of a potential pandemic.
    b. At the end of April 2020, NHSEI set out their expectations for *Phase 2* of the response to Covid-19. The requirement was that local systems and organisations should 'fully step up' non-covid-19 essential services as soon as possible over a six week period.
    c. On 31st July 2020, NHSEI set out further expectations for *Phase 3* of the response to Covid-19 and NHS priorities from 1st August 2020. Each system was asked to submit a range of Phase 3 Covid-19 plans to demonstrate their actions.
    d. NHSE/I wrote to STP and ICS leaders on 25th September 2020 in relation to preparedness for a potential *second wave* of Covid-19 and asked systems to set out their plans in the event of a further peak of Covid-19 demand and the impact this may have on restoration of non-Covid health services.

3. In light of national planning, commissioning, and finance frameworks not being published for 2021/22 yet, formal commissioning intentions were not produced. However, partners across the system continue to work closely together focusing and linking the priorities to be delivered through the phase 3 plan and those outlined in the Long-term plan (LTP).

Phase 3 Planning

4. The STP strategic five-year delivery plan (FYDP) was developed to respond to the LTP. In particular, the FYDP outlined the ambitions and priorities to increase the scale and pace of progress of reducing health inequalities.

5. The phase 3 planning letter outlined the focus required on protecting the most vulnerable from Covid-19 and setting out a clear commitment to tackling inequalities. The system phase 3 plan sets out a range of work to be delivered around the inequalities and prevention programme. The work programme has a specific stream in relation to health inequalities and builds on the commitments outlined in the FYDP. Areas of focus include accelerating preventative programmes and supporting the recovery of services in the community including smoking cessation, CVD prevention, and community engagement to promote uptake of flu vaccination and childhood vaccinations.

6. In addition to the work across the system, there are agreed local "placed based" plans and priorities in place within the three Integrated Care Partnerships (ICPs). As to be expected, there is some variation to reflect specific issues in each ICP but there is also a large degree of alignment on certain pathways including: Post Covid-19 services (including rehab); long term Conditions (including diabetes and respiratory); Support for frail elderly (including care homes); and integrating access for mental health services.

Service Changes

7. In April 2020, work around the pre-consultation business case was paused. A number of service changes were made as a result of national guidance, local need and to redeploy the workforce to where it was required.

8. Throughout the response to the pandemic, a comprehensive record of the material service changes that have taken place has been developed and maintained. The Midland Impact Assessment Tool has been used to split the service changes into two categories of Covid-19 Restoration and Recovery.

9. The system is keen to retain the benefits seen during Covid-19, particularly those that have accelerated the delivery of the LTP/FYDP ambitions. Any temporary service changes, which may become permanent solutions, would then be subject to public involvement and/or consultation.

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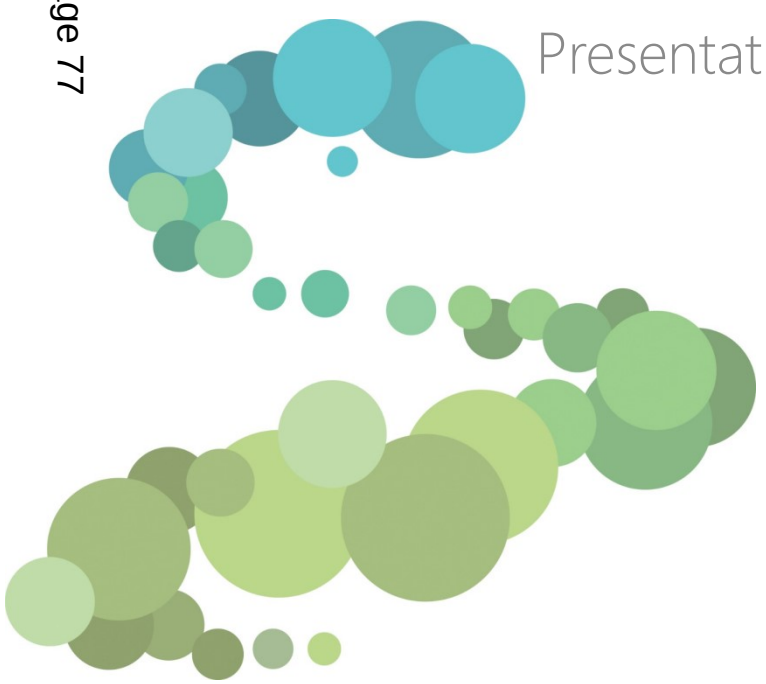
Staffordshire and Stoke-on-Trent Clinical Commissioning Groups Strategic Update



Presentation to Staffordshire Health and Wellbeing Board
10 December 2020

Background

- Since March 2020 the system has been operating and planning in a very different environment and has responded to national guidance outlined in four letters to date.

National Guidance Letters	The 'ask'
17th March 2020 *Next Steps*	Redirect staff and resources to prepare for the emergence of a potential pandemic
29th April 2020 *Phase 2 Response*	Fully step up non-covid-19 essential services as soon as possible over a six week period
31st July 2020 *Phase 3 Plans*	Respond to the priorities set out for the rest of 2020/21, producing a phase 3 plan outlining key trajectories for recovery.
25th September 2020 *Preparedness for potential second wave*	Outline preparedness for a potential second wave of Covid-19 and the impact this may have on restoration of non-Covid health services.

- National planning, commissioning, and finance frameworks for 2021/22 have not yet been published.
- In particular, as part of phase 3 letter requirements the Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) were asked to produce a set of phase 3 plans to accelerate the return to near-normal levels of non-Covid health services; and tackle the challenges including a commitment to tackle health inequalities and guidance on mental health with a particular focus for children and young people.

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Phase 3 Planning

National Phase 3 Priorities for 2020/21

1. Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter with a particular focus on:

    - In September at least 80% of last year's activity for both overnight electives and for outpatient/day case procedures, rising to 90% in October (while aiming for 70% in August);
    - At least 90% of last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October.
    - 100% of last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).
    - Validating existing long term plan (LTP) mental health service expansion trajectories for 2020/21

2. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and possibly nationally.
3. Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

STP Phase 3 Plan Response: Near-normal levels of non-Covid health services

Near-normal levels of non-Covid health services - Recovering Activity

- Annual activity baselines were utilised to set recovery trajectories in line with national expectations. Performance against the trajectories forms part of System Review Meetings with NHS England / Improvement.

- Alongside these baselines a range of actions were set to support delivery of recovery across the STP.

- The LTP mental health expansion trajectories have been reviewed with the STP on track to maintain the growth in the number of children and young people (CYP) accessing MH care. This target is contributed to by wellbeing services commissioned jointly with the Local Authorities.

Building on the learning from Covid-19 to support transformation delivery

- We have implemented new ways of delivering care and demonstrated an improved ability to work collaboratively.
- For example the Crisis Rapid Intervention Service (CRIS) integrated model across community, acute and social care services was developed to provide sub-acute care in the community. to support non-elective admissions and winter resilience.

Place Based Approach

- There are agreed local "placed based" plans and priorities developed by the three Integrated Care Partnerships (ICPs).

STP Phase 3 Plan Response: Winter Demand

- Personal Protective Equipment (PPE) - supply is in a much better position due to the roll out of the national PPE Dedicated Supply Channel, which is a parallel supply chain to the normal NHS Supply Chain service.

- Covid and non-Covid demand modelling has taken place across all major settings, with scenario planning being used to bring these models together.

- Modelling of scenarios to identify and quantify the likely service demand during the months of October 2020 to March 2021 including agreed escalation and trigger points.

Across health and care leads have worked collaboratively to understand modelling and designation of beds within Staffordshire to retain patient safety and to mitigate pressure on the bed stock.

- Healthcare providers and local authority leads have continued to work collaboratively to ensure that those medically optimised for discharge are not delayed from being able to go home as soon as it is safe for them to do so.

- Supporting care homes through enhanced clinical input to ensure multidisciplinary approach to the management of patients.

- Flu vaccination – phase 1 over 65s and vulnerable people, phase 2 over 55s.

- System wide plans in place for delivery of the Covid-19 vaccine programme

Phase 3 Plan Response: Risks and Challenges around Delivery

Key challenges and risks for the system which will impact on the delivery of phase 3 recovery.

- Capacity and demand across pathways, particularly during winter and significant increase in Covid-19 cases requiring hospital admission and intensive care beds
- The resilience of the health and care workforce during the winter months and in responding to Covid-19 demand, have been exacerbated by requirements for shielding and self-isolation, staff resilience and increased levels of sickness absence.

STP Phase 3 Plan Response: Health Inequalities and Prevention

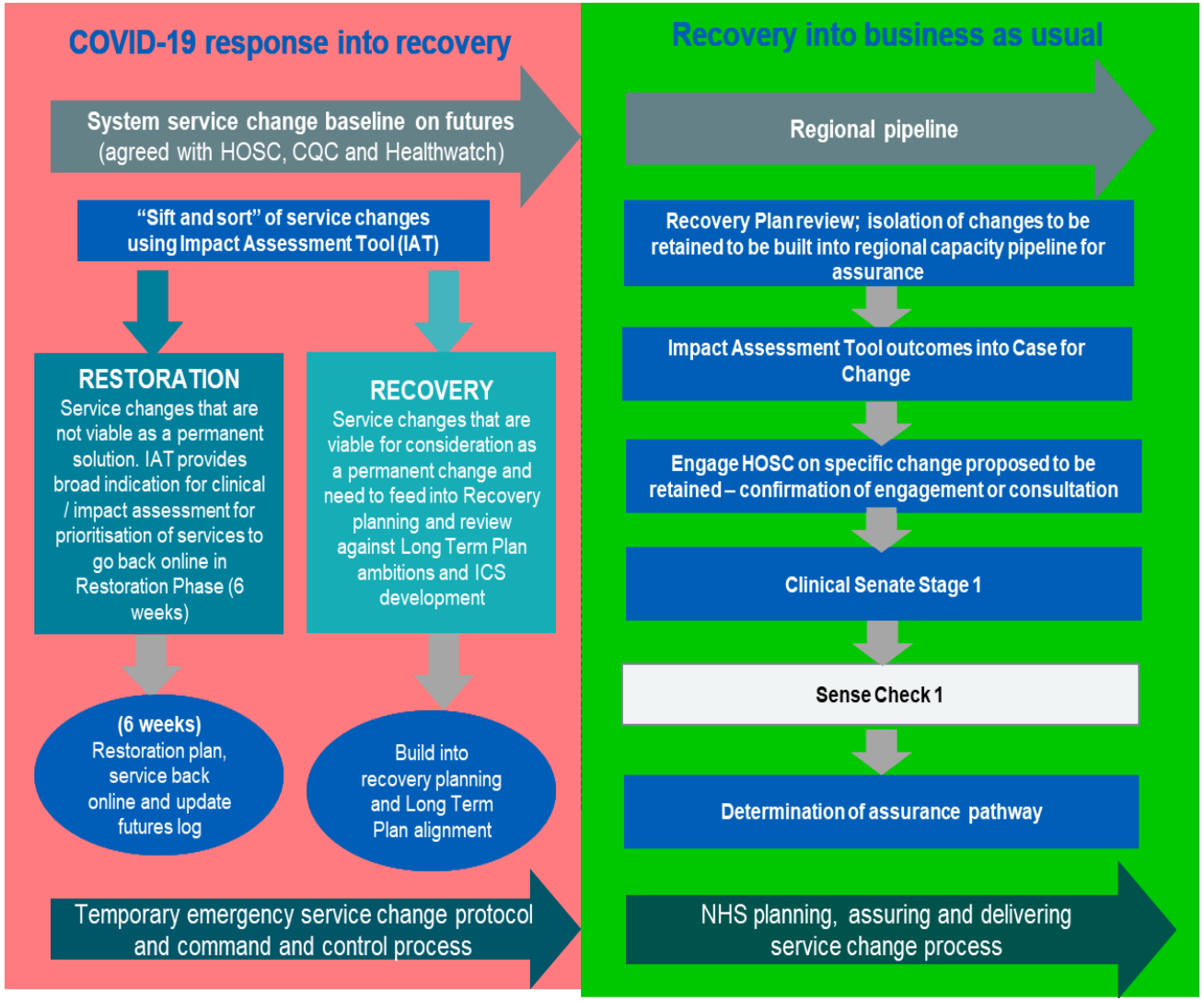
- An inequalities and prevention programme is to be delivered as part of the Covid-19 phase 3 plan and aligned with the ambitions of the Long Term Plan and STP Five Year Deliver Plan (FYDP).
- The programme aims to:
    - Address the significant ongoing inequalities outlined in the FYDP including poor outcomes for early childhood and the concerns about the impact of Covid-19 on Children and Young People physical and mental health, especially Child and Adolescent Mental Health Services.
    - Accelerate preventative programmes, which proactively reduce inequalities and support the recovery of services in the community including smoking cessation, Cardiovascular disease prevention and community engagement to promote uptake of flu vaccination and childhood vaccinations.
- High-risk areas of the population such as Black, Asian and Minority Ethnic population and deprived areas have been identified and profiles produced and linked to the relevant local footprints. These profiles will develop local "place based" action plans focussing on promotion of key services including the diabetes support and annual health checks (including Learning Disability & Severe Mental Illness checks.)

Service Changes

Service Changes

- A number of service changes were made as a result of the national guidance and local need.
- The Midlands Covid-19 service change pipeline was created (requirement from Secretary of State on 14 April 2020).
- A comprehensive record of the material service changes that have taken place across local health systems has been kept.
- Using the Midland Impact Assessment Tool the Covid-19 service change baseline is split into the two categories of Restoration and Recovery, identifying those services which will need to be appraised against phase 3 of the process.
- Temporary service changes, which may become permanent solutions, will be subject to public involvement and/or consultation.

Midlands Impact Assessment tool and processes



Service Changes Next Steps

- A number of service changes have been reinstated or reintroduced harnessing digital technology to support virtual appointments and clinics.
- Covid-19 has accelerated some schemes such as the Community Rapid Intervention Service (CRIS), health navigator and digital consultation methodologies.
- An involvement strategy will be developed alongside this process to ensure there is an open and transparent process with our population as the impact assessment process is completed
- Work with providers and commissioning teams to develop service change business cases for discussion with the HOSC, NHSE&I assurance process and West Midlands Clinical Senate.

Key objectives

Staffordshire County Council

Public health and prevention

- Lead and support implementation of the local outbreak control plan to prevent and manage Covid-19 outbreaks
- Refresh and implement the Council's Public Health and Prevention Strategy to improve health and well-being and address any adverse impact arising from the pandemic
- Expand range and volume of support available as well as access to and use of this as part of the Supportive Communities programme
- Increase uptake of assistive technology
- Maintain 'core' public health services

Care commissioning

- Support the NHS to minimise unnecessary emergency admissions to hospital and facilitate timely discharge, including commissioning of effective reablement services and continuing to improve brokerage performance
- Support care providers to prevent and manage Covid-19 outbreaks and to improve quality overall
- Remodel care demand and capacity post Covid-19 and develop additional capacity where required
- Continue commissioning of home care, care homes and Supported Living
- Complete commissioning of carers', mental health recovery and day services

Adult social care and safeguarding

- Minimise backlog of assessments and reviews, ensure that these promote independence and achieve MTFS savings
- Implement virtual Care Act and financial self assessment.
- Ensure appropriate eligibility and funding under CHC
- Ensure appropriate use of Section 117 for mental health aftercare.
- Embed virtual working.
- Ensure planned transition from childhood to adulthood.
- Ensure timely and accurate financial assessments and appropriate client contributions
- Reduce client debt
- Commission a new care management system
- Develop business intelligence to improve access to performance information

In house learning disability care services

- Achieve CQC 'Outstanding' rating
- Ensure financial sustainability
- Deploy technology to modernise ways of working
- Consultation on staffing of residential replacement care and specialist day opportunities
- Develop support at home including through telecare
- Attract more clients

Staffordshire Health and Wellbeing Board – 10 December 2020

Progress on the establishment of a population health management function in Staffordshire

Recommendations

a. The Board is asked to note the progress made in developing the PHM capacity and capability within the local health system.

Introduction

1. This paper provides a summary of the work that has been undertaken to progress population health management in Staffordshire and describes the next steps in further developing the approach.

2. A presentation on population health management will be provided to support the information set out in this briefing note.

Background

3. Population Health is an approach aimed at improving the health of an entire population. It is concerned with improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across a defined population.

4. Population Health Management (PHM) enables a system wide approach to intelligence led care design that assesses the need of the population at scale and enables delivery of targeted interventions using population profiling, segmentation and risk stratification techniques, resulting in improved population health outcomes, reduced unwarranted variation in care, cost savings and system efficiencies.

5. The approach improves population health by the use of data driven decision making, a system wide outcome focus and addresses wider determinants of health; which in turn leads to the planning and delivery of care to achieve maximum impact. It is concerned with population need rather than demand and measures success through outcomes across the whole life course.

Population Health Management in Staffordshire

6. Led by the CCG's, the Staffordshire health and care system has been actively working with NHS England, to develop population health management capacity and capability across the system and links with wider system partners including the Public Health team in the local authority, PCN clinical directors and ICP leads to deliver on the vision to apply PHM approach at a system, locality and neighbourhood level.

7. A Staffordshire and Stoke-on-Trent Population Health Management Task Group has been established, its role includes the coordination of activities and provides

the expertise and leadership necessary to support the programme across multiple statutory and non-statutory partners.

8. Following recommendation from the Task Group the shadow ICS Board endorsed a number of programmes of work, which included scoping on the establishment of an 'intelligence hub' and working to secure additional development support resource.

9. The appointment of a Consultant in Public Health with expertise in PHM has provided the system with additional leadership and capacity to focus on developing this approach.

10. The Intelligence & Modelling cell, established as a response to COVID 19 has successfully brought together the analytical and intelligence skill set in the system, including analysts from the local authorities, NHS trusts and CCG to work collaboratively and share knowledge, resources, data and capacity to provide shared intelligence for the system.

Next Steps

11. Building on the joint intelligence approach used during the COVID 19 spike, there is an increasing recognition and drive in the system to progress the PHM approach and formally develop the required infrastructure and intelligence capacity.

12. Development of an Integrated System Intelligence Hub with representation from all system partners, to oversee the delivery of the PHM approach.

13. Further development of collaborative, cross-organisational, system wide PHM approach that aims to provide person-centered, holistic care based on needs of the population and addresses wider determinants of health, leading to improvement in health outcomes of the population.

14. Key work programmes that will be jointly initiated using the PHM approach in collaboration with system partners include:

    a. *Prioritisation*- development of a *prioritization framework* which is intelligence driven, based on evidence, population health needs and robust consultation with stakeholders including patients, public and clinical partners.
    b. *Health Inequalities*- system wide, cross sector collaborative approach to identify and address health inequalities in the system.
    c. PHM *outcomes framework* to support PCN,ICP/system delivery plans
    d. *Strategic commissioning*- data and intelligence driven *commissioning framework* based on population needs and outcomes based models of care and outcomes based financial models guiding resource allocation.
    e. *Restoration & recovery*- inclusive recovery and restoration in Health and social care.
    f. Others: development of digitally enabled clinical care pathways, risk decision analysis.

15. A PHM Programme Board will oversee a Clinical Design Group and a Technical Design Group, intending to bring together a number of interrelated work streams that would need to be informed by PHM. These will include intelligence (analytics and evidence base), finance, workforce and digital work programmes.

16. A detailed implementation and delivery plan is being developed with support from NHSEI and the national Population Health Management and System transformation teams.

17. To enable this strong links will need to be established between existing work streams and the PHM programme of work and strong engagement with key stakeholders. It is intended that the Intelligence Hub will be the delivery vehicle, supporting the Clinical Design Group, the Technical Design Group and the PHM Programme Board.

List of Background Documents/Appendices:

A presentation will be shared closer to the date of the meeting

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Staffordshire Health and Wellbeing Board – 10 December 2020

Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2019/2020

Recommendations

The Board is asked to:

a. Receive and consider the SSASPB Annual Report 2019/20 in accordance with the requirements of the Care Act 2014.

b. Provide feedback as to how the HWB can enhance contributions to safeguarding of adults with care and support needs at risk of abuse or neglect.

Background

1. Safeguarding Adult Boards (SABs) became statutory under the Care Act 2014 which states that the main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who:

    a. Have needs for care and support
    b. Are experiencing or at risk of abuse and 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 and neglect.

2. The SAB has a strategic role to oversee and lead adult safeguarding and is interested in a range of matters that contribute to the prevention of abuse and neglect. These include the safety of patients in local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services. SAB partners also have a role in challenging each other and other organisations where there is cause for concern that actions or inactions are increasing the risk of abuse or neglect.

3. The SAB has 3 core duties

    a. To publish a strategic plan
    b. To publish an Annual Report
    c. To undertake Safeguarding Adult Reviews in accordance with criteria

4. This Annual Report of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) covers the period 1st April 2019 to March 31st, 2020. Mr John Wood was the Independent Chair of the Board throughout the period. The report provides an overview of the work of the Board and its sub-groups and illustrated with case studies 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.

