

Staffordshire Health and Wellbeing Board

Thursday 9 June 2022
14:00 - 16:00
Oak Room, 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: 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.	2:00pm	Welcome and Routine Items a) Apologies b) Declarations of Interest c) Minutes of Previous Meeting d) Questions from the Public	Chair	1 - 6
2.	2:05pm	Staffordshire Joint Health and Wellbeing Strategy	Jon Topham Claire McIver	7 - 22
3.	2:20pm	FireSide Project	Tamsin Fisher Dr Tom Kingstone (Keele University)	23 - 24

4.	2:35pm	Pharmaceutical Needs Assessment	Emma Sandbach	25 - 28
5.	2:40pm	Partnership Protocol	Natasha Moody Helen Riley	29 - 52
6.	2:55pm	Healthwatch Staffordshire	Baz Tameez	53 - 56
7.	3:10pm	Forward Plan	Jon Topham	57 - 62

Date of Next Meeting

Thursday 8th September 2022 at 2:00pm in the Oak Room, County Buildings, Stafford.

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	
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
Peter Axon	North Staffordshire Combined Health Trust
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
Baz Tameez	Healthwatch Staffordshire
Michelle Hickmott	Staffordshire Fire and Rescue
Carmel Warren	Staffordshire Fire and Rescue Service

Notes for Members of the Press and Public

Filming of Meetings

Staffordshire County Council is defined as a Data Controller under the Data Protection Act 2018. The County Council has agreed that Public meetings should be the subject of live web transmission 'webcasting'. Fixed cameras are located within meeting room for this purpose.

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 3 March 2022**

Attendance:

Johnny McMahon	Staffordshire County Council (Cabinet Support Member for Public Health and Integrated Care)
Julia Jessel	Staffordshire County Council (Cabinet Member for Health and Care)
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Dr Richard Harling	Staffordshire County Council (Director for Health and Care)
Helen Riley	Staffordshire County Council (Deputy Chief Executive and Director for Families and Communities)
Sarah Wainwright	Staffordshire Police
Garry Jones	Support Staffordshire
Gill Heesom	District/Borough Council Representative
Tim Clegg	District/Borough Council CEO Representative
Carmel Warren	Staffordshire Fire and Rescue Service

Apologies: Dr Alison Bradley (North Staffordshire Clinical Commissioning Group), Peter Axon (North Staffordshire Combined Health Trust), Dr Rachel Gallyot (East Staffordshire Clinical Commissioning Group), Craig Porter (Managing Director, South West Division) (CCG Accountable Officer Representative), Phil Pusey (Chief Executive Officer) (Staffordshire Council of Voluntary Youth Services) and Simon Fogell (Healthwatch Staffordshire)

88. Declarations of Interest

None received.

89. Minutes of Previous Meeting

RESOLVED – That the minutes of the meeting held on 2 December 2021 be confirmed and signed by the Chairman.

90. Questions from the Public

None received.

91. Joint Health and Wellbeing Board Strategy

The Board received a presentation from Claire McIver on the draft Joint Health and Wellbeing Board Strategy. An update was provided around the development of the strategy and consultation which had taken place between in January and February 2022. The findings and feedback gathered were demonstrated in the slides.

Across the consultation, which ran from 21 January 2022 to 20 February 2022, 227 responses were received from 219 individuals and 8 organisations. Early feedback from the Board led to some minor changes which simplified the ambition and vision.

The strategy is guided by the King's Fund four pillars for population health, which aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population.

Before open consultation, early feedback from the Board resulted in a change to the priorities, moving from 'reducing infant mortality' to a broadened 'health in early life' priority, with reducing infant mortality defined as a key outcome.

An output from the consultation shows that 81% of respondents agreed or strongly agreed with the vision statement. Comments focused on poor access, loss of/limited services, a need for a cohesive approach to health improvement, and a suggestion that the vision should say "We will think health **and wellbeing**, in all that we do."

For question 9, a relatively high number of responses were categorised in the miscellaneous/unrelated theme because some respondents had answered the question by stating what public bodies should be doing instead of what they could do to help and therefore had been excluded from the main themes.

A number of comments were received for Question 10, which was an open-ended question on what people felt needed to be focused on. Around half of all responses were themed around access to services, i.e. access to GPs, support with technology, accessibility of services, and how we organise ourselves.

Further comments in the consultation highlighted themes such as communication, organisational leadership, consideration of environmental

factors, access to healthy eating, promotion and encouragement of fitness and exercise and access to services.

