

Staffordshire Health and Wellbeing Board

Thursday 2 December 2021
15:00 - 17:00
Council Chamber, County Buildings, Stafford

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 Support Member for Public Health and Integrated Care**
Dr Alison Bradley, Clinical Chair of North Staffordshire CCG

The meeting will be webcast live which can be viewed at any time here:
<https://staffordshire.public-i.tv/core/portal/home>

No	Time	Item	Presenter(s)	Page(s)
1.	3:00pm	Welcome and Routine Items a) Apologies b) Declarations of Interest c) Minutes of Previous Meeting d) Questions from the Public	Chair	1 - 10
2.	3:05pm	Staffordshire Joint Strategic Needs and Assets Assessment 2021 – Progress Update	Claire McIver	11 - 14
3.	3:20pm	Health and Wellbeing Board Strategy	Claire McIver	To Be Tabled

4.	4:00pm	Better Health Staffordshire	Karen Coker Tony Bullock Lucy Marquis (MPFT) Jude Taylor (Together Active)	To Be Tabled
5.	4:15pm	Air Aware Staffordshire Project Phase 2 Update	Mike Calverley	15 - 32
6.	4:25pm	Integrated Care Partnership Update	Tracey Shewan	Verbal Report
7.	4:35pm	Staffordshire and Stoke-on- Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2020/21	Helen Jones John Wood Ruth Martin	33 - 80
8.	4:45pm	Forward Plan	Chair	81 - 90

Date of Next Meeting / Future Meeting Dates

Thursday 3rd March 2022 at 3:00pm in the Council Chamber, County Buildings, Stafford.

2022/2023 Meeting Dates for Consideration:

- Thursday 9th June 2022, 3:00pm
- Thursday 8th September 2022, 3:00pm
- Thursday 1st December 2022, 3:00pm
- Thursday 2nd March 2023, 3:00pm

Exclusion of the Public

The Chairman to move:

"That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs of Part 1 of Schedule 12A of the Local Government Act 1972 (as amended), indicated below".

Part Two

(All reports in this section are exempt)

Nil.

Membership	
Johnny McMahon (Co-Chair)	Staffordshire County Council (Cabinet Support Member for Public Health and Integrated Care)
Dr Alison Bradley (Co-Chair)	North Staffordshire Clinical Commissioning Group
Julia Jessel	Staffordshire County Council (Cabinet Member for Health and Care)
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Dr Rachel Gallyot	East Staffordshire Clinical Commissioning Group
Dr Gary Free	Cannock Chase Clinical Commissioning Group
Dr Paddy Hannigan	Stafford and Surrounds Clinical Commissioning Group
Dr Shammy Noor	South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Dr John James	STP Chair of Clinical Leaders Group
Dr Richard Harling MBE	Staffordshire County Council (Director for Health and Care)
Helen Riley	Staffordshire County Council (Deputy Chief Executive and Director for Families and Communities)
Craig Porter	CCG Accountable Officer Representative
Simon Whitehouse	Staffordshire Sustainability and Transformation Programme
Sarah Wainwright	Staffordshire Police
Phil Pusey	Staffordshire Council of Voluntary Youth Services
Garry Jones	Support Staffordshire
Gill Heesom	District/Borough Council Representative
Roger Lees	District/Borough Council Representative
Tim Clegg	District/Borough Council CEO Representative
Simon Fogell	Healthwatch Staffordshire
Carmel Warren	Staffordshire Fire and Rescue Service
Howard Watts	Staffordshire Fire and Rescue Service

Notes for Members of the Press and Public

Filming of Meetings

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The webcast will be live on the County Council's website and recorded for subsequent play-back for 12 months. The recording will also be uploaded to YouTube. By entering the meeting room and using the seats around the meeting tables you are deemed to be consenting to being filmed and to the possible use of those images and sound recordings for the purpose of webcasting.

If you have privacy concerns about the webcast or do not wish to have your image captured then please contact the Member and Democratic Services officer named at the top right of the agenda.

Recording by Press and Public

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 2 September 2021

Attendance:-

Dr Alison Bradley	North Staffs CCG
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Dr Richard Harling	Director for Health and Care (SCC)
Phil Pusey	Staffordshire Council of Voluntary Youth Services
Garry Jones	Support Staffordshire
Tim Clegg	District & Borough Council CEO Representative
Simon Fogell	Healthwatch Staffordshire
Gill Heesom	District Borough Council Representative

Note by Clerk: Simon Whitehouse (Integrated Care System Director) and Marcus Warnes (Staffordshire Clinical Commissioning Groups' Accountable officer) attended the meeting virtually/via Teams but took no part in the Board's decisions set out in the Resolutions below.

Apologies: Johnny McMahon (Cabinet Support Member for Public Health and Integrated Care) (Staffordshire County Council (Cabinet Support Member for Public Health and Integrated Care)), Dr Paddy Hannigan (Chair, Stafford and Surrounds CCG) (Stafford and Surrounds CCG), Helen Riley (Deputy Chief Executive and Director for Families and Communities) (Deputy Chief Executive and Director for Families and Communities (SCC)), Roger Lees (District Borough Council Representative (South)), Julia Jessel (Cabinet Member for Health and Care) (Staffordshire County Council (Cabinet Member for Health and Care)) and Rita Heseltine (South Staffordshire District Council)

68. Declarations of Interest

Nil

a) Minutes of Previous Meeting

RESOLVED – That, subject to the addition of Gill Heesom's name to the list of attendances, the minutes of the meeting held on 3 June 2021 be confirmed and signed by the Chairman.

b) Questions from the Public

Nil

69. Covid Update

The Board considered an oral report of the Director of Health and Care updating them on the progress of the Covid-19 pandemic in Staffordshire.

Infections in the County were currently at a rate of 350 per 1000 people (approximately) which represented a significant increase over recent weeks. However, new hospitalisations were relatively low owing to the success of the vaccination programme although the NHS remained under significant pressure.

The Director concluded by emphasising the continued importance of infection control measures in reducing the spread of the virus.

RESOLVED – That the report be received and noted.

70. Annual Report of the Director of Public Health

The Board considered a report of the Director of Public Health (schedule 1 to the signed minutes) updating them on progress towards publication of his Annual Report for 2020/21 (entitled “Covid-19 in Staffordshire: Impact and Opportunities”), which had been delayed owing to the Covid-19 pandemic.

The Annual report was a statutory document prepared under the Health and Social Care Act 2012 by the Director in his role as an independent advocate for the health of residents of Staffordshire and demonstrated the state of public health with communities in the County.

During his report the Director highlighted:- (i) Overall (direct) Impact (of the Pandemic); (ii) Variation (of cases in the County by rate per 1000 population, area and age band); (iii) Wider Impact (of the pandemic); (iv) The Response (in Staffordshire) and key themes and; (v) Recommendations.

RESOLVED – (a) That the report be received and noted.

(b) That the following six draft Recommendations for inclusion into the Director of Public Health’s Annual Report 2020/21 be supported:-

- Refresh the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy to identify and address longer term impacts of pandemic – including health inequalities.
- Economic and lifestyle related conditions, including diabetes, chronic heart disease, chronic lung disease, and obesity, as well as mental health should be high priorities.

- Hospitals and hospital discharge pathways should ensure that they promote independence and return people home wherever possible.
- Public sector partners should build on the relationships forged during the pandemic and the flexible and agile way of working that characterised the successful response.
- Build on the community response to the pandemic, make best use of the community assets available to support children and adults, and continue to develop community capacity to offer support.
- Take advantage of the increased uptake of technology during the pandemic and promote new technologies wherever possible to provide and complement support.

(c) That the finalised Annual Report be brought to the Board at their next meeting for information and any necessary action.

71. Joint Strategic Needs Assessment (JSNA)

The Board considered an oral report and PowerPoint presentation (slides attached at Appendix A to the signed minutes) of the County Council's Director of Health and Care updating them on progress with regard to the preparation of a refreshed Joint Strategic Needs Assessment (JSNA).

The report and accompanying slides were presented by the County Council's Interim Assistant Director for Public Health and Prevention (Claire McIver).

The JSNA sought to assess the current and future health, care and wellbeing needs of the local population so as to inform local decision making by Partners. At their meetings in December 2020 and March 2021 the Board agreed to:- (i) define and focus on various key post pandemic issues; (ii) consider the role of wider determinants of health and; (iii) identify opportunities for greater collaboration between Partners with a view to tackling health inequalities. The new JSNA was to describe local needs and assets in the wake of the pandemic and make recommendations for priorities for inclusion into a new Joint Health and Wellbeing Board Strategy.

During her presentation the Assistant Director highlighted:- (i) key components of the new Assessment; (ii) Positive (health related) Outcomes (identified in the local community); (iii) Strengths and Innovation (which had taken place to address the needs of the local population); (iv) Community Assets (available to support the local community) Overview; (v) Overview of Key Issues and Trends (which had been identified); (vi) Key Messages (arising from (v) and; (vii) Covid Impact on (health related) Outcomes (both nationally and locally). She also stressed that many of the expected consequences of the pandemic were not reflected in the data currently available owing to the inevitable time lag between observation and recording. These attributes might not

be present in the statistics for several years to come. Therefore, efforts would be made to fill any gaps identified with alternative sources of insight.

Continuing, the Assistant Director drew the Board's attention to the following key issues which required their attention:- (i) how should they ensure the Assessment was both joint and strategic; (ii) was there anything currently absent from the Assessment which should be included; (iii) could Partners contribute any additional datasets/intelligence to strengthen the Assessment and make it more meaningful/holistic and; (iv) what measures needed to be implemented to address identified priorities.

During the full and wide-ranging discussion which ensued Members expressed their support for the proposed approach to the new JSNA, as set out in the presentation. However, they debated the balance required between data and Partner intelligence having regard to the previous comments by the Assistant Director. Members also highlighted the potential contribution predictive data and public consultation could make in ensuring the Assessment was both forward thinking and comprehensive. With regard to local health inequalities, the Assistant Director re-assured them that 'hot spot' mapping would be incorporated into the draft document.

RESOLVED – (a) That the report and presentation be received and noted.

(b) That Partners commit to sharing all relevant data/intelligence required to inform the refreshed Joint Strategic Needs Assessment.

(c) That Partners submit their comments on the draft refreshed Joint Strategic Needs Assessment to be circulated prior to the next meeting of the Board with a view to the finalised version being brought to their meeting in December 2021 for sign-off.

72. Health and Wellbeing Strategy

The Board considered a report (schedule 2 to the signed minutes) and PowerPoint presentation (slides attached at Appendix B to the signed minutes) of the County Council's Director of Health and Care updating them on progress with regard to the development of a new Health and Wellbeing Board Strategy for the period 2023 to 2028.

The report and accompanying slides were presented by the County Council's Interim Assistant Director for Public Health and Prevention (Claire McIver).

The joint Health and Wellbeing Strategy outlined priority areas for the Board and how they intended to work together to improve the health and wellbeing of residents of the County. Their current Strategy, adopted in 2018, focused on Healthy Life Expectancy and was intended to cover the period until 2023. However, the impact of the 2020/21 Covid-19 pandemic had provided a range of opportunities and assets which could be used to further improve health and wellbeing. Therefore, at their meeting on 3 June 2021, they committed to developing a new strategy taking into account the findings of the above-mentioned refreshed Joint strategic Needs Assessment (JSNA).

The Board noted the proposed structure of the new document, as set out in the report which had been informed by engagement with individual Partners over the summer to

seek views on strategic priorities for inclusion. They also noted the proposed timeline for development of the revised Strategy which included a proposed workshop for Members on 12 October 2021 to provide an opportunity for detailed discussion on both the JSNA and draft document.

During the discussion which ensued a Member proposed a further Priority for inclusion into Section 2 of the Strategy ie, “Support and Advice Necessary for the Public to Take Preventative Measures to Promote their Health and Wellbeing”. In reply, the Assistant Director said that whilst it had been intended to include consideration of this issue in the draft document, the Board might wish to identify “Support and Advice” as a stand-alone priority during the development of its content in due course. In reply, the County Council’s Director of Health and Care suggested a way forward in order to address the Members’ concerns whilst retaining the emphasis placed on Obesity and Mental Health in the proposed structure.

Another Member highlighted the need to avoid duplication between the Health and Wellbeing Strategy and new Integrated Care System strategy.

RESOLVED – (a) That the report be received and noted.

(b) That the proposed structure for the revised Health and Wellbeing Strategy be endorsed.

(c) That Partners support the further development and implementation of the Strategy.

(d) That the date of the above-mentioned Joint Strategic Needs Assessment/ Health and Wellbeing Strategy Workshop be noted.

73. Developing the Relationship between the Integrated Care Partnership and Health and Wellbeing Boards for Staffordshire and Stoke-on-Trent

The Board considered a joint report of the Co-Chair, the Integrated Care System (ICS) Director and the Staffordshire Clinical Commissioning Groups’ Accountable Officer (schedule 3 to the signed minutes) regarding the emerging relationship between the Integrated Care Partnership and Board.

The Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership became a designated ICS on 1 April 2021 with the aim of (i) improving outcomes in the population’s health and healthcare; (ii) tackling inequalities in outcomes, experiences of and access to healthcare services; (iii) enhancing productivity and value for money in the healthcare system and; (iv) helping the National Health Service support broader social and economic development.

The anticipated Health and Care Act was expected to require the formation of Integrated Care Partnerships (ICP) comprising a Joint Committee to bring together representatives of Health, Social Care, Public Health and other Partners with an interest in the wider determinants of Health, economic and social development (eg Universities, Fire Service, Police etc). Furthermore, the ICP (if established) was expected to work closely with

Health and Wellbeing Boards and have regard to their Joint Strategic Needs Assessments and Health and Wellbeing Strategies in preparing an Integrated Care Strategy. The purpose of the ICP Strategy was to address the broader health and care needs of the population, including the wider determinants of health and social and economic development.

Members noted that a significant amount of work had already been completed by Partners in respect of the formation of the ICP in Staffordshire including agreement that it:- (i) should be a partnership of equals; (ii) should represent all organisations, sectors and professional groupings to ensure all viewpoints were heard and the Strategy was strong and inclusive; (iii) balance inclusiveness with focus and the need to adopt a Strategy, ensuring that there were processes in place to undertake business and make progress; (iv) had effective and efficient decision making through collaborative consensus rather than voting; (v) supported all Partners to achieve the ICS statutory duties whilst recognising the independent nature of Partner organisations and; (vi) balanced both national and local priorities driven by population needs or the democratic/political processes.

During the discussion which ensued Members gave consideration to balancing their role with that of the ICP. They spoke in support of holding a joint meeting with Stoke-on-Trent Health and Wellbeing Board and representatives of the ICP to consider this matter further in a co-ordinated and collaborative way. In response the County Council's Senior Commissioning Manager highlighted the date of 12 October 2021 had provisionally been identified for a Workshop on this issue although these arrangements were flexible. The County Council's Director of Health and Care undertook to meet with the Leaders of both the County and City Councils as well as the Chairs of the Board in the meantime to plan for the workshop in more detail.

The ICS Director informed them that the ICP Chair designate was unavailable on the above-mentioned date.

A Member requested that details of the two Health and Wellbeing Boards' priorities etc be circulated to Members in advance of the workshop in order to provide a level of background information having regard to them having not previously met.

RESOLVED – (a) That the report be received and noted.

(b) That arrangements be made for a meeting/workshop to be held by the Board with Stoke-on-Trent Health and Wellbeing Board and representatives of the Staffordshire and Stoke-on-Trent Integrated Care System/provisional Integrated Care Partnership, on a mutually convenient date, to consider their emerging relationship with a view to ensuring appropriate collaboration between the bodies, as necessary.

74. Voluntary Community and Social Enterprise (VCSE)

(a) Voluntary Sector Update – the Opportunities and Challenges of Restart and Recovery

The Board considered a report (schedule 4 to the signed minutes) and Powerpoint presentation (slides attached at Appendix C to the signed minutes) of the Chief

Executive of Staffordshire Council of Voluntary Youth Services (SCVYS) updating them on the opportunities and challenges of re-start and recovery post the 2020/21 Covid-19 pandemic.

During his presentation the Chief Executive highlighted the:- (i) National View (of the population regarding the work of charities); (ii) National View (of the population regarding trust and confidence in the work of charities); (iii) National Council for voluntary Organisations – Respond, Recover Reset report; (iv) Findings from Staffordshire County Council's Voluntary and Community Service Enterprise Surveys; (v) (the findings of) SCVYS Census 2021; (vi) Case Study – Cannock Stadium Allotment Group; (vii) Case Study - Wellbeing and Health Action Map (WHAM); (viii) WHAM Plan Outcomes; and (ix) Summary of Restart/Recovery Challenges.

(b) Community-Based Approaches to Achieving Health Equality

The Board received a joint PowerPoint presentation (slides attached at Appendix C to the signed minutes) of the Chief Executive of Support Staffordshire and Chief Executive of St Giles Hospice outlining community-based approaches to achieving health equality having regard to the Health and Wellbeing Strategy.

During their presentation, the Chief Executive's highlighted:- (i) (the contents of) The Current Health and Wellbeing Strategy (and what it States under 'Communities'; (ii) What Needs to Change and; (iii) Lots of Good Stuff is Happening in Staffordshire (the positive initiatives already taking place in the County and how these could be improved). They went on to seek support for the establishment of a task group of Partners to investigate how support for community-based approaches in the County could be improved/enhanced and make recommendations to the Board.

In the discussion which ensued the County Council's Director of Health and Care stated his view that 'Partners commitment to widespread system legitimacy for community-based approaches' (identified in the presentation as an area for improvement) was already evident ie statutory bodies accepted the need to promote greater independence within communities. In addition, he expressed reservations regarding the need for detailed 'Institutional Change Frameworks' including communication strategies, financial plans etc and spoke in favour of 'light touch' methods of improving community-based initiatives.

Members confirmed their commitment to working collaboratively towards improving community-based approaches in the interests of achieving health equality.

The Chairman then thanked the Chief Executives for interesting and informative presentations.

RESOLVED – (a) That the report/presentations be received and noted.

(b) That consideration of future support for community-based approaches to achieving health equality be taken forward through the process of co-ordination/joint working with the Independent Care System/independent Care Partnership, at the appropriate time.

75. Staffordshire Better Care Fund (BCF)

The Board considered a report of the Council Council's Director of Health and Care (schedule 5 to the signed minutes) updating them on the operation of the NHS's Better Care Fund (BCF) which aimed to support the integration of health and care systems in a way that supported:- (i) person-centred care; (ii) sustainability and; (iii) better outcomes for people and carers.

The report was presented by the County Council's Senior Commissioning Manager (Rosanne Cororan).

Members noted that the 2020/21 BCF Policy Framework had been published on 19 August 2021 and, as expected, contained minimal change compared to the previous year's scheme. The framework aimed to build on progress made during the Covid-19 pandemic ie, strengthen:- (i) the integration of commissioning; (ii) delivery of services and; (iii) person centred care whilst continuing to support system recovery.

The national conditions for the BCF in 2021/21 were:- (i) a jointly agreed plan between local health and social commissioners, approved by the Board; (ii) NHS contributions to adult social care to be maintained in line with the uplift to Clinical Commissioning Groups' minimum contribution; (iii) investment in NHS commissioned out-of-hospital services and; (iv) a plan for improving outcomes for people being discharged from hospital.

Members also noted that the joint BCF Plan ((i) above) was required to focus on improvements in the following key metrics:- (i) length of stay in hospital, measured through the percentage of hospital inpatients who had been admitted for longer than 14 and 21 days respectively and; (ii) the proportion of people discharged home using data on discharge to their usual place of residence. However, they heard that Staffordshire's baseline and performance against these metrics was difficult to measure as they were not currently enumerated on a population basis. Therefore, further work was required to ensure the position could be accurately quantified.

RESOLVED – (a) That the report be received and noted.

(b) That the 2021/22 National Better Care Fund Framework with the requirement to submit Expenditure and Narrative Plans in September 2021 be noted.

(c) That the Better Care Fund 2021/22 funding be noted as follows:-

FUNDING	2021/22 (£000's)
CCG cash transfers to SCC for social care services in support of the NHS - includes RNF transfers, carers and Care Act	22,895,704
CCG directly commissioned social care services in support of the NHS	137,216
iBCF (including winter pressures)	31,747,360
Social Care Total	54,780,281
Disabled Facilities Grant	10,005,367

CCG Aligned Funding (recurrent)	55,611,237
CCG Aligned Funding – New Schemes (non-recurrent)	n/a
Total BCF	120,396,885

(d) That, owing to the short timescale involved, approval of the 2021/22 Better Care Fund Plan be delegated to the Co-Chairs.

(e) That the transfer of the Disabled Facilities Grant for 2021/22 to District and Borough Councils as required by the Ministry of Housing Communities and Local Government, be noted.

76. Health and Wellbeing Board Terms of Reference

The Board considered a report of the County Council's Director of Health and Care (schedule 6 to the signed minutes) regarding a proposed change to their terms of reference following a Cabinet re-shuffle by the County Council.

RESOLVED – (a) That the report be received and noted.

(b) That the proposed change to their Terms of Reference to reflect the Co-Chair's (County Councillor Johnny McMahon) new role as Cabinet Support Member for Public Health and integrated Care, be approved.

77. Forward Plan

RESOLVED – That their Forward Plan for 2020/21 (schedule 7 to the signed minutes) be received and noted.

78. Date of Next Meeting

RESOLVED – That the date, time and venue of the next meeting of the Board (Thursday 2 December 2021 at 3.00 pm, County Buildings, Stafford), be noted.

Chairman

Staffordshire Health and Wellbeing Board – 02 December 2021

Staffordshire Joint Strategic Needs and Assets Assessment 2021 – Progress Update

Recommendations

The Board is asked to:

- a. Note the new Joint Strategic Needs Assessment, and the new format; and
- b. Approve the Joint Strategic Needs Assessment.

Background

1. The Joint Strategic Needs Assessment (JSNA) is intended to provide a high-level overview of health and wellbeing needs of a local population, including inequalities, through a shared evidence base of key local priorities. The JSNA is therefore a critical document used to shape strategy and guide commissioning decisions to improve outcomes for residents.
2. In Staffordshire the JSNA is considered a continuous process; rather than the production of a single document, there is a collection of analysis and products which collectively support the JSNA evidence base for the county.

Approach and Stakeholder Involvement

3. In June 2021 the Staffordshire Health and Wellbeing Board (HWBB) agreed that this year's JSNA would bring together the assets and needs of the local population; reflecting both local strengths and drawing on existing research and intelligence to identify a clear set of priorities for future focus.
4. A key part of its production has been the review of existing statistical analysis and regular outcome surveillance of 100+ core performance measures, as a way of deriving the key issues for Staffordshire. To supplement this a range of other information sources, including qualitative data, has been used to provide a full and enriched picture of our residents and the communities they live in.
5. The development of the JSNA has also been further strengthened by partner contributions to ensure the product reflects the strategic needs across the systems, as well as the key assets available locally. Input was

sought from key commissioners, public health and NHS colleagues, as well as the HWBB who met on both the 3rd June and 2nd September 2021 to consider and discuss the JSNA findings.