Adult Safeguarding Data: Staffordshire headlines for the reporting period 1st April 2019 to 31st March 2020:

5. The safeguarding partners 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 and unable to protect themselves. Reported concerns can progress to a formal enquiry under Section 42 of the Care Act 2014, if the duty of enquiry requirements are met.

    a. **Concerns reported:** There have been 4150 occasions where concerns have been reported that adults with care and support needs may be at risk of abuse and neglect. The numbers have increased by 439 (11%) occasions compared to 2018/19. This increase is reflective of the national figure of 8.7%. Following initial assessment, it was determined that the duty of enquiry requirement was met in 93% of concerns. This conversion rate varies considerably throughout the Country and is dependent upon how Local Authorities record and report safeguarding concerns and Section 42 enquiries. The national data shows that the number of Section 42 enquiries that concluded during the year increased by 8.7%.

    b. **Age:** Of the people subject of a Section 42 enquiry, those aged 75-84 and 85-94 (both 27%) represent the largest cohort, followed by 65-74 (12.5%). When comparing the breakdown of the general population of Staffordshire it is seen that adults over 65 are disproportionately over-represented in Section 42 enquiries.

    c. **Gender:** Females represent the majority of adults subject of a Section 42 enquiry, with 62% of the total. This has been a consistent proportion in Staffordshire in recent years.

    d. **Ethnicity:** The majority of adults involved in a Section 42 enquiry are White (86.6%). Other categories of ethnicity (other than white) are below 1%, however 7.6 % of records do not have the ethnic background of the adult recorded.

    e. **Primary Support Reason:** Physical support continues to be the most common primary support reason (49%) a decrease on the 61% reported in 2018/19. The second most prevalent was Learning Disability at 19% followed by Mental Ill-Health at 12%.

    f. **Type of Abuse:** Neglect and Acts of Omission (35%), Physical Harm (22%) and Financial Abuse (18%) continue to be the three most prevalent types of harm and abuse. Nationally, the most common type of risk in Section 42 enquiries that concluded in the year was also Neglect or Acts of Omission, which accounted for 31.4%.
    g. **Location of Abuse:** 49% of recorded concerns were at the adults' home, this is slightly higher than the national average which is 44.8%. Caution must be taken in this interpretation as those recording the location may interpret care/nursing

homes as an adult's own home. 21% were recorded as in a residential home and 16% in a nursing home.

h. **Expressed Outcomes met:** The proportion of people subject of a Section 42 enquiry whose outcome was fully met reached 88%, an increase on 80% in 2018/19. A further 10% stated that their outcome was partially met. These figures are the same as the national average and is the best indicator from which to identify that Local Authorities are completing safeguarding enquiries in line with national policies and Making Safeguarding Personal.

6. It is of note that the report year ended with adult safeguarding in the spotlight as the United Kingdom went into lockdown in the final week of March 2020 due to the spread of the new coronavirus, COVID-19. Care homes and adults with care and support needs who were not visible, or unable to receive their usual support, were of huge concern.

7. The response to the safeguarding aspects including care of adults at risk, the implications for hidden adults arising from shielding, the response to homeless adults and rough sleepers with care and support needs, and trying to establish the risks and lived experience of those adults with care and support needs at increased risk of exploitation and domestic abuse reached national consciousness. The impacts of these lived experiences will be reported in 2020/21.

List of Background Documents/Appendices:

Appendix 1: The Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2019/20

Contact Details

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Staffordshire and Stoke-on-Trent
Adult Safeguarding Partnership Board

Abuse must stop

SSASPB Annual report 2019-2020

NHS

City of Stoke-on-Trent

Staffordshire County Council

Staffordshire Police

1. CONTENTS

'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 largest to smallest: Hanley Park in Stoke-on-Trent, Bridge over the river Trent in Burton-on-Trent, Cannock Chase Stepping Stones.

2. INDEPENDENT CHAIR FOREWORD

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

As the Independent Chair, my role is to lead collaboratively, give advice, support and encouragement but also to offer constructive challenge and hold main partner agencies to account. I also ensure that interfaces with other strategic functions are effective. As an Independent Chair, I can provide additional assurance that the Board has some independence from the local authorities and connected partners.

This report provides a look back at the work by the partners of the Board and its sub-groups over the year 2019/20. The range of work includes broad and targeted community engagement to raise awareness of the importance of safeguarding as well as requirements to record, report on and respond to individual safeguarding experiences and importantly to identify the learning and required action when things go wrong.

This work is illustrated with case studies (pages 16-21) 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.

The year ended with adult safeguarding in the spotlight as the United Kingdom went into lockdown in the final week of March 2020 due to the spread of the new coronavirus, COVID-19. Care homes and adults with care and support needs who were not visible, or unable to receive their usual support, were of huge concern.

The response to the safeguarding aspects including care of adults at risk, the implications for hidden adults arising from shielding, the response to homeless adults and rough sleepers with care and support needs, and trying to establish the risks and lived experience of those adults with care and support needs at increased risk of exploitation and domestic abuse reached national consciousness. The impacts of these lived experiences will be reported in 2020/21.

As the Board has matured, the openness and willingness to both challenge and be challenged to provide assurances as to the effectiveness or services or where improvements are required has continued to develop. That culture is vital if we are to remain effective in continuing to meet our statutory responsibilities and the Board collectively recognises that it is vitally important that our safeguarding services are as good as they can be to meet the needs of some very vulnerable adults needing support to help keep them safe from harm.

At the time of writing this foreword, the Board has adapted its approaches to seeking assurances and acted as an important conduit for communicating relevant targeted information recognising that Local Resilience Forums are co-ordinating and driving pandemic responses. The declared pandemic has underlined just how important adult safeguarding is - more than at any time since the Care Act was enacted.

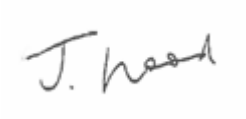
I would again like to take this opportunity to acknowledge the commitment and enthusiasm of all of our partners and supporters including the statutory, independent and voluntary community sector who have a clear focus on doing their best for those adults whom we are here to protect in these most challenging of times and consistently demonstrate a strong commitment to do that. I also add thanks to the inspectors

from the Care Quality Commission with whom safeguarding partners have developed constructive working relationships through established channels of communication and early intervention.

I am immensely 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 conclude this foreword by offering, on behalf of the Board partners, our condolences to all those who lost loved ones in social care settings, hospitals, secure institutions, or in their own homes during the pandemic. I would also like to acknowledge the role of all professionals who delivered services to adults with care and support needs, often at considerable personal cost.

John Wood QPM



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

The Care Act 2014[1] 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 co-ordinating 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 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[2] 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 38.

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 29.

Safeguarding Adults – A Description of What It Is

The statutory guidance[3] 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

[1] Care Act 2014: http://www.legislation.gov.uk/ukpga/2014/23/contents
[2] SSASPB Board membership list: https://www.ssaspb.org.uk/About-us/Board-Agency-Membership.aspx
[3] Care and support statutory guidance: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

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 40. The Board has taken account of the statutory guidance in determining the following vision.

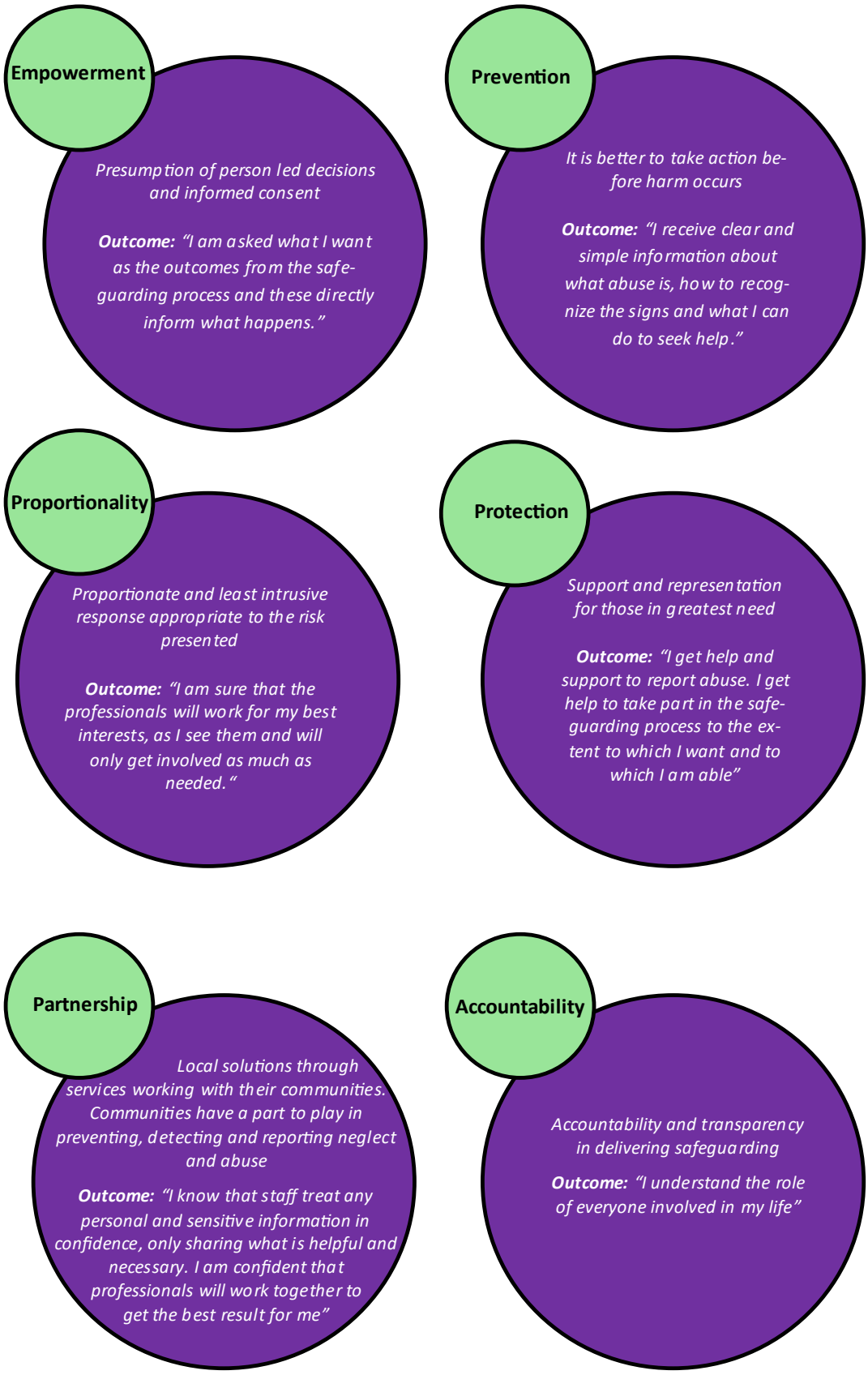
Vision for Safeguarding in Staffordshire and Stoke-on-Trent

'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 for Adult Safeguarding North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups

Vice Chair: Lisa Bates, Designated Nurse for Adult Safeguarding, South Staffordshire 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 six sub-groups, Officers to the Board, the Board Manager and the Board Independent Chair.

During 2019/20 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
- Reviewed the membership of the Board and managed the Board membership process
- Reviewed the sub-group chairs in accordance with the SSASPB Constitution
- Managed and monitored the SSASPB budget
- Planned, organised and facilitated the Board Development Day held in June 2019 and the follow-on actions
- Reviewed the Strategic Plan
- Received updates from both Local Authorities regarding Large Scale Enquiries (LSEs) and Deprivation of Liberty Safeguards (DoLS) authorisation backlogs
- Approved final drafts of SSASPB documents
- Reviewed the SSASPB Constitution
- Overseen the arrangements for the SSASPB Safeguarding Conference held on 4th November 2019. The conference speakers and content were designed to enhance the skills of practitioners
- Determined how the Board links with other strategic fora e.g. Prevent, Domestic Abuse
- Agreed partner funding contributions for the period April 2020 to March 2023
- Arising from review of SSASPB budget enabled surplus financial contributions received in 2019/20 to be returned to funding partners to be used to support operational Adult Safeguarding responsibilities
- Sought and received assurance that Private hospitals in Stoke-on-Trent and Staffordshire are engaged with their partner organisations and CQC

- Reviewed the activity and achievements of Dr Lorna McColl for the Designated Adult Safeguarding GP initiative.
- Sought assurance on the response from Staffordshire Police to the Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) publication 'The Poor Relation'
- Monitored the progress of all Safeguarding Adult Review referrals received in 2019/20

Safeguarding Adult Reviews sub-group

Chair: Simon Brownsword, Detective Superintendent Staffordshire Police

Vice Chair: Lisa Bates, Designated Nurse Adult Safeguarding South Staffordshire Clinical Commissioning Groups

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. The sub-group also has responsibility for identifying and cascading the lessons learnt from any reviews.

During 2019/20 there were 5 referrals considered for a Safeguarding Adult Review.

'James'

In March 2019 a referral was received outlining the circumstances around the death of 'James' a 28 years old man from Stoke-on-Trent who had been rough sleeping in the City centre. James was involved with numerous agencies including Probation, Police, Children Services, HM Prison services, Voluntary Sector services, a Mental Health Trust, Housing, Community drug and alcohol services and an acute Hospital.

Relevant organisations were asked to complete a detailed chronology of their involvement with James in the 10 months prior to his death. The information was considered at a SAR scoping meeting held in June 2019. A total of twelve agencies submitted chronologies and information; an indication of James's complex circumstances.

After careful consideration of the information shared it was unanimously agreed that the criteria for a SAR was not met. However, the process highlighted the need for a better understanding of the gateway for confidential information sharing between two of the organisations. It also identified a learning point that there is a need for documentation to clearly support the rationale for decisions made.

'Andrew'

A referral was received on 9th September 2019 in relation to the death of a 37 years old man from the Stoke-on-Trent area. He had complex needs and sadly died at home alone lying undiscovered for several days. A scoping meeting was held on 17th December 2019 which resulted in a recommendation to the SSASPB Independent Chair that the Section 44(1) Care Act 2014 criteria had been met. The recommendation was approved. The findings of the review will be provided in the Annual Report 2020/2021.

'Paul'

On 24th September 2019 a referral was received outlining the death of Paul a 52 years old man from Staffordshire who had lived with an acquired brain injury for some years. He had also become dependent upon alcohol. There were concerns about the length of time taken between the request for a care package,

predominantly to address his alcohol consumption, and for it to be put in place. Sadly, Paul died before the package had been arranged. The matters at issue were between two organisations and a Serious Incident Clinical Review (SI) had been conducted. The action plan had been shared with the SAR sub-group. It was agreed that the criteria for a SAR would not be met and that the learning had been achieved through the SI process.

'Brenda'

On 26th September 2019 a referral was received outlining the circumstances of the death of Brenda an 87 years old woman from Staffordshire who died at her home address following a period of ill health. The Independent Chair agreed with the recommendation made by the scoping panel held on 2nd December 2019 that the criteria for a SAR under Section 44(1) Care Act had been met. A Safeguarding Adult Review has started but has been pended during the Coronavirus/COVID-19 pandemic. At the time of writing, it is planned that the review will recommence in June 2020. The findings will be reported in the next annual report.

'Joan'

A referral was sent to the SSASPB on 8th November 2019. At the time of writing the referral has not yet been scoped as there is an ongoing criminal investigation and dependent upon the outcome the question of a Domestic Homicide Review. Whilst these parallel investigations take place information sharing outside the Police led investigation will not take place. A decision by the Crown Prosecution Service is awaited and an update will be given in the Annual Report 2020/21.

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

- Engaged with the Safeguarding Adult Board Managers National and Regional Networks to share good practice developed by other SABs
- Reviewed the SAR protocol to ensure continuous improvement and consistency with Regional SAR procedures
- Maintained links and reporting relationships with Community Safety Partnerships that are managing Domestic Homicide Reviews (where they involve adults with care and support needs)
- Attended specific Safeguarding Adult Review training delivered by Social Care Institute of Excellence in September 2019
- Clarified the relationship between Section 76 Homelessness Act 2018 and SAR processes. The circumstances of each homeless person will be considered against the Care Act 2014 criteria
- Reviewed the process to select Independent SAR reviewers

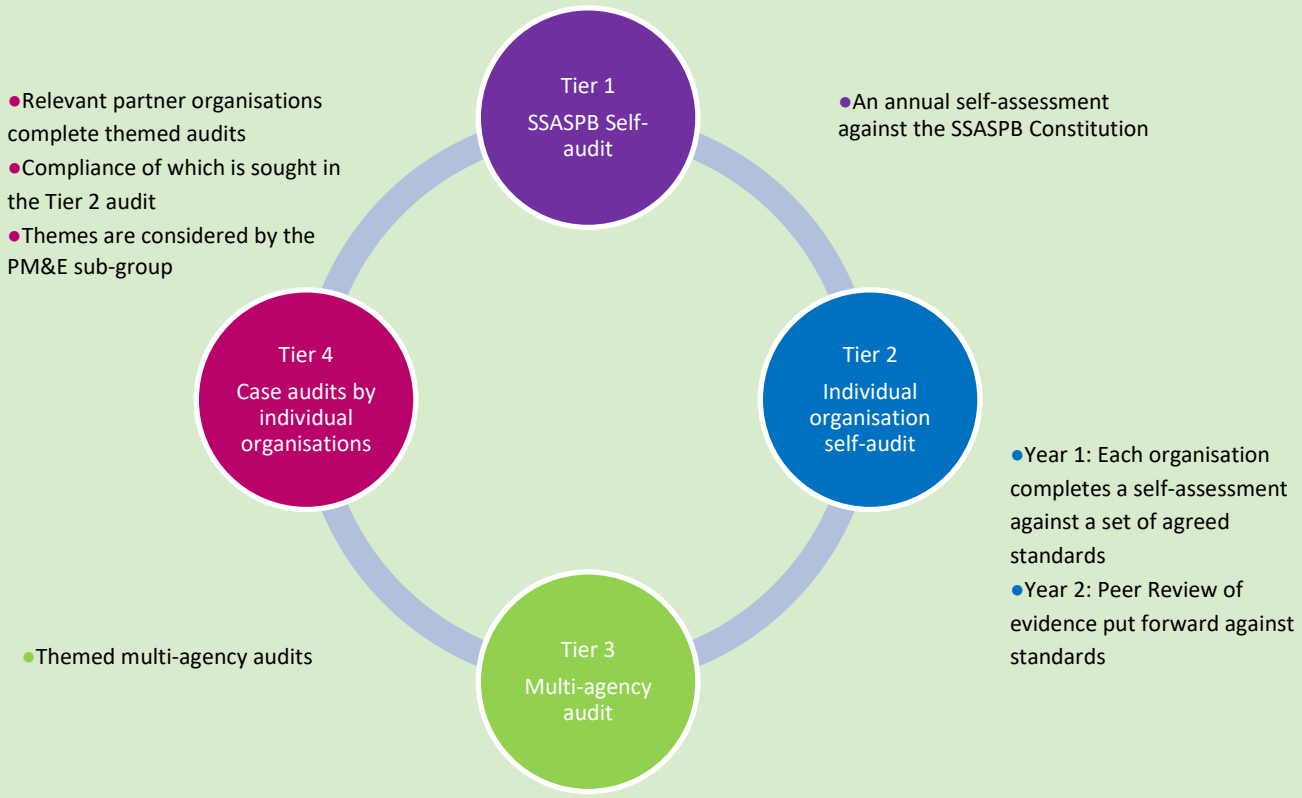
Audit and Assurance sub-group

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

Vice Chair: Claire Histead, Deputy Head of Safeguarding / PREVENT Lead, Midlands Partnership Foundation Trust to 28.08.19 followed by Amy Davidson Head of Safeguarding, North Staffordshire Combined Healthcare Trust to present.

The SSASPB 4-tiered audit framework:

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



- Revised the terms of reference to incorporate elements transferred from the Learning and Development sub-group.
- Refreshed the SSASPB Performance and Quality Assurance Framework.
- Provided the detailed narrative from relevant partners to explain the performance data contained in the Annual Report
- Conducted the Tier 1 audit (Compliance with the SSASPB Constitution)
- Reviewed the list of partners from whom the Board seeks assurance about the compliance rate and quality of training provided using the Tier 2 audit
- Conducted the Tier 2 audit (Individual Agency Assurance self-audit) and received an excellent response with 27 returns
- Preparations were made for the Tier 2 peer review to take place in March 2020. This has been postponed to November 2020 and will be conducted in a revised format due to the COVID-19 pandemic
- The standards chosen for closer scrutiny through the audit were Standard 1(11): 'The organisation can demonstrate that it has a quality auditing system that checks policy compliance and the learning informs practice, performance and policies', and the whole of section 4: 'Training and Workforce Development'. The full list of Tier 2 standards is shown in appendix 4. The findings will be reported in the 2020/21 Annual Report
- Agreed the themes for and held three Tier 3 Multi-agency Case File Audits. These were on the themes of: Repeat referrals for the same category of abuse within 12 months, Neglect and Acts of Omission and Financial Abuse
- Agreed to support the West Midlands Regional data set collection. This will be progressed during 2020

Prevention and Engagement

Chair: Jo Sutherland, Statutory Service Lead and Principal Social Worker Staffordshire County Council

Vice Chair: Sarah Totten, Strategic Manager – Early Intervention, Contact and Hospital Adult Social Care, Health Integration and Well Being, Stoke-on-Trent City Council

This sub-group was formed after a review of the structure of the SSASPB at its Development Day held in May 2018. One of its key functions is to drive the work in support of the Engagement Strategic Priority. It had been agreed that the sub-group initially concentrates on the Engagement element with a commitment to develop a Prevention focussed workstream in the autumn of 2020.