In summary, respondents broadly agreed with the vision outlined in the strategy, good mental health was seen as the top priority and key themes identified:

- Access in the community and to services
- How would we deliver the strategy and how would we know that it has succeeded?
- A desire to see better joined up working between services and improved partnership working
- Involvement and engagement with the public
- Improvement on communications and information
- Consideration of environmental factors

Next steps include an update to the strategy to incorporate feedback from the consultation, to share the final version with the Board in the following 2-3 weeks, sign-off from the Board at the June 2022 meeting, mapping of existing partnerships and workstreams to identify gaps and action plans and agree the process for monitoring progress. It was important that the next phase of mapping, identifying gaps and development of supporting plans and agreeing performance metrics/process was a shared exercise across Board members.

It was highlighted that a sponsor for each priority theme would be beneficial in the long term, who takes responsibility for ensuring actions are delivered, along with a lead organisation responsible for delivery.

Members of the Board suggested that an action plan be compiled once the strategy had been finalised and presented to the Staffordshire Leaders Board to seek a willing volunteer/organisation to take the work forward.

It was agreed to share the strategy with the Board and seek approval via email and a further update provided at the next Board meeting in June 2022.

RESOLVED – That the update be noted.

92. Healthy Ageing and Managing Frailty in Older Age Strategy

The Board received a report and presentation on the newly developed Healthy Ageing and Managing Frailty Strategy which had been developed by Together We're Better (TWB).

The document set out a strategic approach on how we could promote quality of life and delay the onset of frailty for as long as possible. The document also showed the key themes of the strategy.

The Board were also informed that the healthier ageing theme was being led by Public Health colleagues from two Local Authorities and preliminary scoping work had commenced.

Two questions were asked of the Board for consideration:

1. Does the Healthy Ageing and Managing Frailty in Older Age Strategy add value to the existing Joint Health and Wellbeing Strategy and priorities?
2. How would the Health and Wellbeing Board wish to contribute and shape elements of the strategy that are more health service facing?

The presentation further denoted the Staffordshire Healthy Ageing and Frailty Prevention Strategy. Recommendations from the working group which looked at the Strategy included:

- Continuing to grow community assets
- Improving Staffordshire's repository of information about help available in the community
- Continuing to development Community Help Points
- Ensuring professionals know how to access and consistently use help available in the community
- Promoting assistive technology and other digital innovations to help older people
- Development of a plan to reduce social isolation amongst older people
- Development of strengths-based practice across all health and care professionals
- Co-ordination of a large scale prevention programme to improve lifestyles
- Challenge societal attitudes towards ageing
- Do more to help people plan for end of life.

The Board were supportive of the Healthy Ageing and Frailty Strategy and agreed that it did add value to the existing HWBB strategy and priorities, highlighting a need to shift the current working practices to a more holistic model. Additional comments from the Board included a focus on power of attorney, earlier conversations around death and access to services. It was highlighted that education was key around older age and managing frailty and a lack of focus on lifestyle in earlier years as the Strategy focuses on what happens afterwards.

RESOLVED – That (a) the Board note the Healthy Ageing and Managing Frailty Strategy developed by Together We're Better;

(b) the Board consider how the Healthy Ageing and Frailty Strategy adds value to the existing Health and Wellbeing Strategy and Priorities, including primary and secondary prevention and reduction of health inequalities; and

(c) the Board consider how the Health and Wellbeing Board wish to contribute and shape elements of the strategy that are more health service facing.

93. Air Aware Project

The Board received a presentation on the Air Aware Staffordshire Project which was in Phase 2.

The Project consisted of five elements which included: Business Engagement; School Engagement; Electric Vehicles; Communications and Air Quality Monitoring Stations.

The Board were informed of recent work and outputs from the Business Engagement (Firebreaks affect progression) which took place in Cannock, Burton and Leek. Outputs included 3 business travel networks launched with 32 attendees, 22 business engagements, 4 proposals presented and awaiting feedback, 1 MODESHIFT accreditation and 5 events.

The Board were also informed of the ongoing work around the Electric Vehicle SCC Strategy and School Engagement which had seen active engagement with 15 schools across the County.

The project would be moving forward in March with an Anti-Idling Campaign which would run from March 14th to March 27th 2022 and would target 100 locations, website traffic and social media engagement.

Comments from the Board included whether air pollution checks have been made in those areas where activities have taken place. Diffusion tube monitoring takes place over a 12-month period and live tests can take place to enable instant reporting.

Members of the Board further commented around the expansion of the engagement to other schools.

RESOLVED – That the update be noted.

94. Staffordshire Better Care Fund

The Board received a report on the Staffordshire Better Care Fund and an update on the current position in 2021/22.