6. JSNA Key Messages: Reviewing our analysis across a range of sources identifies the following set of key issues for Staffordshire, as set out in the JSNA. These include:
- a. **Wider Determinants:** Low levels of educational attainment at KS4 and key inequalities remain; increasing demand on domestic abuse support services; and above average and rising levels of fuel poverty continues.
 - b. **Healthy lifestyles:** Higher levels of excess weight, with high prevalence of obesity related conditions and hospital admissions on an upward trend.
 - c. **Mental Health:** A key concern for both children and adults; increasing levels of self-harm (all age) alongside growing levels of GP recorded depression.
 - d. **Alcohol Misuse:** Higher than average alcohol consumption and highest alcohol related admissions rate amongst similar authorities and rising.
 - e. **Parental and Infant Health:** Higher than average infant mortality rates, alongside higher prevalence for some associated risk factors.
 - f. **Ageing Well:** Increasing demand for adult social care support, particularly for home care; and key concerns reported locally regarding loneliness and isolation.
 - g. **Social Care Demand:** Rising demand for both children's and adult social care services.
 - h. **COVID-19 impact on services and outcomes:** A worsening of existing social inequalities and increased negative health outcomes, particularly for disadvantaged groups.
7. It is important that we recognise those 'in need' families are highly likely to present multiple needs and inequalities, therefore important these needs are, where possible, addressed in the whole.

Finalisation of the JSNA

8. As part of its finalisation, a presentation of the headlines and key trends was delivered to the HWBB on the 2 September. Subsequently all detailed JSNA outputs were sent out to Board members for final observations and/or comments.
9. All feedback has now been considered and incorporated into a final version of the JSNA. In the spirit of continuing to evolve the JSNA as a useful tool, work has been undertaken to translate it into a web-based product, that is both visual and easy to navigate for a wide range of

audiences. The web version of the JSNA has now been published on the [Staffordshire Observatory](#) website and can be accessed directly at [Staffordshire Observatory - Joint Strategic Needs and Assets Assessment \(JSNA\) 2021](#)

Next Steps

10. Following publication of the JSNA, work will commence to support the development and agreement of the refreshed Joint Health and Wellbeing Board Strategy. As priorities are set, work will be undertaken, with the Board, to explore the development of some focussed dashboards that enable the ongoing monitoring of its Strategy.

List of Background Documents/Appendices:

[Staffordshire Observatory](#)
[Staffordshire Observatory - Joint Strategic Needs and Assets Assessment \(JSNA\) 2021](#)

Contact Details

Board Sponsor: Dr Richard Harling MBE, Director for Health and Care

Report Author: Wendy Tompson, Insight Manager

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Staffordshire Health and Wellbeing Board – 02 December 2021

Air Aware Staffordshire Project Phase 2 Update

Recommendation

The Board is asked to:

- a. Note the successful funding bid to continue the Air Aware Project; and
- b. Note that a detailed update will be provided at the next Board meeting.

Background

1. Staffordshire County Council in partnership with Cannock Chase District, Staffordshire Moorlands and East Staffordshire were successful securing funding from Defra to continue the Air Aware project until March 2023. Phase 1 previously included Newcastle and Stoke on Trent. Phase 2 will focus engagement activities in 3 locations where Air Quality Management Areas (AQMA's) impact or are caused by transport to businesses and schools.
2. The project consists of 5 elements
 - a. **Business Engagement** – building business networks and implementing travel planning to reduce car journeys to employment.
 - b. **School Engagement** – working with key schools in AQMA's to reduce car use for school journeys.
 - c. **Electric Vehicle** promotion including changing project fleet vehicle to an electric. Evie The EV a transit electric replacing diesel for events and use for team journeys.
 - d. **Communications** – raising awareness countywide of air pollution its causes and solutions including 2022 anti-idling campaign.
 - e. **Monitoring** stations to complement existing district monitoring.
3. £298k project funding is split across the five elements. Public Health £42k pa contribution provides match funding to Connected and Sustainable County funding to support Business and School Engagement Officers.
4. The Air Aware project engagement supports Staffordshire County Council Climate Change Action Plan.
5. Mode of travel pupil data collected from Phase 1 Air Aware 2018-2020 showed a reduction in car use (Example: 60% to 11% at Heath Hayes Primary) at schools engaged in the project. Phase 2 survey data is being

collected throughout the lifetime of this phase of the project. Note: School closures have had a significant impact on the data collected.

6. Air Quality monitoring using “Areoqual” handheld during anti-idling campaign activities during Phase 1 showed NO₂ reductions from 154.46 to 125.24. Phase 2 includes £50k to provide additional monitoring stations to support the District Environmental monitors to collect wider data and link back to the project outcomes.

List of Background Documents/Appendices:

Appendix 1 – Staffordshire Air Aware project funding bid document

Contact Details

Board Sponsor: Dr Richard Harling MBE, Director for Health and Care
SCC

Report Author: Cath Stephenson, Connectivity Project Manager
Telephone No: 07855 336944
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Questions 1 to 4 completed online to cover SCC details. Q05 Strategic Alignment: How does the project deliver against the objectives of the Air Quality Grant?

Strategic case

Staffordshire Air Aware phase 2 is a joint bid led by Staffordshire County Council on behalf of 3 District Councils – Cannock Chase District Council, Staffordshire Moorlands District Council and East Staffordshire Borough Council. All partners are members of the Staffordshire Air Quality Forum (SAQF), within which there are 7 declared localised AQMA's, within the 3 Districts. The SAQF will form part of the governance of the project.

The SAQF delivers air quality services at the local level through exchange of data, local knowledge and advice, dealing with day to day issues and supporting air quality projects. The forum produces an annual report, which is endorsed by the Director of Health and Social Care for Staffordshire and the Director of Public Health and Adult Social Care for Stoke-on-Trent City Council. The annual report details what actions are currently being undertaken in Staffordshire to reduce air pollution.

This project will deliver against each local authority's action plan as required under the local air quality management regime. [Link to example Cannock Chase District 2019 Action Plan](#).

As detailed in Policy Guidance, local authorities are expected to work towards reducing emissions and/or concentrations of PM_{2.5}. There is clear evidence that PM_{2.5} has a significant impact on human health. Including premature mortality, allergic reactions and cardiovascular diseases

Staffordshire's 2020 LAQM Annual Status report included Particulate Matter (PM_{2.5}) Levels in Staffordshire and Stoke-on-Trent and PM_{2.5} and Mortality in Staffordshire and Stoke-on-Trent. This annual report also detailed what actions are currently being taken within Staffordshire to reduce PM_{2.5} –

- To agree a target for reducing Fraction of All Cause Mortality from PM_{2.5} in each district, city and county authority by 2020
- To agree a target for reducing PM_{2.5} exposure (calculated from PM₁₀ exposure / background maps / local monitoring where available)
- To maintain compliance with the 2020 EU limit value of 25µg/m³
- To include Public Health Outcome Framework Indicator 3.01 in the Staffordshire and District Authority and City Council Joint Strategic Needs Assessment for 2019/2020 onwards and to report progress to the relevant Health and Wellbeing Boards.
- To continue to identify risks affecting PM_{2.5} which need to be addressed at a national level e.g.
- A number of authorities within Staffordshire are receiving applications for STOR (Short Term Operating Reserve) sites to supplement power to the National Electricity Grid at times of peak demand. These sites typically operate during the autumn / winter months and can be high emitters of PM.

This project will directly support and help achieve these desired outcomes. The 5 elements are aligned to the AQMA areas and activity will directly impact on air pollution levels in these locations.

DEFRA's Clean Air Strategy

The project is aligned to the objectives in Defra's Clean Air Strategy to reduce the amount of traffic on our local roads, which contributes substantially to outdoor air pollution. Defra estimates that 80% of these emissions are in areas where the UK is exceeding NO₂ limits are due to transport, with the largest source being emissions from diesel light duty vehicles (cars and vans), which is why elements 1, 2, and 4 focus on reducing the number of the vehicles on the road within AQMA areas in the short term, and element 3 aims to increasing the take up rate of electric vehicle car ownership in the medium term.

Element 5 is the deployment of air sensors at key locations in Burton, Cannock and Leek, which will capture air pollution levels real time and allow the project to monitor its impact on levels of PM_{2.5}. This

information will be presented in a dashboard format and include data gathered through our Live Labs Simulate programme.

Climate Change Agenda

In July 2019 Staffordshire County Council declared a Climate Emergency, demonstrating our understanding and commitment to playing our role in tackling this global challenge

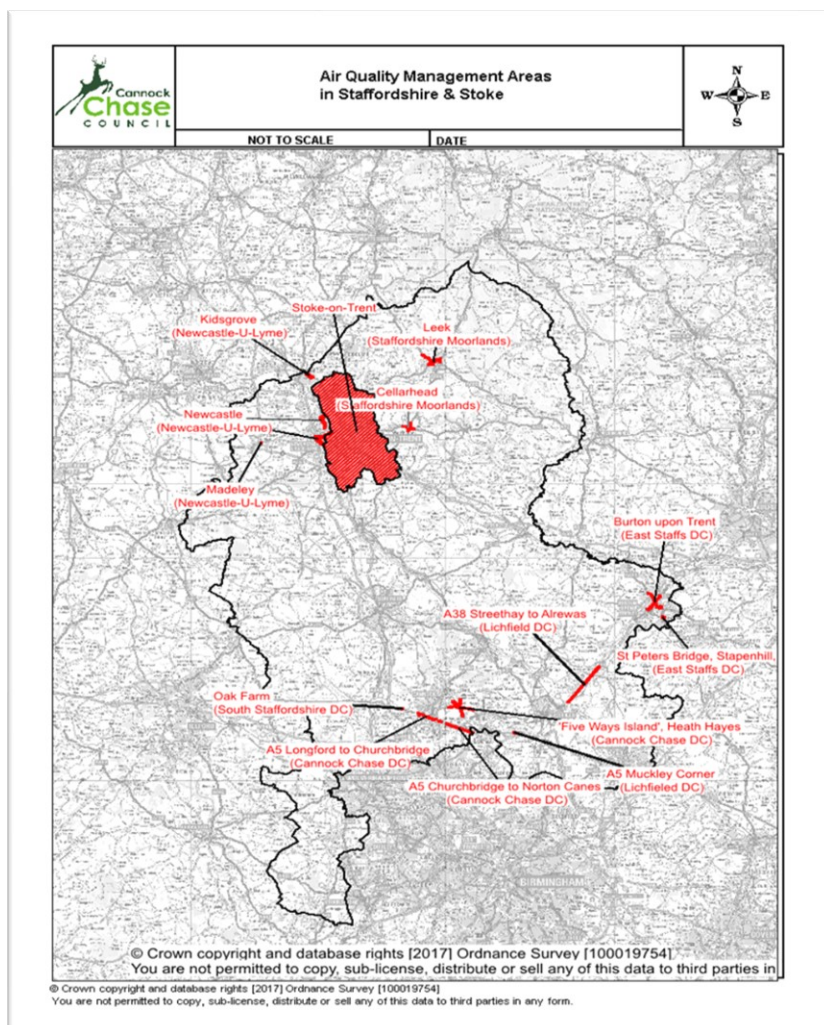
Staffordshire County Council has committed to a 5 year Climate Change Emergency Action Plan, including the development of a countywide AQMP with our district partners which will be delivered this year. A Climate Change and Sustainability Strategy will be launched in 2021 running to 2030. Staffordshire County Council will seek to work in partnership with the 8 District and Borough Councils, Health Trusts, SSLEP, our universities and our emergency services to develop a holistic vision for Staffordshire as a truly sustainable County.

This year's Climate Change Emergency Action Plan includes a wide range of objectives, including - the introduction of LED lighting in schools, a change in procurement of home to school transport vehicles based on emission levels, development of biomass and solar energy schemes, review property strategy and work with development and planning teams to ensure green growth.

The project will target local areas with AQMA's with a range of bespoke campaigns that will benefit the local communities to provide an improved "Place" and healthier residents through increases in physical activity. For example: within Leek (see map), the residents will benefit from a combined school and community (small businesses) engagement programme. This has been formed based on the type of area and resident of Leek and will use the "Totally Locally" programme to encourage all town centre businesses to be involved with the campaigns. This raising of awareness led by the town will provide a longer-term future to encourage behaviour change. Linked to this is the Moorlands District Council's Air Quality Action Plan and monitoring of the local area.

The project will complement the existing programmes seeking to improve air quality, including Staffordshire's Department for Transport funded ADEPT Live Labs programme.

Partners will be encouraged to use Air Aware materials to engage each local area. This funding will enable the development of new and enhancement of existing communication and marketing materials, to further educate our residents. New education campaigns will drive the take up of electric vehicles in the county, and link to sustainability and climate change projects such as recycling, clean fuels and green energy.



Staffordshire County Council Capital Highways Programme 2020/21

The 2020/21 capital highways programme includes a range of interventions across AQMA areas that will support and improve air quality. Plans include roundabout, junction and signals improvements to reduce congestion, enhancing walking and cycling routes to encourage more sustainable forms of travel, and improved signage and road markings to keep traffic moving. As the Air Aware Team and our Strategy team work very closely, there will be an opportunity to help shape future capital projects and support the promotion of new schemes in local areas.

Staffordshire Live Labs Programme (£1.95m)

Staffordshire are trialling and incubating a cohort of SMEs based around two concepts, Mobility and Air Quality. The objective of the 'holistic clean air zone' is to explore how Intelligent transport system technologies, behavioural change and other innovative solutions can be deployed to tackle air pollution in areas with poor air quality in Staffordshire. Providers are trialling their solution in locations with known air quality challenges, AQMAs. The programme has deployed a network of air quality sensors at test-bed locations to allow solutions providers to track progress against baseline measures and evaluate their effectiveness in reducing levels of PM2.5 and NO2 in the environment.



The Air Aware phase 2 will use lessons learnt from the Live Labs to deploy air sensors at key locations in the three districts to measure air quality, allow real-time via a dashboard and enable effective evaluation of the initiatives implemented through the Air Aware programme.

The Live labs programme is trialling innovative solutions including – e scooters, Demand Responsive Transport, Green Walls and Moss Walls, Pop up electric vehicle charging points, electric vehicle community car share scheme, and smart traffic systems.

Electric Vehicle Strategy and Plan for Charging Infrastructure roll out

Staffordshire County Council have developed a 12 month plan to increase the take up rate of electric vehicles, accelerate the commercial roll out of charging infrastructure in the county, review our fleet and install electric charging points at workplace locations.

Element 3 specifically relates to an awareness raising campaign and providing support for businesses to embrace the transition from petrol and diesel vehicles to electric vehicles, as this would have a massive and immediate impact on air quality in Staffordshire.

This includes influencing planning officers and development control officers to push applications for new developments to include a requirement for the provision of electric charging points in all new homes.

Q6 Delivering Air Quality Benefits – How does the project deliver improvements in air quality?

Staffordshire Air Aware will deliver 5 key elements to achieve reductions in exposure to air pollution in AQMA's within Cannock Chase, Staffordshire Moorlands (Leek) and East Staffordshire (Burton). These boroughs/district have 7 declared AQMA's, however all AQMA areas and beyond will benefit from the communication and education campaigns delivered by the project in elements 3 and 4. In Staffordshire around 390 deaths were attributable to air pollution. Exposure to particulate matter nationally is associated with a reduction of six months of average life expectancy.

The project aims for more than a 15% reduction in local contributions of air pollutant emissions / concentrations during the 2-year period. Reductions required to meet the target will vary between AQMA's and be aligned to their AQAP.

This project will measure reductions in NOx levels and levels of PM, in targeted areas, achieved as a result of implementation of elements 1 – 5. To support this the project aims to identify new innovative ways to measure pollution, and in particular PM, through its strategic alignment with Staffordshire's ADEPT Live Labs Programme. A network of air quality sensors will be deployed in quarter one in key locations, to gather baseline data from which targets for improvements in air quality will be set.

Staffordshire Live Labs is a £1.95 million programme, funded by Department for Transport through ADEPT (Association of Directors for Economy, Environment, Planning and Transport). The programme has created a challenge fund for SMEs to bid into to trial and test innovative solutions to help solve the 2 challenges faced in Staffordshire – improving air quality and mobility. The test beds will include AQMA areas and Keele University Campus and is being delivered in partnership with Amey, the Connected Places Catapult and Keele University. The aim is to identify successful schemes that can be scaled at pace and will achieve short to medium term impact.

The Air Aware project will respond to developments from the Live Labs programme. The 5 elements and allocated resources are structured to be sufficiently agile to respond to and embrace new technologies and initiatives for the benefit of this project.



Staffordshire Air Aware project bid has taken into account current restrictions and potential disruption to external engagement opportunities due to the Covid-19 pandemic. The approach and focus of behaviour change campaigns for this phase will be informed by the use of mosaic data, which allows intelligent targeting of our key audience.

Based on critical evaluation of activities delivered during the first phase of Air Aware (DEFRA funded) and their success, this evidence base has been used to inform and shape the elements contained within this bid – phase 2. The project aims to drive behavioural change, scope and utilise innovative technologies and embrace national campaigns, whilst giving the project a local feel to make this change real and relevant to our citizens, communities, schools and businesses most affected.

The project will provide funding and support to meet the demand of engagement raised currently through working in areas across the county, in addition to our core commitment and local contribution. The current project has shown that by working more intensively with a school, developing and delivering campaigns directly related to air quality and not only active travel, results have far exceeded expectations. The actively engaged schools wish to continue this work increasing the number of initiatives and solutions in the form of walking buses and air aware champions, which will be supported locally. This project will provide the opportunity to engage with new schools and businesses.

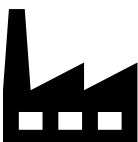




Staffordshire is seeking match funding for experienced School Travel and Air Quality Advisors, with the creation of an additional post to meet the demand for Air Quality School Engagement. Our aim is that every school within an AQMA in Staffordshire has the opportunity to work directly with an experienced advisor. The elements within this project have been identified through evaluation of the 2019 – 2020 project, these include further support for business sites, a winter campaign to provide electric vehicle

ownership and charging information to increase confidence, and the deployment of air sensors to monitor air quality real-time to enable information to be pushed to citizens to inform travel choices as well as provide an evidence as to the effectiveness of elements delivered.

Targets

Business sites	Business site engagement to enhance individual business travel planning from project phase 1 2018/19. Cannock - Cannock Chase District = 4 sites Leek – Staffordshire Moorlands District = 2 sites Burton – East Staffordshire District = 4 sites
Schools	21 schools - Air Quality engagement – including production and development of school travel plan and initiatives.
Electric Vehicle	Engagement events – 50 Community/school/business events using Travel Van. Social media campaign following the “Travel Van” as a blog to show confidence is using electric vehicle.
Communications	5000 unique visitors to the webpage 1000 pledges + additional targets formed as part of the 2-year strategy Local targeted campaigns Air Aware branding to include all elements of causes and solutions Anti-idling wider campaign to include HGB/public transport/school transport

Based on evidence collected during 2018/19 and 2019/20 the project will aim for a 10% reduction in NOX, and a reduction in PM levels monitored through a new network of air quality sensors deployed at key locations through this programme. Targets will be set at each location to reduce PM levels, once sufficient data has been gathered and a baseline established in quarter 1 of project delivery. A dashboard will display real time data from the sensors that will monitor pollution levels, both NO2 and PM, and enable robust evaluate of the effectiveness of initiatives delivered through this programme. This evidence base will inform the development of future programmes to achieve maximum impact and improve air quality for all.

Element 1 Business	Element 2 School	Element 3 EV	Element 4 Communications	Element 5 Air Sensors
				

Project Element Detail

Business Site Engagement

Target Audience –

- Employment sites
- Employers
- Employees

Measured Outcomes –

- Decrease number of vehicle trips both for commuting to site and from site during work
- Fleet management – reduce the number of high polluting vehicles
- Raised awareness of air quality
- Anti-idling campaign

Description of activity/engagement

The aim of the business engagement is to build communities of business networks to support targeted business sites that are either located in or have a direct impact on AQMA's. The sites will have a combined voice to share concerns, ideas and potentially funding. Shared facilities, staggered start timings, fleet transition and events to help a business move to being environmentally aware and future ready. Transport and Sustainability teams will work with these sites to target all areas of air pollution

bringing in relevant experts in a variety of fields e.g. Energy saving trust, Biomass boiler experts. There will be a targeted focus to support landlords to raise awareness.

Additional anti-idling campaign will target idling public transport at bus stations/stops following feedback received during project phase 1. Materials and campaigns will be used for all Staffordshire public transport operators, school transport, taxi etc. This campaign will be produced and tested with Staffordshire Bus Operator Forum (SBOF).

AQ Benefits

The outcomes will reduce the number of high emission vehicles & total number of vehicles and associated congestion in AQMAs throughout the project area. This in turn will reduce road transport emissions associated with businesses, notably NO_x and PM_{10/2.5}, thereby helping to:

- achieve compliance with national air quality objectives and
- achieve health benefits.

Additional benefits will be:

- reduced CO₂ emissions

School Engagement

Target Audience –

- Teachers & staff
- Parents
- Pupils
- School community
- Local community

Measured outcomes -

- Increased active travel
- School building energy improvements
- Decreased vehicle journeys
- Increased awareness of anti-idling
- Increased awareness of air quality
- Increased awareness of future mobility, short trips, sustainable transport options
- Increased number of volunteers delivering walking buses
- Increase in sustainable travel on the journey to school

Description of activity/engagement –

School engagement to enhance continued School Travel Plan engagement. School engagement in 21 targeted schools will work towards a wider air quality awareness.

- Campaigns including anti-idling specific to the issues facing the school, to enhance or replace if restrictions continue, a digital anti-idling campaign as this issue continues to be a problem in many locations.
- Secondary and middle school PHSE lessons and project work including personal monitors project, travel planning and links to independent travel trainers.
- Energy awareness and support for funding applications for school buildings in AQMA's.
- Increased capacity to provide lessons, either digital or face to face in schools. Current project evaluation has asked for continued expert support in this field.

AQ Benefits

The outcome will be to reduce the total number of vehicle movements associated with the school run in and around AQMAs, thereby reducing associated congestion and in turn will reduce road transport emissions associated with school commutes, notably NO_x and PM_{10/2.5} emission at the beginning and end of the school day, thereby helping to:

- achieve compliance with national air quality objectives.
- achieve health benefits from reduced emissions.