More information can be found on Page 14 in the Strategic Priority section.

Policies and Procedures sub-group - Virtual

Chair: Ruth Martin, Adult Safeguarding Team Leader, Staffordshire County Council

Vice Chair: Jackie Bloxham, Adult Safeguarding Team Manager, Stoke-on-Trent City Council

In response to the recommendations from the Development Day held on 18th May 2018, the sub-group now works virtually. A contact list is held of partner agency staff who are well placed to assist with the production and review of policies, procedures, promotional material and guidance. The work is ongoing throughout the year and a record is kept of the documents which need to be reviewed together with the date this took place.

Although this group works virtually most of the time there is no less importance to its status within the structure of the SSASPB and it plays a vital role in ensuring that the Board documents are up to date and support interagency working.

The Policies and procedures sub-group have reviewed the below documents;

- Information sharing Guidance for practitioners document
- Considered the self-neglect guidance and what should be added to the SSASPB website
- The Escalation Policy
- Staffordshire Fire and Rescue Service's Safeguarding flowchart was considered for inclusion on the SSASPB website
- Safeguarding Enquiry Procedures initially reviewed virtually and met on the 19th January 2020 in person
- Considered and advised on the selection of photos for new SSASPB banners
- The Adult Sexual Exploitation content for the SSASPB website

6. BOARD DEVELOPMENT AND IMPROVEMENT ACTIVITY

The SSASPB Development Day was held on 7th June 2019 and attended by 24 Board members. The purpose of the day was for members to reflect on the responsibilities of the Board and what it is seeking to achieve with a constructive challenge as to its effectiveness.

The agenda included:

Update on actions from the previous Development Day in May 2018

- Review of Board member induction arrangements
- Shared understanding of the difference between safeguarding and quality of care concerns
- Member awareness of the role and relevance of the Board and associated accountabilities
- Review and refresh of the Strategic Plan
- Review of the membership and structure of the Board

Roles and responsibilities of Board members

- Examining what the Board is seeking to achieve; its aspirations and how it demonstrates effectiveness

Safeguarding in practice

- Considered the questions - are safeguarding partners sufficiently challenging of each other? Is the Board given early warning of systemic safeguarding concerns?

Outcome focus

- How does the Board demonstrate that it is collectively adding value and making a positive difference?

Strategic plan

- Conducted the annual review considering the question as to how it could be enhanced and the appropriateness of its priorities

Consideration of chairing arrangements post 31st March 2020

- Discussion of the arrangements after the tenure of the current Chair.

The matters arising and associated actions from the discussions have been examined by the Board Executive sub-group. The key outcomes include:

- Revised the strategic priorities by concluding as complete the priority relating to Leadership in the Independent Care Sector. Agreed a new priority Financial and Material Abuse. The next annual review will be conducted in 2021.
- Reviewed membership to ensure that the most appropriate organisations are engaged to support the Board's vision
- Confirmed that the Board constitution covering responsibilities remains fit for purpose
- Initiated and hosted a conference for front line practitioners and managers on the theme 'Let's Talk About Risk'
- Summarising specific actions in a tracker that is regularly reviewed and updated by the Executive sub-group.

7. PERFORMANCE AGAINST 2019/22 STRATEGIC PRIORITIES

In the reporting period (1st April 2019 to 31st March 2020) the two Strategic Priorities were:

- Engagement
- Financial and Material Abuse

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

Strategic Priority: Engagement

Lead: Helen Jones, Board Manager

The activity around this priority is managed and co-ordinated by the Prevention and Engagement sub-group. The sub-group is chaired by the Statutory Service Lead and Principal Social Worker for Staffordshire County Council with the Strategic Manager for Early Intervention, Contact and Hospital Adult Social Care 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 including:

- Adults with care and support needs
- Carers and advocates
- Professionals and Volunteers
- Members of the public
- Board partners

What we have done to engage with the key groups:

Board partners have developed a range of methods to engage and communicate. In recognition of the advances in technology the SSASPB website is kept up to date and opportunities are taken to signpost visitors. The website serves as a useful repository for adult safeguarding information illustrated by the 58,774 visits between April 1st 2019 and March 31st 2020. The most visited sections are those relating to Safeguarding Adult Reviews and What is abuse? For those reading this report electronically the website can be accessed here.

The SSASPB has a focus on ensuring that the learning gained from a variety of reviews and audits is cascaded for practice to be improved. The following sections provide an illustration of some of that activity.

District and Borough Council adult safeguarding awareness programme.

During 2019/20 the SSASPB Business Manager and the Safeguarding Team Leader, SCC attended 4 events attended by District and Borough Council representatives who often come into contact with adults with care and support needs. The content was very much led by the audience and started with a brief introduction to the work of the Board and adult safeguarding awareness, followed by a question and answer session. The overall feedback from the evaluation sheets was 'very good' with a practical application to their day to day work.

Self-neglect learning events.

Following a review into safeguarding partner involvement with a male aged in his 50s where self-neglect was a contributory factor to his death the SSASPB organised learning events. The aim of the event was to improve the understanding of the lived experience of self-neglect. A total of 7 events were attended by 214 people, mostly professionals who work directly with adults with care and support needs.

One of the presenters, Lee, spoke candidly about his life experiences including periods of self-neglect and substance misuse. He is now a mentor with VOICES, Stoke-on-Trent after time as a volunteer sharing his experiences. He had a huge impact on those in attendance who were often visibly moved by his presentation. Many people acknowledged the benefits of speaking directly with someone who could give 'lived experience' of self-neglect and many recognised the value of his input through the evaluation of the event.

These events included presentations on themes of 'Adult Safeguarding and Self-neglect' presented by Ruth Martin Safeguarding Team Leader, SCC and Jackie Bloxham Adult Safeguarding Team Manager Stoke-on-Trent City Council and 'Self-neglect and Hoarding' presented by Mick Warrilow and Rio Case from Staffordshire Fire and Rescue Service.

The events received excellent feedback on the evaluation forms completed by practitioners. The successful format will be revised for future learning events having regard to the need to be COVID-19 compliant.

SSASPB Conference – Let's Talk About Risk

This event was held on 4th November 2019. It was attended by 167 people, most of whom were frontline practitioners including the voluntary sector, Council members and Strategic Managers. The purpose of the conference was to encourage front line practitioners to work with risk and remain within the various legal frameworks pertaining to adult safeguarding.

The conference programme started with a production from Afta Thought a professional training company who delivered a range of thought provoking practical illustrations of Making Safeguarding Personal and positive risk taking. This production set the scene for the presentations and discussions that followed on themes including:

- Legal literacy: working positively with risk
- Duties and responsibilities in safeguarding
- Positive risk management case studies on Financial Abuse; Hoarding and Self-neglect; Mental Health and Midwifery

The feedback from the evaluation forms was extremely positive with the vast majority of delegates indicating that the event was 'excellent' or 'very good' and would positively impact on their working practice.

Arising from the event a number of opportunities have been pursued to forge stronger links on adult safeguarding matters with a voluntary sector organisation which supports a wide network of carers of adults and with the School of Law at Keele University.

Other engagement:

In June 2019 the Board Manager visited a service-user group meeting hosted by the Midland Partnership Foundation Trust. The meeting was chaired by a service user and another who was present was very actively engaged in multi-agency work. The service-user group agreed to assist the Board with consultation on

publicity material aimed at service users and their carers' and families. The group was pleased to see that the Board had produced easy to read material (Section 42 enquiry questionnaire) and encouraged more use to be made of this method of communication.

On Monday 19th June 2019 the Board Manager met Healthwatch Board members Dave Rushton (Stoke-on-Trent) and Karen Jones (Staffordshire) to discuss how they could support the engagement Strategic Priority. Arising from the discussions the Board Manager produced two briefing notes: one to provide a 10-minute overview of the work of the Board and Adult Safeguarding and a second with additional information to include data and lessons learnt from reviews. The briefing notes have been posted on the SSASPB website and can be used by any partners to raise awareness of adult safeguarding and the work of the SSASPB.

Several Board partners participated in the inaugural National Adult Safeguarding week (18th to 25th November 2019) which was initiated through the Ann Craft Trust charity. The activities through the initiative were well received locally. This will become an annual programme that the SSASPB will support.

The SSASPB Practitioners forum commenced this year. It is a quarterly event where front-line staff are encouraged to discuss multi-agency working on specific themes. These fora have been introduced to identify any areas where there are challenges to safeguarding policy compliance within organisations so that there can be a better mutual understanding of partner roles, changes in procedures and enable practice improvement. Topics this year included, Safeguarding and Decision Making and use of the SSASPB Escalation Policy.

NHS England provided the Board with funding to bring GP practice managers together to raise awareness in a number of areas including Adult Safeguarding, Domestic Abuse and the requirements of the NHS Inter-Collegiate learning and development document. A total of 48 practice managers and other staff from GP surgeries came to the 3 events held in Stoke-on-Trent, Chasewater and Uttoxeter.

The following case studies exemplify Making Safeguarding Personal and cross-partner collaboration.

Case Study: Midlands Partnership Foundation Trust

'Michael' was subjected to Domestic Abuse for many years. Despite several agencies offering support, he had always declined as he felt that it wouldn't change things because it had gone on for so long. Over time Michael developed confidence in the network of support offered to him. He agreed that he may benefit from spending some time, for short periods at a day service, away from the home address. However, Michael's step-daughter (who lived with him and his wife) was against this saying that he couldn't afford the service.

When safeguarding enquiries were made it became evident that Michael was being financially abused. He was encouraged to attend the day service and was visited there by a safeguarding worker every week. Michael developed confidence in the discussions with the safeguarding worker and over a period of time expressed a wish to leave the house and the abusive situation to live on his own and take control of his life.

Other agencies became involved, including the Police, and with this multi-agency support he left his wife, stepdaughter and former home. It appears that Michael had been financially abused to the amount of tens of thousands of pounds over the years. He now lives happily on his own, with frequent visits to friends through the day service. He has become far more outgoing, enjoying his independence and lives his life without abuse.

Case study: University Hospitals of North Midlands

A 79 year old female, 'Margaret' attended a routine outpatient appointment at the University Hospitals of North Midlands accompanied by her son. She appeared very distressed and anxious at the appointment and staff had concerns for her welfare based upon the indicators seen. Time and space was created to allow for a discussion with her in private and she was asked if she had any concerns.

Margaret disclosed that she was living with a violent and aggressive son who often "flies off the handle", often without reason. She said that her son had a formal diagnosis of a mental health disorder with addiction problems and that he also had suicidal thoughts, as did she on occasions. She explained that on the day prior to her hospital appointment, when in the car with her son, he was aggressive and shouted at her. The behaviour was noted by a police officer who happened to be adjacent in a traffic queue and was prompted to ask if everything was okay.

Margaret explained to the clinic staff that she was too frightened to accept support. Recognising the sensitivities staff sought advice from the UHNM safeguarding team as to what could be done to help. Margaret gained the trust of the staff and consented to the making of a safeguarding referral. She was also willing to accept support from domestic abuse services New Era. Staff also engaged with the Mental Health Liaison Team to determine if the patient's son was known to their service and if he required on-going support. The information was also relayed to the patient's GP.

This case illustrates the diligence of the staff to recognise the signs of abuse and creating a safe environment for the disclosures to be made with the patient's consent which were immediately followed by prompt actions to assess and mitigate risks. This is an excellent example of effective multidisciplinary team working and proportionate information sharing between UHNM, community teams and services and the patient's GP.

Case Study: North Staffordshire Combined Healthcare Trust

Paula is a 46-year-old woman with a long history of contact with mental health services. She lives with psychosis, low mood and anxiety. She has been the victim of domestic abuse in many relationships throughout her adult life.

During 2019 she restarted a relationship with a man who had previously frightened and controlled her. Paula has a care co-ordinator (Sam) who she had worked with to create a safety plan that she could follow without her partner's knowledge.

When Paula began missing appointments, her family raised concerns that her partner had moved into her flat and that he was preventing them from visiting. The care co-ordinator Sam visited Paula at her home address to conduct a safe and well check but experienced challenge from her partner. Paula's partner said that she was very unwell with migraine and had been in bed for the past few days. Paula suffers frequently with migraine and was awaiting an appointment with Neurology.

Sam was able to persuade the partner to let him see Paula so help could be arranged. Paula was lying in bed with the duvet pulled up underneath her chin. With the partner's agreement Sam arranged an appointment with Paula's GP at the surgery. Sam shared their concerns around domestic abuse with Paula's GP and booked a double appointment so that Paula could have the opportunity to talk about her needs. Sam completed a referral to the Multi-agency Risk Assessment Conference (MARAC) and made an adult safeguarding referral.

Paula attended the surgery and her partner was asked to wait in reception which he reluctantly accepted. During the appointment Paula disclosed that her partner was very controlling and was not allowing her to have access to anything in her flat or have contact with her family. She was spending most of her time in bed at his request and she couldn't look at her mobile phone without him being abusive, so she had stopped using it. She had no way of keeping herself safe.

All of Paula's appointments take place at the surgery which was seen as a safe place. Paula was terrified of becoming pregnant therefore GP prescribed the contraceptive injection as a one off. This method is not usually used with women of Paula's age, but assessed as safe and the most discreet way of her receiving contraception. Paula now has an Independent Domestic Violence Advocate (IDVA) who attends her appointments. A safety plan has been devised so that Paula may discreetly report that she is at risk, this is then reported to the Police who will immediately respond as information has been shared with them that they can quickly retrieve.

Case Study: Staffordshire Police

After the death of his wife George moved from the family home into a local authority bungalow. He became friends with the woman who lived next door who had an adult granddaughter. The neighbour's granddaughter was a drug user and known to the Police. She became a frequent visitor to George's address, inviting along her friends and associates.

George was very vulnerable during this period and calls began coming through to the Police from his home. Early Intervention Officers became involved and over time George built up trust with them. George disclosed that drug dealers had moved into his bungalow – a situation known as 'cuckooing'.

Through this period George became drug dependent with a £70 a day crack cocaine addiction. He spent more than £70,000 of his life savings supporting not only his drug habit but also that of his neighbour's granddaughter. He became estranged from his family and lost all his friends.

George has been able to withdraw from drugs, initially with the support of the Community Drugs and Alcohol team. The Police Early Intervention Officer facilitated his getting back in touch with his family resulting in sustained and regular contact with his sons. The officer also supported a move from the bungalow into a retirement village. George was very excited with the move, made new friends and is feeling much safer there. He remains drug free and is enjoying renewed contact with his family.

Case Study: CCG

Following several safeguarding allegations relating to a local nursing and care home there was joint response from the Adult Safeguarding and Nursing Home Support Nurse from the Clinical Commissioning Group (CCG) and staff from the Local Authority Adult Social Care and Commissioning team to consider how the home could be supported to improve their provision of nursing and care.

The home was going through a period of management change and it was recognised that there were several staffing issues which were adversely impacting on the care received by residents.

Due to the concerns raised, the nursing home was also placed under an enhanced quality monitoring programme with the local authority. Joint quality visits (CCG/LA) were undertaken and contributions were made to the action plan by the nurse. This included signposting and support regarding best practice. The

home was able to use this information to improve their care delivery, reduce risks and improve their resident's quality of life.

As the enhanced quality monitoring programme continued, the partnership working between health, the local authority and the home helped to bring about improvements. When the regulator, the CQC inspected the home the rating had improved. The home acknowledged that the input from the two organisations had been invaluable in supporting them and enabling them to develop their care for the benefit of residents and achieve their improved CQC rating.

Case Study: University Hospitals of Derby and Burton on Trent (Queens)

'Bahati' was an elderly lady who lived with her family. She was of Pakistani origin and had recently returned to the UK after a lengthy period away. Bahati had physical health concerns and lived with anxiety and depression. She had been under the care of mental health services previously. An interpreter was required to support with the language barrier.

Bahati attended the Emergency Department of the University Hospitals of Derby and Burton (Queens) due to complexities with underlying health conditions. During the attendance she disclosed that she had been a victim of domestic abuse from two members of her family. She shared that this had been verbal abuse, and sometimes she was physically hurt. The family members had made threats to harm her with a knife and threats to kill her. They constantly informed her that they wished for her to die. Bahati was scared to go home and the fear was exacerbating her physical health. She disclosed that the two family members drank alcohol heavily and that this often made the abuse worse.

The Emergency Department Staff identified that Bahati was at significant risk of harm. She was isolated and had no support outside of the family network. Her physical needs also meant that she was unable to protect herself from this abuse. The Emergency Department Staff Nurse completed an Adult Social Care Referral with Bahati's consent. She shared that she wanted the abuse to stop and did not feel safe to return home. A discussion was held around informing the Police and although nervous of the outcome, Bahati provided her consent for this information to be shared. There were no concerns relating to her mental capacity to make these decisions. The Staff Nurse who was caring for her also identified that the CADDA (co-ordinated action against domestic abuse) DASH domestic abuse, stalking and 'honour'-based violence) / safelives checklist was required and completed this. Bahati scored 7/24. The Staff Nurse then contacted the Trust Safeguarding Team as was unsure if this would meet the score for inclusion at MARAC (Multi-Agency Risk Assessment Conference). After a case discussion, it was referred into MARAC on professional judgment due to the risk of honour-based violence and the many threats to kill.

As part of the safety plan Bahati was admitted to hospital to ensure her safety whilst the Police and Adult Social Care investigated the concerns. The Police interviewed Bahati on the ward and a plan made for her to be supported by the hospital to attend the Police Station upon her discharge.

During the admission the family had contacted the hospital on a number of occasions – They informed the ward staff that Bahati was making the allegations up and that her mental health meant she was "crazy". At this stage it was unclear if these calls were an attempt at further coercion and control from the abusers. Concerns were further raised when an anonymous call was received informing staff that everything that Bahati had shared was true and she was being abused by members of her family. On discharge Bahati was

supported to attend the Police station to provide a statement and also meet with the Social Worker. As a result her safety needs were met and she was supported to find alternative accommodation.

Strategic Priority: Financial and Material Abuse

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 10-20% of incidents are reported. During 2019/2020 the proportion of Section 42 enquiries where Financial and Material Abuse was identified was 18% in Staffordshire and 15% in Stoke-on-Trent. The average for England in 2018/19 was 14%.

The activity around this priority is managed and co-ordinated by a sub-group chaired by the Safeguarding Team Leader Staffordshire County Council that reports to the Executive sub-group.

There is a key focus on raising awareness. Trading Standards have provided training to staff working at the Multi-Agency Safeguarding Hub. Training has also been provided to Staffordshire Trading Standards regarding Safeguarding duties of local authorities.

Throughout the year data has been collected and is being considered on an ongoing basis between agencies regarding their current work around financial and material abuse to help build a picture of what is happening locally.

Staffordshire County Council has worked with Staffordshire Police and Action Fraud to compare data and ensure that if an allegation is made by or on behalf of an adult with care and support needs to Action Fraud this is shared with the respective Local Authority.

Stoke-on-Trent City Council have examined their financial abuse referrals to identify the type of abuse and which pathways the referrals go through.

Arising from the learning from this activity financial abuse guidance has been amended and approved and distributed to partners. It has been posted on the SSASPB website for reference.

The data gathering exercise has raised a number of questions about the types of financial and material abuse. Staffordshire University has agreed to allow research projects to be initiated that will help to address questions related to vulnerability of victims to particular types of financial and material abuse including so called 'rogue trading' and 'doorstep crime'. The results of the research and action taken in response to conclusions and recommendations will be reported in the Annual Report for 2020/21.

The following case study provides an illustration of the positive action that is taken when financial and material abuse is reported.

Case Study: Stoke-on-Trent City Council

Within a period of 2 months two separate and anonymous adult safeguarding referrals were made reporting concerns about a woman called 'Andrea' who was suspected to be a victim of financial exploitation by a neighbour. The person believed to be financially abusing Andrea was known within the local community to be a drug user.

On each occasion Andrea had been spoken to by the same team member from 'First Contact' at Stoke-on-Trent City Council. Andrea said that she had no concerns but was grateful that her neighbours were looking out for her.

In August 2019 a senior safeguarding social worker made the link between Andrea's circumstances and those of others nearby. A joint approach between Staffordshire Police and Adult Social Care was agreed. On this visit Andrea once again reiterated that she had no concerns and that she helped the neighbour by giving her money for gas and food. Andrea was asked if her bank card and details were safe and she informed that they were. Andrea stated that the neighbour might become upset should the Police talk to her about the issues and she asked that the Police didn't visit the person thought to be exploiting her.

Andrea agreed to a referral to a support worker to help to manage the risk and the worker visited the following day to build rapport and to commence communications with Andrea's bank.

The following week the support worker invited Andrea to the neighbourhood Community Centre. Arising from her reflections Andrea began to recognise the risk posed to her from her neighbour. Andrea owns her own property and asked if she could be supported to move to another property, as she did not feel able to ask the neighbour to stop visiting her. She also disclosed that she was fearful that she may have her windows or her home damaged as a result of disclosing anything to the Police and was worried about how the situation will impact on her health. At that stage she still did not want to make a formal complaint.