The Board were reminded of discussions at their June and September 2021 meetings and subsequent guidance which had been received from NHS England and NHS Improvement (NHSE&I). The Better Care Fund plan was submitted to NHSE&I in December 2021 and notification of approval was received in January 2022.

The Board noted that BCF Planning for 2022/23 was underway through the Joint Commissioning Board in conjunction with the Council and Clinical Commissioning Groups.

RESOLVED – That (a) the Board note that the 2021/22 Staffordshire BCF plan was submitted to NHSE&I in December 2021, and notification of approval was received in January 2022; and

(b) the Board note that the Staffordshire BCF Plan has subsequently been updated with the inclusion of an additional £19.25 million funding and associated expenditure.

95. Forward Plan 2022-2023

RESOLVED – That the Forward Plan for 2021/22 be received and noted.

96. Date of Next Meeting

RESOLVED – That the date, time and venue of the next meeting of the Board (Thursday 9th June 2022 at 2:00pm in the Council Chamber, County Buildings, Stafford), be noted.

Chairman

Staffordshire Health and Wellbeing Board - 09 June 2022

Staffordshire Joint Health and Wellbeing Strategy

Recommendations

The Board is asked to:

- a. Approve the Joint Health and Wellbeing Strategy 2022-2027.
- b. Note the issues for the Board to consider and additional work required for each priority.
- c. Identify a Board Sponsor and Lead for each priority.
- d. Approve the outcomes and reporting cycle for each priority.

Background

1. The Health and Wellbeing Board has a number of statutory duties. These include a requirement to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Well-being Strategy.
2. A revised JSNA was signed off by the Board in December 2021. The Health and Well-being Strategy has now been revised and updated to take account of changing needs of the population, as outlined in the JSNA, and including the impact of Covid pandemic.
3. The updated Strategy was brought to the March Board meeting in draft form public and stakeholder consultation. This draft was discussed, and final amendments agreed. The final version incorporates these amendments and is recommended for approval by the Board.

The Strategy

4. The Strategy includes an overarching vision which is "*to reduce inequality and increase healthy life expectancy*" and is grounded in the King's Fund four pillars of population health:¹
 - a. Wider Determinants
 - b. Health Behaviours and Lifestyles
 - c. Place and Community
 - d. Integrated Health & Care System
5. The Board has agreed that these pillars will underpin activity to deliver against the four priorities identified by the Board:
 - a. Health in Early Life
 - b. Good Mental Health

¹ [A vision for population health | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/insights-and-analysis/strategic-views/a-vision-for-population-health)

- c. Healthy Weight
- d. Healthy Ageing

Priorities

6. At previous Board meetings we have discussed Good Mental Health, Healthy Weight and Healthy Ageing. A further scoping exercise has been carried out to identify existing work programmes as well as issues for the Board to consider and additional work required.

Health in Early Life

7. Issues for the Board to consider:

- a. High rates of infant mortality and low rates of breastfeeding.
- b. Reduced funding over recent years leading to gaps in service provision.
- c. Complex Governance arrangements.

8. Additional work required:

- a. Ensure that all organisations accord sufficient priority to health in early life.
- b. Ensure that appropriate funding and support is in place to meet need.
- c. Review Governance and create a single partnership group to oversee multi-agency work.

Good Mental Health

9. Issues for the Board to consider:

- a. High rates of suicide and hospital admission for self-harm.
- b. Relative lack of early intervention and prevention activity.
- c. Pressure on health and care services.

10. Additional work required:

- a. Development of more effective system-wide approaches to promote a better understanding of mental health and wellbeing.
- b. Greater focus on trying to prevent poor mental health and intervening early to avoid problems becoming worse.

Healthy Weight

11. Issues for the Board to consider:

- a. High and rising rates of overweight and obesity in children and adults.
- b. High prevalence of complications with pressure on health and care services.

12. Additional work required:

- a. Reach consensus on balance of individual and collective responsibility, and how to tackle determinants of obesity.
- b. Promote collaboration across partners to reduce obesity.
- c. Promote and enable active lifestyles to reduce obesity.

Healthy Ageing

13. Issues for the Board to consider:

- a. Evidence of over-medicalisation and creation of dependence on health and care services.

14. Additional work required:

- a. Promote a strengths-based culture in health and care services that prioritises quality of life, and encourages and enables independence in later life.
- b. Promote collaboration across partners to understand and make use of community assets.

15. The Board is recommended to identify a Sponsor and Lead for each priority who can provide leadership for the actions required to improve outcomes.

Monitoring outcomes and impact

16. The Strategy includes a range of outcomes that will be reported to the Board to allow an understanding of health and well-being trends overall and against the four priorities.