Additional benefits will be:

- reduced CO₂ emissions

Communications - Air Aware

Target Audience –

- **Employees/Employers**
- **Teachers/staff/parents/pupils**
- **Communities – general public**

Measured outputs –

- Increased awareness of all forms of air pollutants, non-transport related emissions, concentrations and exposure – current project evaluation shows this is an area of interest
- Increased awareness of active travel, anti-idling
- Increased awareness of electric vehicles, future mobility trials

	<ul style="list-style-type: none"> Increased campaigns across wider networks and partnership groups to target health networks.
<p>Description of activity/engagement - New campaign material to raise awareness of all causes of air pollution as mentioned in the Clean Air Strategy 2019.</p> <ul style="list-style-type: none"> Domestic air pollution awareness specific campaigns e.g. domestic, wood burning Additional business, community and school campaigns and partner focused toolkits providing campaign material for local locations e.g. business site toolkit Links to all campaigns where air quality messages are linked e.g. Motorcycle groups, Safer Roads Partnership messaging and Health challenges. Electric vehicle campaigns planned to be implemented throughout the project and at the installation of all charging infrastructure, linked to this and any other project. 	
<p>AQ Benefits</p> <ul style="list-style-type: none"> reductions in emissions of NO_x and PM_{10/2.5}, and congestion within AQMAs. 	
<p>Electric Vehicles</p> <p>Target Audience –</p> <ul style="list-style-type: none"> Employers & Employees Community groups General public Schools 	<p>Measured outcomes –</p> <ul style="list-style-type: none"> Increase number of vehicles changing from Diesel/Petrol to Electric Decrease number of trips using high polluting vehicle Increase confidence in electric vehicles Increased take up of electric vehicles
<p>Description of activity/engagement –</p> <p>50 engagement events will be held over the course of the project at schools, businesses and in local communities.</p> <p>Staffordshire EV communication to businesses, communities, schools, partners. New electric travel van branded to raise awareness, encourage take up and increase confidence in electric vehicles. Limits the impact project related travel to sites will have on air quality. Information web platform, events to inspire confidence and increase awareness, in particular the use of the Travel Van as its own “virtual team member” to follow its journey, cost, savings, and educating on all benefits of using an electric vehicle. The campaign will address concerns of charge and range anxiety in particular. Based on evidence from the Aecom feasibility study undertaken as part of our first Air Aware project, Staffordshire county council has produced an Electric Vehicle Charging Infrastructure 12 month action plan. This sets out how Staffordshire will increase take up and adoption rates of electric vehicles, accelerate the commercial charging points and conduct a review of fleet vehicles with a view to changing to electric and installing charging points at workplace locations. This feeds in to and supports our approved Climate Change Action Plan (September 2020 – 2021) and the county’s 12 month air quality management plan, developed in collaboration with Districts through the SAQM.</p>	
<p>AQ Benefits</p> <p>Increased uptake of EV will directly reduce the emission of NO_x in and around AQMAs, thereby helping to achieve compliance with the national NO₂ objectives. This will have an additional benefit of ‘future proofing’ transport in light of government plans for conventional petrol and diesel vehicles. The disadvantages are:</p> <ul style="list-style-type: none"> the current uncertainties with technological improvements and availability. lack of publicly available EV charging infrastructure. Current costs of transition. Overcoming negative public perception. 	
<p>Deployment of Air Quality Sensors</p> <p>Target Audience -</p>	<p>Measured outcomes –</p> <ul style="list-style-type: none"> Identification os key locations Deployment in quarter 1 Baseline data obtained

<ul style="list-style-type: none"> Burton Cannock Leek 	<ul style="list-style-type: none"> Monitoring of real time data against project delivery and element implementation Sharing of information n campaigns
<p>Description of activity / engagement. A network of air quality sensors will be deployed in Burton, Cannock and Leek to complement existing methods of air quality sampling, including diffusion tubes and hand-held kits. Historical data will be used alongside data gathered in quarter 1 to set baseline targets.</p> <p>Data will be reported and shared real time via a dashboard, and will be used to inform communication campaigns and educational activities and events.</p>	
<p>AQ Benefits / Detrimental Effects</p> <ul style="list-style-type: none"> influencing behaviour towards lower emissions of NO_x and PM₁₀, 	

Evidence & Timeline

The project aims to decrease emissions by 15% within areas of engagement over the lifetime of the project, evidenced in the current project. The 2-year project will allow for intensive local engagement in 3 district AQMA's, with all areas gathering data from a range of sources, including the new air quality sensors deployed strategically in the three areas, existing diffusion tubes, and handheld monitors. Schools will complete mode of travel surveys termly to monitor behaviour change and measure success. See example below Heath Hayes case study.

Academic Year	2017/18	2018/19	2019/20
Car (home to school)	60%	24%	11%
Park & Stride	11%	31%	34%
Walk	25%	34%	34%
Cycle	0%	3%	7%
Scooter	2%	6%	10%
Car Share	0%	2%	2%

Background information – Heath Hayes school withing Cannock Chase AQMA has been engaged with Ryan Procter School Air Quality Advisor since 2017/18.

The school achieved **Regional School of the Year 2019**, currently waiting for results for National School of the year. During lockdown the school with the support of Ryan (school travel advisor) continued with remote engagement updating parents and pupils on air aware messages. Since restart in September the school put active travel and air aware back at the top of the agenda. The school has been involved in two high profile media campaigns featuring on ITV Central News and BBC Midlands today. Ryan has been nominated and shortlisted for Best Individual Contribution to Sustainable Travel 2020, the Air Aware programme has been nominated and shortlisted in 5 categories.

Month/Year		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
School	Tube Code											
Heath Hayes	HH01	27.3	28.1	30.2	31.3	17.3	17.7	13.8	14.9	15.8	16.6	19.3
"	HH02	I/S	23.2	27.2	23.8	12.1	11.4	8.7	10.4	8.8	10.1	12.4

Diffusion Tube Monitoring Recording Mean Average NO₂ results at Heath Hayes Primary Academy in Cannock

Hand Held Monitor Reading using Aeroqual Monitors at Heath Hayes Primary Academy in Cannock

Average Reading Before Clean Air Day in period between 8:30am to 9:00am: **154.46µg ***

Average Reading After Clean Air Day in period between 8:30am to 9:00am: **125.24µg ***

*Note – These readings are only indicative as the monitors record NOX and other gasses



Heath Hayes engagement images (GDPR compliant) raising the profile of air quality issues in the AQMA Cannock Chase area. Monitoring air quality, encouraging walking and cycling. Engagement for Clean Air Day showed a 20% reduction in NOx see above table.

Should restrictions continue to be in place during 2021 all activities will be digital/remote for schools. Trials took place during summer term 2020 with successful lessons and video's produced. Continuing this work with digital lessons will provide schools with expert support to introduce air quality to the curriculum.

Q07 Value for money: How will the project deliver value for money?

AirAware – local	Funding bid 2 years	Local contribution 2 years
SCC	£296,828	£164,742

The Economic Case

The elements of the project proposal all aim to reduce single car occupancy journeys and where possible remove the need to travel altogether, having a positive impact in air quality by reducing levels of harmful emissions. Modal shift and subsequent reductions in car use represent a significant reduction in annual vehicle kilometres and carbon emissions. The elements of the project were decided between bid partners using evidence, both qualitative and quantitative, to find the best solution for the AQMA's in our local area. They include a plan to expand on the transport related causes of air pollution to expand the AirAware message to include other causes with a focus on a future innovative wood burning solution.

Delivery costs have been calculated based on evaluation of current air quality and behaviour change projects. Where evaluation has shown a need to change delivery these changes have been included within this project plan. The County Council has an excellent track record in delivering the types of behaviour change initiatives in this package through the expertise gained over 2 years of air quality and previously five years of Local Sustainable Transport Fund (LSTF) delivery, all delivered collaboratively with a range of partners. The results and successes of these projects have recently been recognised through national and regional awards with elements of the current Air Aware project nominated and shortlisted for their achievements. The deployment of a network of air quality sensors will make it possible for PM levels to be monitored and the economic and health benefits associated with improvements in air quality to be measured.

Additionality

Additional benefits as a result of successful project delivery include –

- Reduced congestion as number of car commuters and cars on the school run
- Employers find it easier to recruit and retain staff
- Employees more likely to be active and healthy in body and mind and less likely to be absent from work
- Increased levels of walking and cycling expected to reduce the number of people with excess weight
- Safer walking and cycling environment leading to improved safety and confidence particularly in cyclists
- Better environment creating healthier and happier communities
- Countywide awareness of air pollution causes and solutions

Local contributions

Local contribution source over two years	£169,742	Staffing resources are in place. Equipment contribution will be matched on the sale of the current vehicle.
County Council Connectivity Project Officer	£43,414	Project Management – budget, line management of staff.
County Council Connectivity Officer	£43,414	Part funded position – SCC Business Officer
County Council Connectivity Officer	£43,414	Part funded position – SCC Air Quality School
Vehicle sale estimate	£3,500	Equipment contribution will be matched on the sale of the current vehicle.
County Council Project Officer	£24,000	Part time funded Connectivity Project Officer (EV) oversee element 3
County Council Sustainability Officer	£5,000	Part time funded Sustainability Officer – oversee element 5
County Council Campaign officer	£2,000	End of project evaluation
Business support resources	£5,000	Pool Bike and Active Travel equipment loan scheme

Grant funding

Element	Funding	Milestones & outputs	Costs	Local contribution
1	Business Travel Advisor - match funding required	Continue monitoring and engagement of phase 1 AirAware Businesses. Implement phase 2.	£43,414.00	£43,414.00
1	Business Network site improvement grant scheme	Network funding pot - costs towards meetings, minor site improvements, external expert support, events.	£40,000.00	£5,000.00
2	AQ School Travel Advisor - match funding required	Continue monitoring and engagement of phase 1 AirAware schools. Implement phase 2.	£43,414.00	£43,414.00
2	AQ School Travel Advisor PT post 2	Support SCC AQ officer 21 school target to engage	£60,000.00	£0
3	Electric Vehicle - campaign and resources	Commitment to continue to engage and implement EV strategy - working with partners to plan for electric charging infrastructure to meet county demands	£0.00	£24,000.00
4	Communications	2 year strategy plan (scope and test) to include new elements - EV, Household, Business, additional strands to AirAware campaigns.	£18,000.00	£0
4	Communications	Implementation of new air aware campaign to support element 5, introducing all air polluters and solutions eg wood burners	£5,000.00	£0
4	Communications evaluation	Evaluation of project campaigns, sustainability plan for inclusion of air pollution in all areas of work	£2,000.00	£2,000
1,2,3,4	Electric Vehicle - campaign and resources	Implementation of electric vehicle - Travel Van for events, E-van cost & branding and funding for events/blog	£35,000.00	£3,500
1,2,3,4,5,	Project management	Attendance at project boards of all partner groups. Project Manager costs.	£0.00	£43,414.00
1,2,5	Air Quality Sensors	Deployment of sensors at key sites in Burton, Cannock and Leek to measure air quality real time	£50,000.00	
			£296,828.00	£164,742

Procurement

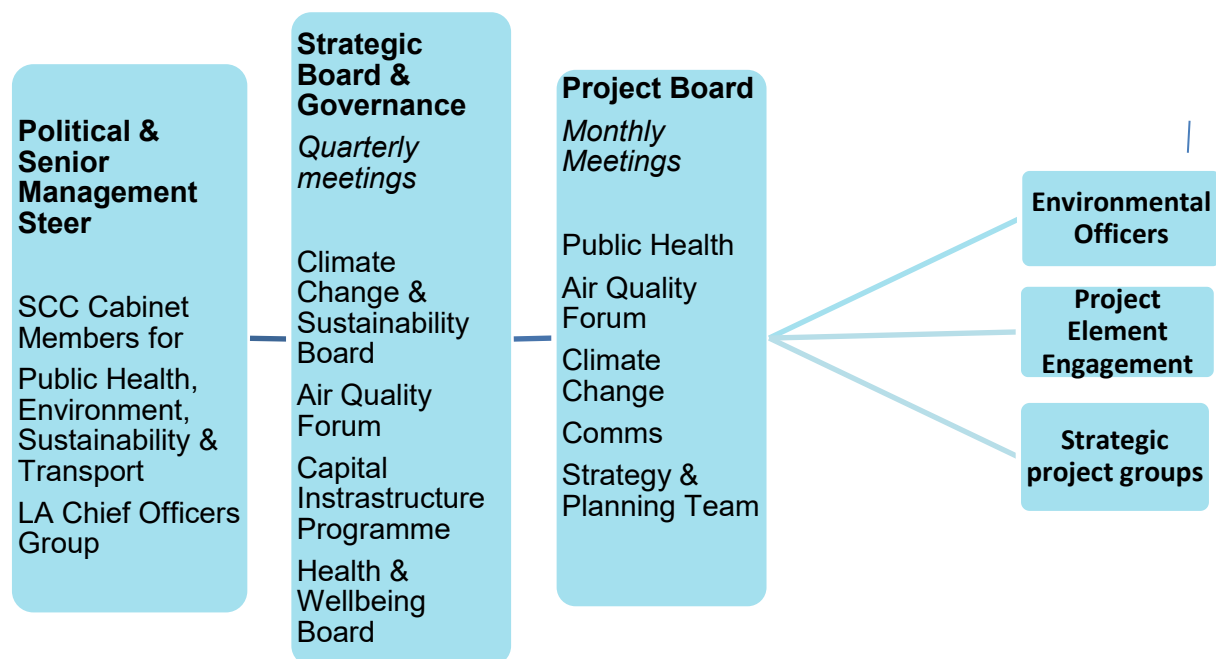
Posts will be filled through a competitive interview process on fixed term basis aligned to the project timescales. Job descriptions and adverts are in place to enable early project implementation and ensure the project team are effective from day one. Commissioning of any consultants will be through Staffordshire County Council's framework where available, otherwise usual OJEU processes will be followed.

Q08 Deliverability: How will you ensure the project delivers the objectives, to time and budget?

Project governance, management and working groups

A Project Manager, (local contribution) will be in place to ensure objectives of the proposal are delivered within budget and to time. Should additional resource be required to meet the objectives this will be met locally. The Project Manager will work across all areas supported by Staffordshire County Council Officers. All staff funded through this post will be line managed by the project manager.

The organogram below shows the governance arrangements, strategic steer of the project and political and senior leader support. All engagement groups will have the benefit of experienced staff and resources made available to achieve project outcomes.



The project will be aligned to, and complement the following projects and schemes			
Staffordshire Live Labs – £1.95 million DfT funded project sponsored by ADEPT	Integrated Transport Highways Improvements	Staffordshire's 5 year Climate Change Emergency Action Plan	Electric Vehicle Charging Infrastructure 12 month plan

All working groups will use smart working technology to reduce the need to travel to meetings, TEAMS, Skype etc, and where visits or events take place travel will be by the most sustainable and appropriate method to support our INTO (inspiring new travel choices) brand – use of the electric van, walking, cycling, public transport and e scooters in trial areas.

Delivery Timeline and Spend by Quarter

AirAware Project Phase 2	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Total
Element 1 - Business	5432	15426	15426	5426	15426	15426	5426	5426	83414
Element 2 - School	13114	12900	12900	12900	12900	12900	12900	12900	103414
Element 3 - EV	35,000								35000
Element 4 - Campaigns/communications	5000	5000	5000		5000	5000			25000
Element 5 - Air Quality sensors	50,000								50000
Total Grant spend by quarter	108546	33326	33326	18326	33326	33326	18326	18326	296828
Total Match Contribution by quarter	20341	20341	20341	20341	20341	20341	20341	22355	164742

AirAware Project Phase 2	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Post Project
Element 1 - Business									
Business site campaign approach preparation									
Audit & Engagement stage 1									
Business Network start locations 1 Cannock									
Business Network continued monitoring/engagement - Cannock									
Business Network start locations 2 Burton									
Business Network continued monitoring/engagement - Burton									
Business Network start locations 3 Leek									
Business Network continued monitoring/engagement - Leek									
Element 2 - School									
Phase 2 school approach preparation									
Audit & Engagement stage 1									
Start stage 1 schools x 10									
Stage 1 schools continued monitoring									
Start stage 2 schools x11									
Stage 2 schools continued monitoring									
Element 3 - EV Campaign									
Campaign approach preparation									
Engagement location 1 - Cannock									
Engagement location 2 - Burton									
Engagement location 3 - Leek									
Element 4 - Campaigns/communications									
Reactive and programmed materials and campaigns to support all elements									
Element 5 - Air Quality sensors									
Identification of locations & deployment									
Real time measurements & monitoring									

Project risk

Key Risks	Level & Managing Risk and Risk Mitigation
Delivery Sustainability post project lifetime and impact of Covid-19 Pandemic	Medium - <u>Sustainability</u> – successful initiatives will become core work, providing funding is available. New funding streams will be sought during the course of the project. <u>Covid – 19</u> – local lockdowns and nationally guidance may impact on travel choices and frequency of travel, whilst providing an excellent opportunity to change travel habits for the better on a permanent basis.
Financial Possible scheme cost overrun or higher than expected costs	Low - Scheme costs will be managed and benchmarked against similar schemes, with a Project Manager overseeing all budgets and staffing. If necessary, additional costs will be met locally. The scale of initiatives may be prioritised to the most effective areas. Spend profile is front loaded, to maximise impact and reduce risk over project overrun.
Partnerships & consultation Difficulties maintaining partner support	Low - Key delivery partners have formed part of the working group to produce the project plan. All partners have been actively engaged with the project delivery team since 2017. The Air Quality Forum provides the technical support and knowledge to ensure outcomes and actions are relevant to inform clean air strategies.
Communication & marketing Social movement and behaviour change take time	Medium - Proactive well-planned marketing campaign supported by a comms and marketing strategy that extends beyond the 2-year time frame. This will be aligned to health, climate, transport strategies, however it will be flexible and reactive to national trend for sustainable actions.

Q09 Monitoring, Evaluation and knowledge transfer: How will delivery of the project be monitored and outcomes of the project be measured. How will any knowledge and lessons learned be disseminated to the wider LA network and other key stakeholders?

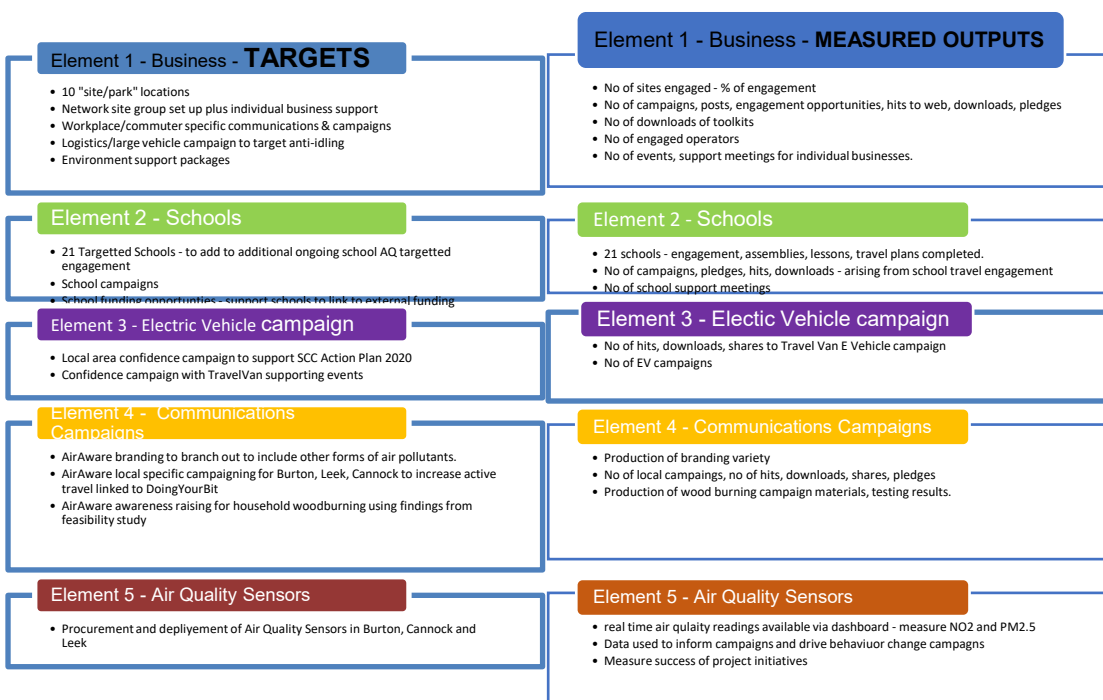
Knowledge sharing

The project board (Q8 governance table) is formed of a multi-disciplinary team representing District Environmental, Climate Change and Sustainability, Transport, Connectivity, Communications and Public Health. Each teams will both contribute from their area of expertise into the project and disseminate information back to their own area both locally and regionally/nationally. The board will meet quarterly to review project reports, review risk register and ensure all the project outcomes are on track. Board meetings will be scheduled around grant reporting requirements.

The final report, lessons learnt and successes, will be formally disseminated through existing networks, including – Regional ADEPT Boards, ADEPT Live Labs Programme, Local Authority Transport and Climate Change Groups and Leaders and Chief Executive meetings.

Monitoring & Evaluation

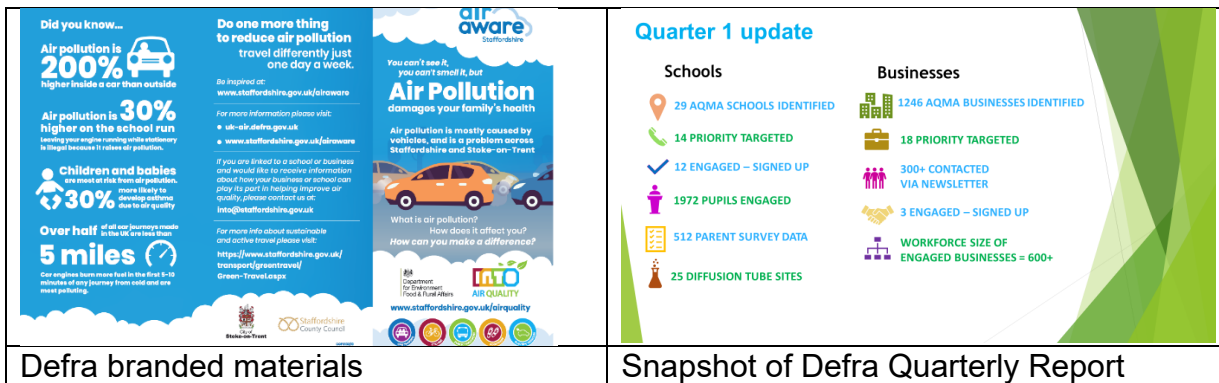
The outcomes of the project will be monitored and measured through a range of quantitative and qualitative methods, including - mode of travel surveys at schools and businesses, engagement surveys at events, air quality sensor data, interviews with businesses, travel surveys with employees and employers. The board will agree the evaluation methodology in quarter 1.



Reporting

DEFRA reporting requirements will be complied with, quarterly reports will be submitted in line with grant requirements having been approved by the Strategic Project Board. The final report will be structured around the 5 Elements, and show the benefit and value of alignment with strategic projects including the Live Labs programme, Integrated Transport Capital Highway Investment, Districts AQAPs and the county wide AQMP led by the county council. The report will outline the success of each element, measure the return on investment, and identify the wider economic and health and wellbeing benefits achieved. The structure of the final report will be agreed by the board at quarter 2, after consideration and approval of the evaluation methodology.

Reports, press releases and campaigns will include the DEFRA logo. Links to the DEFRA website will be included as per terms and conditions of the bid. This Page 30 evidenced in current project reports.



Measuring and monitoring NOx and PM

NO levels are monitored by Districts and the City Council at agreed locations in addition to this the Air Aware Team use hand held monitors to measure pollution levels outside schools and key locations and during campaign activities, such as car free days.

Working with the Staffordshire Live Labs programme, our aim is to deploy a network of innovative air sensors to measure real time levels of air pollution, including PM. Targets will be set against baseline data.

A number of the Staffordshire Authorities currently monitor locally for PM₁₀. Defra’s Automatic Urban and Rural Network (AURN) site, Stoke-on-Trent Centre has a dedicated PM_{2.5} monitor. Where the data is derived from PM₁₀ monitoring this has been adjusted by applying a correction factor of 0.7 to derive the PM_{2.5} component. The correction factor has been derived from the average of all ratios of PM_{2.5}/PM₁₀ for the years from 2010 to 2014 for forty sites within the Automatic Urban and Rural Network (AURN) where these substances are measured on an hourly basis and follows the guidance published in LAQM (TG16).

Targeting and monitoring behaviour change and communications campaign

Mosaic profiling of areas within the project will enable campaigns to be targeted to audiences using the channels which will have the greatest impact and success. See examples below of current project communication monitoring data collected since launch of webpages on Clean Air Day June 2019. Engagement will be measured. At the time of submitting this request the 2020 Clean Air Day campaign was fully digital.

Comms until June 2020...

Schools

- Ongoing roll out of the "Switch off when you drop off" campaign to all schools in the AQMA areas
- If successful, this campaign will be rolled out to all schools and academies in Staffordshire and Stoke-on-Trent
- Support for development of in-class materials around air quality and school focused campaigns

Business

- Ongoing development of seasonable campaigns and business support packs to increase effectiveness of face to face business engagement.
- Continuing development of business case studies - illustrating businesses being environmentally responsible and moving towards zero-carbon status.

Evaluation

842 visitors to the Air Aware webpages

208 people showing behavioural intent to change how they travel at least one day a week.

It's still early days!

General public - phase 2

- MOSAIC driven email marketing campaign
- Behavioural science and email marketing technology will focus on the modality that they are most likely to try, and encourage them to try that behaviour.