The following week the support worker took Andrea to the bank for a meeting and it was established that approximately £10,000 had been taken from the bank account. Andrea made a full disclosure to the support worker and requested Police involvement. Andrea is happy with the outcome.

The following were examples of good social work practice using:

- Asset based Social Work Practice – making the most of local community support networks which were community support groups.
- Positive local links and relationships with the Police
- Making Safeguarding Personal, which enabled Andrea to be in control of the process and all decisions.
- Risk reduction was a key element of this work including supporting Andrea to visit the bank, purchase of a safe for her home to keep cards and money safe, emotional support from the stress of the situation, benefits check to increase current income, discussion with lifeline services to provide a 'safe word' should Andrea consider herself to be at risk from the neighbour so that they can contact the Police urgently.

Staffordshire and Stoke-on-Trent 2019/20 performance report overview

Number of safeguarding concerns received by the Local Authorities in 2019/20

Staffordshire	Stoke-on-Trent
4150	3945

Staffordshire: 59%

Stoke-on-Trent: 47%

Of safeguarding referrals are regarding adults who are 75 or over.

Most prevalent 4 types of abuse 2019/20

Staffordshire		Stoke-on-Trent	
Emotional	12%	17%	Emotional
Financial Abuse	18%	21%	Financial Abuse
Physical abuse	22%	25%	Physical abuse
Neglect and acts of omission	35%	50%	Neglect and acts of omission

Percentage of Safeguarding Enquiries where the wishes of the adult were met and partially met

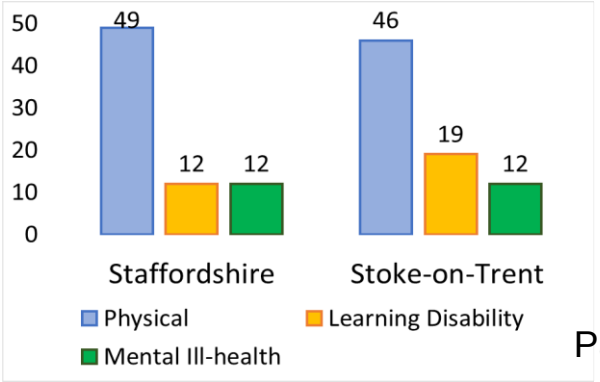
Staffordshire

2017/18	2018/19	2019/20
97	97	98

Stoke-on-Trent

2017/18	2018/19	2019/20
82	89	96

Primary Support reason in percent for 2019/20



Number of SARs in 2019/20

SAR referrals	SARs
5	2

8. ANALYSIS OF ADULT SAFEGUARDING PERFORMANCE DATA

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

At the beginning of 2019-20 Stoke-on-Trent Adult Social Care switched from using Care First to Liquid Logic. This has resulted in some process changes, data recording changes, and some manual transferring of data from one system to the new one. It has created some year on year changes in the data sets and this has been recorded and documented in the statutory returns 2019-20.

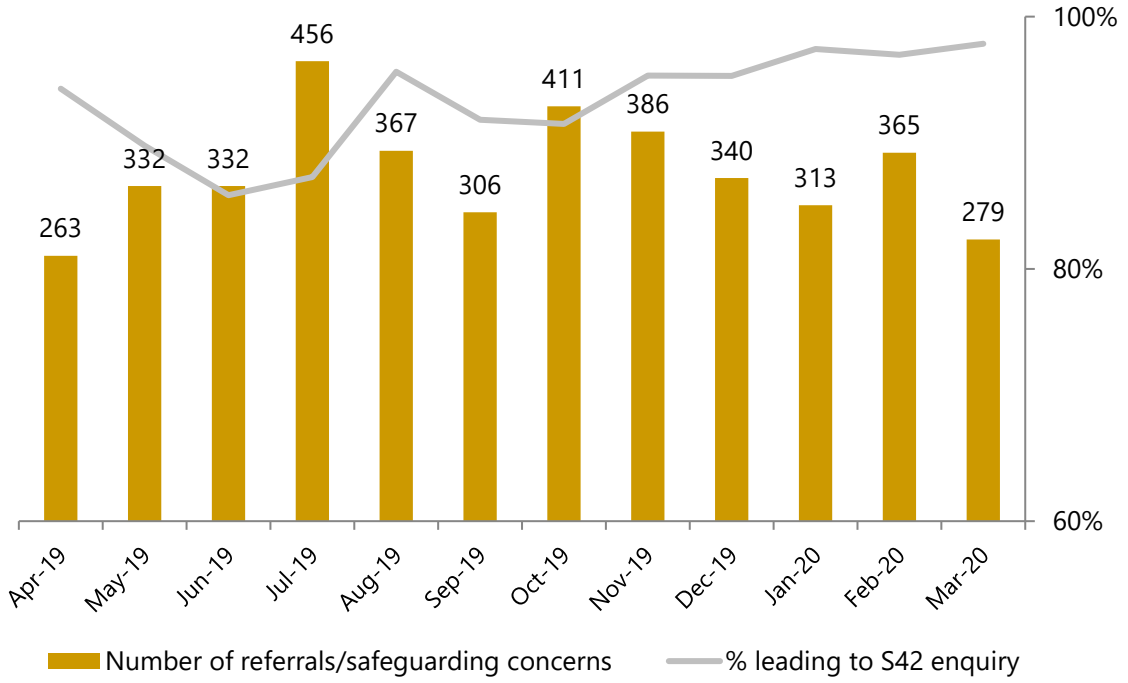
Number and proportion of referrals/safeguarding concerns

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.

Fig.1 - Staffordshire: number and proportion of referrals/safeguarding concerns

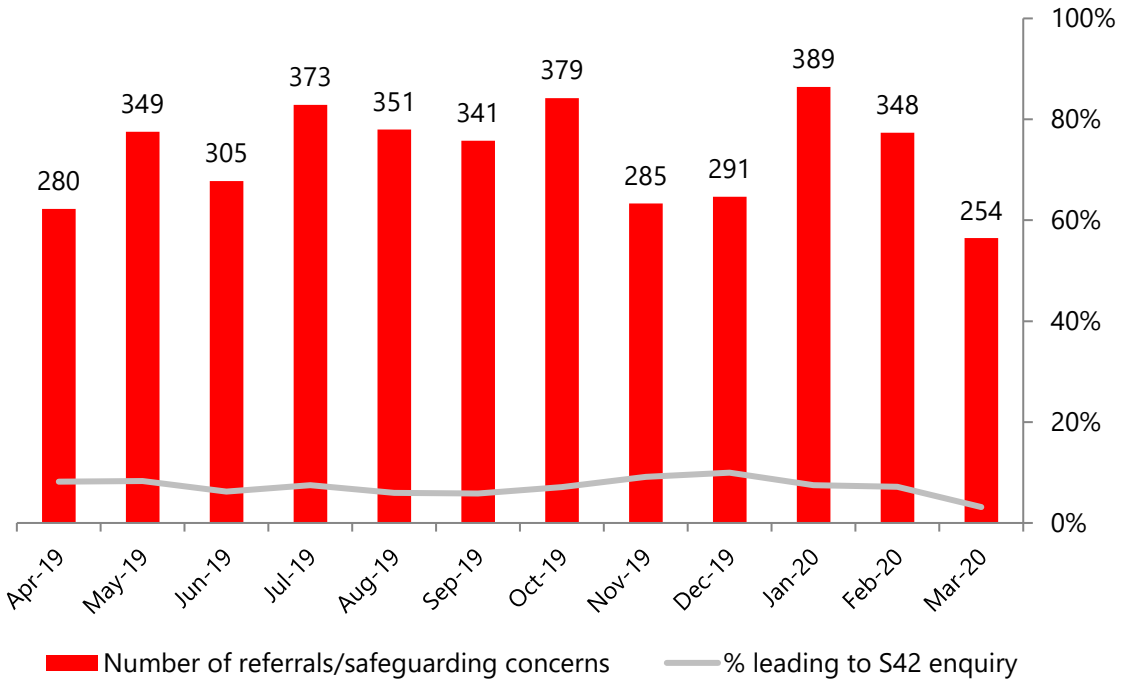


During the course of the year, in Staffordshire, there have been 4150 occasions when concerns have been reported that adults with care and support needs may be at risk of or are experiencing abuse or neglect. The total figure has increased by 439 (11%) occasions from 3711 in 2018/19. There has been a dip in referrals in

March 2020, this reflects a natural trend where the number of referrals increased from March to December but then falls from December to March.

The expected trend from 2018/19 was that there would be an increase in referrals that meet the threshold for a Section 42 enquiry with the intention that all referrals meet this threshold which would indicate better initial assessment. While there have been some dips overall, there is a trend towards the 100% goal. The average is 93% with the highest figure at 98% in March 2020.

Fig.2 - Stoke-on-Trent: number and proportion of referrals/safeguarding concerns



In Stoke-on-Trent there were 3945 reported safeguarding concerns in relation to adults with care and support needs during 2019/20. This is an increase of 911 from 3034 compared to 2018/19 which is an increase of 30%. The conversion rate has been reduced from 9% to 7% due to a much higher volume of concerns raised, the actual number of concerns that are converted into Section 42 enquiries remains at a similar rate. In Stoke-on-Trent the first contact workers carry out fact finding/information gathering on each safeguarding concern prior to being passed on to a manager who then makes the decision on whether or not the concern is moved onto a S42 enquiry or an alternative route to S42. Therefore a lot of work is done at first contact stage which may be viewed as an enquiry all be it a telephone call or further discussions with the provider and or adult at risk falling in line with Making Safeguarding Personal. Following initial assessment, it was determined that the duty of enquiry requirement was met on 7% of those occasions which has decreased from 9% in 2018/19.

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 an 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)

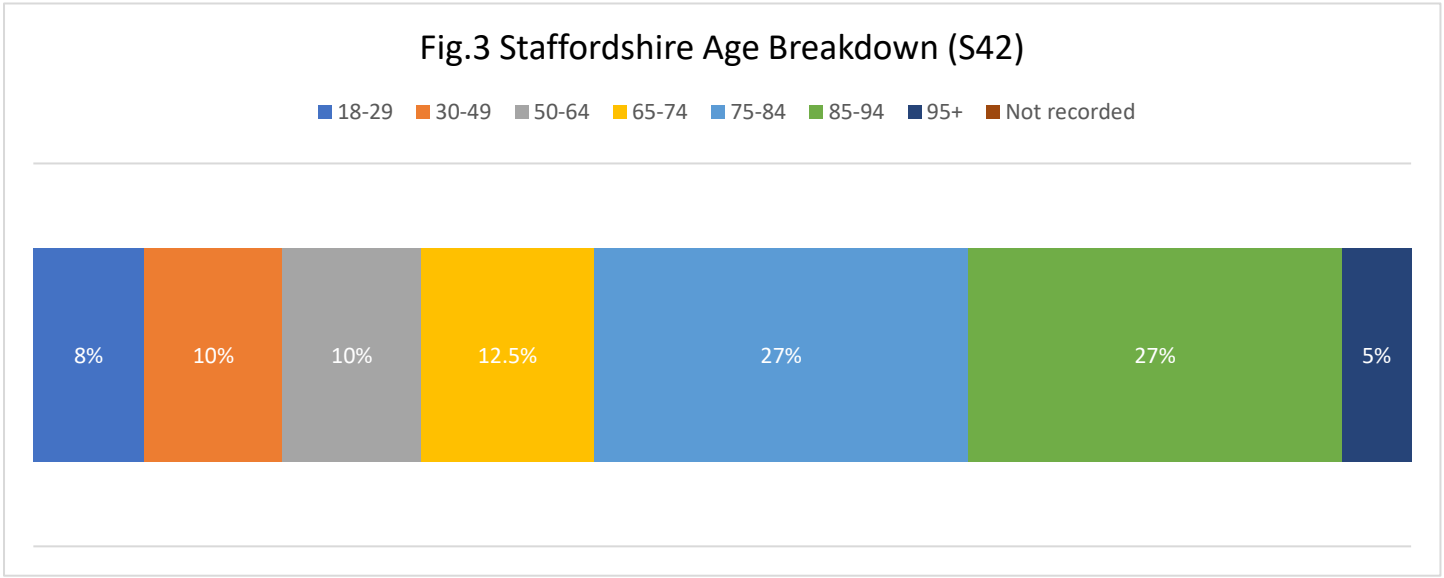
In essence Staffordshire and Stoke-on-Trent Local Authorities follow the same procedures but the recording on systems is an internal decision for each authority. This review has illustrated that both authorities are taking the same steps to ensure adults are safe and risks minimised.

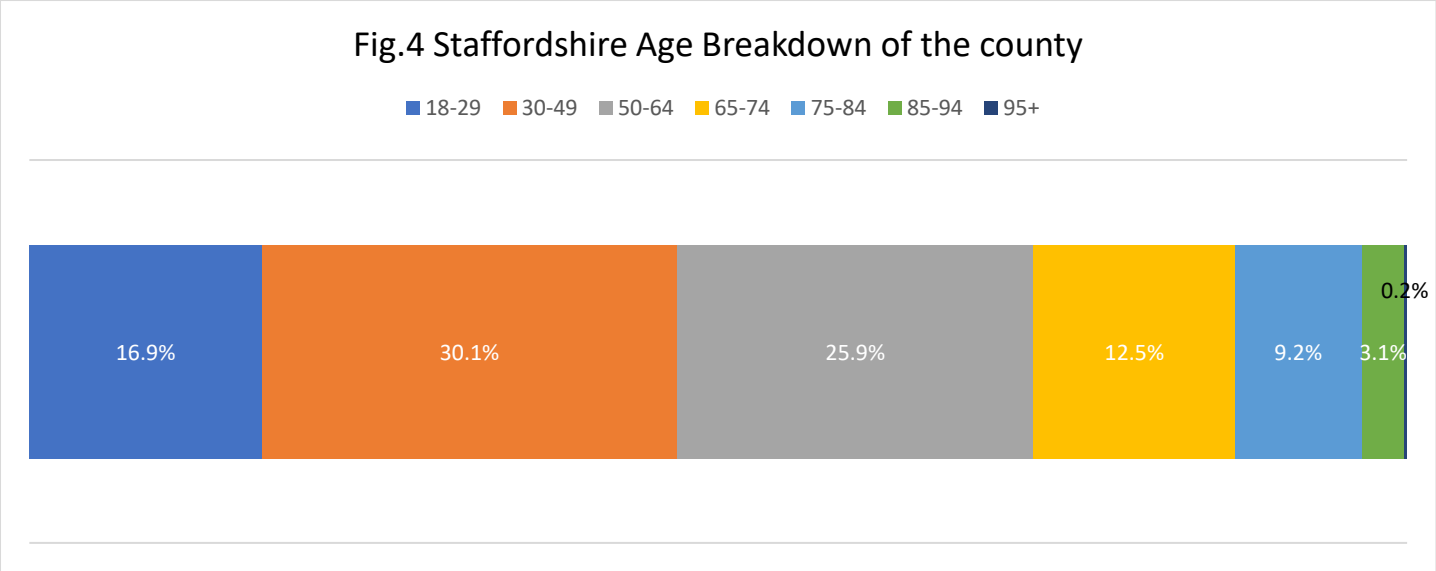
This difference in recording is replicated throughout the country with a wide variation in conversion rates for Section 42 enquiries between 12% and 69%. Both authorities have been involved in the work of the Local Government Association in an attempt to reduce this variance. The Local Government Association 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.



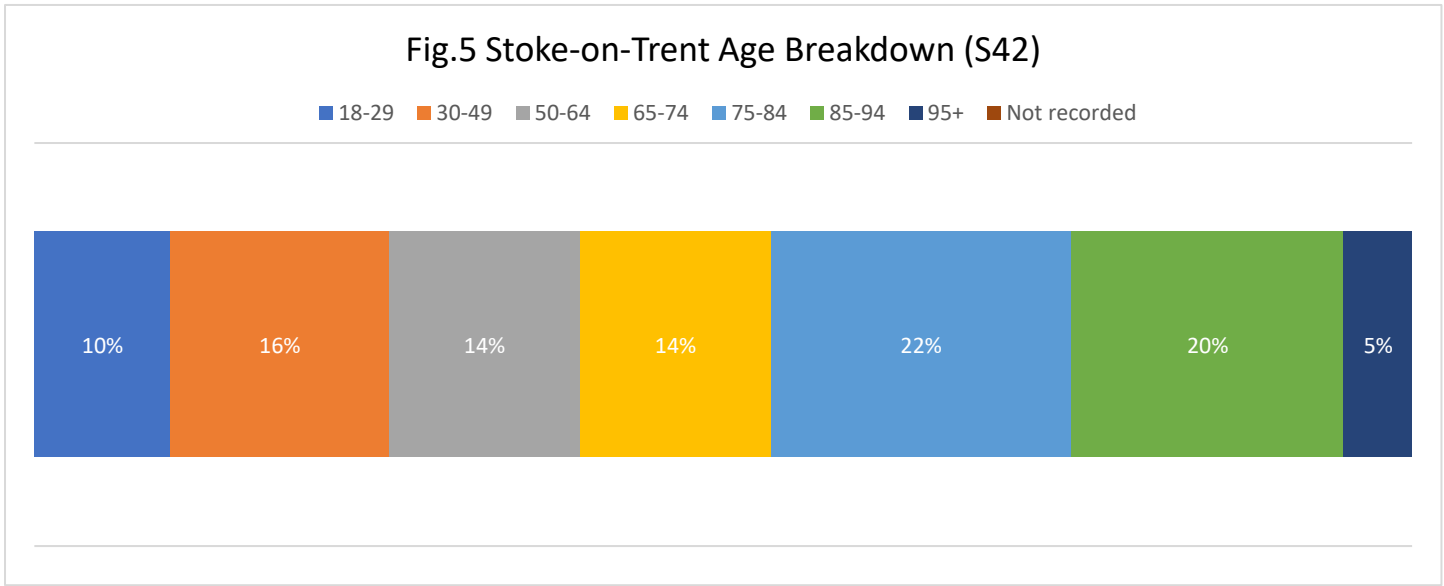


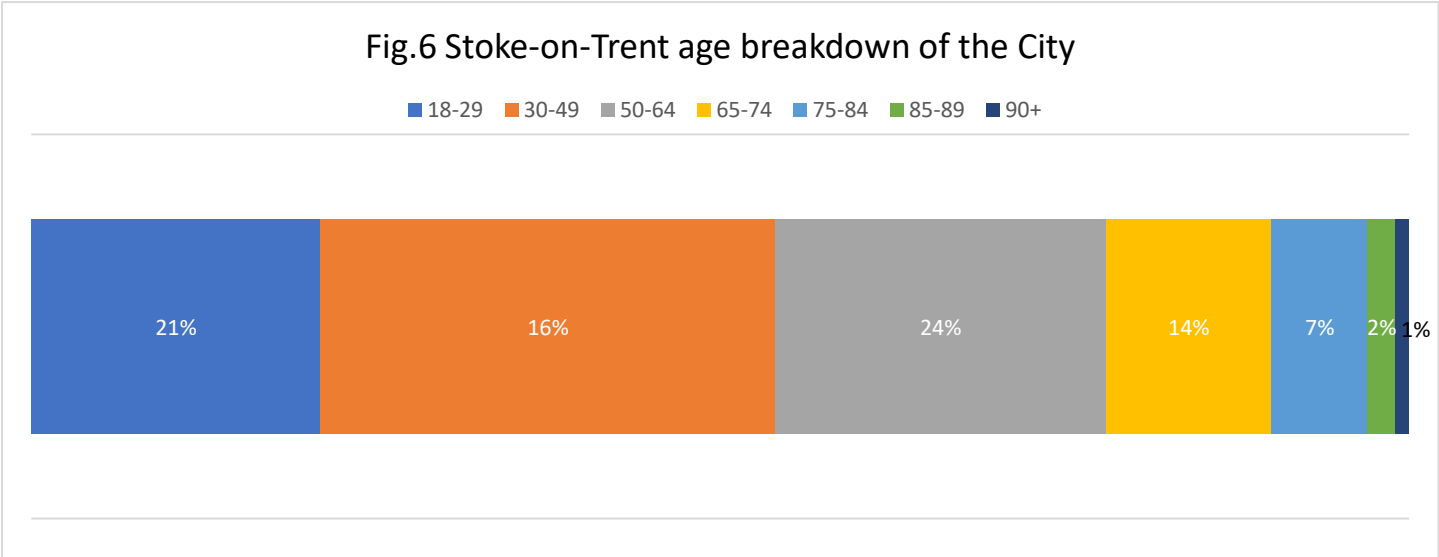
Staffordshire

Of the adults who have been subject of a Section 42 enquiry, those aged 75-84 and 85-94 (both 27%) represent the largest cohort, followed by 65-74 (12.5%), there has been very little change in the population this year compared to last year. Only in 0.5% of cases has no data been recorded. The number of safeguarding referrals counted by Staffordshire County Council reflect the number of safeguarding screens that are opened by staff and does not reflect the number of calls that come into the centre but are dealt with in other ways.

When comparing the age breakdown with general Staffordshire population statistics, it is evident that people in the 65+ age groupings are disproportionally overrepresented for Section 42 enquiries.

Please note that due to the age bands given by the Office of National Statistics the last two bands do not match the Section 42 breakdown above.