17. The Strategy will include two overall outcomes:

- a. Reduce infant mortality
- b. Increase healthy life expectancy

18. A range of factors influence infant mortality and healthy life expectancy and improvements can take many years to be achieved. A review is underway to identify suitable indicators that could be used as measures of the progress of the Strategy.

19. The Strategy will also include outcomes against each priority and the following are recommended:

Priority	Proposed outcomes
Health in early life	<ul style="list-style-type: none"> ▪ To reduce smoking in pregnancy ▪ To increase breastfeeding
Good mental health	<ul style="list-style-type: none"> ▪ To reduce the suicide rate ▪ To reduce hospital admissions for self-harm ▪ To reduce emergency admissions with a mental health diagnosis in adults ▪ To improve management of depression in primary care
Healthy weight	<ul style="list-style-type: none"> ▪ To reduce childhood overweight and obesity ▪ To reduce overweight and obesity ▪ To reduce the prevalence of and complications of Type 2 Diabetes
Healthy ageing	<ul style="list-style-type: none"> ▪ To improve management of dementia ▪ To reduce falls in the elderly ▪ To reduce emergency hospital admissions in the elderly ▪ To reduce deaths in hospital

20. Suitable performance indicators would be identified for each of these outcomes to allow measurement of the progress of the Strategy for each priority.
21. The recommendation is that the Sponsor/Lead provide a full report against each priority annually, including actions underway, progress against outcomes and additional action required, with the necessary local context, public and professional input.

List of Background Documents/Appendices:

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

Appendix 1 - Joint Health and Wellbeing Strategy 2022 -2027

Contact Details

Board Sponsor: Dr Richard Harling

Report Author: Claire McIver / Jon Topham

Telephone No: 07794997621

Email Address: jonathan.topham@staffordshire.gov.uk

Staffordshire Joint Health and Wellbeing Strategy 2022-2027

Priorities



Health in early life

Improving health in pregnancy and infancy with a priority focus on reducing infant mortality.



Healthy aging

Promoting well-being and enabling independence for older people.



Good mental health

Building strong and resilient communities and individuals who are in control of their own mental wellbeing.



Healthy weight

Creating the conditions to help people to make healthy choices that will help adults and children reach a healthy weight.



Introduction

Staffordshire is a varied county, with urban centres next to green, rural landscapes. There are many local assets and a strong community spirit. Staffordshire is generally quite a healthy place to live, but this does hide pockets of very poor health.

This document outlines our key priorities and actions we can take to improve health and wellbeing in Staffordshire. It is based on data we have gathered on local issues, health need, and feedback from local people.

We recognise the importance of personal choice, helping people to achieve their goals. This strategy is about promoting a system-wide ambition to improve health and wellbeing outcomes for local people.

This will complement the approach of different organisations in Staffordshire. It will also form a key part of the wider vision for the Integrated Care System, which has a duty to work closely with health and wellbeing boards and the joint health and wellbeing board strategy.¹

This strategy remains a live document and may be refreshed following developments in need, legislation or local and national policy. It builds on the successes of the incredible teamwork realised across the county during the Covid19 pandemic, providing a foundation for further collaboration and productivity.

1. The health and social care White Paper explained | The King's Fund ([kingsfund.org.uk](https://www.kingsfund.org.uk))



Health and wellbeing in Staffordshire

While Staffordshire is a relatively healthy place to live, there are challenges. We need to improve healthy life expectancy, reduce health inequalities, and reduce activity in hospital services. Rates of infant deaths are high, and many children are overweight or obese. Reports of poor mental health, loneliness, and isolation are increasing. About two thirds of adults are overweight or obese and alcohol consumption is on the rise. The demand for adult social care has increased and long term illness and disability affects a large proportion of the population.

Increases in life expectancy have slowed, and the number of years people spend living with illness is increasing. This is largely due to the growing number of people with long term conditions, which leads to reduced independence and greater reliance on health and care services.

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These issues are not evenly distributed across the county but are more concentrated among certain groups in society. There is a strong association with income, although some conditions, such as diabetes, are often linked

to ethnicity and other minority groups. This inequality is increasing and has been further highlighted during the Covid19 pandemic.

A thorough needs assessment has highlighted the main health and wellbeing challenges across Staffordshire as follows:

- An ageing and growing population
- Challenges at the start of children's lives and as they grow and develop
- Inequalities in health outcomes and access to health and care services
- Pockets of fuel poverty (not being able to afford to heat your home)
- Poor mental health and wellbeing, social isolation, and loneliness
- Poor health outcomes linked to lifestyles and behaviours
- Pressure on services caused by increasing long-term conditions and frailty.