Staffordshire Health and Wellbeing Board – 02 December 2021

Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2020/21

Recommendations

The Board is asked to:

- a. Receive and consider the SSASPB Annual Report 2020/21 in accordance with the requirements of the Care Act 2014
- b. Provide feedback as to how the HWBB 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 2020 to March 31st, 2020/21. 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 2020 to 31st March 2021:

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 12,176 occasions where concerns have been reported that adults with care and support needs have been abused or neglected or may be at risk of abuse and neglect. This number has increased significantly from 2019/20 which was reported as 4,150. This increase is as a result of a change in how Staffordshire County Council (SCC) report the number of concerns that they receive. In previous years it has reported only the number of concerns that progressed to a formal enquiry stage.
- i. Following initial assessment, it was determined that the duty of enquiry requirement was met in 25% of those reported concerns, again this figure varies from the figure of 93% shown in last year's Annual Report due largely to the changes in how the concerns are reported. The conversion rate varies considerably throughout the Country and is dependent upon how Local Authorities record and report safeguarding concerns and Section 42 enquiries. In recent years there have been attempts made nationally to make the information more consistently reported and therefore comparable, but this had very limited success.
- b. **Age:** Of the people subject of a S42 enquiry, those aged 85 to 94 years (26%) represents the largest cohort, very closely followed by 75 to 84 years (25%). There has been very little change when compared to last year's figures. When drawing comparison with the population statistics of Staffordshire it is evident that adults in the 75 years+ age groupings are disproportionately over-represented for Section 42 enquiries.

- c. **Gender:** The majority of Section 42 enquiries involve females – 62%. This is disproportionately above the population average for females in Staffordshire which is 50.3%. Females above the age of 75 years are consistently found to be most at risk of abuse or neglect.
- d. **Ethnicity:** The majority of adults involved in a Section 42 enquiry are white - 87.9%. The percentage of the population of Staffordshire who self-identified as white is 93.6%. In 8.4% of the Section 42 enquiries the ethnicity is 'not known'. Which may in part be due to the adult being unable to self-identify. Recording may also contribute to this figure. In future the recently updated version of the Information Management System used by SCC – 'Care Director' may assist in reducing the not knowns.
- e. **Primary Support Reason (PSR):** Physical support continues to be the most common PSR in Staffordshire at 40% which is a decrease on the figure of 49% reported in 2019/20. This is followed by mental health support at 11% and learning disability at 10%. It is difficult to accurately interpret these figures because 29% were recorded as 'not known'. This is an increase when compared to 16% in the previous reporting year. The reasons for this increase are not clear. In part this may be due to cases that are closed at an early stage when the PSR is not known.
- f. **Type of Abuse:** Neglect and Acts of Omission (36%), Physical Harm (18%) and Financial Abuse (15%) continue to be the most prevalent types of abuse and neglect in Staffordshire. This is broadly similar to the figures reported last year at 35%, 22% and 18%. Institutional (Organisational) Abuse has increased from 0% to 7%. Nationally, Institutional Abuse is reported as 6%.
- i. Pages 17 - 22 of the Annual Report contain case studies which exemplify some types of abuse and neglect and the multi-agency response.
- g. **Location of Abuse:** The most reported location of abuse in Staffordshire was the adults' own home at 66%, this is higher than the National average of 49.8%. Put into context the adult may consider their care/residential or nursing home as their 'own home'. The next most prevalent locations were independent residential home 12% and nursing home 11%.
- h. **Expressed Outcomes met:** In Staffordshire 98% of adults involved in a Section 42 enquiry confirmed that their desired outcomes from the enquiry were fully or partially met. This is the same as last year. Nationally this figure is reported as 95%.

- i. **The COVID-19 Pandemic:** This Annual Report covered the period 1st April 2019 to 31st March 2020. At the beginning of the year care homes and adults with care and support needs who were not visible, or unable to receive their usual support, were of huge concern due to the stringent restrictions on social interaction.
6. Safeguarding partners adapted their approaches to become more supportive of front-line operations whilst at the same time remaining vigilant as to the implications for hidden adults arising from shielding; homeless adults and rough sleepers with care and support needs; and the experiences of those adults with care and support needs at increased risk of exploitation and domestic abuse.
7. The Board has adapted its approaches to seeking assurances as to the effectiveness of safeguarding arrangements using a range of methods to communicate and engage. The response to the necessary changes has demonstrated the strength of local partnership working which has become even more cohesive and visible over time.

List of Background Documents/Appendices:

Appendix 1: The Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2020/21

Contact Details

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Staffordshire and Stoke-on-Trent
Adult Safeguarding Partnership Board

Abuse must stop

SSASPB Annual Report 2020-21



Page 37



City of
Stoke-on-Trent



Staffordshire
County Council



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

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

Adult living in Staffordshire – Telephone: 0345 604 2719

Further information about the Safeguarding Adult Board and its partners can be found at:

www.ssaspb.org.uk

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. This report provides a look back at the work by the partners of the Board and its sub-groups over the year 1st April 2020 to 31 March 2021.

The year began and ended in lockdown due to the COVID-19 pandemic which has had devastating impacts in many ways on the health and wellbeing of millions of people both here in the United Kingdom and throughout the world.

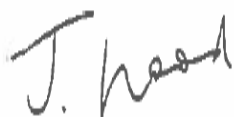
At the beginning of the year care homes and adults with care and support needs who were not visible, or unable to receive their usual support, were of huge concern due to the stringent restrictions on social interaction. Safeguarding partners adapted their approaches to become more supportive of front-line operations whilst at the same time remaining vigilant as to the implications for hidden adults arising from shielding; homeless adults and rough sleepers with care and support needs; and the experiences of those adults with care and support needs at increased risk of exploitation and domestic abuse.

The Board has adapted its approaches to seeking assurances as to the effectiveness of safeguarding arrangements using a range of methods to communicate and engage. The response to the necessary changes has demonstrated the strength of local partnership working which has become even more cohesive and visible over time.

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 again thank the inspectors from the Care Quality Commission with whom safeguarding partners have developed constructive working relationships through established channels of communication and early intervention particularly through the COVID-19 pandemic.

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 again acknowledge the enormous 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 2014¹ 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 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 40.

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 41.

Safeguarding Adults – A Description of What It Is

The statutory guidance² for the Care Act 2014 describes adult safeguarding as:

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

¹ Care Act 2014: <http://www.legislation.gov.uk/ukpga/2014/23/contents>

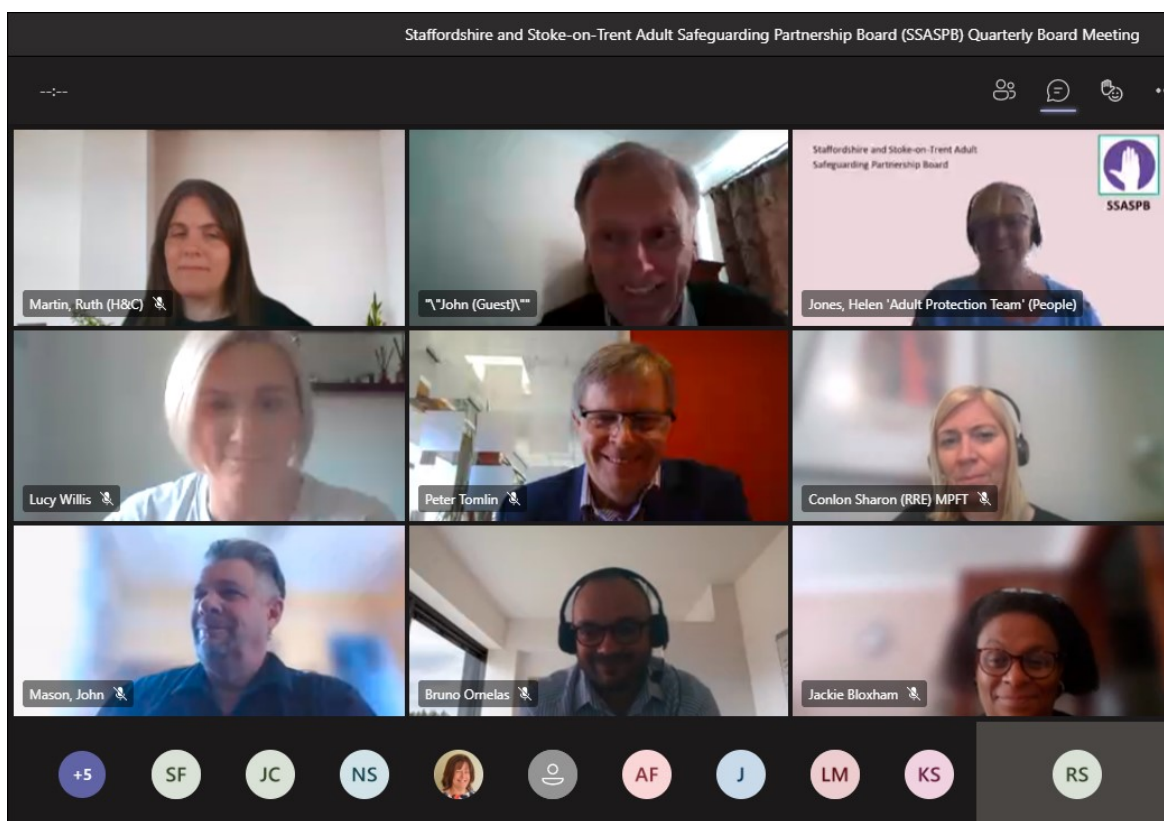
² Care and support statutory guidance: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Abuse and neglect can take many forms. The various categories as described in the Care Act are shown at Appendix 3, page 42. 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.



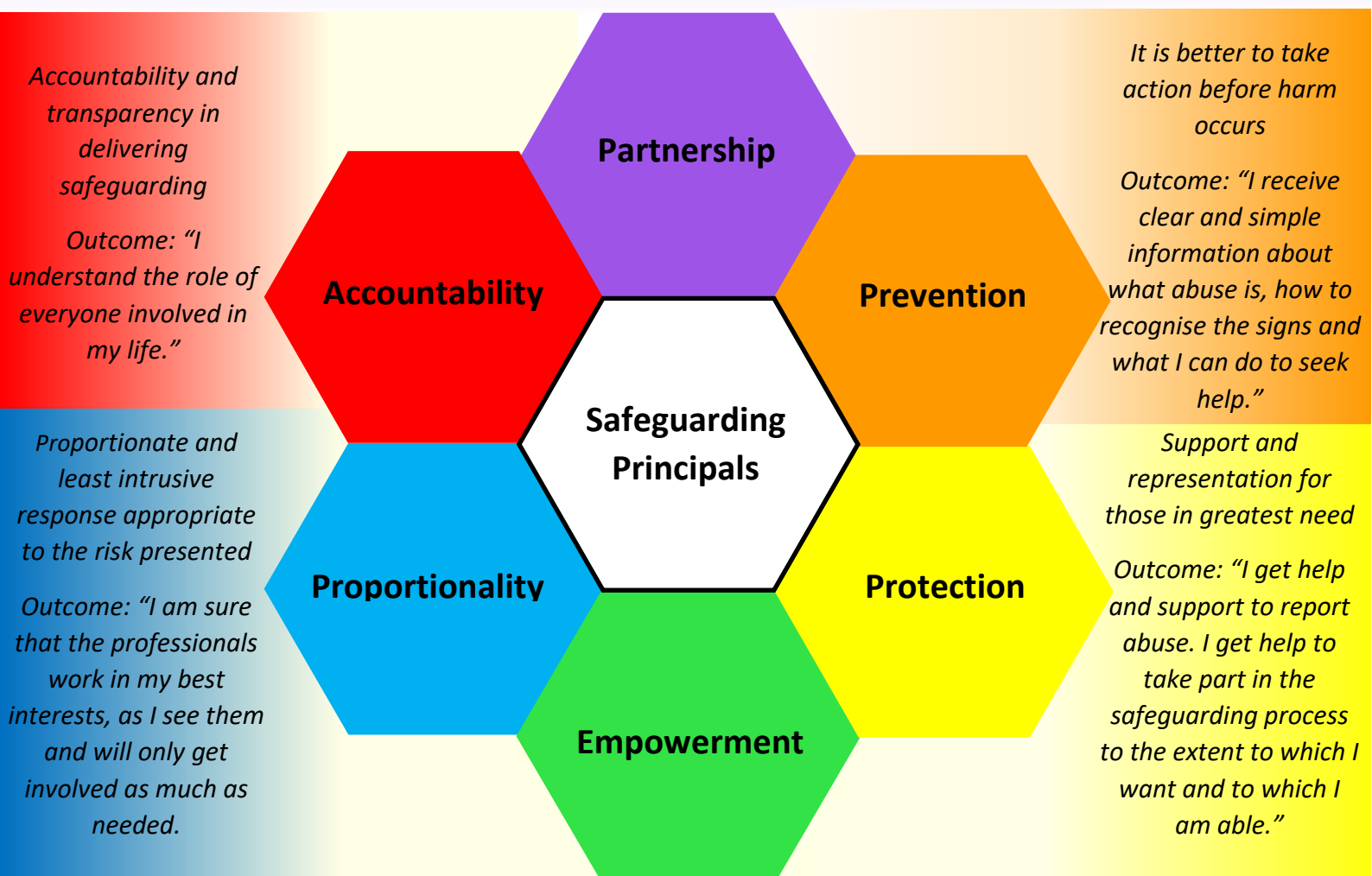
All of the Board meetings this year have been hosted virtually.

4. SAFEGUARDING PRINCIPLES

The Department of Health 2011 (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.

*Local solutions through services working with their communities.
Communities have a part to play in preventing, detecting, and reporting neglect and abuse*

Outcome: “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me”



Presumption of person led decisions and informed consent

Outcome: “I am asked what I want as the outcomes from the safeguarding process, and these directly inform what happens.”

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.

Board

Independent Chair: John Wood

Vice Chair: Lisa Bates, Designated Nurse for Adult Safeguarding, Staffordshire and Stoke-on-Trent Clinical Commissioning Groups and Kim Gunn, Designated Nurse for Adult Safeguarding North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups April 2020 to August 2020.

The Board oversees and leads adult safeguarding across our area and is interested in a range of matters that contribute to the prevention of abuse and neglect. These include the safety of patients in the 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.

During 2020/21 the Board has:

- Sought and received assurances from connected partners as to the working practices that were adapted in response to the COVID-19 pandemic and received assurances that adult safeguarding was not adversely impacted by the provisions for 'easements' relating to Adult Social Care
- Received a presentation from the CQC Inspection Manager for Staffordshire and Stoke-on-Trent on the work of the CQC within regulated care home settings. Discussed how inspection and regulatory practice had been adapted in response to the COVID-19 pandemic and the associated challenges resulting from it. Received assurances from the CQC Inspector that they were conducting research and follow ups into COVID infection management in regulated settings
- Encouraged the Local Authorities to contribute to the Safeguarding Adults Insight Project to gather data on the impact of COVID-19 on adult safeguarding and subsequently discussed findings
- Received a presentation from the CQC Inspection Manager on the work of the CQC within independent hospitals. CQC responded to the Independent Chair's request for assurance that adult abuse and neglect was being identified and addressed in independent hospital settings in Stoke-on-Trent and Staffordshire
- Actively raised awareness and promoted widely the importance of whistleblowing in response to the CQC publication Closed Cultures (published June 2020)
- In response to a challenge from a Board member considered the question 'How does the Board hold the safeguarding system to account in the midst of the COVID pandemic'? The discussion was informed by contributions from visitors, the Chair of the Staffordshire and Stoke-on-Trent Quality and Safeguarding Information Sharing Meeting (QSISM) and the Executive Director of Nursing and Quality from the Staffordshire and Stoke-on-Trent Clinical Commissioning Groups and focused on: -
 - Safeguarding issues and concerns during the COVID pandemic, particularly in relation to care homes
 - How the SSASPB ensures the effectiveness of safeguarding arrangements during the changed arrangements
 - Escalation procedures: how the policy and procedure is promoted and used and what if any blockages there are to use and progression
- Received updates from both Local Authorities detailing the response to the Department of Health and Social Care regarding 'Support Package for Care Homes'

- Considered and discussed the findings from the national research into the deaths of adults with Learning Disabilities due to COVID. Sought assurances from partners as to local position regarding adults with Learning Disabilities (LD) and subsequently prompted challenges and escalations as to the support for adults with LD locally
- Received assurances that relevant partners are planning for the changes to be brought about by the transition to the Liberty Protection Safeguards scheduled for April 2022
- Received and discussed the updated policy for safeguarding in publicly owned prisons and discussed similar arrangements for private prisons
- Reviewed the attendance at Board meetings and sub-groups. Despite the increased operational demands caused by the pandemic excellent attendance has been sustained through the virtual platform of Microsoft Teams
- Considered and discussed the review of the Multi-Agency Safeguarding Hub (MASH) and determined the future assurance role of the Board

Executive sub-group

Chair: Kim Gunn, Designated Nurse for Adult Safeguarding North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups April 2020 to August 2020.

Lisa Bates, Designated Nurse for Adult Safeguarding, Staffordshire and Stoke-on-Trent Clinical Commissioning Groups August 2020 to present

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

During 2020/21 the sub-group has:

- Monitored the progress against the Strategic Priorities (Engagement and Financial and Material Abuse)
- Discussed how the partnership response to the COVID-19 pandemic was being monitored on matters relating to adult safeguarding
- Tasked the Audit and Assurance sub-group with checking what lessons were being learned both locally and nationally following the discharge of adults with care and support needs from hospital into care and nursing homes during the early phases of the pandemic
- Checked local activity against the National COVID Assurance framework that had been distributed through the National Board Business Manager network
- Prioritised work of the Board following the introduction of the first national lockdown in March 2020. Lower priority meetings were postponed until the technology for remote working became more widely available, however the Board continued to function and fulfil its statutory responsibilities during this period
- Produced a briefing note to advise the Partnership of the decisions taken regarding work prioritisation to keep them informed of the impact of the pandemic

- Monitored the demands placed upon the partners in Board sub-groups releasing them to be operationally responsive to the demands caused by the pandemic when it was necessary
- Agreed to support a research project proposal by Dr Laura Pritchard-Jones from Keele University to study the impact of 'COVID-19 on Adult Social Care and Safeguarding: a Large-Scale mixed methods study'
- Considered a report produced by the CQC outlining the impact that COVID-19 had on deaths of adults with a Learning Disability. Followed up the national findings locally with Health and Wellbeing Boards and the Learning Disability Mortality Review Programme (LeDeR)
- Sought assurance that both Local Authorities had responded to a letter from the Minister for Care in which they had outlined their plans regarding the support package for Care Homes
- Received a presentation from Lindsey Boughey covering the new oversight arrangements for CCG-Commissioned placements for those with a learning disability, autism or both in independent mental health hospitals
- Agreed to examine best practice regionally and nationally for the management of complex cases which don't meet the criteria for formal adult safeguarding
- Engaged with the review of the Multi-Agency Safeguarding Hub (MASH)
- Supported the production of guidance for Safeguarding in Prisons which is used by the 7 adult prisons in Staffordshire
- Sought assurances on agencies' response to the publication 'Adults Missing from Care Settings' published by [Missing People](#) in October 2020
- Planned the Partnership's contribution to the Ann Craft National Adult Safeguarding week in November 2020 and reflected afterwards on the achievements. Acknowledged the excellent work done by many partners to support the awareness raising initiative
- Agreed to support a piece of academic research led by King's College which looked at practice with regards to self-neglect and homelessness
- Contributed to the feedback sought following the publication of the draft National Institute for Health and Care Excellence (NICE) [Guidance for Safeguarding Adults in Care Homes](#) on the 26/02/21
- Made decision to refresh the dedicated SSASPB website and to make it more accessible, approving the funding to do so
- Directed and approved the contents of guidance explaining what the differences are between a Safeguarding concern and a quality concern in response to outcomes from the Tier 3 audits
- Oversaw the development of the SSASPB Annual Report
- Received updates from Regional and National Adult Safeguarding fora through membership at various meetings
- Monitored the activity towards mitigation of risk using the SSASPB Risk Register
- Reviewed the membership of the Board and managed the Board membership process
- Managed and monitored the SSASPB budget
- Reviewed the Strategic Plan
- Received assurance 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
- Monitored the progress of all Safeguarding Adult Reviews

Safeguarding Adult Reviews sub-group:

Chair: Simon Brownsword followed by Superintendent Carl Ratcliffe, 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 management of SAR referrals from the point of receipt to the approval of the final report and delivery of the improvements action plan. The sub-group also has responsibility for identifying and cascading the lessons learnt from any reviews conducted by other SABs.

In the Annual Report 2019/2020 the following 3 cases were introduced, an update is provided for each.

'Andrew': A SAR conducted under S44(1) Care Act 2014 – Mandatory Review (Stoke-on-Trent)

Brief overview of the circumstances of death and how the criteria for a SAR was met:

A referral was received in September 2019 in relation to the death of a 37-year-old white British man living in social housing in the Stoke-on-Trent area.

Andrew had complex needs arising from mental ill-health, substance misuse, grief following the death of his mother, poor health generally, indifference to whether he lived or died and fluctuating engagement with service providers. Following the death of his mother his alcohol consumption increased and he lost his job due to non-attendance.

In the last few months of his life Andrew called for the attendance of an ambulance on several occasions, but when admitted to hospital would discharge against medical advice. He attempted alcohol detoxification without success. Multiple services were engaged with him, but the success of any intervention was short lived and contact with him was often difficult. He died in September 2019 before being found by Police after they had forced entry into his flat following reported concerns about his wellbeing.

Andrew died from gastrointestinal bleeding with self-neglect as one of the key contributory factors. There were concerns outlined in the collated chronology regarding how agencies worked together, and it was evident from the information shared at the Safeguarding Adult Review scoping meeting that there were lessons to learn. A SAR was conducted under S44(1) Care Act 2014 (Mandatory review) lead by an Independent Reviewer.

Key findings from the SAR:

Domain 1: direct practice with individuals

- The Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) should seek assurance that partner agencies are promoting trauma informed practice, particularly with people who use substances and self-neglect and that this should be reinforced through training sessions, learning events and one-to-one management meetings
- The SSASPB should consider how to promote the routine analysis of safeguarding concerns so that patterns and escalation are identified and acted upon
- There should be consideration of creating the role of "lead practitioner". This would be the staff member with the best relationship with a hard to engage client. This role would lead on engagement

and coordination and should not be limited to staff in statutory organisations but should be recognised by each partner as the lead worker

- Stoke-on-Trent City Council should identify how to improve its response to adult safeguarding concerns and how information is recorded, in the light of this safeguarding adults review and the review of David. This could include training and monitoring interventions supported by case audits and case discussions in one-to-one and team meetings

Domains 2 & 3: Agency and interagency practice

- The SSASPB should promote the existence and the function of the Stoke-on-Trent Multi-Agency Resolution Group (MARG) as a forum to which practitioners can bring cases to that are complex to manage and which may need extra impetus and coordination. Staffordshire County Council should consider the creation of a similar forum to manage difficult cases.

Domain 4: Board level

- The SSASPB should use the themes identified in the [Alcohol Change UK report](#), the review of [David](#) and this review of MP to revise or create new practice guidance for working with people who use substances and self-neglect. This guidance should be reinforced through training sessions, learning events and one-to-one management meetings
- The SSASPB should lead a multi-agency survey to identify people in whom the themes identified in this review (and the Alcohol Change UK report and the review of David) are present. This could be used to identify and highlight risk, prompt referral to the MARG and the use of new interventions
- The SSASPB should seek assurance that the MARG is operating effectively and is being used appropriately
- The Board is developing an action plan to respond to the findings and support service improvements

‘Anne’: A SAR conducted under S44(1) Care Act 2014 – Mandatory Review (Staffordshire)

Brief overview of the circumstances of death and how the criteria for a SAR was met:

On 26th September 2019 a referral was received outlining the circumstances of the death of Anne a divorced 87-year-old white British woman from Staffordshire who lived alone in social housing.