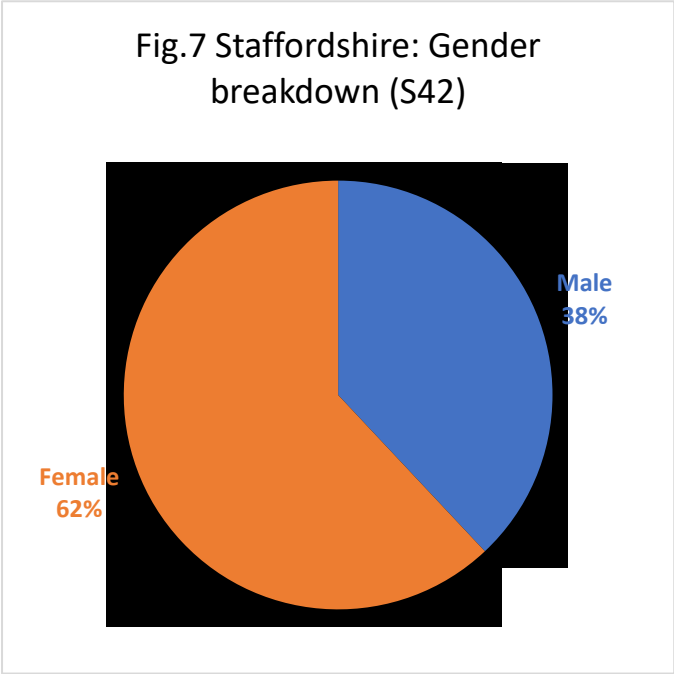


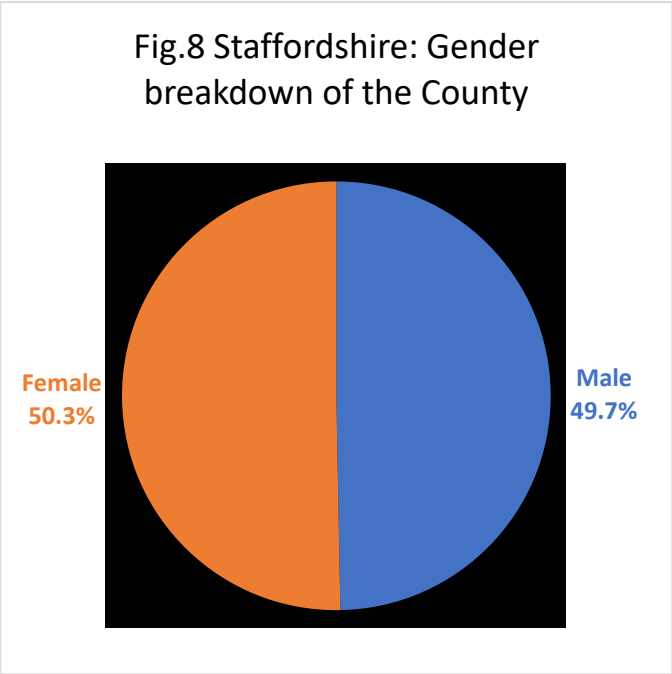
Stoke-on-Trent

For Stoke-on-Trent, the largest cohort represented is those aged 75-84 (22%), followed by 85-94 (20%), and then 30-49 (16%). There has been a slight increase in adults over 75 that have been subject of a Section 42 enquiry by 3%, which is in line with the 6% growth for the age cohort across Stoke-on-Trent. There can be a large variation in age breakdown in different quarters of the year, this is due to the comparatively small number of enquiries made which can move the age brackets a more significant amount than Staffordshire but there is not a very large variation generally year on year.

When comparing the age breakdown with the general Stoke-on-Trent population figures, it is apparent that people over 65 are disproportionally overrepresented for Section 42 enquiries.

Gender





Staffordshire

Females represent the majority of adults' subject of a Section 42 enquiry, with 62% over the year and males representing 38%; similar to last year. Females are overrepresented (by 11%) when compared to the overall Staffordshire gender breakdown.

Fig.9 Stoke-on-Trent: Gender breakdown (S42)

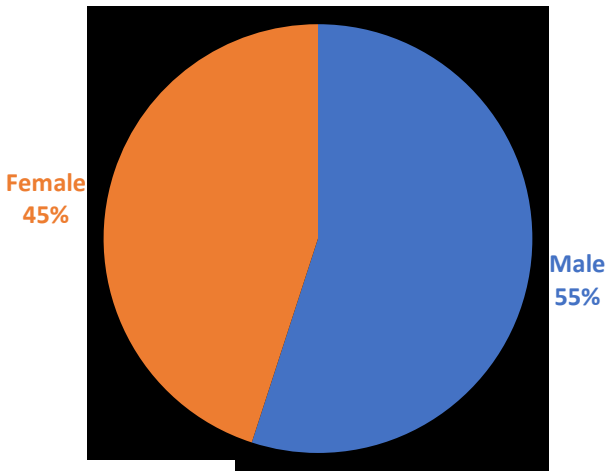
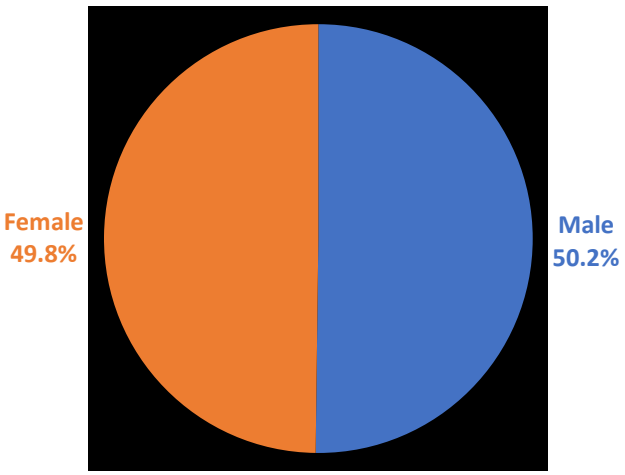


Fig.10 Stoke-on-Trent: Gender breakdown of the City



Stoke-on-Trent

Stoke-on-Trent has a lower proportion of females in their cohort compared to Staffordshire, and the proportion females have decreased compared to 59% last year with a corresponding increase for men. This is not an unusual statistical movement. Younger males are closely associated with the homeless population of Stoke-on-Trent. Tracking in 2020 had 74% of the cohort for known rough sleepers as being male, with the majority being under 40 years of age. This is key context for the higher proportions of males in the safeguarding system.

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

Ethnicity

Ethnicity	Stoke-on-Trent section 42 enquiries	Stoke-on-Trent overall population		Staffordshire S42 enquiries	Staffordshire overall population
White British	81.6	86.4		88.6	93.6
Not Known	5.9	-		7.6	-
Pakistani	2.7	4.2		0.36	0.8
Indian	2.2	0.9		0.39	0.8
Black Caribbean	2.2	0.3		0.39	0.3
Other White British	1.6	1.9		1.32	1.6
White Irish	1.1	0.3		0.65	0.5
Not Stated	0.5	-		-	-
Bangladeshi	0.5	0.4		0.03	0.1
Black African	0.5	1.0		0.03	0.2
Any other Asian Background	0.5	1.4		0.18	0.4
Gypsy /Roma	0.5	0.1		0.03	0.1
Mixed White/Caribbean	-	0.3		0.03	0.5
Any other Black Background	-	0.1		0.13	0.1
Arabic	-	0.2		0.05	0.1
Any other ethnic group	-	0.5		0.03	0.1

Please note that the table is presented in order of the most prevalent based on the Stoke-on-Trent figures.

Staffordshire

The majority of individuals (Section 42) are 'White British' (88.6%, a slight decrease from last year), followed by 'Other White British at (1.32%).

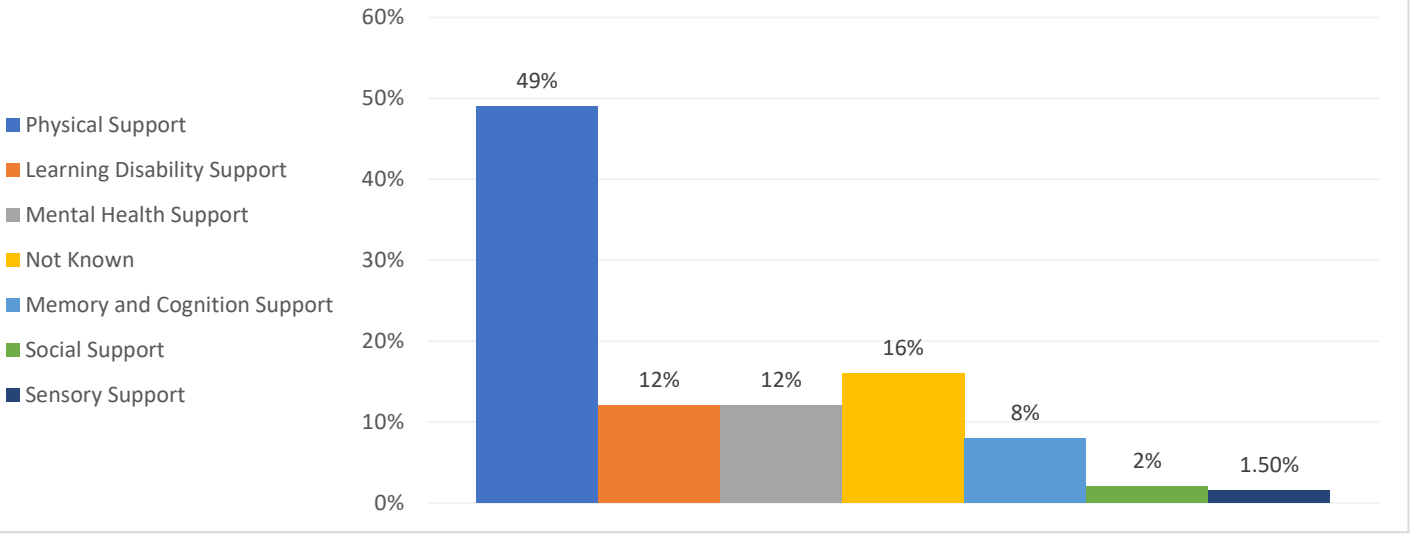
Stoke-on-Trent

The pattern is similar in Stoke-on-Trent, the majority of declared ethnicities are 'White' (81.6%, a slight decrease since last year), followed by Pakistani (2.7%)

Anecdotally, it is known that people from ethnic minority populations are disproportionally under-represented for Section 42 enquiries; however, for both local authorities (Staffordshire 7.6% and Stoke-on-Trent 5.9%), there are records where the adult do not have their ethnic background captured which limits the usefulness of any comparison to the wider population. There has been a decrease in the 'Not Known' category of ethnicity from 2018/19.

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

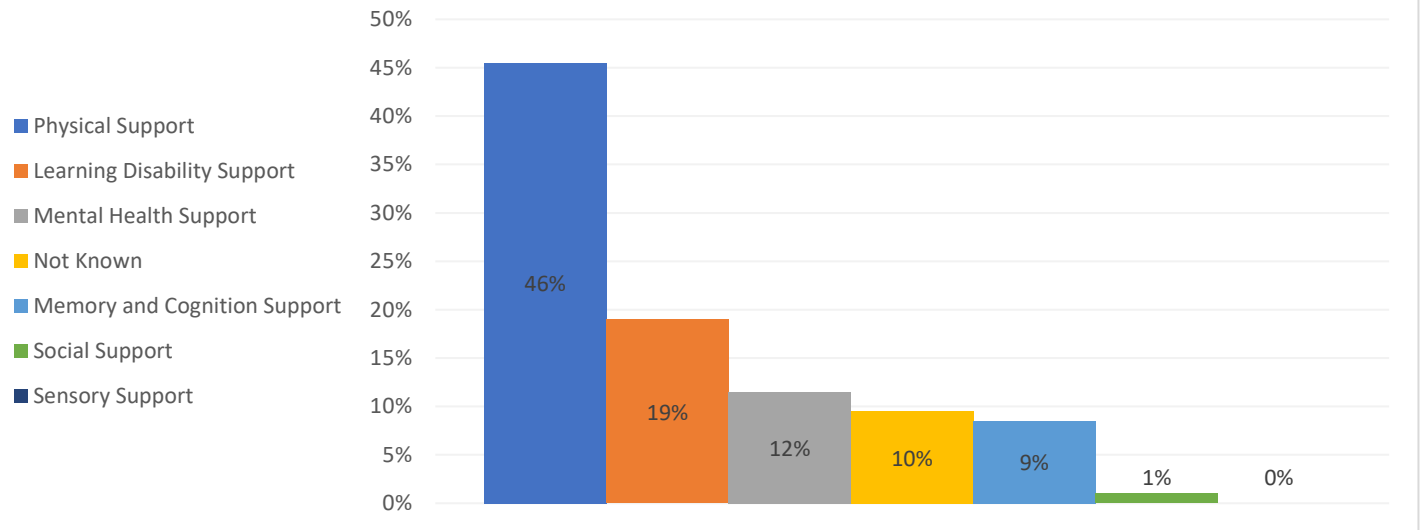
Fig.11 Staffordshire: Primary Support Reason (S42)



Staffordshire

Physical support continues to be the most common primary support reason in Staffordshire in 2019/20 (49%) a decrease of what was reported last year (61%) but in line with the year before at 49%. This is then followed by learning disability support (12%) and mental health support (12%). 'Not knowns' have increased from last year.

Fig.12 Stoke-on-Trent: Primary Support Reason (S42)



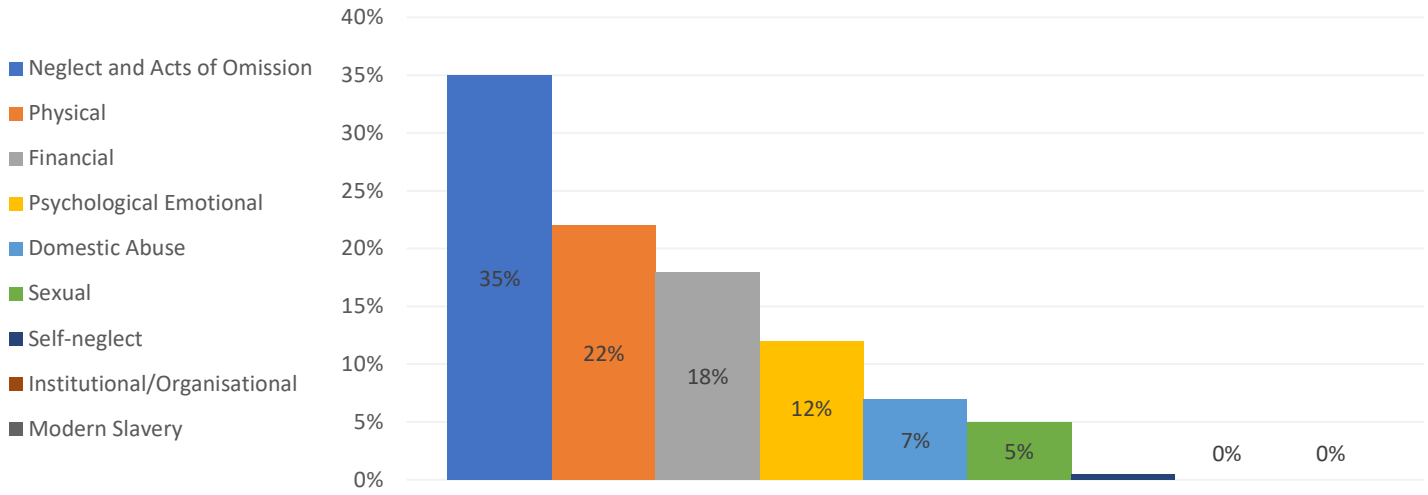
Stoke-on-Trent

Physical support similarly represents the largest proportion of primary support reasons recorded in Stoke-on-Trent at 45.5%, followed by learning disability support with 19%, a decrease of 2% since last year, mental health support accounts for 11.5% which has also decreased from last year. The unknown category has also increased from 5 last year to 28 this year, the matter has been acknowledged by the Council and there are plans in place to improve recording.

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:

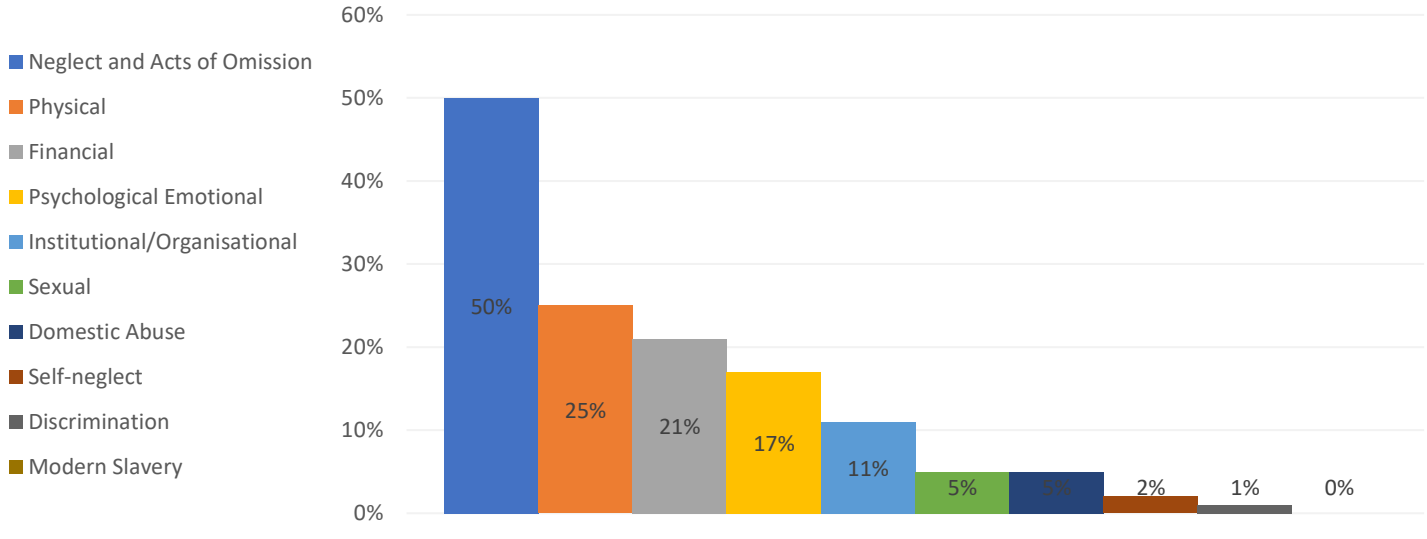
Fig. 13 Staffordshire: Types of harm or abuse identified at S42 safeguarding enquiry



Staffordshire

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 increase from last year; whilst financial abuse has decreased (2%) in 2019/20.

Fig. 14 Stoke-on-Trent: Types of harm or abuse identified at S42 safeguarding enquiry



Stoke-on-Trent

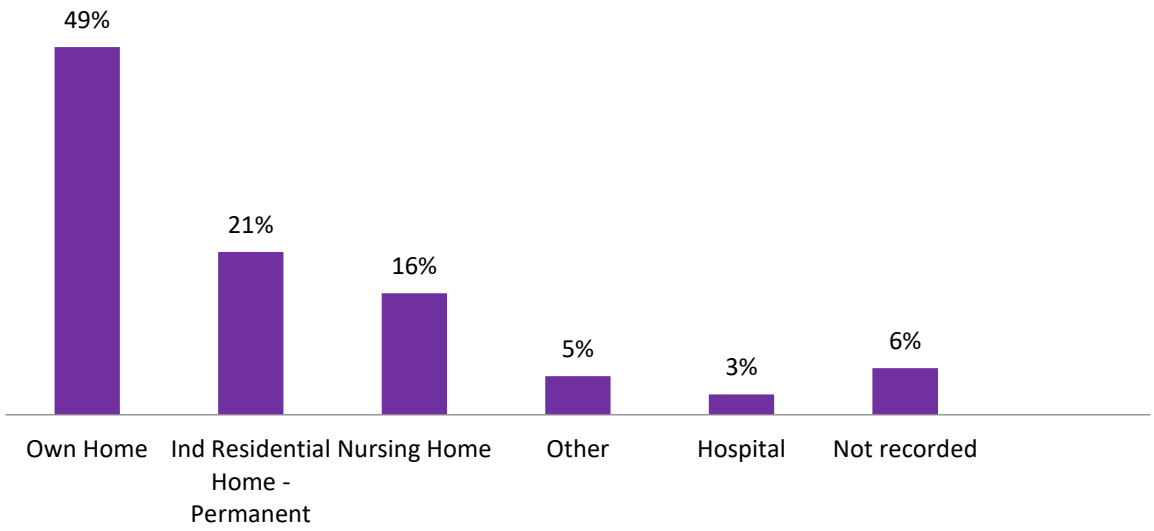
The percentage of neglect and acts of omission cases has increased from 2018/19, 45% to 50%. One Care Home has been subject of a Large Scale Enquiry and this has created a relative surge in referrals in the middle of the year. There is a comparatively large increase in institutional abuse as this has been better recognised and recorded separately from other types of abuse, from 0% in 2018/19 to 11% in 2019/20. The proportion

of adults with cases of financial abuse has reduced There can be relatively small numbers of adults in types of abuse which can cause a percentage change to appear more dramatic than it is in reality. In Stoke-on-Trent more than one type of abuse may be reported for a single case and therefore there are more than 100% of cases as there are cases where more than one type of abuse has been reported.