A full overview of health and wellbeing needs can be found [here](#).



The Covid19 pandemic remains an ongoing threat. Many of the above issues have been worsened, and inequalities further exposed. Tackling these challenges and supporting Staffordshire's recovery must be a key health priority in the coming years.

However, it is also important to recognise that Staffordshire has many assets which can be used to improve health and independence. There is a well-resourced and tailored digital offer. Good information, advice and guidance is available, as well as an assistive technology tool, benefits calculator, and a comprehensive online directory of support via Staffordshire Connects. The Supportive Communities programme is developing a network of community help points and community champions. Staffordshire has adopted innovative approaches such as Hungry Little Minds and Family Hubs, and is pioneering the use of technology to promote greater independence for people living with dementia living in care homes. An overview of some of the key assets can be found [here](#).

It is well known that a wide range of factors (such as education, employment, and housing) drive good health, and the events of recent months have shown how everyone has a role to play in creating the conditions that enable people to be healthy. Therefore, one of the key objectives of this strategy is to consider health and wellbeing as 'everyone's business' and aim for its integration into all that we do.

The approach is also about strengths and assets (such as jobs, housing, and healthy lifestyles) which develop resilience to potential harms. This includes preventing illness, but also wider benefits, such as improved mental wellbeing, less reliance on specialist services, improved educational achievements, reduced isolation and loss of independence, safeguarding risks and crime.



Our Vision

Creating communities and environments that promote health and well-being and supporting people to remain independent for as long as possible.

Our Ambition

To reduce inequality and increase healthy life expectancy.

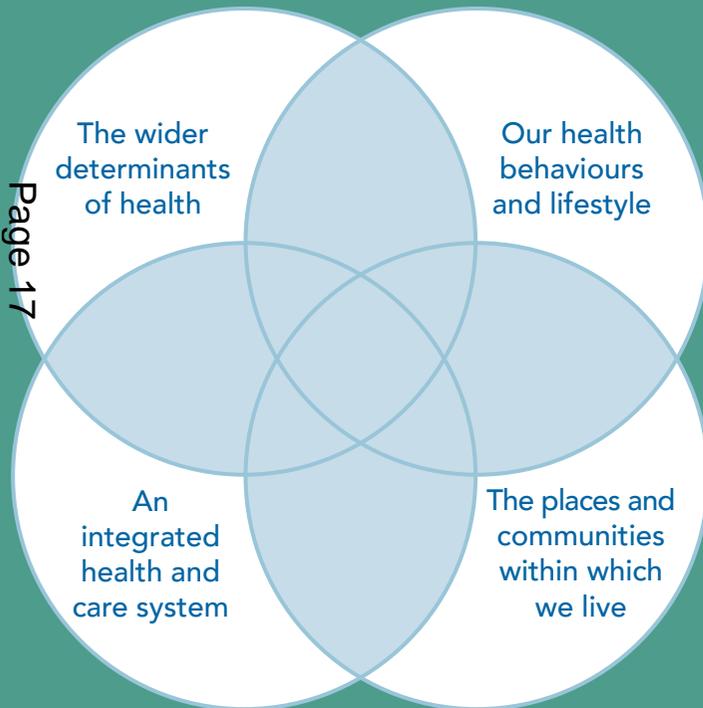
Our Principles

- We will think 'health and wellbeing' in all that we do.
- Prioritising prevention and early intervention.
- Engaging with communities to co-produce solutions.
- Recognising the importance of voluntary organisations in improving health and wellbeing.
- Recognising diversity and responding to inequalities and inequities.
- Delivery of high quality, efficient services for those who need them most, tailored to people's needs.
- Communicating clearly to make sure we are understood, and that information is accessible to everyone.
- Being strengths-based, making the most of existing community assets and insight.
- Having a good understanding of data, improving care coordination, and designing proactive models of care.
- Ensuring that local people have access to the information and support they need to remain independent and stay well.
- Developing the wider health and care workforce.
- Embracing digital solutions.
- We will focus on maximising quality of life (not only treating disease)



The Approach

This strategy is guided by the [King's Fund](#) four pillars for population health, which aim to improve physical and mental health outcomes, promote wellbeing, and reduce health inequalities across an entire population.



The King's Fund Four Pillars of Population Health

NHS, local government, and other organisations have a critical role, not just as providers of health and care services but as employers, a big part of the local economy and anchor institutions in their communities.

However, these challenges cannot be addressed by the health and care system alone; a much broader approach is required that pays more attention to the wider determinants of health and the role of people and communities.

We will strive to develop systems and services to ensure those people most in need of support receive it, and alternatives are available and accessible where appropriate.