Anne had enjoyed generally good health and independence until the summer of 2019 when there appears to have been a rapid decline in her ability to take good care of herself. When Anne needed support from a domiciliary care provider this was arranged and funded by herself.

Anne experienced falls at home in the summer of 2019 resulting in conveyance to hospital by ambulance. On her last visit Anne was assessed and returned to her home address. It was the belief of the domiciliary care provider that Anne would be admitted to hospital and accordingly the previously provided care package was not continued. Anne was discovered deceased in the hallway of her home address several days after being returned home from the hospital. (The hospital was not in the area local to where Anne lived)

It was determined that there had been neglect and that there were lessons to learn from reviewing how partners worked with each other prior to Anne’s death. A SAR was conducted under S44(1) Care Act 2014.

The overview report was produced by the SSASPB Business Manager, who was independent from the service providers, with the following recommendations:

Recommendations and Learning

- The SSASPB is to seek assurance that Commissioners, care agencies and Hospitals agree and document their role in ensuring that there is continuance of care in circumstances where an adult with care and support needs is discharged from A&E particularly as an out of area patient (i.e. not admitted to hospital)
- The SSASPB is to reinforce the need for clear documentation and record-keeping, particularly where more than one organisation may need to respond to or act upon the comments. Decision-making is to be supported by clear rationale with acronyms explained
- The SSASPB is to seek an inclusion in the West Midlands Regional Self-Neglect guidance to address the following finding 'Where adults with capacity are living at home in unsafe conditions that could put the adult's health at significant risk, steps should be taken to explain the potential risk to support the adult in making their own decision'
- The SSASPB are to task Commissioners with ascertaining the feasibility of adults (with care and support needs who appear unkempt, are assessed as frail and are living in isolation without a package of support) having an Occupational Therapy home assessment prior to discharge
- So that lessons may be learned from the review a briefing note is to be produced by the SSASPB which will give an overview of the circumstances leading to the SAR and will include all the recommendations contained in section 7 of this report

'Joan': after consideration by the scoping panel, it was determined that the criteria for a SAR had not been met.

During 2020/21 three SAR referrals were received. Two were considered to not meet the criteria for a SAR, however one of these was directed into the Learning Disability Mortality Review Process (LeDeR).

The third SAR referral was submitted in May 2020. It involves a white female in her 80s who lived in her own house and who self-funded a live-in carer. Her death was attributed to sepsis. The review has been concluded but the report is yet to be approved, therefore the update will be given in next year's Annual Report.

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
- Developed a 'Review in Rapid Time' process to enable the prompt identification of lessons to learn to make improvements in policy, process, and practice where appropriate. It will not be suitable for all cases and in particular those that are complex
- Maintained links and reporting relationships with Community Safety Partnerships that are managing Domestic Homicide Reviews (where they involve adults with care and support needs)
- Oversaw the progress of all ongoing SARs. There was some time slippage in the writing of the overview reports for two of the less complex reviews, but the learning action plan was not dependent upon this and was progressed expeditiously

- The SSASPB Business Manager is a member of a national working group to refresh the Social Care Institute for Excellence (SCIE) Quality markers for SARs which will ensure that there is a consistent approach to SARs Nationally
- Provided detailed assurance against the 29 Improvements recommended by Professor Michael Preston-Shoot in his academic analysis of SARs (Published September 2020)
- Identified that there must be improvements in three recurring areas of Adult Safeguarding Practice:
 - Better recording of the rationale for decision-making to be made in case files
 - Use of the SSASPB escalation policy to resolve professional disagreements as soon as possible
 - Appointment of a lead professional to drive multi-agency resolution in complex cases
- Sought assurances against recommendations from Professor Michael Preston-Shoot’s work in which he suggests that there are still lessons to learn from the tragic death of Steven Hoskin in 2006 (St. Austell, Cornwall)
- Received training entitled ‘Legal Literacy and Adult Safeguarding’ to improve the sub-group’s knowledge of the Care Act interpretation with reference to SARs

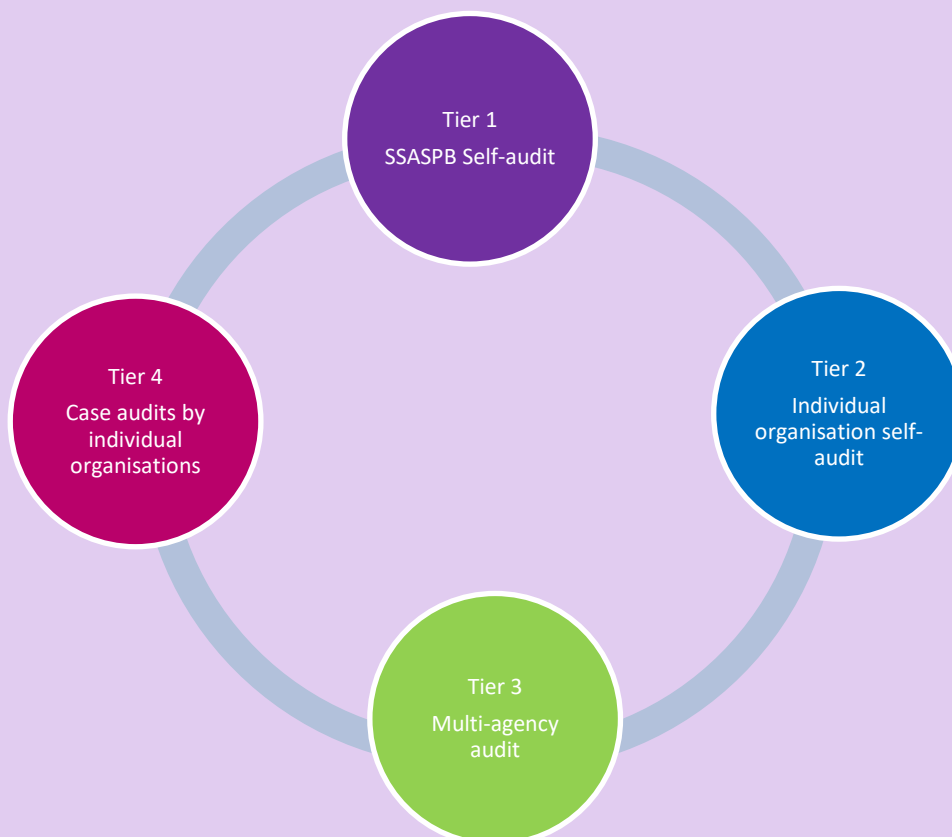
Audit and Assurance sub-group:

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

Vice Chair: Amy Davidson Head of Safeguarding, North Staffordshire Combined Healthcare Trust to January 2021.

The SSASPB 4-tiered audit framework:

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



Tier 1 SSASPB self-audit is an annual self-assessment against the SSASPB constitution

Tier 2 Individual Organisational audit in year 1 each organisation completed a self-assessment against a set of agreed standards, in year 2 there is a peer review of evidence put forward against specific standards

Tier 3 Multi-Agency Audits are themed multi-agency audits, the themes come from questions raised following receipt of the annual data report

Tier 4 Individual Agency audits which can be requested by the Board or one of the sub-groups with the purpose of seeking more detailed information about a trend or theme which becomes apparent

During this year the Audit and Assurance sub-group has:

- Provided the detailed narrative from relevant partners to explain the performance data contained in the Annual Report
- Held an extraordinary meeting which was dedicated to discussing the local and national assurances being sought following discharges of patients from acute settings into care, nursing, and residential settings during the first wave of COVID-19
- Held two Tier 3 Multi-agency Case File Audits. These were on the themes of: Financial and Material Abuse (in support of the Strategic Priority) and Persons in a Position of Trust
- Sought assurance that the accuracy of the recording of ethnicity of adults involved in Section 42 enquiries would improve – this was mainly as a result of the limitations of Information Technology (IT) and case management reporting, however there was a notable improvement towards the end of the reporting period
- Considered the findings of the National ‘Insight’ report
- Requested that the promotion of ‘whistle blowing to address closed cultures’ was included in the SSASPB newsletter 2/2020
- Worked with Staffordshire Police to produce a detailed summary in this Annual Report to illustrate its Adult Safeguarding investigation work
- Cancelled the Tier 2 peer review process because of the operational demands placed on partners during pandemic peaks. There will be no peer review of the data capture of 2019, instead there will be a full Tier 2 Audit in the early autumn of 2021. This decision was made to reduce the Board demand upon partners during the pandemic
- Completed all elements of the sub-group business cycle including the review of the Audit and Assurance Business Plan and Terms of Reference

Prevention and Engagement

Chair: Sarah Totten, Strategic Manager – Early Intervention, Contact and Hospital Adult Social Care, Health Integration and Well Being, Stoke-on-Trent City Council. Covered by Helen Jones, SSASPB Business Manager between November 2020 and April 2021.

Vice Chair: Helen Jones, SSASPB Business Manager

This sub-group was formed to drive the work of the Engagement Strategic Priority. For an update on progress please see the Strategic Priority section on pages 16-23.

Policies and Procedures sub-group

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

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

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 has reviewed the below documents:

- Mental Capacity Act Guidance
- Financial Abuse Guidance
- Mental Capacity Act Package and Trainer Notes
- Adult Safeguarding Awareness Package and Trainer Notes
- Decision making guidance
- Adult Sexual Exploitation guidance
- Retention and destruction policy (new Policy for 2021)
- Board Membership Process and Guidance
- Risk Register Guidance
- Information Sharing Guidance
- Board Membership application

All public-facing documents can be found on the SSASPB website.

Practitioners forum

This forum is for practitioners to come together to discuss operational matters which relate to adult safeguarding. The discussion topics originate from various sources including the practitioners themselves, themes from national research or publications and from Safeguarding Adult Reviews.

The forums are co-ordinated by Safeguarding Leads from the Board partner organisations and include representatives from Stoke-on-Trent City Council, Staffordshire County Council, North Staffordshire Combined Healthcare Trust, and the Midlands Partnership Foundation Trust.

The demands on frontline practitioners during the COVID-19 pandemic has limited forum activity over the past 12 months but a forum on the subject of Adult Safeguarding Plans facilitated a useful discussion between a broad range of practitioners representing a variety of connected partner organisations.

A discussion of the issues arising from the CQC report 'Closed Cultures' stimulated discussion about the practical issues around whistle-blowing in organisations and the opportunity to raise organisational awareness.

6. PERFORMANCE AGAINST 2019/22 STRATEGIC PRIORITIES

In the reporting period (1st April 2020 to 31st March 2021) the Strategic Priorities were:

- Engagement
- Financial and Material Abuse

Progress reporting towards Strategic Priorities is a standing agenda item at Executive sub-group meetings and is also reported at the quarterly Board meetings. A summary of progress is outlined below.

Strategic Priority: Engagement

Lead: Helen Jones, SSASPB Business Manager

The activity around this priority is managed and co-ordinated by the Prevention and Engagement sub-group.

Engagement is a broad term. For the purposes of the work of the Board this means engagement in raising community awareness of adult abuse and neglect and how to respond 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

From the onset of the COVID-19 pandemic the approach to engagement changed from predominantly face to face communications through diverse networks to making extensive use of a variety of electronic methods using telecommunications and the internet.

The Board and its sub-groups continued to meet throughout the year to drive the strategic priorities and core duties of the Safeguarding Adult Board. The Board Business manager was a member of the multi-agency Vulnerable Adults Task Group that was put in place to maintain oversight of the operational capabilities of connected partners in response to the impact of COVID-19. Meetings of the Group provided business continuity updates and opportunities for wide engagement to seek assurances that adults at risk of abuse and neglect were being safeguarded.

The attendance at meetings and webinars through electronic platforms has brought numerous opportunities for practitioners to share good practice and learn from others through involvement in regional and national work. A positive development has been that the 13 Safeguarding Adult Boards in the West Midlands region are collaborating on a programme of webinars on topics of mutual relevance and benefit.

The following activities have been completed through the sub-group:

- Refreshed the SSASPB website to enhance accessibility, applying best practice. The website is a focal point for adult safeguarding information illustrated by the 63,588 visits between 1 April 2020 and 31 March 2021. The most visited sections are those relating to What is abuse? and How to report. The Board has received numerous compliments on its improved accessibility and practical usefulness

both locally and nationally. For those reading this report electronically the website can be accessed [here](#)

- Broadened the membership of the sub-group to include Rockspur, a provider supporting younger adults with learning disabilities; Your Housing; Housing Plus; Voiceability advocacy providers; and Asist. Middleport Matters have joined the prevention and engagement sub-group to support Board engagement with a local community
- Commissioned Rockspur to help the Board to produce a more 'accessible' (easier read) version of this Annual Report
- Used Twitter to promote Adult Safeguarding and the work of the Board and other Safeguarding Adult Boards
- Published two newsletters which are widely distributed electronically and very well received, these available on our website. Subjects covered included whistleblowing, closed cultures, promotion of the SSASPB Annual Report, spotlight on the Police and their early intervention project, promotion of the use of the escalation policy, Mental Capacity Act guidance and adult abuse, what it is and how to raise a concern
- Produced an electronic Induction package for new members to support their integration into the work of the Board
- Prepared a briefing on the work of the Board for anyone to use in their own organisation in support of raising awareness of the Board, its statutory responsibilities, and strategic priorities
- Planned three learning events to promote the understanding of and response to Financial and Material Abuse from the perspective of Adult Safeguarding, Trading Standards and Domestic Abuse (these took place in the summer of 2021 and were delayed by the impact of the pandemic)
- Included the Voluntary Sector in Board events, this has been made easier by the use of the electronic platforms
- Planned numerous locally hosted events in support of National Adult Safeguarding week held in November 2020. Feedback received illustrates that the activities were successful in awareness raising. Promoted other events that were hosted both regionally and nationally
- A short video presented by Ruth Martin, Acting Principal Social Worker (adults) for Staffordshire County Council in which she raises explains what adult safeguarding is, and how to report concerns, was posted on the Board website. Acknowledgement to Staffordshire Police for its production

Whilst some approaches to safeguarding have had to be adapted during the year the focus on Making Safeguarding Personal has been maintained. Making Safeguarding Personal requires engagement with an adult with care and support needs at an early stage to establish the individual's desired outcomes that are then supported by a person-centred approach to make this happen. There is an emphasis in those conversations about what would improve an individual's quality of life as well as their safety. The Board has been actively advocating for this approach to be sustained through strategic and operational adult safeguarding work in Staffordshire and Stoke-on-Trent.

The following case studies exemplify MSP and cross-partner collaboration.

Case Study: North Staffordshire Combined Healthcare Trust

Dawn was known to the local Community Mental Health Team (CMHT) as a service user. She was experiencing domestic abuse from her teenage son. Following a safeguarding referral, the Staffordshire

Adult Safeguarding Team asked the CMHT to carry out safeguarding enquiries (under Section 42 Care Act 2014).

Dr J was appointed to lead those enquiries and following good practice contacted the Safeguarding Team of the North Staffordshire Community Health Trust (NSCHT) for guidance.

Making contact with Dawn during the COVID-19 pandemic and associated social restrictions was difficult as her son lived with her and at times D was very reluctant to speak to the Doctor on the phone.

When Dr J was able to speak with Dawn without her son being present, she was able to discuss what it was like to live with him and the risks that he posed to her. As well as discussing the risks the Doctor also established what Dawn wanted as a desired outcome, ensuring that she was central to any safeguarding plan.

This was a complex situation as Dawn's son also had care and support needs and she was his main carer. Dr J sought to confirm that the service user and her son were both receiving the support they needed now and that both had information on how to access any relevant services they may need support from in the near future.

Dr J gained Dawn's consent to contacting relevant services to share information. The Doctor also explored a referral to specialist domestic abuse services, but Dawn declined and said that Children's Social Care were assessing and supporting the family and she was happy with this support.

This is a good example of Making Safeguarding Personal which ensures that the adult is at the centre of any steps taken to protect them.

Case Study: Staffordshire County Council, Adult Safeguarding Team

'Lucy' is a 31-year-old woman who has been deaf since birth. Her first language is British Sign Language (BSL).

Physically, Lucy is able to manage her own care needs, but on occasions has drunk alcohol to excess at times which can impact on her ability to take care of herself and make safe decisions. She has a history of substance misuse and poor mental health and been subject to abusive personal relationships.

Lucy was referred into the adult safeguarding service following concerns about domestic abuse whilst she was pregnant. She disclosed that she had received significant injuries from an assault and explained that her partner had tried to choke her many times in the past. At the time of referral Lucy was not receiving any services or support from Adult Social Care.

Lucy was to some extent aware of the risks presented by the relationship with her partner and, after initially wanting to remain with that person, changed her mind and stated that she wanted to leave.

After Lucy had made her decision a large number of professionals and agencies became involved including safeguarding, the local district team, Midlands Partnership Foundation Trust sensory team, Children and Family services, Staffordshire Police, a Housing provider and Domestic Abuse services (initially New Era and then Sign Health) who provided specialist domestic abuse support for deaf people.

Regular safeguarding plan review meetings were held with all involved to consider how best to support Lucy. She received support from communicator guides and built up a positive relationship with service providers.

The input from Sense (Charity that works with people who are deafblind and the MPFT sensory team was particularly important for Lucy in terms of providing practical support and developing her self-confidence. Lucy was supported to access refuge accommodation at the time when she was ready.

The team also worked with refuge to make sure any equipment specifically needed to support Lucy was provided (such as specialised fire alarms for people who are hard of hearing). Any emerging concerns were identified promptly, and any consequent actions were considered in conjunction with the safeguarding plan.

She will remain in a safe place until she is able to move to live in a different area that will keep her and her unborn child safe.

Case Study: Stoke-on-Trent City Council, Adult Protection Team

Tricia was an elderly woman who had significant health issues and was terminally ill. She lived with her adult son and had a care plan which included care calls together with regular visits from palliative care nurses. Her son also contributed to her care plan.

The Local Authority received a safeguarding referral from the care providers reporting that the son was being verbally aggressive to some of the carers and was obstructing his mother's care by turning off her air flow mattress, which had been put in place to prevent tissue damage, and generally neglecting her needs, particularly overnight.

A Section 42 (Care Act 2014) enquiry was allocated to the Clinical Commissioning Group Safeguarding nurses with support from the Local Authority. Arising from enquiries further concerns were raised which heightened risk concerns.

Tricia's wishes were central to the focus of the safeguarding plan, and she wanted to remain living with her son, with him continuing to have some responsibility for her care.

Although Tricia had always demonstrated the ability to make decisions about her treatment and care, her health conditions had made communication difficult. She subsequently developed a urinary tract infection that impacted on her confusion and whilst in this state, of confusion, she made further disclosures about son's behaviour. The disclosures added further complexity as she became more ill.

The situation constantly changed, and a continual appraisal of the risk was required to achieve a proportionate and reasonable tolerance of acceptable risks. There was regular communication between all engaged partners, particularly the carers visiting daily.

The Local Authority and Health partners worked closely together. Firstly, by jointly educating the son on his mother's clinical needs and how his actions were adversely impacting on her treatment and care. The son was surprised and hadn't thought about the impact of his actions.

There was also a realisation that the son potentially had his own needs and needed help to understand all of the information as well as a recognition that the son was experiencing his own grief and was possibly in denial about his mother's prognosis. A key part of the partner agencies' role in supporting Tricia was to work with and support her son as she had expressed her desire to remain being cared for at home for as long as possible.

Following a period of intensive support provided by care staff, community nurses as well as safeguarding nurses, Tricia chose to move into respite as her health declined. Tricia's decision was frustrated by her son's refusal to let his mother leave the house and the involvement of the Police and Ambulance services were required to ensure safe transfer to the respite care home.

Tricia passed away peacefully in the respite care home but had been able to determine how and where she was cared for in the last few months of her life.

There were several key elements that worked well in Making Safeguarding Personal including:

- The shift in approach from following a routine process to empowering the adult to make decisions around protection
- There was a focus on partnership working and accountability, clear leadership and a co-ordinated multi agency response
- An emphasis on proportionality and ensuring least intrusive response

Case study: University Hospitals of North Midlands

The Safeguarding Adults Team of the University Hospitals of North Midlands (UHNM) received a telephone call from a secretary working in the Outpatient Department explaining that she had made several attempts to contact an outpatient who had not attended a follow up appointment.

When the secretary contacted the partner of the outpatient to arrange another appointment, she spoke to a male who was very distressed. The male disclosed fears that he was in danger from the outpatient and was scared.

Recognising the risks, the secretary initially advised that the Police should be contacted. The male shared that his partner was not at the home address, but he was fearful that upon their return he would be in danger. He went on to disclose further allegations of abuse that were of great concern including the use of a weapon.

The secretary stated that UHNM could help and obtained the partners' name and address and advised that she needed to escalate her concerns. She immediately contacted the Safeguarding Adults team.

From the information provided it was apparent that prompt action was needed. The decision was made that it was proportionate and necessary to make the Police aware of the situation.

In response to the report the Police immediately dispatched officers to the home address and the person suspected of Domestic Abuse was arrested. The adult at risk was found safe and well. Arising from the Police investigation a Domestic Violence Protection Notice (DVPN) was issued to provide on-going protection.

This case is a good illustration of the diligence of the secretary in identifying the adult's concerns, then responding sensitively and positively by escalating the situation to the UHNM Safeguarding Adults team which was followed by effective safeguarding partnership working between UHNM and the Police.

Strategic Priority: Financial and Material Abuse

Lead: Ruth Martin, Safeguarding Team Leader and acting Principal Social Worker for Staffordshire County Council

The activity around this priority is managed by the Financial and Material Abuse group which meets when necessary.

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 between 10 – 20% of incidents are ever reported but this is not widely recognised. Coupled with this, perpetrators exploit the vulnerabilities of the victims and perceive that the risk of detection is low which contributes to this offending being a significant problem.

The intention of the priority is to raise awareness of Financial and Material abuse and how this can be best combated in our local communities.

In the last year there has been significant impact on this strategic priority due to COVID-19. There was a reduction in the work that the Board was able to complete during this time as resources were reallocated to statutory responsibilities. Many of the workstreams of the financial and material abuse strategic priority have by necessity been either curtailed or postponed.

However, safeguarding partners have continued to respond to reports of concerns. During 2020/21 financial or material abuse was identified in 15% of Staffordshire and 26% of Stoke-on-Trent completed Section 42 safeguarding enquiries.

The types of financial and material abuse are broad in nature and whilst doorstep crimes feature, it is incidents that involve someone known to the adult that often lead to a Section 42 enquiry being completed. The following case studies provides an illustration of the positive action that is taken when financial and material abuse is reported.

Case Study: Staffordshire County Council

Barbara had been supported by carers employed by a care agency for a lengthy period of time. She received 3 calls a day and carers assisted her with shopping as well as meeting her personal care needs.

Barbara advised her son that she had been contacted by her bank after a computer software company in Dorset had attempted to take money out of her account. Fortunately, the transaction had been stopped. Barbara's son thought it odd, and when he checked her account found that unusual cash withdrawals had been made, with some transactions twice in a day. Barbara could not recollect why money had been withdrawn. The only other person who had access to the bank card was one of Barbara's carers.

During some of the care calls Barbara would ask her carer to go to the cashpoint and withdraw cash from her account. To enable her carer to do this Barbara gave the carer her bankcard and pin number. Barbara said that she trusted her carer because she is an associate of her family.

Barbara's son contacted Staffordshire Police and raised his concerns. Police shared the information with Staffordshire County Council through the Multi Agency Safeguarding Hub. A joint enquiry was commenced.