Since 2016/17 new categories of Sexual Exploitation, Discrimination and Modern Slavery have been included.

Location of abuse

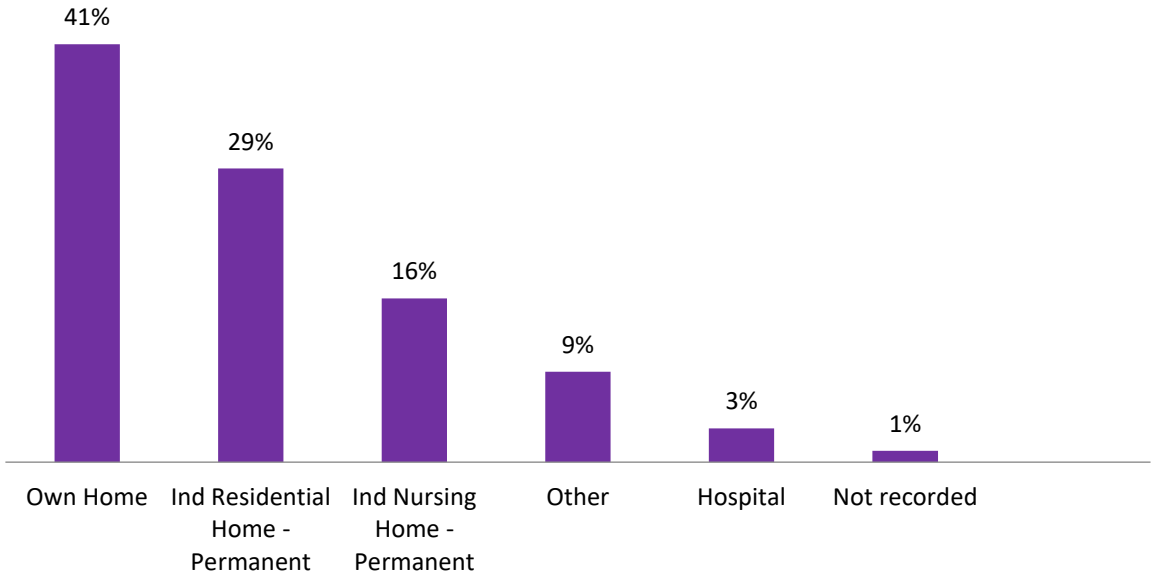
Fig.15 Staffordshire: Location of abuse (S42)



Staffordshire

Of those people subject of Section 42 enquiries, the most significant amount (49% were in the person's own home. The next most common locations in Staffordshire were residential homes (21%) and nursing homes (16%) which are the same percentages as last year.

Fig 16. Stoke-on-Trent: Location of abuse (S42)



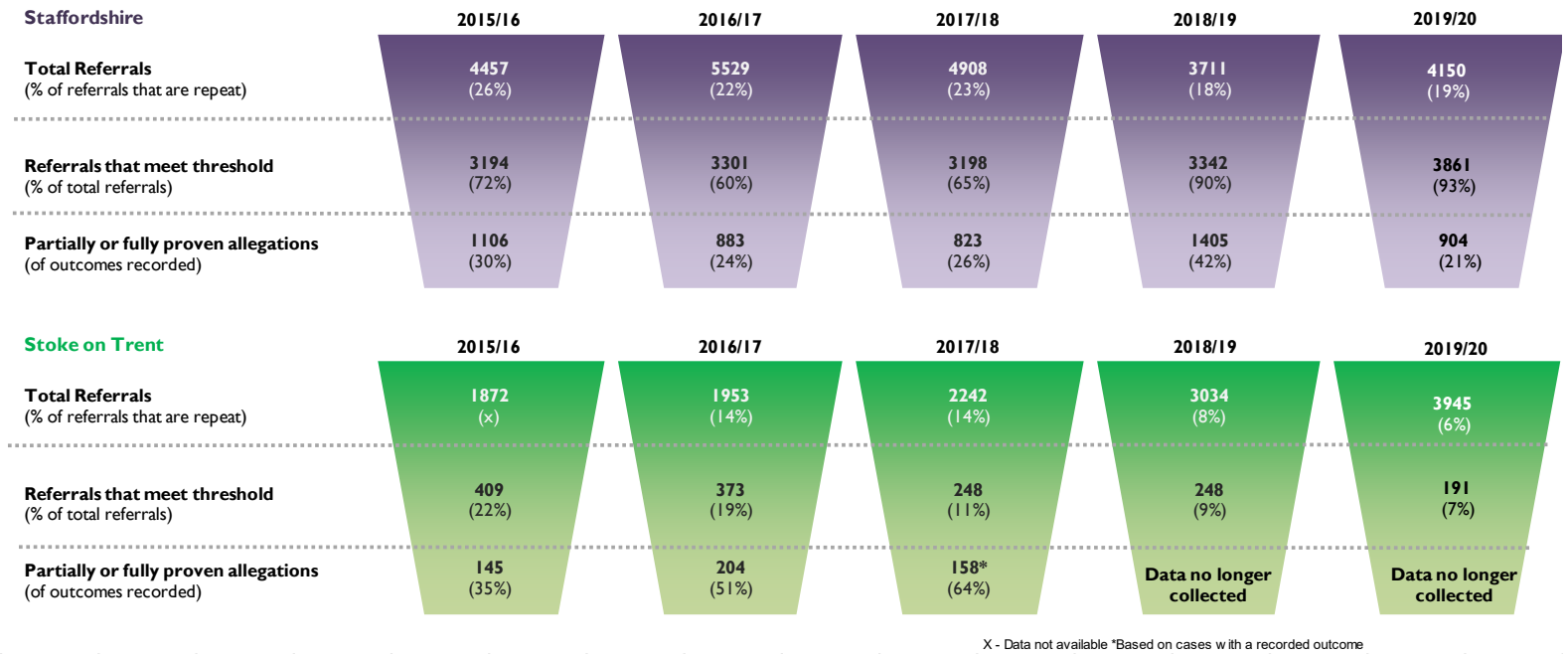
Stoke-on-Trent

The most prevalent location of abuse in Stoke-on-Trent are the person's own home (41%) followed by Independent Residential Home (29%) and Nursing Home (16%). There has been a decrease in Abuse in the person's own home by 16 referrals from last year and a decrease of abuse reported in Nursing homes by 24 referrals.

Through audit it has been identified that some practitioners record a care home as a person's own home which may impact on this data.

Findings of Concern Enquiries

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



Staffordshire: Referrals have increased this year, and on average more have met the threshold of Section 42 enquiry. Repeat referrals have increased by 1% from last year from 18% to 19%. The proportion of referrals that meet threshold has increased by 3% to 93%. Partially or fully proven allegations have decreased in 2019/20 from 42% to 21%.

Stoke-on-Trent: Demand has continued to increase during 2019/20 for Stoke-on-Trent with the reported number of concerns rising by 30%. The percentage of repeat referrals has decreased from 8% to 6% with the percentage of cases that met threshold has continued a trend to decrease and dropped from 9% to 7%. 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 24.

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

Fig.17 Staffordshire outcomes

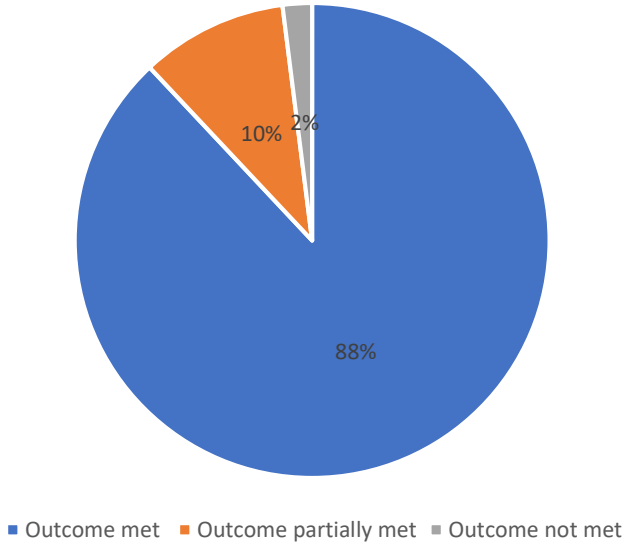
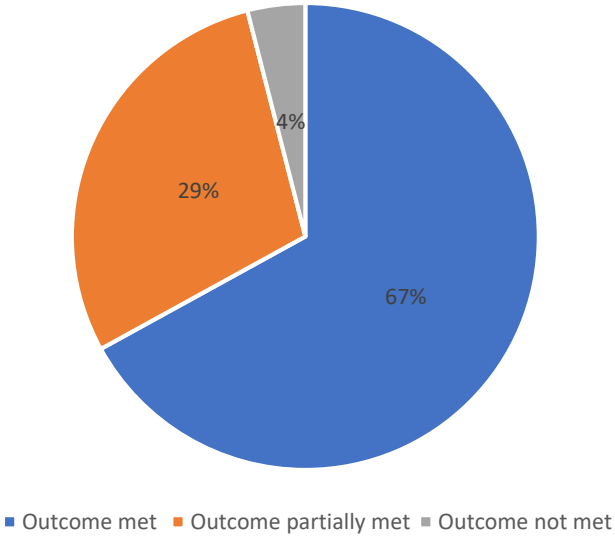


Fig.18 Stoke-on-Trent outcomes



Staffordshire

In Staffordshire the proportion of people subject of a Section 42 enquiry whose expressed outcome was met has increased from 80% last year, 98% of people expressing their desired outcomes as either fully or partly met has increased slightly from last year.

Stoke-on-Trent

The proportion of people subject of a Section 42 enquiry whose expressed outcome was met or partially met increased to 96% which shows an increase in the past two years.

Managing Safeguarding Allegations Against Staff – Person in Position of Trust

Safeguarding Adults Boards are required to establish and agree a framework and process for organisations to respond to allegations against anyone who works with adults with care and support needs.

People can be considered to be in a 'position of trust' where they are likely to have contact with adults at risk as part of their employment or voluntary work, and where the role carries an expectation of Trust and the person is in a position to exercise authority, power or control over an adult(s) at risk (as perceived by the adult at risk).

Where a person is experiencing or is at risk of abuse the multi-agency policy procedures should be followed. Each organisation is responsible for the management and handling of its own information and is also responsible for issues of disclosure.

Concerns may be raised through a variety of processes including:

- Criminal investigations
- Section 42 Enquiries
- Disciplinary investigations
- Regulatory action or quality assurance monitoring
- Reports from the public

If, following an investigation a Person in a Position of Trust is removed by either dismissal or permanent redeployment to a non-regulated activity, because they pose a risk of harm to adults with care and support needs, (or would have, had the person not left first), then the employer (or student body or voluntary organisation) has a legal duty to refer the person to the Disclosure and Barring Service (DBS). In addition, where appropriate, employers should report workers to the statutory and other bodies responsible for professional regulation such as the Health and Care Professions Council, General Medical Council and the Nursing and Midwifery Council.

If a person subject to an investigation attempts to leave employment by resigning in an effort to avoid the investigation or disciplinary process, the employer (or student body or voluntary organisation) is entitled not to accept that resignation and conclude whatever process has been utilised with the evidence before them. If the investigation outcome warrants it, the employer can dismiss the employee or volunteer instead and make a referral to the DBS. This would also be the case where the person intends to take up legitimate employment or a course of study.

The SSASPB has sought assurances that the multi-agency procedures are being complied with. This is monitored through the Audit and Assurance sub-group. The following information has been provided by Staffordshire Police in relation to the matters escalated for criminal investigations.

Staffordshire Police information

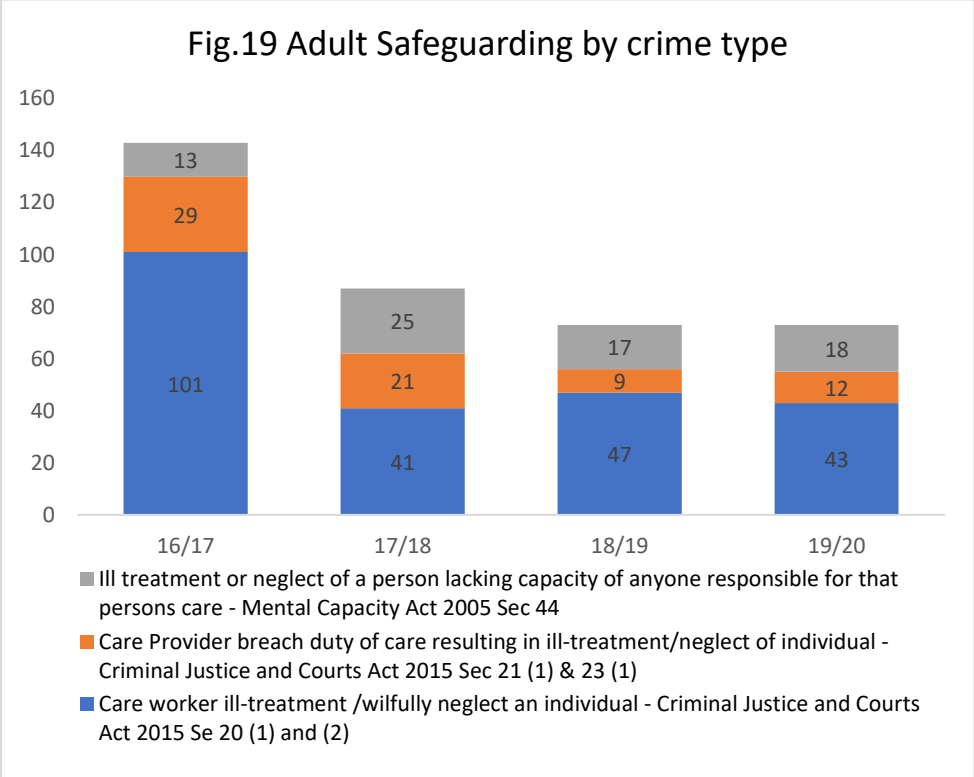


Figure 19 above illustrates that there were a total of 73 offences reported for criminal investigation in the 12 months period to 31 March 2020. The year is contrasted with previous years to indicate reporting rates over time. From analysis of 2019/20 reports:

- 1 of these offences was alleged to have occurred in 2016
- There was 1 repeat victim - both offences were at the same location
- There were 3 repeat perpetrators

- There were 10 repeat locations – 8 of these were care homes; 1 hospital; and 1 special school. 8 of these repeat locations had other adult safeguarding related offences in the previous 3 years
- 11 of the locations in the year 2019/20 were the same as adult safeguarding related offences in the previous 3 years

The analysis is used operationally to target preventative actions.

9. FINANCIAL REPORT

The Board is supported by a part-time Independent Chair, a full-time Board Manager and a full-time Administrator.

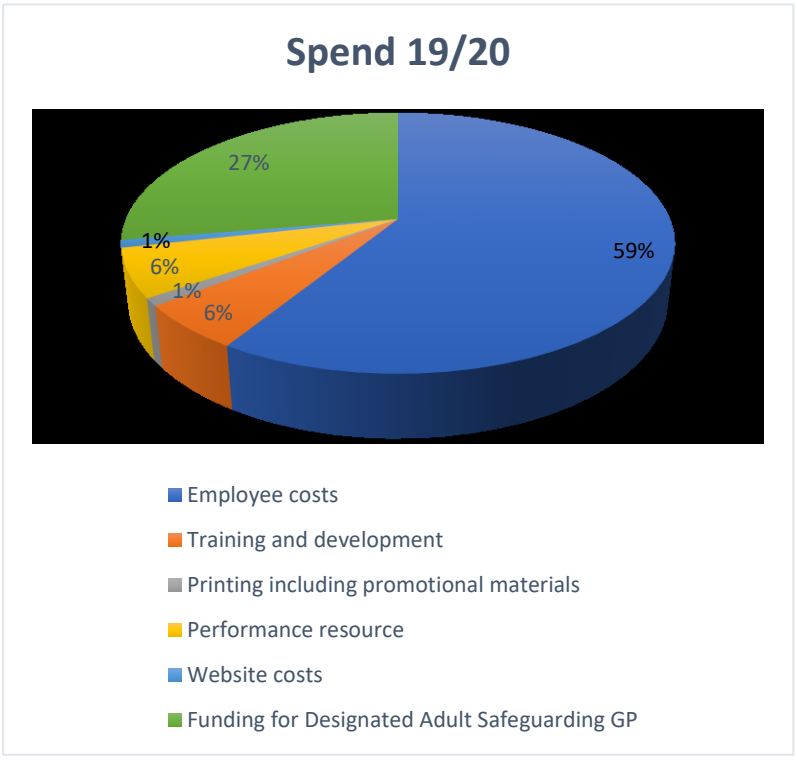
The Board wishes to acknowledge those partners who have provided rooms without cost which includes Staffordshire County Council, Stoke-on-Trent City Council, Staffordshire Fire and Rescue Service, the Clinical Commissioning Groups and Staffordshire Police.

Income: This was year 3 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 *note (i)*	£112,091
Training and development	£10,725
Catering	£205
Printing/stationery *note (ii)*	£1,803
Performance Resource	£11,500
Website costs	£1,800
Designated Adult Safeguarding GP project *note (iii)*	£52,460
TOTAL:	**£190,584**



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

(ii) Including promotional leaflets

(iii) This funding was a contribution towards the costs for a Designated Adult Safeguarding GP who supported the work of the Board between July 2018-July 2020. This was two year project and is not a recurring cost

10. APPENDICES

APPENDIX 1: BOARD PARTNERS

Statutory Partners as of 31st March 2020

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

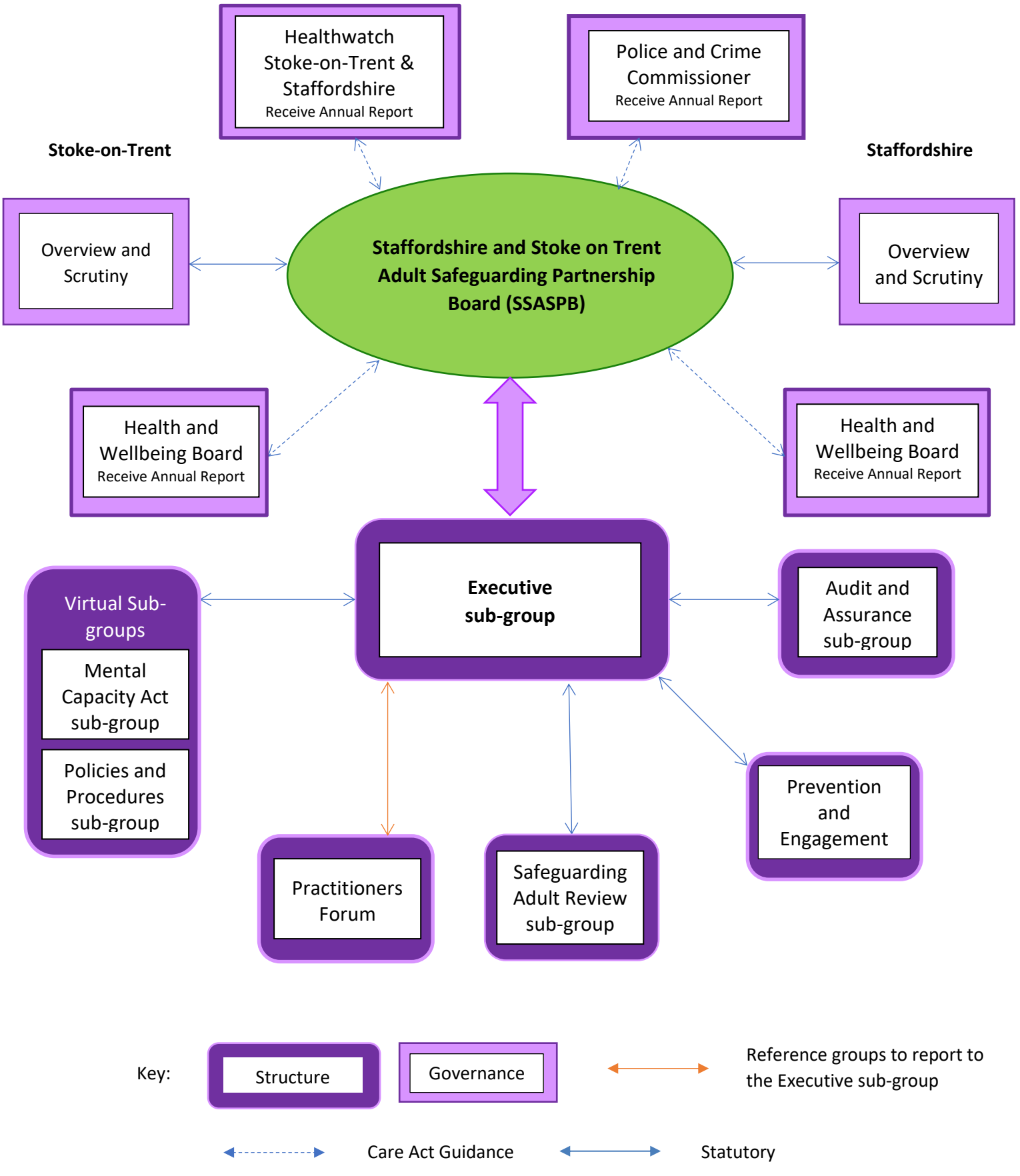
Extended Partnership as of 31st March 2020

- Brighter Futures
- Community Rehabilitation Company (CRCs) (Staffordshire and Stoke-on-Trent)
- Domestic Abuse 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
- Rockspur
- Staffordshire Association of Registered Care Providers (SARCP)
- Staffordshire Fire and Rescue Service (SFARS)
- Support Staffordshire
- 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 2020

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.