We need approaches that can complement statutory services, including community-led initiatives, assistive technology and the information, advice and guidance designed to help people care for themselves.

Building system resilience also involves redesigning care pathways to shift emphasis toward prevention and divert people away from high-end services and building community capacity to enable people to retain independence and help themselves.



Our priorities

Staffordshire Health and Wellbeing Board has drawn on local insight, considered current health and wellbeing need and determined the following as priorities for focused attention and action. Under each priority area we identify the outcomes we want to achieve, the local community assets and partners we will work with.



Health in early life



Healthy ageing



Good mental health



Healthy weight

The strategy has two overarching outcomes:

- To reduce infant mortality
- To increase healthy life expectancy





Health in early life

Improving health in pregnancy and infancy with a priority focus on reducing infant mortality (death).

We will do this by working with our partners to:

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- develop a better understanding of the data and local intelligence
 - improve local recording systems
 - work in partnerships to improve outcomes
 - reduce smoking in pregnancy and smoking in the home
 - provide effective support during pregnancy and the baby's first weeks where and when it is needed
 - ensure a strong focus on healthy infant feeding
 - develop a whole systems approach to healthy weight in pregnancy.





Good mental health

Building strong and resilient communities and individuals who are in control of their own mental wellbeing.

We want to encourage:

- more social interaction and more physical activity
- reduced unsafe social media use
- use of the Five Ways to Wellbeing² and other evidence-based approaches
- improved maternal and parental mental health
- the early identification of mental health issues in children and young people
- mental health and wellbeing support for children and young people
- a stronger focus on workplace mental wellbeing
- a system-wide approach to prevent and reduce suicide and self-harm
- more initiatives that tackle loneliness and social isolation
- public sector organisations as exemplars, creating employment, training, and volunteering opportunities for local people
- encourage and enable communities to support each other and themselves.

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2. 5 ways to wellbeing (health-in-mind.org.uk)





Healthy ageing

Promoting well-being and enabling independence for older people.

We want to encourage:

- the promotion of healthy lifestyles that will reduce and delay the onset of ill health and frailty
- approaches that recognise the strengths and skills of older people
- strengths-based practice in health and care with older people
- warm, energy-efficient homes for everyone
- a strong focus on independence
- the prevention of falls amongst older people
- more people supported to plan and prepare for older age and death
- more choice at the end of people's lives, with a focus on supporting people to remain at home, and to die at home.



Optimising Fire and Rescue Service “Safe & Well” visits to support detection and sign-posting for mental health problems in older adults

Problem we are seeking to address

Mental ill-health is one of the leading causes of disability worldwide¹. Older adults (defined as people 60+ years) are at increased risk of loneliness and isolation which may lead to anxiety and depression. Other life circumstances, such as bereavement, loss and illness can also contribute to low mood. One in four older adults have a mental health condition, yet only one in six seek medical help and support².

The barriers preventing older people from accessing mental health care include a lack of mental health awareness, stigma, and unwillingness to seek help from healthcare professionals.

Research collaboration

Keele University have partnered with Staffordshire Fire and Rescue Service (SFRS) to see if and how Safe and Well visits could be expanded to include more on mental health. This is a collaborative project with the University of Chester, Robert Gordon University and Midlands Partnership NHS Foundation Trust (MPFT). The project is funded by the National Institute for Health and Care Research (NIHR), Research for Patient Benefit.

Aim of the research

The FIRESIDE study is the first stage to us better understanding how a fire and rescue service, as a “non-traditional” provider of healthcare, can support the early detection of mental ill-health in older adults. Our research seeks to address: (1) the gap in older adult services that support proactive detection and sign-posting for mental health problems, and (2) the gap in evidence for

the role of non-traditional providers in this regard.

Methods

A multi-methods approach has been adopted which uses interviews, observations and stakeholder consultations to understand if and how it will be possible to adapt Safe and Well visits to include more mental health related questions and resources. Members of the public have contributed to the design of the research.

During this 12-month research study, we aim to do the following:

- 1) Observe about 20 Safe and Well home visits to examine interactions, level of engagement and opportunities for mental health inquiries.
- 2) Interview about 20 recipients of Safe and Well visits to explore attitudes and beliefs about the home visits and acceptability about mental health inquiries and information.
- 3) Interviews/focus groups with about 25 Fire and Rescue Service staff to explore attitudes and beliefs about home visits, mental health and training needs.
- 4) Interviews with about 20 Health and Social Care stakeholders (such as social workers, mental health workers, housing association staff, general practitioners) to understand the service landscape and broader acceptability of adapting Safe and Well visits.