The enquiry identified that Barbara is able to go out to withdraw money herself. Whilst she finds it difficult to access and use a cash machine, she can easily access the Post Office and goes in there now to withdraw her own money. With the help of her son Barbara is now able to access her bank account online and is able to check her statements. She is able to identify whether money was being taken that shouldn't.

Barbara has implemented protective measures to reduce the risk of future incident. Her two sons have a Lasting Power of Attorney in place and can support with accessing her money if she is unable. She has no further need for safeguarding support.

The care worker was subsequently suspended from her role and has since ended her employment with the care agency and will make the necessary referrals to the Disclosure and Barring Service.

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

Joe is a 72-year-old man who was admitted to hospital following a fall at home and a deteriorating wound. He has a range of health conditions for which he receives care and support.

During Joe's admission he disclosed to the nurse in charge that he had not been eating well over the past 4 to 5 days due to people coming to his home and asking for money. He explained that he paid these people requested amounts between £40 - £80 each time so that they would leave his home.

The nurse in charge completed a safeguarding referral in relation to concerns of alleged financial and material, psychological and emotional abuse. The nurse discussed her concerns with the Trust's safeguarding professional who offered to help.

Joe consented to meet the safeguarding professional and during discussion expressed his concerns, similar to the initial disclosure to the nurse in charge that this had been an on-going situation. The alleged perpetrators (sources of risk) lived locally, they would often visit requesting money and this often made him feel nervous and not want to eat. Joe stated that he no longer wanted the people to contact him or request money. He had informed the Police but was not aware of progress on his case.

The Trust's safeguarding professional took a holistic approach and established that Joe lived with his brother, who was very supportive, and he has a package of care in place. He was keen to return home following discharge. Safety planning was discussed, and Joe stated that if he felt unsafe, he was able to contact the emergency services, which he had done in the past, by informing the Police.

Joe consented to a safeguarding referral and named the alleged perpetrators. He consented for the information to be passed to the Police and stated his desired outcome that he no longer wanted contact with the alleged perpetrators. Staffordshire Police was subsequently contacted and informed of the Joe's concerns. Police confirmed that similar concerns had recently been reported to them.

Joe's medical record was updated, with an alert to indicate that a safeguarding referral had been made and contact details for the relevant local authority to enable the hospital ward staff to ascertain further information regarding the progress of the referral and facilitate Joe's safe discharge when appropriate.

Outcome:

- Following liaison with Adult Social Care Staffordshire Police conducted an investigation with the outcome that one of the sources of risk was convicted at Court and sentenced to serve 7 months in prison. A second source of risk was convicted and sentenced to Community Service with restrictions
- It was assessed that Joe was safe to return home and the information was incorporated into the discharge planning. Adult Social Care updated the patient record, which supported nursing staff to access relevant up to date information regarding the progress of the safeguarding referral
- A safe discharge plan was implemented. Joe was discharged home with a package of care consisting of two care calls. The allocated Social Worker completed a follow up post discharge
- The Social Worker visited the patient to obtain his view regarding the safeguarding outcome. Joe has no further concerns

Other areas of progress for the Strategic Priority:

- Received and reviewed dissertations produced by five students from Keele University. Recommendations and resultant activity from these will be considered in 2021-22
- Learning events on Financial and Material Abuse for practitioners were arranged for dates in 2020-21, however these were delayed due to COVID-19

Staffordshire and Stoke-on-Trent Adult Safeguarding performance report overview 2020/21

Number of safeguarding concerns received by the Local Authorities in 2020/21

12,176

Staffordshire

4,195

Stoke-on-Trent

Staffordshire

57%

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

Stoke-on-Trent

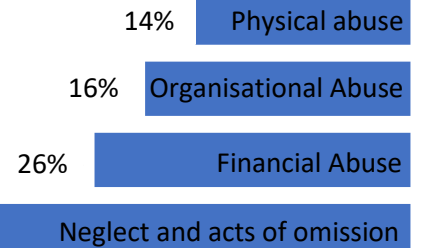
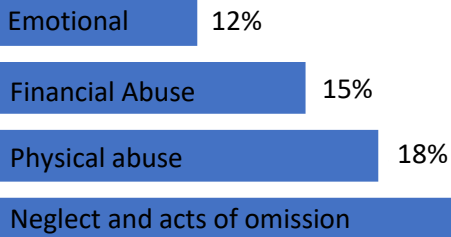
49%



Staffordshire

Most prevalent 4 types of abuse 2020/21

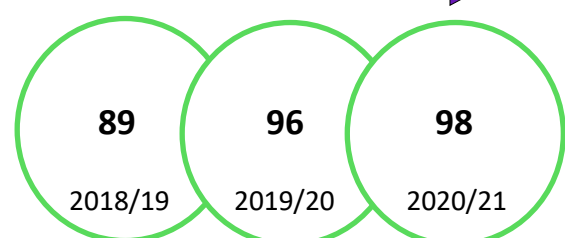
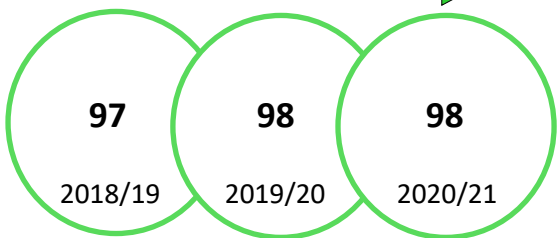
Stoke-on-Trent



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

Staffordshire

Stoke-on-Trent



Location of Abuse

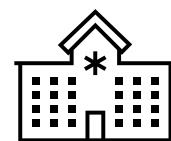


Own Home



Residential Home

Nursing Home



Hospital

Staffordshire 66%

12%

11%

3%

Stoke-on-Trent 37%

24%

16%

1%

7. ANALYSIS OF ADULT SAFEGUARDING PERFORMANCE DATA

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

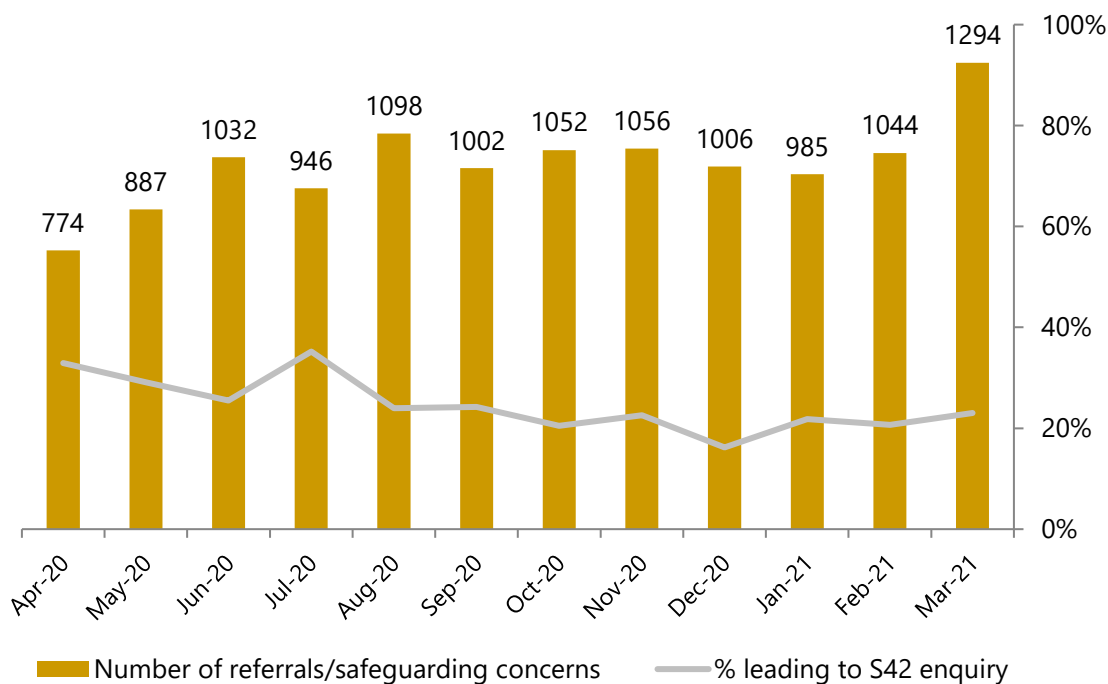
Number and proportion of referrals/safeguarding concerns

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

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

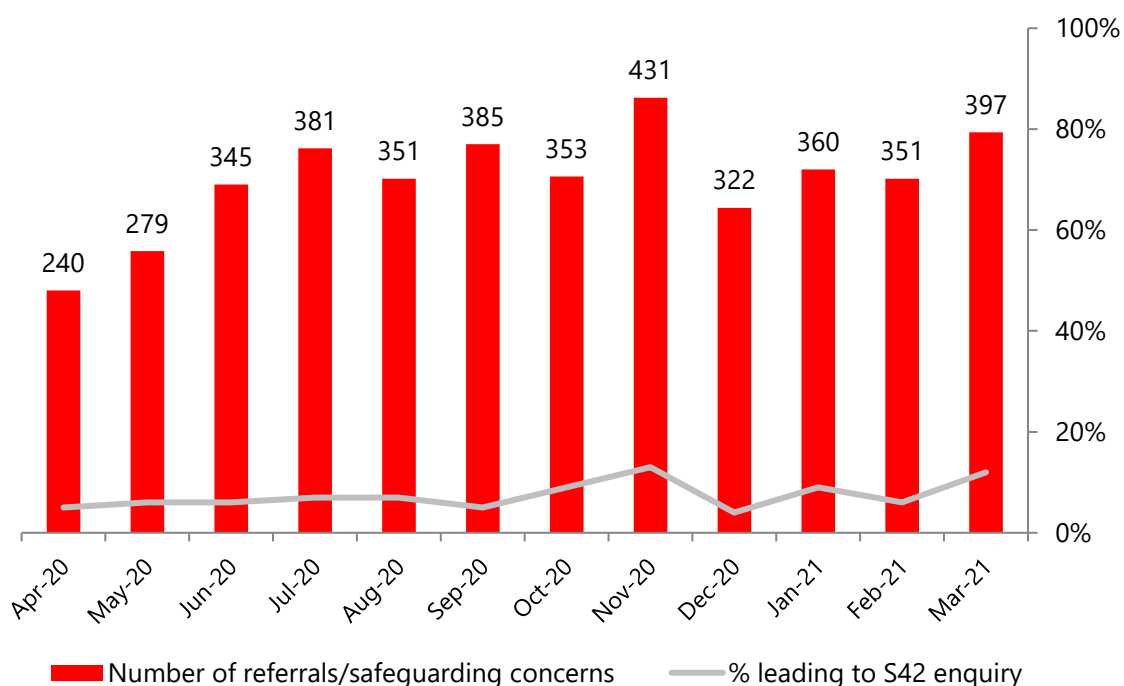
It should be noted that there is a difference between how both LAs capture and report this data. See table below.

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



During the course of the year 2020/21, in Staffordshire, there have been 12,176 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 8,026 occasions from 4,150 in 2019/20. There has been a significant change in the figures presented as previously Staffordshire County Council only reported the number of concerns that progressed to a formal enquiry stage. This year the duty of enquiry requirement was met in 25% of reported concerns. Staffordshire is continuing to explore how data can be captured more accurately through their performance management system.

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



In Stoke-on-Trent there were 4195 reported safeguarding concerns in relation to adults with care and support needs during 2020/21. This is an increase of 250 from 3945 compared to 2019/20 which is an increase of 6.5%. 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 7.5% of occasions when a concern was raised.

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

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

- 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.

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.

Fig.4 - Staffordshire Age Breakdown of the County

■ 18-29 ■ 30-49 ■ 50-64 ■ 65-74 ■ 75-84 ■ 85+



Fig.3 - Staffordshire: Age Breakdown (S42)

■ 18-29 ■ 30-49 ■ 50-64 ■ 65-74 ■ 75-84 ■ 85-94 ■ 95+ ■ Not recorded



Staffordshire

Of the adults who have been the subject of a Section 42 enquiry, those aged 85-94 (26%) represent the largest cohort, followed by 75-84 (25%), there has been very little change in age percentages this year compared to last year. Only in 0.5% of cases has no data been recorded.

When comparing the age breakdown with general Staffordshire population statistics, it is evident that people in the 75+ age groupings are disproportionately overrepresented for Section 42 enquiries. 3% of the population in Staffordshire are aged 85 or over, however 32% of safeguarding concerns relate to this age group. The average life expectancy for a man living in Staffordshire is 79.7 and for a woman 83.5 which may

explain why there are more enquiries for women than for men as there is an increased need as a population grows older for care and support. This would seem to fit in with the national picture in the last few years.

Please note that the age bands given by the Office of National Statistics conclude at 85+ and do not match the age-related Section 42 enquiries above.

Fig.6 - Stoke-on-Trent age breakdown of the City

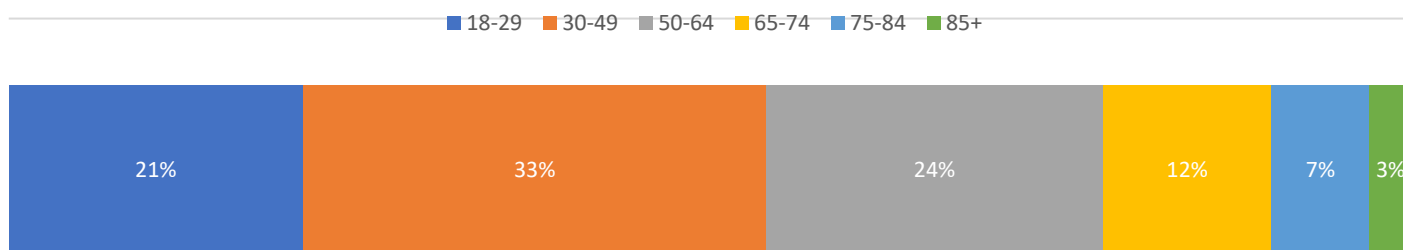
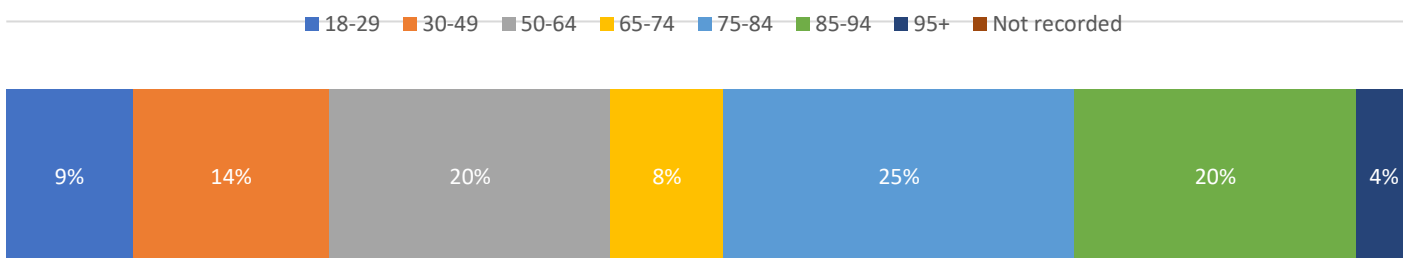


Fig.5 Stoke-on-Trent Age Breakdown (S42)



Stoke-on-Trent

For Stoke-on-Trent, the largest cohort represented is those aged 75-84 (25%), followed by 85-94 and 50-64 (both 20%). There has been a 3% increase in adults over 75 who have been subject of a Section 42 enquiry.

When comparing the age breakdown with the general Stoke-on-Trent population figures, it is apparent that people over 65 are disproportionately overrepresented for Section 42 enquiries and that 24% of referrals are regarding 3% of the adult population in Stoke-on-Trent, those 85 or over.

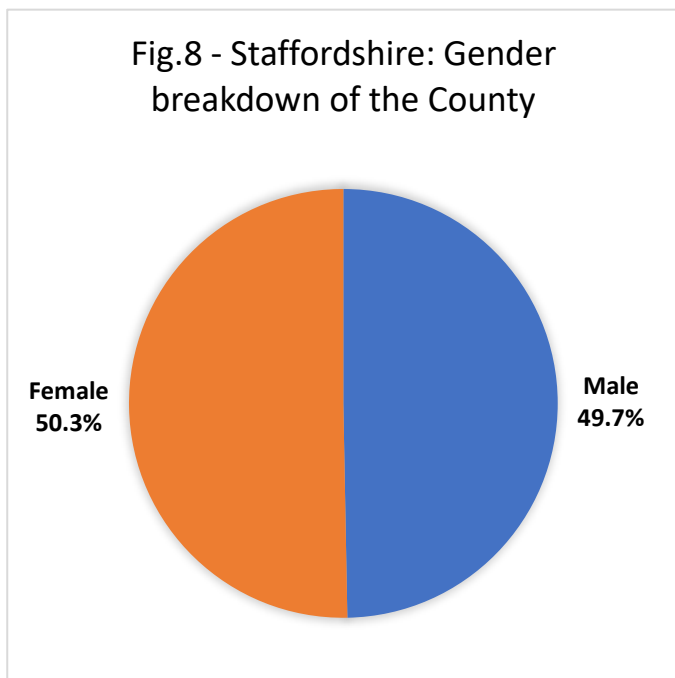
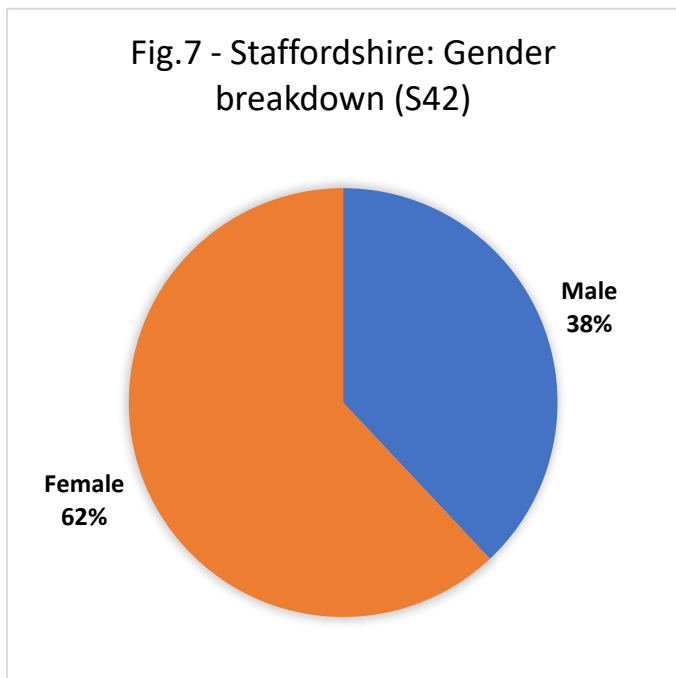
Men in Stoke-on-Trent have a life expectancy of 76.5 years and for women 80.2 years, there are also more concerns raised for women this year which may be because there are more women who are older and the older the population the more needs, they may have for care and support. Staffordshire residents on average have a higher life expectancy than Stoke-on-Trent which may explain why Staffordshire has more referrals for their older populations that Stoke-on-Trent.

Rate of Individuals with S42 Enquiries by Age Group (England)

Age Group	18-64	65-74	75-84	85+
Rate per 100K Adults	141	287	847	2635
Percentage	4%	7%	22%	67%

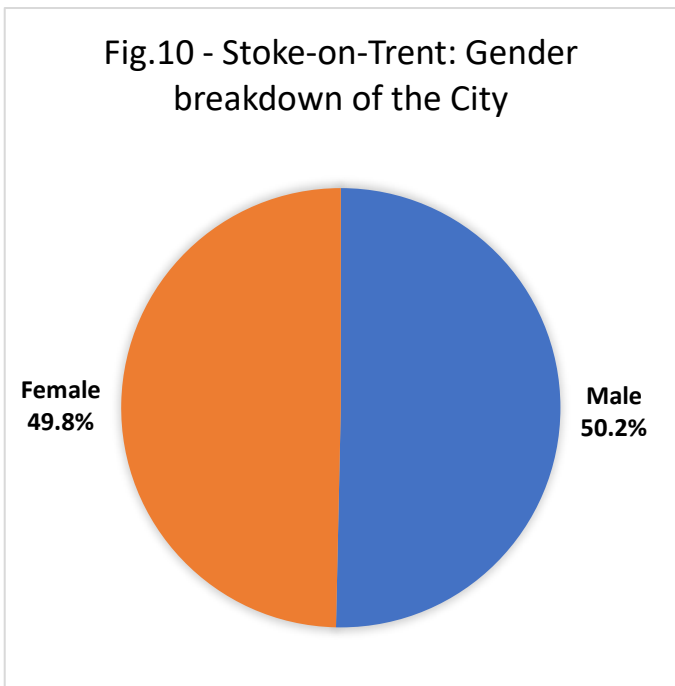
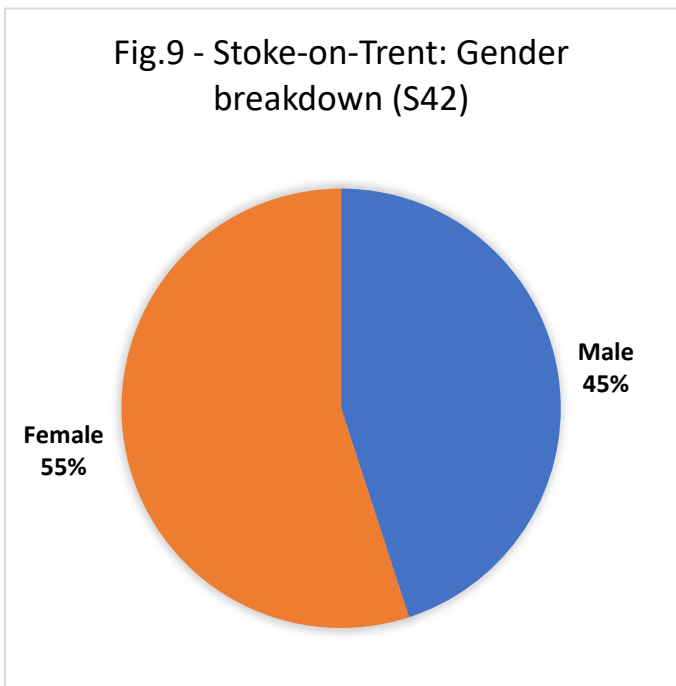
When comparing against the national safeguarding statistics above it will be seen that the majority of individuals involved in Section 42 safeguarding enquiries reported by Local Authorities between 1st April 2019 and 31st March 2020 were aged 85 and over, 67%. Both Staffordshire and Stoke-on-Trent are below this average.

Gender



Staffordshire

Females represent the majority of adults’ subject of a Section 42 enquiry, with 62% over the year and males representing 38%: the same as last year. Females are overrepresented (by 12%) when compared to the overall Staffordshire gender breakdown. This may be partially due to the fact that women have a higher life expectancy 4.8% (3.8 years) more than men and as a population is more elderly, they may have more needs for care and support.



Stoke-on-Trent

Stoke-on-Trent has shown an increase of 10% in proportion of referrals for women compared to last year, which is closer to the proportion in Staffordshire, with a corresponding decrease in the percentage of referrals for men.

This may be partially due to the fact that women have a higher life expectancy by 4.8% (3.7 years) more than men and as a population is more elderly, they may have more needs for care and support.