APPENDIX 4: TIER 2 AUDIT QUESTIONS

Category and Ideal Service/standard
1 Leadership, Management and Governance
1.1 The organisation has a nominated Executive lead for Adult Safeguarding
1.2 There is an operational/professional lead for adult safeguarding identified within the organisation that can provide support to staff.
1.3 This is explicitly contained within their role profile or job description
1.4 The organisation has a safeguarding policy to which staff have access
1.5 There is recognised and active leadership to safeguard adults in the organisation
1.6 Safeguarding adults is written into strategic plans within the organisation
1.7 The organisation demonstrates commitment to the delivery of the strategic priorities of the SSASPB
1.8 The organisation contributes to the SSASPB Annual Report
1.9 The organisation provides appropriate representation both in position in organisation and attendance frequency at those SSASPB meetings it needs to attend
1.10 Commissioners of services have appropriate arrangements In place to ensure oversight of safeguarding governance arrangements within organisations they commission service from
1.11 The organisation can demonstrate that it has a quality auditing system that checks policy compliance and the learning informs practice, performance and policies.
2 Safe Recruitment and PiPOT Management
2.1 Robust recruitment and employment practices are adopted which include taking up references and, where applicable, DBS checks - including when changing roles within the organisation
2.2 There is a clear standard of conduct setting clear standards for relationships between people in positions of trust and service users/adults at risk.
2.3 There are mechanisms for service users/adults at risk or their representative to make a complaint about the conduct of a member of staff
2.4 There is a whistle-blowing policy to enable staff to raise concerns outside their own chain of line management
2.5 There is a clear allegations management process through which abuse and neglect by staff is investigated thoroughly
2.6. There is a process for reviewing any concern made about any of the organisation's services.
2.7 There is evidence to indicate that lessons are learned from Person in Position of Trust (PiPOT) investigations and improvements made to policy and operational practice
3 Policy and Procedure
3.1 There is an easily accessible policy/procedure which states the importance of taking ownership and responding to allegations of adult abuse or neglect.
3.2 The above policy acknowledges and signposts to the Board's policies and procedures.
3.3 The policy has a review schedule which is monitored.
3.4 The individual organisation policy/procedures clearly outlines individual roles and responsibilities
3.5 Adult safeguarding is cross-referenced in other relevant policies.
3.6 The organisation has a multi-agency Information sharing Policy/procedure or uses the SSASPB one.
3.7 The organisation makes the Board's Escalation Policy accessible to

those staff who need to use it.
3.8 The organisation has a Mental Capacity Act/DoLS Policy
3.9 This policy is easily accessible to anyone who needs to refer to it
3.10 The MCA documentation is available to staff who need to use it
3.11 The organisation audits the use of the MCA by its staff

4 Training and Workforce Development

4.1 The organisation has a training plan which ensures that staff and volunteers at all levels have appropriate knowledge of safeguarding and competencies in relation to their role.
4.2 There is a mechanism by which to report the number of staff trained to the SSASPB by quarter or (at a minimum) at the end of the financial year.
4.3 Adult safeguarding awareness training is made mandatory to those required to receive it, this is clearly stated within the organisation.
4.4 MCA awareness training is available to those staff needing it (as identified in the organisations training plan).
4.5 Staff have access to supervision for safeguarding concerns.
4.6 Staff within the organisation who carry out safeguarding enquiries have appropriate training and competencies.

5 Practice

5.1 The organisation can demonstrate that it promotes a person-centred approach to adult safeguarding.
5.2 The organisation can demonstrate that it includes service users/victims of abuse and neglect in decision making where appropriate.
5.3 The organisation can demonstrate that it invites service users to participate in reviews about their care and support where appropriate and are kept updated.
5.4 The organisation can demonstrate that it appropriately uses advocacy as part of any safeguarding enquiries or calls for the services of an appropriate adult (Police)
5.5 The organisation can demonstrate that the service user is central to the safeguarding plan and involved in the review process?
5.6 The organisation has clear protocols for managing service user's disengagement from support
5.7 The organisation seeks feedback from service users/ adults at risk

11. 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

Please visit the SSASPB website for more ways to report a concern

www.ssaspb.org.uk/reporting-abuse

If the adult lives in Stoke-on-Trent

0800 561 0015

If the Adult lives in Staffordshire

0345 604 2719

Summary Report for the Health and Wellbeing Board
10th December 2020

St Giles Hospice and Douglas Macmillan Hospice have worked together to review the impact COVID19 may have on specialist palliative care services in the new financial year (2021/22). Both hospices are well known and respected local charities with strong financial oversight and governance. Both hospices have been able to discount core NHS service delivery for many decades at c.67-75% providing significant voluntary income to be invested into the local health economy and supporting the needs of local people. Or to put it another way, for every £1 of statutory income received, these two hospices generate as much as £3 in donated income, a claim very few providers can make.

Whilst there is a great deal of uncertainty, both hospices are predicting that it will take time for their voluntary income to recover. An illustration is that together, we anticipate £1.2 million less to spend on care during 2021/22 due to the impact of COVID19 on charity retail, which is one of the key components of hospice voluntary income. This expected reduction in voluntary income is creating a need to either secure additional funding or reduce costs in the new financial year.

Government support during 2020/21 has been welcomed and has supported both charities to continue to provide high quality care throughout the pandemic. However, there is a need to highlight the risk to service provision for the new financial year if support was to cease. Whilst conversations are ongoing via Hospice UK, NHS England and the Treasury, we would appreciate the Staffordshire Health and Wellbeing Board's support locally and nationally. Our services are seeing an increase in activity from people unable to access treatment during lockdown and we predict this increase to continue.

Both hospices have requested non-recurrent financial support from the local CCGs on the basis that discussions regarding longer term funding allocations for palliative and end of life care are being reviewed via integrated care partnerships.

If funding does not materialise, the hospices will have no choice other than to consult on reducing services. These would be essential services that the NHS would then need to deliver directly and at a higher cost than the services offered by the hospices.

Neither hospice is in a position of imminent threat to survival, but both believe it is prudent to alert the local system of our genuine concerns that without a relatively modest request for financial support, clinical services will be impacted in 2021/22.

St Giles Hospice Care

DougieMac #morethanahospice

Working together to ensure sustainable, high quality palliative and end-of-life care in Staffordshire

Douglas Macmillan and St Giles Hospices

- Have been providing charitable palliative care for a combined 84 years
- Together the two hospices provide 80% of all adult hospice care across Staffordshire
- For every £1 of statutory money invested the two hospices generate at least a further £3 from donated income
- The two hospices continue to provide care throughout the COVID19 pandemic, including to patients with a terminal illness plus the virus
- COVID19 has significantly impacted voluntary income and the two charities are working together to ensure a sustainable future for hospice care in Staffordshire

St Giles Hospice Care

DougieMac #morethanahospice

Combined Staffordshire Impact

- **6,167** referrals across our CQC regulated services – 89% went on to receive care. 28% of these patients were not currently known to the District Nursing Service.
- **18,106** available specialist bed days
- **4,042** Continuing Healthcare funded bed days
- **5,464** individual patients were supported at home
- **21,705** specialist community nursing visits
- **6,481** number of hospice at home visits resulting in over a 95% chance of achieving a home death, where that is the patients choice.
- **15,632** calls to the 24/7 Advice Line (56% from healthcare professionals and 43% from members of the public)
- **2,907** Lymphoedema clinic appointments
- Over **4,293** Day Service attendances (excluding disease specific support groups)
- Over **9,607** Bereavement Counselling or support attendances

St Giles Hospice Care

DougieMac #morethanahospice

St Giles Shops' Performance

- Sales this year to date lower than last year by **more than £1m**
- **9** shops permanently closed
- Currently trading at **21** shops
- Achieving sales of **£44,000 per week**, but running below break even
- Full year sales expected to be around **£2m lower** than last year
- Contribution for the 20/21 year expected to be **loss making**, even after Government support
- Year on year fall in contribution after support of **£0.75m**
- Remainder of this year and next year will be challenging – **require sales of £2.7m or £55,000 per week** to break even.

Figures in £000s	This Year to end August	Last Year to end August	Last year 19/20 Full year	Predicted Full Year 20/21
Sales	**379**	**1,456**	**3,489**	**1,651**
Costs	**1,064**	**1,231**	**2,933**	**2,712**
Contribution	**685**	**225**	**556**	**1,061**
Government Support (Grants and Furlough)	**719**	**0**	**0**	**850**
Net Contribution after Government Support	**34**	**225**	**556**	**211**
Number of shops	21	30	30	18

St Giles Hospice Care

DougieMac #morethanahospice

Dougie Mac Shops' Performance

- Sales this year to date lower than last year by **more than £1m**
- End of year predict **2** permanent shop closures and **1** shop to remain inactive
- As at August trading out of **10 shops**. Plans to re-open 10 of the inactive shops throughout H2; COVID dependent
- Full year sales expected to be around **£1.6m** lower than last year
- Profit for the 20/21 year expected to be close to break even (**3% less**) without government support. The support pushes us to a net profit % of **19%**
- Year on year fall in profit after support of **£1m**
- Shops must continue to perform at current levels to hit these targets. Any performance issues due to a second wave could bring profit after support closer to break even (without any further support)

Figures in £000s	This Year to end August	Last Year to end August		Last year 19/20 Full year	Predicted Full Year 20/21
Income	**320**	**1482**		**3513**	**1856**
Expenditure	**754**	**807**		**2053**	**1917**
Profit	**-434**	**675**		**1460**	**-61**
Government Support (Grants & Furloughs)	**513**	**0**		**0**	**515**
Net Profit after Government Support	**79**	**675**		**1460**	**454**
Number of Shops	**10**	**23**		**23**	**20**

St Giles Hospice Care

DougieMac #morethanahospice

Staffordshire Health and Wellbeing Board – 10 December 2020

Family Strategic Partnership Board – Wider Governance Arrangements

Recommendations

The Board is asked to:

a. Note the proposition outlined in paragraph 3 of the report; and

b. Consider any potential impacts for the Health and Wellbeing Board (HWBB)

Background and Context

1. In 2015 we established the Families Strategic Partnership (FSP) as a vehicle to consider the needs and outcomes for children and their families as a delegated sub-group of this HWBB

2. Since that time, there have been a range of changes and additions to the wider children's governance landscape (to highlight a few):

    a. The SEND Code of Practice (2014) which requires the partnership to work with young people until the age of 25 and a Local Area Review inspection (2018) which resulted in a Written Statement of Action with the resulting formation of the SEND and Inclusion Group

    b. The change in legislation and guidance in the Working Together to Safeguard Children 2018 and how this has now encompassed three statutory partners in a local Safeguarding Partnership: CCGs; Police and Local Authority and their equal role in assuring statutory safeguarding functions

    c. The developing role and function of the Sustainable Transformation Programme (STP) governance arrangements and the connectivity across the broader partnership

    d. More latterly, the increased awareness and identification of contextual safeguarding issues for young people and the connection this activity has with the community safety agenda

    e. Many of the issues for young people experiencing mental health issues are exacerbated by the transition between the children's statutory agenda and the move into the adult safeguarding remit

3. It has been recognised that the current governance arrangements for the wider children's partnership agenda is complex whilst potentially creating gaps and duplication. With all partners experiencing challenges around resources and making best use of capacity, it has been agreed by the various multi-agency

partnerships to conduct a round table discussion to attempt to streamline and simplify the current arrangements.

Contact Details

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Report Author: Kate Sharratt, Assistant Director for Intelligence, Improvement and Development
Telephone No: 01785 895974
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Staffordshire Health and Wellbeing Board – 10 December 2020

Staffordshire Better Care Fund 2020/21

Recommendations

The Board is asked to:

a. Note that the 2020-21 BCF Policy Framework has still not yet been published, however the NHS DRAFT planning guidance has been shared, which states that planning requirements will be minimised and narratives reduced.

b. Note the extension of existing schemes for 2020/21.

c. Confirm the delegation of authority to enter into the section 75 agreements for 2019/2020 and 2020/2021 to the Director of Health & Care.

d. Confirm the delegation of approval of 2020-21 plans to the Health and Wellbeing Board Chairs.

Background

1. In March 2019 the Health and Wellbeing Board (HWB) noted the progress of the Staffordshire Better Care Fund (BCF) during 2017-2019, agreed the extension of BCF expenditure into 2019/20 and delegation of the final sign-off of the 2019/20 BCF plan to the Co-Chairs of the Board.

2. June 2019 HWB noted 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. In July 2019 the 2019/20 BCF Planning Requirements were published allowing the drafting of the BCF Plan to commence and removing the financial risk.

3. The September 2019 HWB confirmed the funding for the 2019/20 Staffordshire BCF, the content of the 2019/20 Staffordshire BCF Plan, and the delegation of the authority to sign off and submit the BCF Plan to the Co-Chairs. The HWB also noted the submission and timescales for the 2019/20 Staffordshire BCF Plan.

4. In January 2020 the HWB noted the sign off by the Co-Chairs of the 2019/20 BCF Plan and the timescales for the approval of the BCF Plan. The HWB also noted a request for re-baselining of the overall NHS contribution to adult social care in order to correct some historic issues with Staffordshire BCF funding. This request was approved on 20th January. The previous NHS contributions for social services in support of health, carers and Care Act are now reflected in a single figure of £20.729m for 2019/20.

5. In August 2020, the HWB noted that due to ongoing requirements to prioritise management of the Covid-19 pandemic, NHSE were not yet asking for BCF plans, and advised systems to assume BCF expenditure should continue on existing

services as in 2019-20 in order to maintain capacity in community health and social care.

BCF Planning 2020/21

6. The 2020-21 BCF Policy Framework has still not yet been published, however the NHS DRAFT planning guidance has been shared, which states that planning requirements will be minimised and narratives reduced. NHSE advised organisations to assume that expenditure of BCF funds should continue on existing services as in 2019-20 in order to maintain capacity in community health and social care Timescales for completion of BCF plans for 2020-21 have not yet been confirmed.

7. On 21st October Cabinet agreed to the following:

   a. Extension of existing schemes for 2020/21, which are:

      i. Admission Avoidance / Discharge to Assess
      ii. Ensuring the Sustainability of Adult Social Care
      iii. Enhanced Primary and Community Care

   b. The passport of monies received from the Ministry of Housing, Communities and Local Government for the Disability Facility Grant to the district/borough Councils.

   c. To delegate approval to enter into the section 75 agreements for 2019/2020 and 2020/2021 to the Director of Health & Care.

   d. Final approval of 2020-21 plans is delegated to the Health and Wellbeing Board Chairs, including the Cabinet Member for Health, Care and Wellbeing.

BCF Funding 2020/21

8. The 2019/20 BCF funding, and 2020/21 funding is shown in the table below. With the exception of the CCG aligned figure, all funding for 2020/21 has now been confirmed both nationally and with the CCG.

FUNDING	**2019/20 (£000s)**	**2020 (£000s)**
Total NHS contribution to adult social care	20,739	21,864
CCG aligned	51,073	51,073*
iBCF part 1	23,202	31,700
iBCF part 2	5,003	
Winter pressures	3,542	3,542
DFG	8,818	8,818
Total BCF Fund	**112,377**	**116,997**

**indicative*

Next Steps:

9. A new BCF steering group will commence quarterly, starting November 2020.

10. The Council and the CCG will commence planning for the 2020-21 BCF submission, in line with the draft guidance received to date. The Staffordshire BCF Plan 2020-21 will then be submitted to the HWB Chairs for approval.

11. The DFG passport agreements will be drafted and the allocated monies will be transferred to the district/borough Councils.

12. The section 75 agreement for 2019/2020 has been agreed by both SCC and the CCGs, save for minor changes to the governance. Legal Services will assist in the drafting of the section 75 agreement for 2020/2021.

Contact Details

Board Sponsor: Richard Harling, Director for Health and Care

Report Author: Rosanne Cororan, Commissioning Manager
Telephone No: 07817 244653
Email Address: Rosanne.cororan@staffordshire.gov.uk

Staffordshire Health and Wellbeing Board – 10 December 2020

Staffordshire Joint Mental Health Strategy (2021 – 2025)

Recommendations

The Board is asked to:

a. Approve a joint approach, by Staffordshire County Council and Staffordshire Clinical Commissioning Groups (CCGs), to the coordination, contribution to and development of a new Staffordshire Joint Mental Health Strategy to replace the existing "Mental Health is Everybody's Business".

b. Engage with and contribute to the development of the new Strategy, including the formal sign off for any draft version as part of the overarching governance process.

c. Endorse the proposed scope of the new Strategy attached at Appendix 1.

Background

1. The existing Mental Health Strategy: "Mental Health is Everybody's Business", went live in 2014 and is joint between the County Council, Staffordshire and Stoke on Trent CCGs and Stoke City Council.

2. The Strategy has a wide remit, which includes key interdependences with both protective and risk factors such as education, housing, employment, public health, law enforcement

3. Mental Illness, also called Mental Health disorders, refers to a wide range of mental health conditions – disorders that affect mood, thinking and behaviour (for example – depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviours)

4. Many people have mental health concerns from time to time, but a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect the person's ability to function.

New Staffordshire Joint Mental Health Strategy

5. Due to the time that has elapsed since the current Strategy was established, and due to other factors such as the potential impact of the COVID-19 pandemic on the mental health and wellbeing of the population and the introduction of the NHS Long Term Plan / NHS Mental Health Implementation Plan 2019/20 – 2023/24 (July 2020), it has been identified that now would be an opportune time to develop a new Mental Health Strategy.

6. It is envisaged that the new Strategy will maintain a similar wide remit (see Appendix 1) to the existing one and it is proposed that the County Council and the Staffordshire CCGs work in partnership to coordinate and contribute to the development of this new Strategy, including key contributions from a range of other

partners (for example – District/Borough Councils, Law Enforcement agencies etc). Please note that, at the time of writing this report, confirmation is awaited as to whether Stoke City Council wish to be partners to this new joint Strategy.

7. The new Strategy will look to improve outcomes and wellbeing for people living with mental illness (and their carers/family) by supporting them to:

   a. Be healthier and Independent for longer;
   b. Have access to more good jobs and share the benefits of economic growth (where appropriate and possible);
   c. Feel safer, happier and more supported in their community
   d. Have improved quality of life by timely access to appropriate mental health information, support and services that meet their needs

8. To help inform the development of the new Strategy, the intention is to undertake a period of meaningful engagement and work in partnership with people with lived experience (of mental illness), as well as a range of organisations across the public sector, private sector and the voluntary and community sector.

9. It is currently anticipated that the new Strategy will be fully agreed and signed off through relevant governance processes and ready to 'go live' in August 2021.

List of Background Documents/Appendices:

Appendix 1: Proposed Scope of the new Staffordshire Joint Mental Health Strategy (2021-2025)

Contact Details

Board Sponsors:	Dr Richard Harling, Director for Health & Care (SCC) Dr Alison Bradley (co-chair), North Staffordshire CCG
Report Authors:	Richard Deacon, Commissioning Manager (SCC) Josephine Bullock, Strategic Commissioning Manager (CCG)
Telephone No:	07976 191 466 / 07962 004 453
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Staffordshire Health and Wellbeing Board – 10 December 2020

APPENDIX 1

Proposed Scope of the new Staffordshire Joint Mental Health Strategy (2021-2025)

Age Range

1. It is proposed that the new Strategy takes an All Age approach, to ensure a level of continuity across a life-time approach with a seamless transition taking place at relevant key stages of an individual's life, for example as young people become adults.

2. The All Age approach will include a section for the mental health of Older People and/or Frail Elderly. This section will include relevant reference to conditions such as Dementia, noting that Dementia is not a condition exclusive to Older People.

3. Whilst an All Age approach is deemed to be the most appropriate to be taken, to ensure consistency of information and to prevent either duplication or contradiction, the Strategy will take on a 'signposting' function and include links to other relevant strategies, documentation and workstreams already in place within partner organisations. This would also support citizens having a single source of key/current Mental Health related information produced by partners.