Data from these research activities will be analysed and written up in reports for publication. Key findings will also be used to inform discussion at a mixed stakeholder

¹ Vos T, Flaxman AD, Naghavi M et al. Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*. 2012; 380(9859): 2163–96.

² Age UK. Later life in the United Kingdom. Age UK: 2016.

consultation event in Autumn/Winter 2022 to agree future plans and scope for intervention development and implementation.

Key learning so far...

We have completed some interviews with SFRS managers and focus groups with SFRS Technicians and Community Support Officers (CSOs) who perform the Safe and Well visits.

Our findings suggest that SFRS staff are well respected in the community and are often able to gain access to the properties of individuals that other services (e.g. social care, police) may not.

SFRS staff feel that they are attending clients with symptoms suggestive of mental ill-health or cognitive impairment including anxiety, depression, loneliness, suicidal ideation and poor memory.

SFRS staff acknowledged the need for further training around mental health and were generally open to asking more questions about mental health during home visits. However, study participants described finding conversations about sensitive topics, such as mental health or alcohol consumption, challenging.

SFRS staff are keen to learn more about mental health conditions to better support their clients and respond to their needs - although maintaining a link to fire risk was felt to be important.

SFRS managers raised concerns that upskilling their employees may put the service at risk of becoming a first response to mental ill-health and individuals in crisis.

SFRS staff were frequently exposed to distressing situations involving vulnerable members of the public. One participant described the following:

“He [client] was saying he wanted to die. He said he wasn’t going to eat and he wasn’t going to turn his heating on.”

Many participants spoke about the frustrations of not being able to support clients to access the services they felt were needed. Referral systems and threshold levels were seen as challenges to clients receiving services. Staff said that they would often take such concerns home with them. Staff acknowledged how this impacted their own wellbeing.

What does it all mean in the context of the future direction of the FRS?

SFRS has welcomed being part of this project and looks forward to the findings providing a better understanding of mental health and the impact it has within our communities. It is hoped that by raising the awareness of poor mental health will help SFRS staff and members of the community. This will require the engagement and support of all relevant partners to ensure the safety, health and wellbeing for all affected is improved.

SFRS is adopting The National Fire Chiefs Council’s (NFCC) Person-Centred Framework which will give staff and volunteers additional skills and knowledge, the findings of the FIRESIDE study will help inform the development of the Framework in Staffordshire.

Conclusions and implications

SFRS staff who have taken part in the study demonstrated care and consideration for their role in supporting community residents. They are proud of the work that they do in fire prevention and would expect any adaptation to their role, such as the inclusion of mental health questions/sign-posting, to relate to fire prevention.

The research is ongoing. Future interviews with older adults and health and social care workers will help us to better understand the way that SFRS is perceived as non-traditional providers of care.

Findings will inform future research and intervention development and testing.

Staffordshire Health and Wellbeing Board – 09 June 2022

Pharmaceutical Needs Assessment for Staffordshire

Recommendations

The Board is asked to:

- a. Note contents of the report
- b. Support and feedback any comments about pharmaceutical services in Staffordshire during the consultation period.
- c. Delegate to the Chair(s) the authority to consider the response to the consultation, amend the draft and approve the final version of the PNA

Background

1. The pharmaceutical needs assessment (PNA) is a statement of pharmaceutical service needs for a specified population. It identifies current provision of pharmaceutical services across a defined area, assesses whether this meets current and future population needs and identifies any potential gaps to service delivery.
2. The PNA is a statutory requirement and is used for the following purposes:
 - a. Identifying areas where pharmacies can contribute to health and wellbeing priorities to improve population health and reduce health inequalities.
 - b. Providing an evidence base to NHS England regional teams to identify and commission enhanced services.
 - c. Market entry - the PNA will be used by NHS England's regional team to make decisions on any application for opening new pharmacies and dispensing appliance contractor premises or applications from current providers of pharmaceutical services to change their existing provision.
3. Usually, the PNA is updated every three years, however due to the Covid19 pandemic the last iteration was published in 2018. The deadline for this PNA is the 1st of October 2022 as an extension was granted to take into account the increased work from the pandemic.
4. A statutory consultation period of 60 days will take place where the public and partner organisations can comment on the document. At the end of the consultation period these comments will be collated and fed into the final document ready for publication on the 1st October 2022. The consultation will begin mid/late June and end mid/late August. Due to the timescales for publication coinciding with summer annual leave it will

not be possible to bring the report with the amendments from the consultation to the September Health and Wellbeing Board. Therefore, it is proposed that the Health and Wellbeing Board delegates the authority to consider the response to the consultation, amend the draft and approve the final version of the PNA to the Chair(s) in order to meet the publication deadline of the 1st of October.