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	88.2	86.4		87.9	93.6
Not Known	4.6	-		8.4	-
Pakistani	1.3	4.2		0.5	0.8
Other White British	1.3	1.9		1.1	1.6
White Irish	1.3	0.3		0.4	0.5
Indian	0.7	0.9		0.3	0.8
Not Stated	0.7	-		-	-
Bangladeshi	0.7	0.4		-	0.1
Black African	0.7	1.0		-	0.2
Mixed White/Caribbean	0.7	0.3		0.1	0.5
Any other Asian Background	-	1.4		0.3	0.4
Any other ethnic group	-	0.5		0.1	0.1
Black Caribbean	-	0.3		0.4	0.3
Arabic	-	0.2		-	0.1
Gypsy /Roma	-	0.1		-	0.1
Any other Black Background	-	0.1		0.2	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' (87.9%, a slight decrease from last year), followed by 'Other White British at (1.1%).

It is expected that the updated version of the Care Director recording system will help to reduce the 'unknown' category. Following the technical upgrade Staffordshire County Council has also held practitioners' forums to raise staff awareness and understanding of the increased functionality.

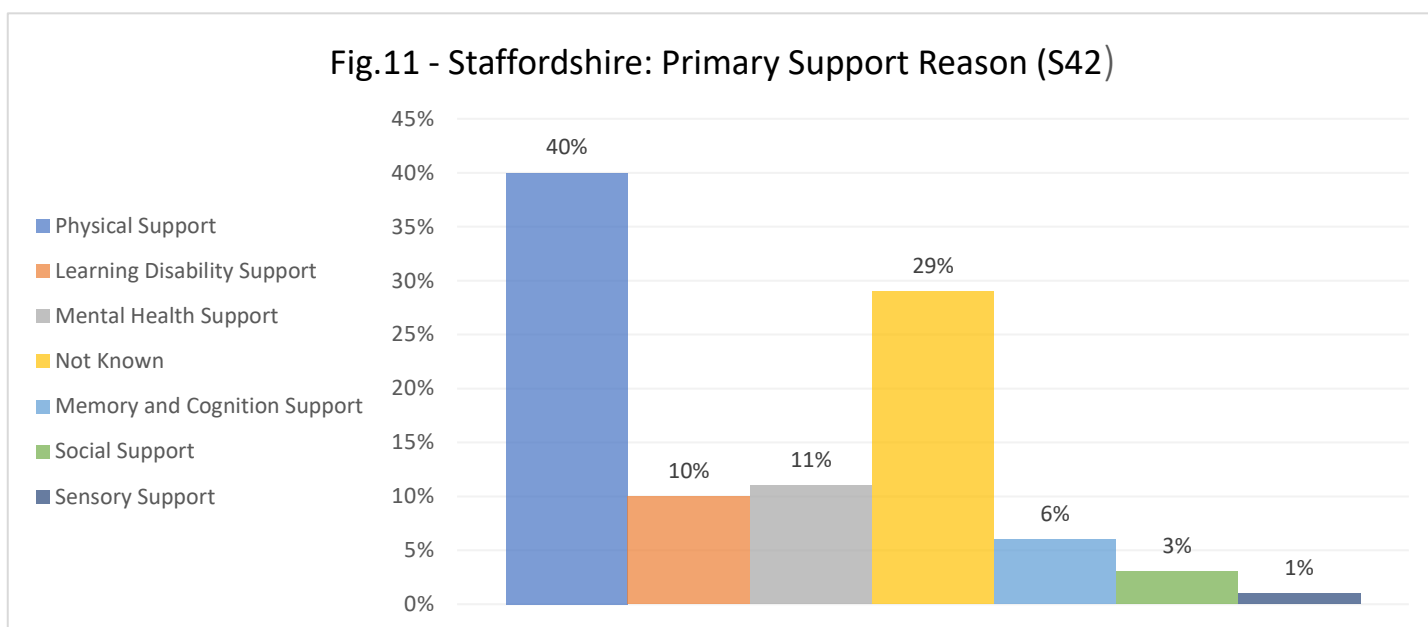
Stoke-on-Trent

The pattern is similar in Stoke-on-Trent, the majority of declared ethnicities are 'White' (88.2%, a slight increase in percentage since last year).

It is known that people from ethnic minority populations are disproportionately under-represented in Section 42 enquiries, however, for both local authorities (Staffordshire 8.4% and Stoke-on-Trent 4.6%), there are records where the adults do not have their ethnic background captured which limits the usefulness of any comparison to the wider population.

Stoke-on-Trent City Council has continued to work with staff to improve data recording in all aspects of safeguarding including ethnicity.

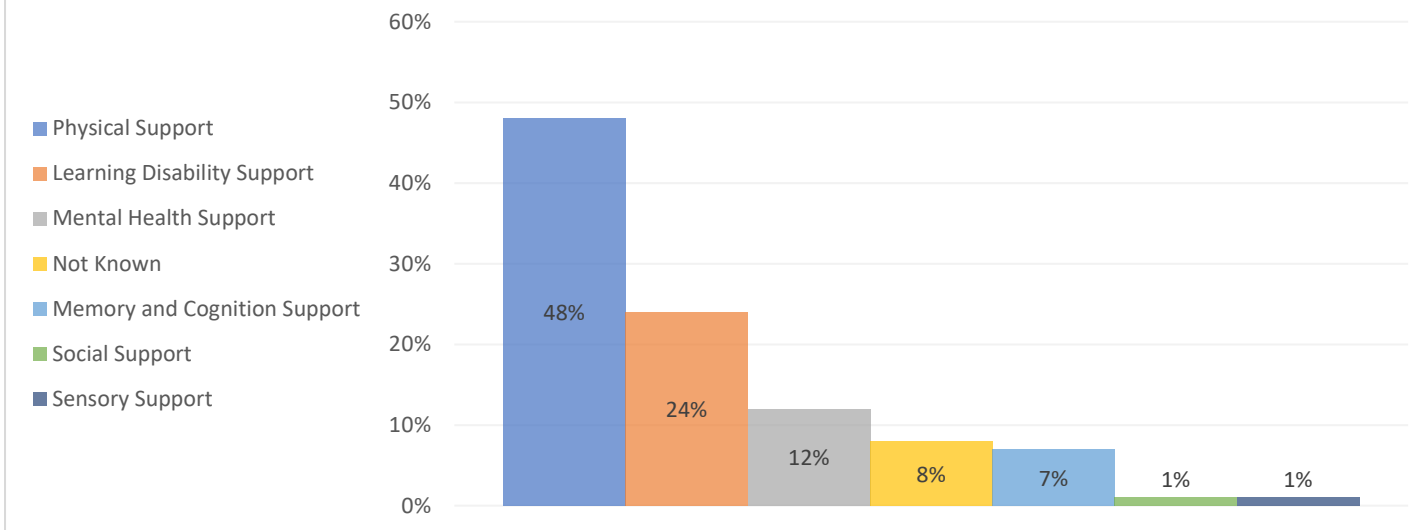
Primary Support Reason: the bar charts below illustrate the type of care and support need of the adult subject of abuse or neglect.



Staffordshire

Physical support continues to be the most common primary support reason in Staffordshire in 2020/21 (40%) a decrease of what was reported last year (49%). This is then followed by mental health support (11%) and learning disability support (10%). 'Not knowns' have increased significantly to 29% (previous year 16%). The reasons for the increase in this category are not clear. It may reflect cases that are being closed at an early stage and therefore not all information is known about the adult.

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



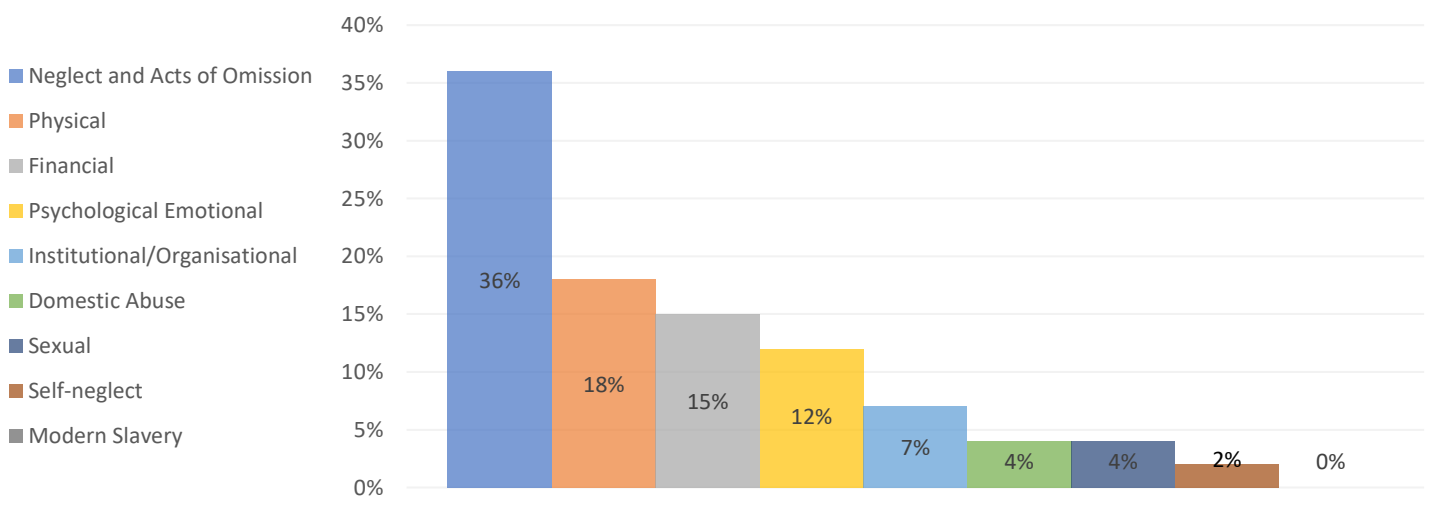
Stoke-on-Trent

Physical support similarly represents the largest proportion of primary support reasons recorded in Stoke-on-Trent at 48%, followed by learning disability support with 24%, an increase of 5% since last year. Mental health support accounts for 12% which remains at a similar level to last year. The unknown category has decreased from 10% last year to 8% this year.

Types of Abuse or Neglect 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 abuse or neglect identified at S42 safeguarding enquiry

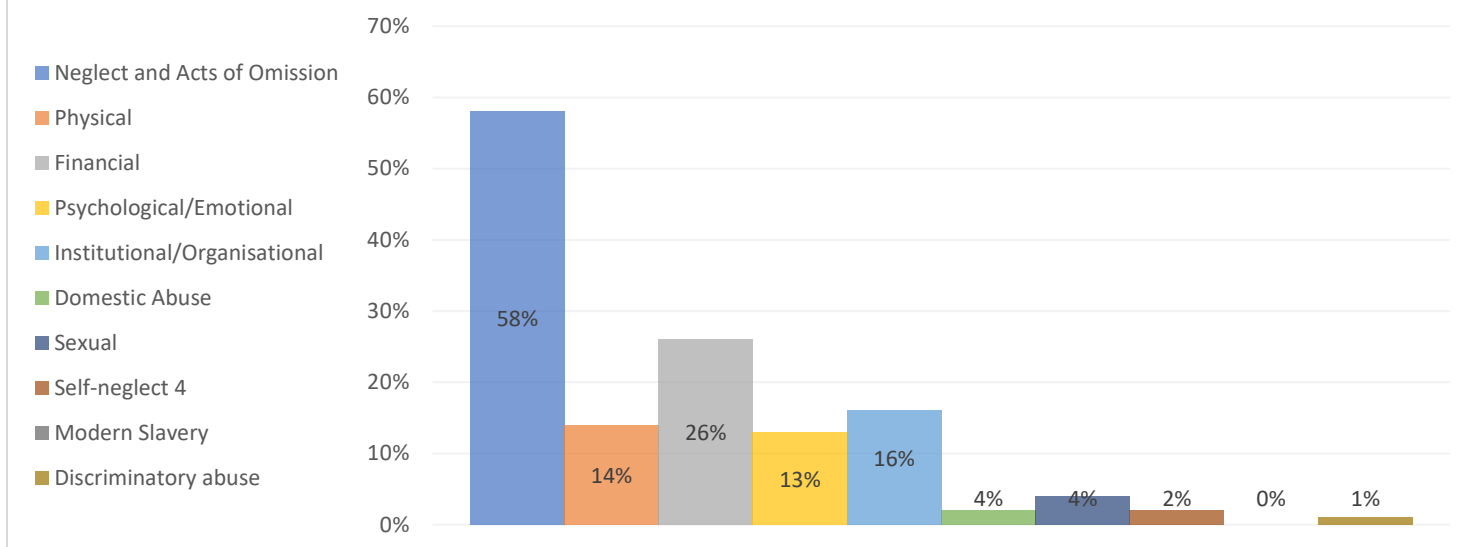


Staffordshire

Neglect and Acts of Omission/Physical harm/financial abuse continue to be the most frequent types of abuse or neglect identified for Section 42 safeguarding enquiries in Staffordshire, together accounting for 69% of all abuse or neglect recorded. Neglect and acts of omission show a slight increase from last year; whilst

financial abuse has decreased (by 4%) in 2020/21. There has been a significant increase in recognition of institutional abuse which has increased to 7%.

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



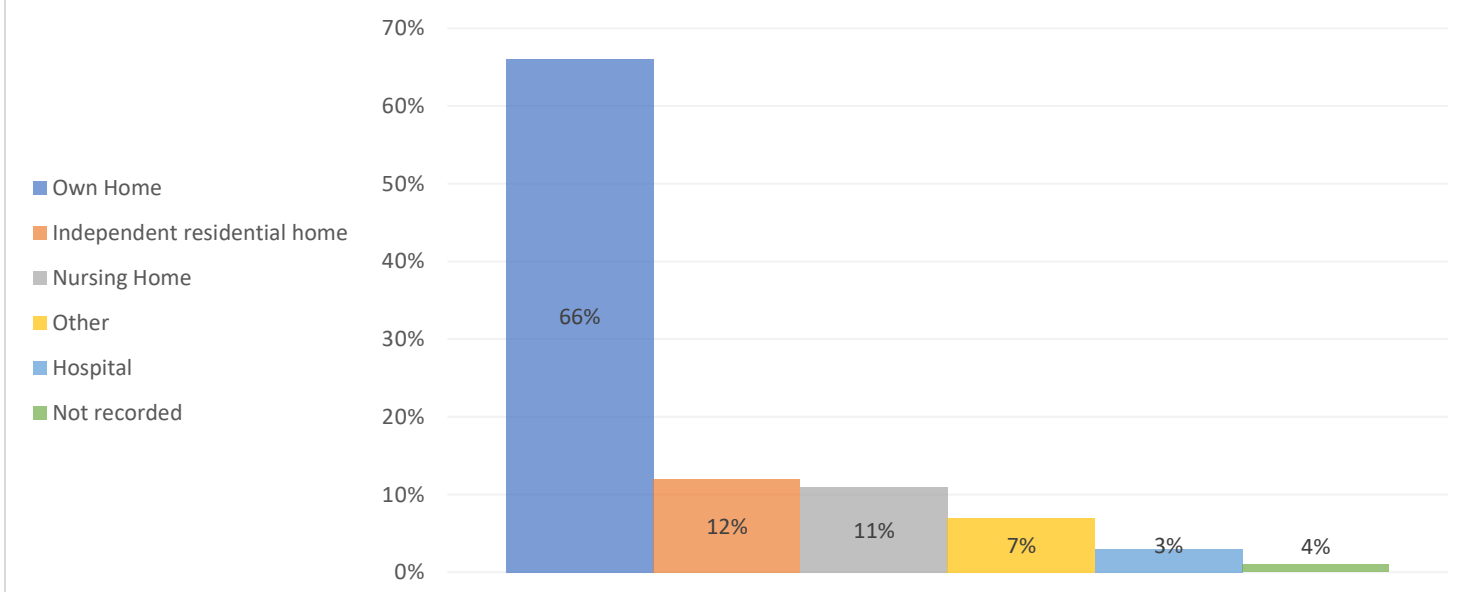
Stoke-on-Trent

The percentage of neglect and acts of omission cases has increased from 50% in 2019/20 to 58%. There is a comparatively large increase in institutional abuse due to this being better recognised and recorded separately from other types of abuse, from 11% in 2019/20 to 16%. Training has also been provided to Stoke-on-Trent City Council staff about organisational abuse, what it is, and how to recognise, which has led to a corresponding increase in this type of abuse.

It should be noted that there can be relatively small numbers of adults in types of abuse which can cause a percentage change to appear more pronounced. In Stoke-on-Trent more than one type of abuse may be reported for a single case. The total cases are therefore more than 100%.

Location of abuse

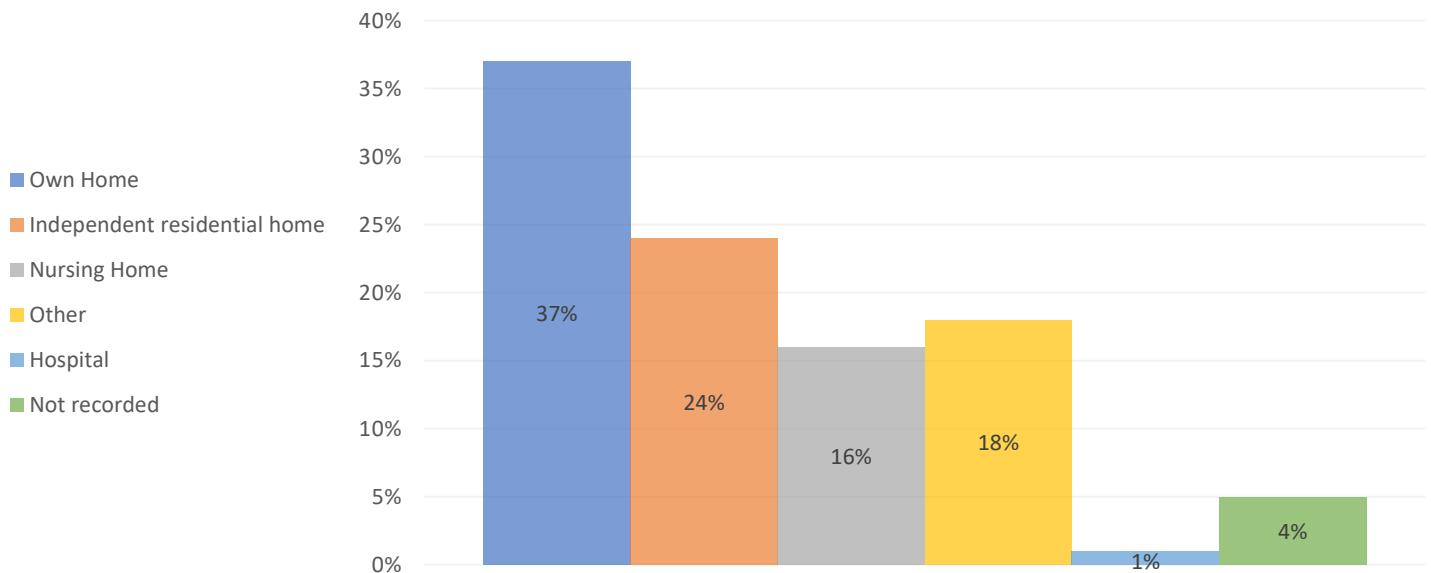
Fig. 15 - Staffordshire: Location of Abuse (S42)



Staffordshire

Of those people subject of Section 42 enquiries, the most common location of abuse or neglect was the person's own home (66%). The next most common locations in Staffordshire were independent residential homes (12%) a decrease of 9% from 2019/21 and nursing homes (11%) which has decreased by 5% from 2019/20.

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



Stoke-on-Trent

The most prevalent location of abuse in Stoke-on-Trent is the person's own home (37%) followed by independent residential home (24%) and nursing home (16%). There has been a decrease in abuse in the person's own home by 4% from last year and a decrease of abuse reported in Independent residential homes by 5%.

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 with a comparison to previous years.

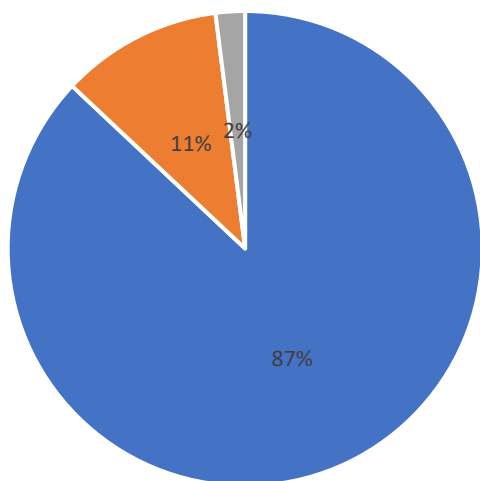
Staffordshire: Repeat referrals have decreased by 1% from last year from 19% to 18% and has remained relatively stable for the past three years. The proportion of referrals that meet threshold is 25%.

Stoke-on-Trent: Demand has continued to increase during 2020/21 for Stoke-on-Trent with the reported number of concerns rising by 6.5%. The percentage of repeat referrals has remained the same with the percentage of cases remaining at similar rates for the past three years.

Note: There is an explanation for the reasons for variation in repeat referral recording between Staffordshire and Stoke-on-Trent on page 26.

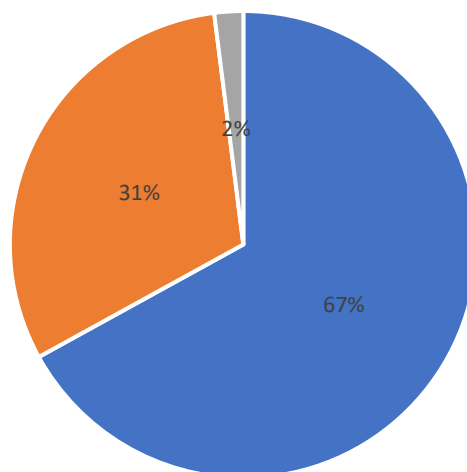
Number and proportion of people who were involved in a Section 42 enquiry whose expressed outcomes were met.

Fig.17 - Staffordshire: Outcomes



■ Outcome met ■ Outcome partially met ■ Outcome not met

Fig.18 - Stoke-on-Trent: Outcomes



■ Outcome met ■ Outcome partially met ■ Outcome not met

Staffordshire

In Staffordshire 98% of people subject of a Section 42 enquiry confirmed their desired outcomes as either fully or partly met. This is the same percentage as last year.

The data is collected by the enquiry worker at the close of the case who will discuss with the adult or their representative their opinion on if the case has met, partially met, or not met their preferred outcome.

Stoke-on-Trent

The proportion of people subject of a Section 42 enquiry whose expressed outcome was met or partially met increased to 98% which shows a continued increase in the past three years.

The data is collected by a social worker who has been working with the adult and able to obtain the adults opinion.

Managing Safeguarding Allegations Against Staff – Person in Position of Trust

During the year the Audit and Assurance sub-group initiated a multi-agency audit to examine partner arrangements for managing whistleblowing and dealing with concerns and allegations relating to persons employed in a position of trust. Twenty-three individual cases were considered as a random sample of safeguarding concerns submitted to partner organisations.