Key Priorities

4. It is proposed that the new Strategy will include a number of Key Priority areas, but in an attempt to try and keep the Strategy concise and focussed, especially in terms of any associated Action Plan, these have initially been collated into 6 sub-groups (currently in no particular order), as follows:

   a. **Sub-Group 1**
      i. **Inequalities** (patient population, employment, housing, poverty, dual diagnosis [LD/ASC/PD])
      ii. **Reduce Stigma & Discrimination**

   b. **Sub-Group 2**
      i. **Parity between Physical and Mental Health** (integration/single pathway/holistic approach)

   c. **Sub-Group 3**
      i. **Promote/Prevent/Early Intervention** (close to home)
      ii. **Recovery** (least restrictive, maximise independence, community based [incl reintegration], rehabilitation, social inclusion)
      iii. **5 ways to wellbeing** (Public Health – connect; be active; take notice; learn; give - mentally healthy communities, neighbourhoods)

iv. **Crisis Support & Liaison** (pre/post; timely; community based; A&E; 7 day)
v. **IAPT/Talking Therapies**
vi. **IAG** (innovate/digital); **Choice; Personal Responsibility; Training; Education; Users as partners/experts by experience**

d. **Sub-Group 4**
   i. **Suicide Prevention**

e. **Sub-Group 5**
   i. **CYP/Transition/Life Course/Think Family**
   ii. **Perinatal anxiety/depression**

f. **Sub-Group 6**
   i. **Older People/Living Well (and longer) with Dementia and early on-set/Frailty**

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Troubled Individuals proposals

Have we been playing the wrong game?

Natasha Moody and Tony Bullock
Staffordshire County Council
December 2020

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Content

- Rough sleepers in temporary accommodation
- The Troubled Individuals approach
- Proposed integration with BRFC programme
- Potential future applications – drugs/alcohol, joint commissioning etc

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It boils down to a question of?

Where should we be taking inspiration from?

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Rough sleepers

- 'Everyone In' – people housed in temporary accommodation
- Housing authorities need short-term exit plans
- Central government recognition of need for medium/ long term solution
- Dame Louise Casey Review
- Recommendation for 'Troubled Individual' approach

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Why do we need a new approach?

- Most/all rough sleepers face **numerous co-existing issues** – drugs, mental health, offending, debt etc.
- This group of people **receive services separately** for each issue from different agencies
- Creating **duplication** and **fragmentation**
- Which is **inefficient** and **ineffective**, because …

… as one problem
(housing, for example) is addressed another
(e.g. addiction) emerges and undoes much of
the previous progress:

…the eternal game of whack-a-mole

How could things be better?

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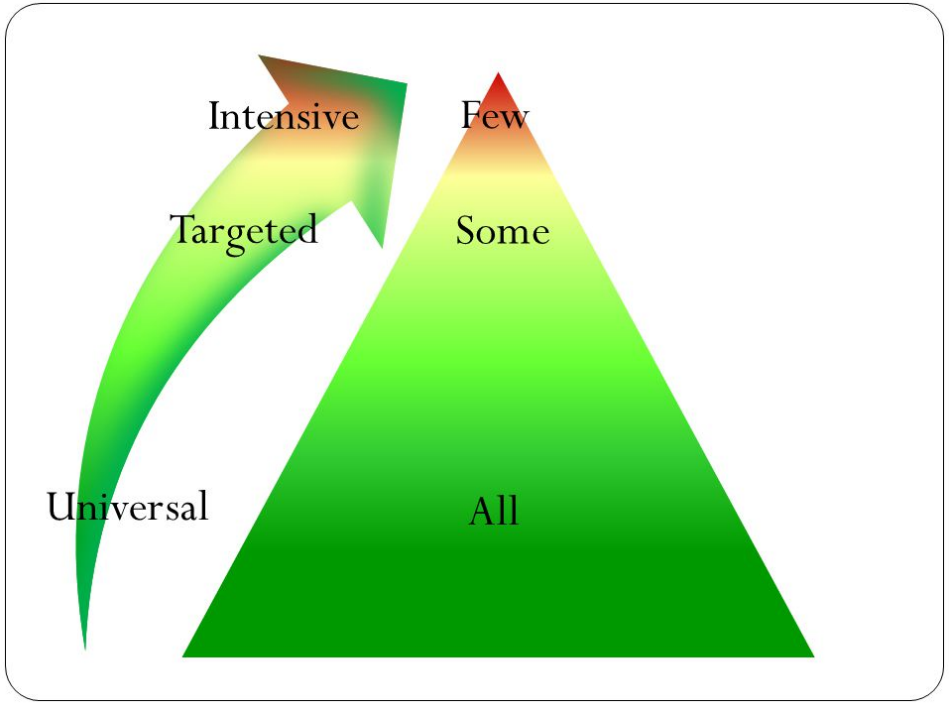
Who are we talking about?



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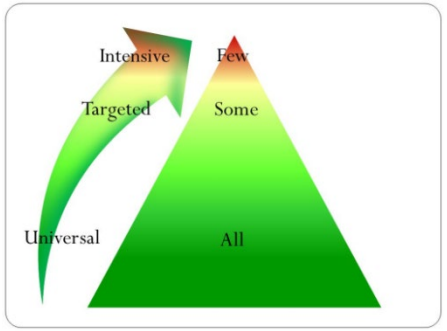
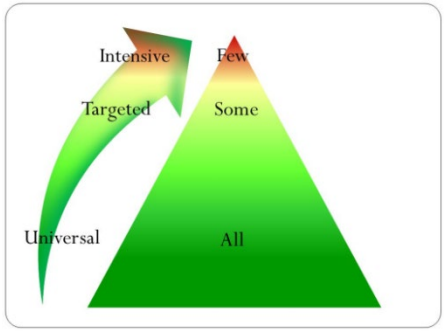
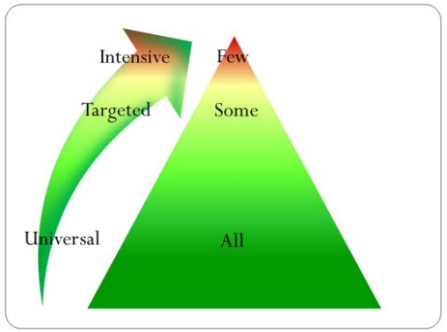
Who are we talking about?



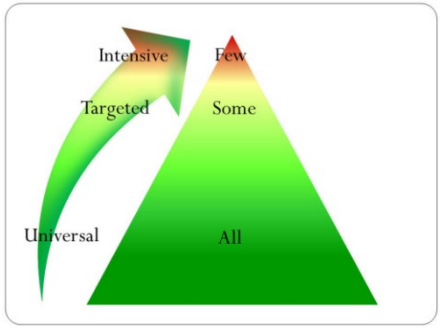
Drugs and alcohol



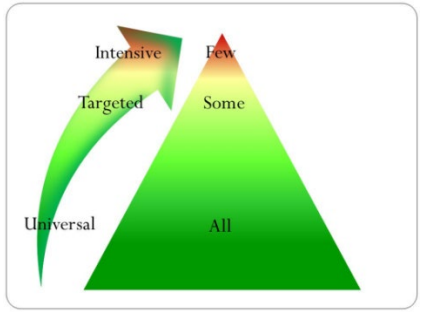
Mental health



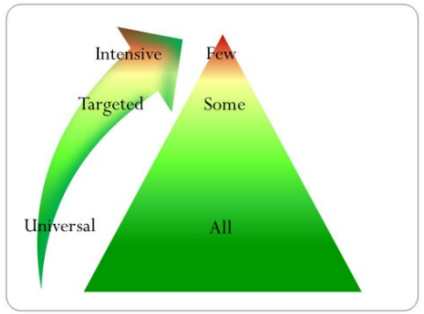
Physical health



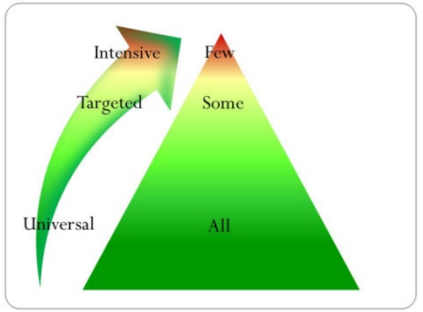
Housing



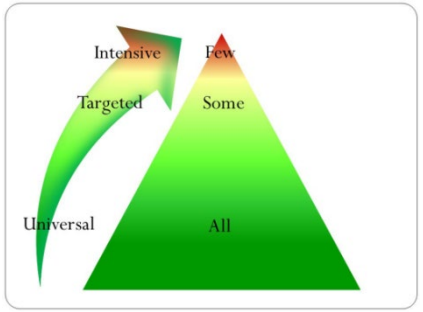
Offending



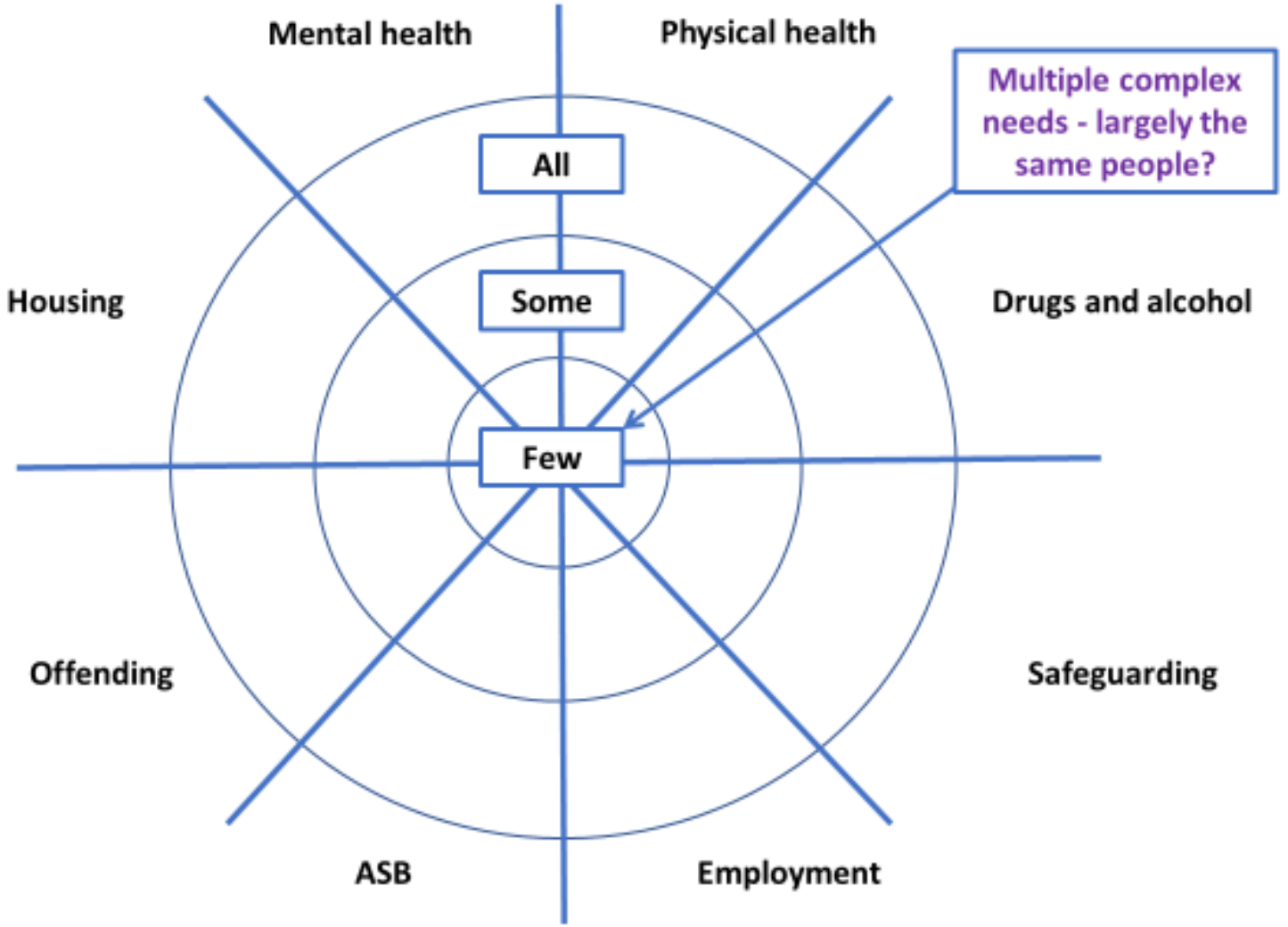
ASB



Safeguarding



Employment


Mental health
Physical health
Multiple complex needs - largely the same people?
All
Some
Few
Housing
Drugs and alcohol
Offending
Safeguarding
ASB
Employment

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A different approach…

- Focus on the person as whole, not addressing issues in isolation
- Multi-agency approach
- Shared tools (assessment, care plan, data etc.), responsibilities, outcomes
- Potentially co-locating but not essential
- Sound familiar?

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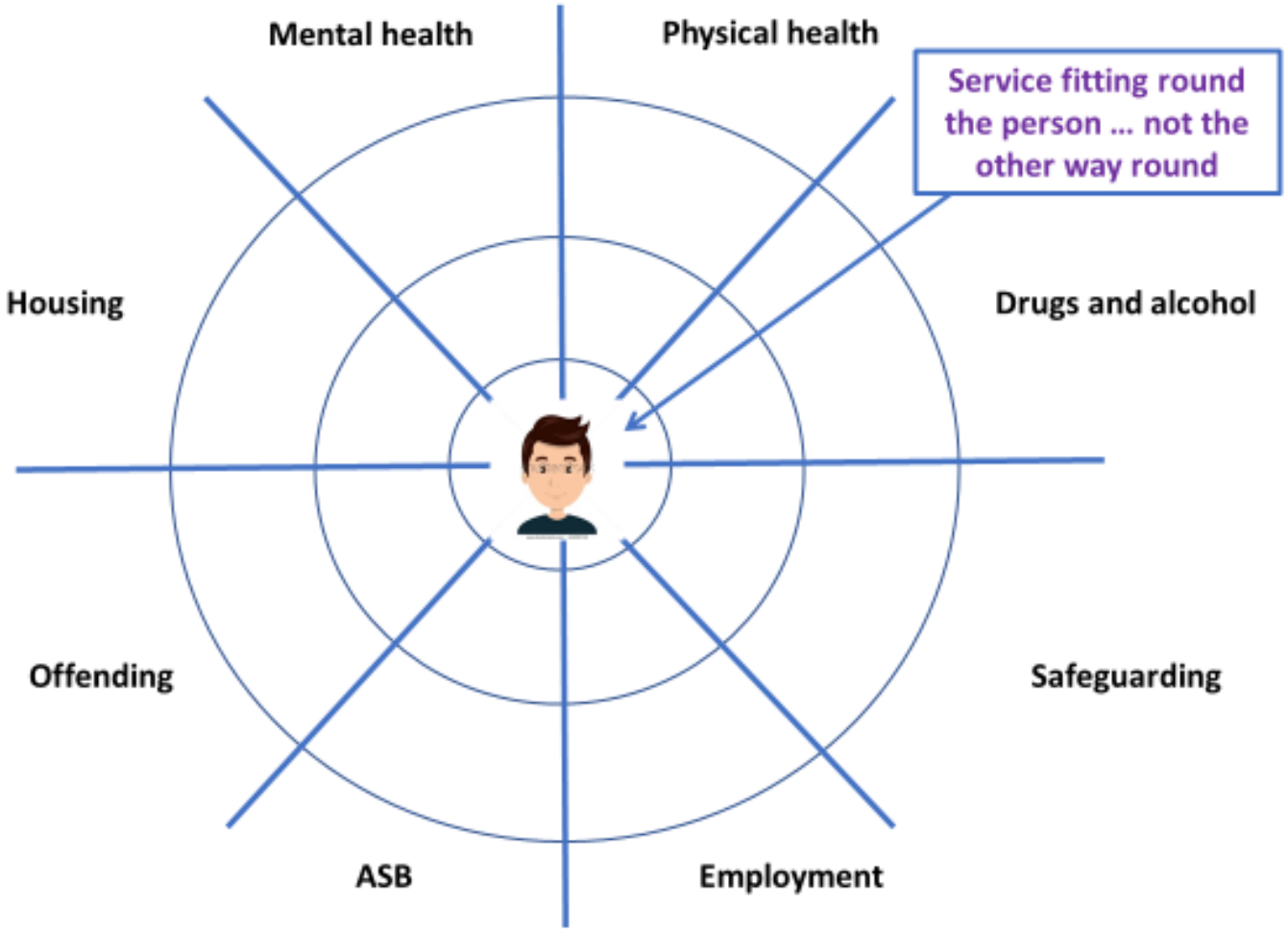
Troubled Families/ BRFC …

… for adults with complex needs not families …


Mental health
Physical health
Service fitting round the person … not the other way round
Housing
Drugs and alcohol
Offending
Safeguarding
ASB
Employment

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In other words… the Bullseye approach…

What does this mean for Staffordshire?

- Rough sleepers is a district/ borough responsibility
- However, BRFC infrastructure is already in place
- Proposal is to adapt the existing infrastructure rather than create new

What does this mean for Staffordshire?

- Extension of Place Based Approach
- Close links to Supportive Communities/ People Helping People
- Strive for a more efficient use of public money

What does this mean for Staffordshire?

- Approach endorsed in principle by EH/PBA group
- A task and finish group has been established
- Partnership enthusiasm in principle
- Details being developed

What does this mean for Staffordshire?

- Drug/alcohol service to play a more significant role
- 3 new staff to support the model
- Potential to expand beyond rough sleepers in medium term

Recommendations

1. Endorse the principles being developed to adapt the BRFC programme to include the 'Troubled Individual' approach

2. Partners asked give their commitment to supporting the translation of these principles into practice – i.e. being prepared to change working practices where necessary and appropriate

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In summary …

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HEALTH AND WELLBEING BOARD

A question of … who are inspired by?

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FORWARD PLAN 2020/2021

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 Johnny McMahon 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:
11 June 2020 cancelled
3 September 2020 – virtual meeting via Microsoft Teams
10 December 2020 – virtual meeting via Microsoft Teams
4 March 2021

Date of Meeting	Item	Details	Outcome
1 June 2020 PUBLIC BOARD MEETING	**Cancelled due to Covid 19**		
3 September 2020 PUBLIC BOARD MEETING	**Covid 19 Response** Report Author – Jon Topham Lead Board Member – Richard Harling		
	Local Outbreak Control Plan Report Author – Jon Topham Lead Board Member – Richard Harling		
	ICP Development Report Author – Lead Board Member -		
	BCF Report Author – Jenny Pierpoint Lead Board Member – Richard Harling		
10 December 2020 PUBLIC BOARD MEETING	**COVID-19 Update** Report Author – N/A Lead Board Member – Richard Harling	Verbal update	
	HWBB Strategy Report Author – Jon Topham Lead Board Member – Richard Harling		
	SCC & CCG Commissioning Intentions SCC – Richard Harling CCGs – Cheryl Hardisty	Reported to the Board annually.	
	Population Health Management Report Author – Jane Moore		
	SSASPB Annual Report Report Author – Helen Jones / John Wood Lead Board Member – Richard Harling	Reported to the Board annually.	

Date of Meeting	Item	Details	Outcome
	Hospices Report Author – Emma Hodges (St. Giles)	Update on behalf of all Hospices	
	FSPB Report Author – Kate Sharratt Lead Board Member – Helen Riley	To be delivered verbally	
	BCF Report Author – Rosanne Cororan Lead Board Member – Richard Harling		
	Mental Health Strategy Report Author – Richard Deacon / Josephine Bullock Lead Board Member – Richard Harling		
	Troubled Individuals Report Author – Tony Bullock Lead Board Member – Richard Harling	Presentation	
4 March 2021 PUBLIC BOARD MEETING	**SEND Strategy** Report Author – Tim Moss Lead Board Member – Helen Riley	Agreed at the January 2020 meeting	
	HWBB Delivery Plan Report Author – Jon Topham Lead Board Member – Richard Harling		
	Together Active Report Author – Jude Taylor Lead Board Member -		
	Obesity Strategy Report Author – Karen Coker Lead Board Member		
	Adult Safeguarding Report Report Author – Lead Board Member -		
	Director for Public Health Report Report Author – Lead Board Member –	Annual report	

Date of Meeting	Item	Details	Outcome
	VCSE Report Author – Garry Jones / Phil Pusey Lead Board Member -		
	Healthwatch Report Author – Lead Board Member -		
	Broadband & Digital Infrastructure Strategy Update Report Author – Lead Board Member – Richard Harling	Agreed at the January 2020 meeting as part of discussions around progress on recommendations from the Director of Public Health Annual Report.	
11 June 2021 PUBLIC BOARD MEETING	**Families Strategic Partnership Board Revised Strategy and Governance** Report Author – Kate Sharratt Lead Board Member – Helen Riley	Agreed at the January 2020 meeting	

HWBB Statutory Responsibility Documents		
Document	**Background**	**Timings**
Pharmaceutical Needs Assessment (PNA)	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. The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to HWBs.	The current PNA was published in March 2018. The PNA is reviewed every three years (the next assessment is due in 2021)
Joint Strategic Needs Assessment (JSNA)	The H&WB arrange for: • 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 – Johnny McMahon** – Cabinet Member for Health, Care and Wellbeing Mark Sutton – Cabinet Member for Children and Young People Jonathan Price – Cabinet Member for Education (and SEND)	Gill Burnett – Cabinet Support Member for Adult Safeguarding
Director for Families and Communities	Helen Riley – Deputy Chief Executive and Director for Families and Communities	
Director for Health and Care	Richard Harling – Director of Health and Care	
A representative of Healthwatch	Simmy Akhtar – Chief Officer, Healthwatch	Maggie Matthews – Healthwatch Advisory Board Chair
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

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	Chief Superintendent Jennifer Mattinson	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