The key themes identified from the audit were:

- Although the Police were on occasions unable to take action against the source of the risk due to a lack of evidence other sanctions were used by employers to mitigate risks
- There was evidence of closed cultures in organisations
- Some carers who have built strong relationships with an adult they care for sometimes do not always maintain a strict professional conduct towards the adult

- Where there is a high turnover of care staff there can be concerns about the training and quality of care provided

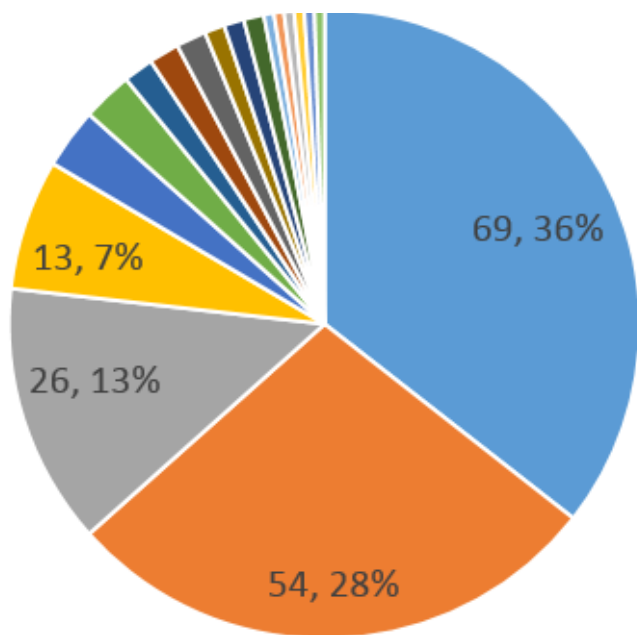
Report from Staffordshire Police and the Adult Safeguarding Enquiry Team

The Adult Safeguarding Enquiry Team (ASET) is a multi-agency team comprising Police detectives and Adult Social Care with a remit to undertake investigations into reports of abuse and neglect of adults with care and support needs and associated investigations into persons in positions of trust. The team has wider links to safeguarding partners, the Care Quality Commission (CQC) and Her Majesty’s Coroner.

Whilst a number of investigations involve a potential criminal act the team is also engaged in multi-agency investigations and early intervention in care settings that do not reach criminal thresholds, for the purpose of preventing harm to vulnerable adults. This approach can achieve better outcomes for adults than a response after harm has occurred.

The below table and chart indicate the types of incidents that the ASET investigate (20th May 2020 to 31st March 2021)

Fig. 19 - Incident types



Incident Types

- CONCERN FOR SAFETY - ADULT
- OTHER
- VIOLENCE AGAINST THE PERSON
- VIOLENCE JUV BY ADULT

Incident Types	Count
CONCERN FOR SAFETY - ADULT	69
OTHER	54
VIOLENCE AGAINST THE PERSON	26
VIOLENCE JUV BY ADULT	13
RAPE	6
CONCERN FOR SAFETY - CHILD	5
HARASS/STALKING	3
SEXUAL OFFENCES OFFENCES - NOT RAPE	3
SUDDEN DEATH	3
FAMILY DOMESTIC INCIDENT	2
THEFT OTHER	2
WITNESS INTIMIDATION	2
ADMINISTRATION	1
BREACH OF BAIL	1
FRAUD - ACTION FRAUD	1
FRAUD - OTHER/FORGERY	1
MALICIOUS COMMUNICATIONS	1
OWNED BY OTHER FORCE	1
Grand Total	194

Examples of ASET investigations include: -

Report of a domiciliary carer allegedly stealing from service user - Enquiries were made and on interview the carer admitted the offence. The outcome was the carer received a Conditional Caution, the service user received the money back and letter of apology. The carer is no longer working in the care industry.

A male victim of theft would not make complaint, due largely to loneliness. The ASET Team jointly worked with Social Care and also the Police Problem Solvers to safeguard the man and refer him to appropriate support services. The man is now better protected from theft and financial exploitation.

A female resident of a nursing home liked to walk around on her own. The one-to-one worker responsible for her care used a fire blanket, which was only to be used in an emergency, to restrict the resident to her bed to prevent her moving freely. Carer was convicted of Ill Treatment.

A male who had been living alone at home with a care package was admitted to hospital. He was released over the Christmas period with a short-term care package. Due to a breakdown in communication the male was left at home for 6 days without care support. The male was taken to hospital but died, the neglect of his care being a contributory factor.

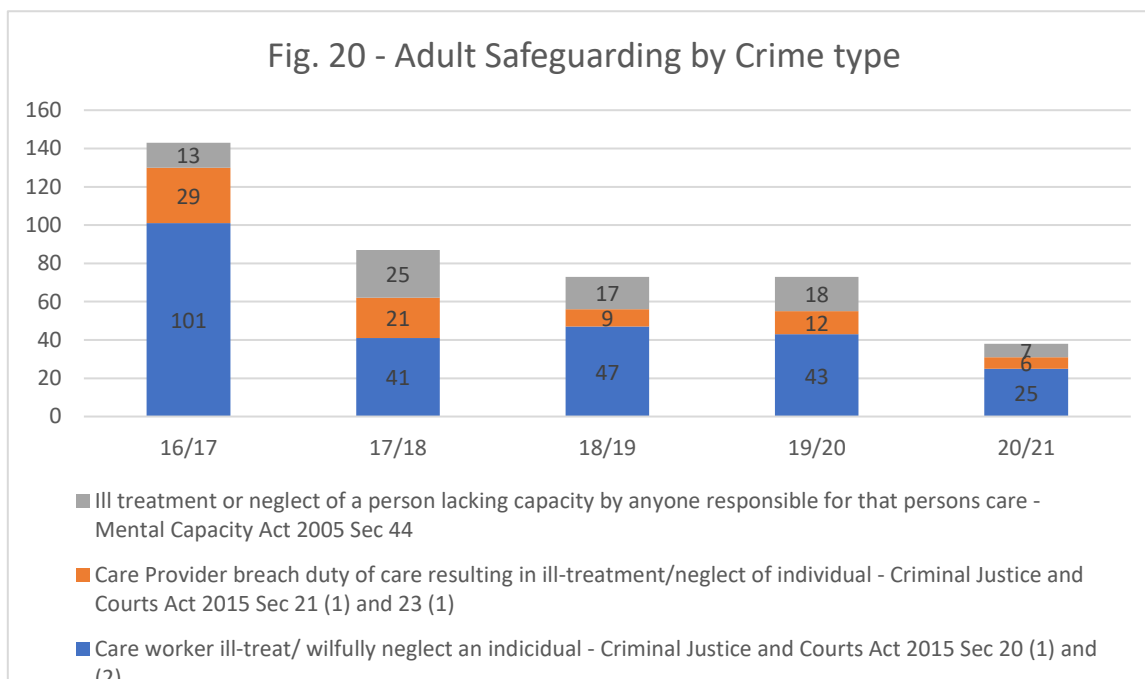


Figure 20 illustrates that there were a total of 38 offences reported for criminal investigation in the 12 months to 31 March 2021. The year is contrasted with previous years to indicate reporting rates over time.

The last twelve months has shown a reduction in reported incidents that are considered to be due to two main factors: -

- The impact of COVID-19 on residential homes and other care settings that has reduced routine visiting and accordingly the potential identification of issues for adults vulnerable to abuse and neglect
- The introduction of a new crime recording system by Staffordshire Police that has changed recording classifications resulting in some investigations not being classified or recorded as a crime type

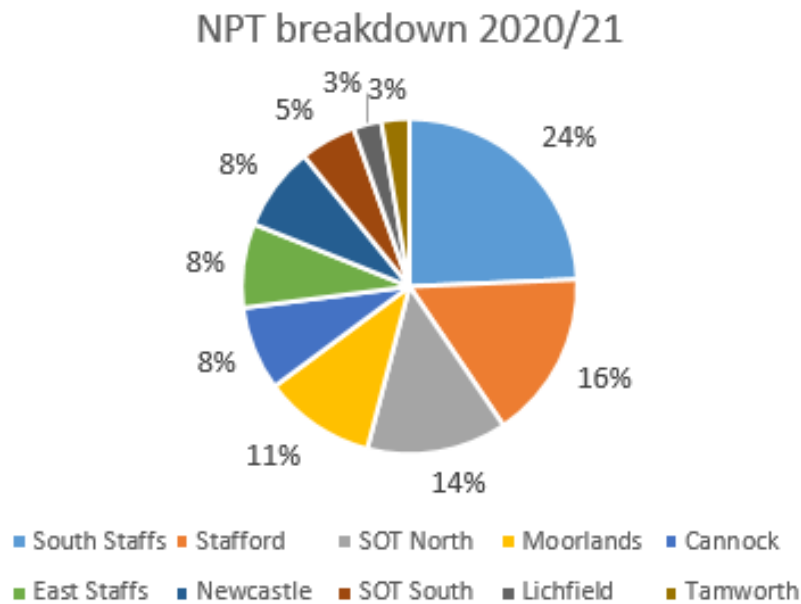
From analysis of 2020/21 reports:

- Of the Neglect offences, there are 2 repeat victims in the last 12-months period; neither had been a victim in the previous 4 years
- Both offences against the repeat victims were committed at the same location, however, both repeat victims' offences occurred at different places

- There are 3 repeat suspects in the last 12-month period, none had been known to have offended in the previous 4 years
- Both repeat offenders are linked to the same 2 adults
- There are 4 repeat locations in the last 12-month period. These are at 2 care homes; 1 mental health hospital; 1 residential address
- There are 7 locations that had 1 offence in the last 12-month period as well as other Adult Safeguarding offences in the previous 4 financial years

The analysis is used operationally in conjunction with safeguarding partners to target preventative actions.

The below pie chart demonstrates the geographical locations of Neglect offences based on Neighbourhood Police Team (NPT) areas.



8. 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 offered to provide 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 1 of a 3-year budget agreement which was approved by the statutory partners in July 2019.

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/Employee costs	£115,329 <i>note (i)</i>
Website costs	£5,500
Consultant fees	£4,000
Insurance	£1,040
Legal Services	£ 924
TOTAL:	£126,793

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

APPENDIX 1: BOARD PARTNERS

Statutory Partners as of 31st March 2021

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

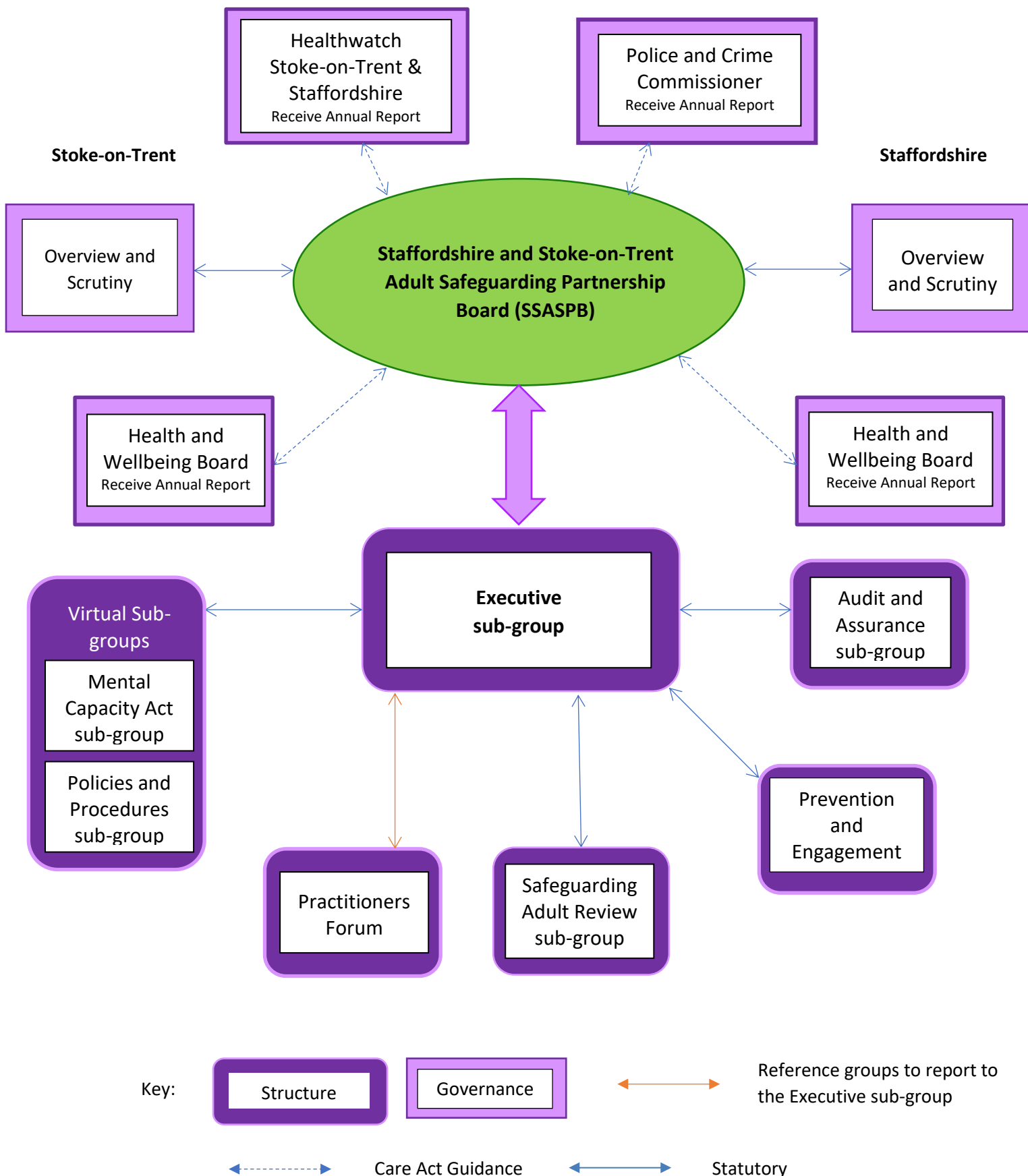
Extended Partnership as of 31st March 2021

- Asist
- 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)
- Middleport Matters Community Trust
- 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)
- Voiceability
- Your Housing Group
- 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.

10. 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
LD	Learning Disabilities
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 a 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 Children's 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>

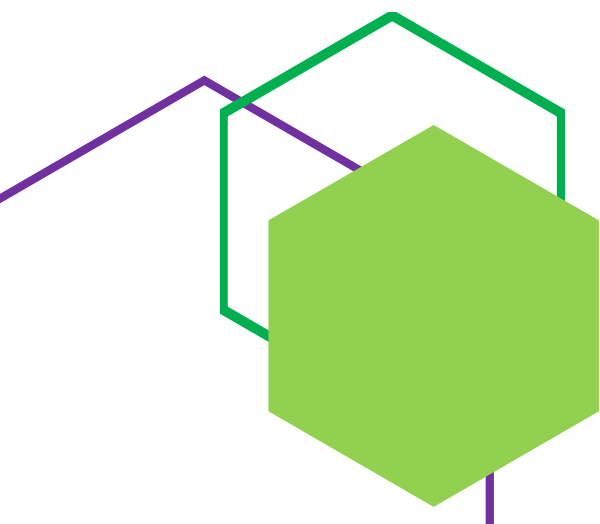


'If you suspect that an adult with care and support needs is being abused or neglected, don't wait for someone else to do something about it'.

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**





STAFFORDSHIRE

HEALTH AND WELLBEING BOARD

FORWARD PLAN 2021/2022

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 Dr Johnny McMahon and Dr Alison Bradley - **Co-Chairs**

If you would like to know more about our work programme, please get in touch with Jon Topham on 07794 997621 or jonathan.topham@staffordshire.gov.uk

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

	Meeting Date:	Venue:
Public Board Meetings:	4 March 2021	via Microsoft Teams
	3 June 2021	via Microsoft Teams
	2 September 2021	Council Chamber, County Buildings, Stafford / via Microsoft Teams
	2 December 2021	Council Chamber, County Buildings, Stafford
	3 March 2022	Council Chamber, County Buildings, Stafford

Date of Meeting	Item	Details	Discussion / Outcome
4 March 2021 PUBLIC BOARD MEETING	SEND Strategy Report Author – Tim Moss Lead Board Member – Helen Riley	Agreed at the January 2020 meeting	Update noted and the Board endorsed the Staffordshire SEND Strategy.
	Living with COVID Report Author – Richard Harling Lead Board Member – Richard Harling		Report was noted and it was noted that the HWBB will need to support and work with system partners to address some of the risks and inequalities highlighted.
	Together Active Report Author – Jude Taylor		The Board agreed with the requests made and endorsed the agreement to support a whole system approach. Update to be brought to the September 2021 meeting.
	Obesity Strategy Report Author – Karen Coker		
	Adult Safeguarding Report Report Author – John Wood Lead Board Member – Richard Harling		Report was supported. Data shared around excess deaths and learning disabilities.
	Children’s Safeguarding Annual Report Report Author – SSSCB Lead Board Member – Helen Riley		The Board accepted the SSSCB Annual Report.
	Integrated Care System Plan Report Author – Tracey Shewan		The Board received an update on the ICS plan and future updates to be provided to the Board.
	Public Health Strategy / Plan Report Author – Tony Bullock Lead Board Member – Richard Harling		The Board were supportive of the approach and asked that the HWBB fed back to the author. A more detailed plan will be brought back to the June meeting.

Date of Meeting	Item	Details	Discussion / Outcome
11 June 2021 PUBLIC BOARD MEETING	JSNA – Strategy and Planned Timeline Report Author – Jon Topham Lead Board Member – Richard Harling		The plan set out in the report for a new ‘post Covid-19’ pandemic Joint Strategic Needs Assessment was agreed.
	Annual Report of the Director for Public Health (Draft) Report Author – Jon Topham Lead Board Member – Richard Harling		The report was received and noted. The proposed scope of the 2021/22 Annual Report of the Director of Public Health was endorsed by the Board.
	JSNA – Outline Report Author – Wendy Tompson Board Sponsor – Richard Harling		Partners supported the development of a new Post Covid-19 Pandemic Joint Health and Wellbeing Board Strategy taking into account of the findings of the above-mentioned Joint Strategic Needs Assessment and Annual Report.
	Mental Health – Prevention and Strategy Report Author – Jan Cartman-Frost / Chris Stanley Board Sponsor – Richard Harling		The Board received and noted the report, and supported proposals to engage across the whole health and care system in the development of a new joint Mental Health Strategy for 2022-2027. The Board also noted the timelines for production of the strategy.
	Healthwatch Report Author – Simon Fogell		The Board considered an oral a report of Staffordshire Healthwatch’s Chief Executive informing them of their work programme priorities which had been identified following consultation with the public.

Date of Meeting	Item	Details	Discussion / Outcome
Page 84	Better Care Fund Update Report Author – Rosanne Cororan Lead Board Member – Richard Harling		The Board considered a report of the County Council’s Director of Health and Care updating them on the operation of the NHS’s Better Care Fund (BCF) which aimed to support the integration of local health and care systems in a way that supported:- (i) person-centred care; (ii) sustainability and; (iii) better outcomes for people and carers.
	Integrated Care System Update Report Author – Tracey Shewan		The Board considered reports by the Integrated Care System (ICS) Director and Chairman of the North Staffordshire Clinical Commissioning Group updating them on the development of the Staffordshire and Stoke-on-Trent ICS and recent publication of the Integrated Care Partnership (ICP) Visioning Document, respectively.
	Update on Covid Report Author – Richard Harling Lead Board Member – Richard Harling		The Board considered an oral report of the Director of Health and Care updating them on progress of the Covid-19 pandemic in Staffordshire. The Board will be updated on developments with regard to the pandemic, as necessary.
2 September 2021 PUBLIC BOARD MEETING	Covid Update Report Author – Richard Harling Lead Board Member – Richard Harling		The Board considered an oral report of the Director of Health and Care updating them on the progress of the Covid-19 pandemic in Staffordshire. The Board received and noted the report.
	Director of Public Health Annual Report Report Author – Richard Harling Lead Board Member – Richard Harling		The Board considered a report of the Director of Public Health updating them on progress towards publication of his Annual Report for 2020/21, which had been delayed owing to the Covid-19 pandemic.

Date of Meeting	Item	Details	Discussion / Outcome
	JSNA Report Author – Wendy Tompson Board Sponsor – Richard Harling		The Board considered an oral report and PowerPoint presentation of the County Council’s Director of Health and Care updating them on progress with regard to the preparation of a refreshed Joint Strategic Needs Assessment (JSNA).
	Health and Wellbeing Strategy Report Author – Jon Topham / Claire McIver Board Sponsor – Richard Harling		The Board considered a report and PowerPoint presentation of the County Council’s Director of Health and Care updating them on progress with regard to the development of a new Health and Wellbeing Board Strategy for the period 2023 to 2028.
	VCSE Report Author – Phil Pusey / Garry Jones		The Board considered a report and PowerPoint presentation of the Chief Executive of Staffordshire Council of Voluntary Youth Services (SCVYS) updating them on the opportunities and challenges of re-start and recovery post the 2020/21 Covid-19 pandemic. The Board also received a joint PowerPoint presentation of the Chief Executive of Support Staffordshire and Chief Executive of St Giles Hospice outlining community-based approaches to achieving health equality having regard to the Health and Wellbeing Strategy.
	Integrated Care System Update Report Author – Tracey Shewan		The Board considered a joint report of the Co-Chair, the Integrated Care System (ICS) Director and the Staffordshire Clinical Commissioning Groups’ Accountable Officer regarding the emerging relationship between the Integrated Care Partnership and Board.

Date of Meeting	Item	Details	Discussion / Outcome
	Staffordshire Better Care Fund (BCF) Report Author – Rosanne Cororan Board Sponsor – Richard Harling		The Board considered a report of the Council Council’s Director of Health and Care updating them on the operation of the NHS’s Better Care Fund (BCF) which aimed to support the integration of health and care systems in a way that supported:- (i) person-centred care; (ii) sustainability and; (iii) better outcomes for people and carers.
	Health and Wellbeing Board Terms of Reference Report Author – Jon Topham Board Sponsor – Richard Harling		The Board considered a report of the County Council’s Director of Health and Care regarding a proposed change to their terms of reference following a Cabinet re-shuffle by the County Council.
2 December 2021 PUBLIC BOARD MEETING Page 86	Better Health Staffordshire Report Author – Karen Coker / Tony Bullock / Jude Taylor Board Sponsor – Richard Harling / John Henderson		
	HWBB Strategy Report Author – Claire McIver Board Sponsor – Richard Harling		
	JSNA Update Report Author – Wendy Tompson Board Sponsor – Dr Richard Harling		
	Integrated Care System Update Report Author – Tracey Shewan	Verbal update	

Date of Meeting	Item	Details	Discussion / Outcome
	Air Quality Report Author – Mike Calverley Board Sponsor – Dr Richard Harling		
	SSASPB Annual Report 2020/21 Report Author – John Wood Board Sponsor – Dr Richard Harling		
4 March 2022 PUBLIC BOARD MEETING			
Future Items for Consideration	Families Strategic Partnership Board Revised Strategy and Governance Report Author – Kate Sharratt Lead Board Member – Helen Riley	Agreed at the January 2020 meeting	
	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.	
	Director for Public Health Report Report Author – Lead Board Member –	Annual report	

Date of Meeting	Item	Details	Discussion / Outcome
	HWBB Delivery Plan Report Author – Jon Topham Lead Board Member – Richard Harling		
	Mental Health Strategy Report Author – Richard Deacon / Josephine Bullock Lead Board Member – Richard Harling		

HWBB Statutory Responsibility Documents

Document	Background	Timings
Pharmaceutical Needs Assessment (PNA)	<p>The PNA looks at current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets the current and future population needs for Staffordshire residents and identifies any potential gaps in current services or improvements that could be made.</p> <p>The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to HWBBs.</p>	<p>The current PNA was published in March 2018.</p> <p>The PNA is reviewed every three years (the next assessment is due in 2021).</p>
Joint Strategic Needs Assessment (JSNA) Page 89	<p>The HWBB arrange for:</p> <ul style="list-style-type: none"> • an annual JSNA update report • 2 deep dive reports per year • Quarterly exception reporting 	<p>The Annual JSNA report comes to the March HWBB.</p>
Joint Health and Wellbeing Strategy (JHWS)	<p>The JHWS sets out how the needs identified in the JSNA will be prioritised and addressed.</p>	<p>JHWS was adopted by the HWBB at their June 2018. An action plan will be developed to set out how the Strategy will be delivered.</p>
CCG and Social Care Commissioning Plans	<p>The HWBB receive annually details of both CCG commissioning plans and Social Care to consider whether these have taken proper account of the JHWS.</p>	<p>Annually, normally at the March meeting.</p>