Initial Headlines from the PNA

5. The population of Staffordshire is older than that of England and is ageing faster. By 2032 the number of residents aged seventy-five and over will rise dramatically from 98,800 in 2022 to 119,000 in 2026: an increase of 20%.
6. Staffordshire is a relatively affluent area but has notable pockets of high deprivation in some urban areas with 9% of its population living in the most deprived fifth of areas nationally.
7. There are many factors that will place increasing pressure on health services in the county. For example, GP registered Diabetes is higher than national and increasing year on year, and two thirds of adults are overweight or obese: higher than national and the third highest among similar local authorities. Both the prevalence of obesity-related conditions and obesity-related hospital admissions are on an upward trend.
8. Overall, higher levels of long-term conditions have been reported, both GP-registered and census-based indicators, which reflects the older population. There is an increased demand for new Adult Social Care assessments and hospital waiting lists have also increased.
9. There have been a number of changes in pharmaceutical services since the publication of the 2018 PNA, both locally and nationally.
10. The Government has agreed to make a five-year (2019-24) investment in community pharmacies (£2.592bn per year for pharmacies). The agreement sets out a clear vision for the expansion of clinical service delivery through pharmacies over the five years.
11. Several new services have been included in the agreement, including:
 - a. Community Pharmacist Consultation Service with referrals coming from NHS111 and GP practices and plans to include referrals from NHS111 online and urgent & emergency care settings.
 - b. Discharge Medicines Service as an Essential service under the Community Pharmacy Contractual Framework – aimed to provide

- support with medicine changes to vulnerable people post-discharge and potentially reduce re-admissions.
- c. Blood pressure check service (advanced service) to potentially identify individuals over forty with undiagnosed hypertension.
 - d. Stop smoking service to support individuals referred to community pharmacy having already initiated smoking cessation in hospital.
 - e. Covid vaccination services have been commissioned by NHS England & Improvement (NHSE&I) from several community pharmacy contractors both within pharmacies and off-site as part of local plans to increase uptake of the vaccine.
12. As a result of the Funding Settlement above, some pharmacies have reduced their supplementary hours. In addition, there have been a few pharmacy closures which were reflected in the Supplementary Statement to the PNA (April 2020), one consolidation (Cannock) and one further planned closure (from July 2022).
13. Most locally commissioned services that were available in 2018 continue to be available, including: Emergency Hormone Contraception (EHC), supervised consumption of opiate replacement therapy (e.g., methadone), needle exchange, palliative care medicines, services for Impetigo & UTIs, and the emergency supply service. There are some additional services under the Extended Care banner from NHSE&I to treat minor ear, nose and throat conditions, infected skin conditions and conjunctivitis in under twos. These were fully commissioned from 2019 until the Covid pandemic in 2020 led to the suspension of the services.
14. UTI, impetigo, and skin services all now fall under the Extended Care banner and are commissioned by NHSE&I across their Midlands regional footprint. An additional service to provide medicines recommended by Optometrists providing Community Urgent Eye Care (CUES) service is also commissioned by NHSE&I jointly with CCGS.
15. The Common Ailments service was decommissioned by NHSE&I following changes to national guidance from NHSE&I that medicines to treat minor conditions should not be routinely prescribed or provided free of charge to patients.
16. New services planned for 2022 include: the reintroduction of chlamydia & gonorrhoea testing kits from community pharmacies providing EHC, treatment under PGD for clients testing positive for chlamydia, plus pregnancy testing. In substance misuse, the local provider of drug and alcohol support services, Humankind, are about to commission services to provide take-home Naloxone¹ and provide hepatitis vaccination courses to clients.

¹ An opiate overdose reversal drug.

Next Steps

17. To date a pharmacy survey and a patient survey have been undertaken. Data from the surveys, NHSE&I and the JSNA are being collated to produce a document that will be available for the consultation. The document has not yet been finalised, but communications will be sent round to the Health and Wellbeing Board when the consultation is live, and the report can be viewed.
18. The consultation will be available for 60 days from mid/end of June to mid/end of August. The PNA will then be reviewed in light of the consultation responses for sign off by delegated authority to the Health and Wellbeing Chair(s). Publication will be on or before the 1st of October.

Contact Details

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

Report Author: Emma Sandbach, Consultant in Public Health

Telephone No: 07970 670995

Email Address: Emma.sandbach@staffordshire.gov.uk

Working Together Protocol -Strategic Partnership Boards in Staffordshire

2022

WORKING DRAFT



Contents

1. Statement of Commitment
2. Collective Responsibilities
3. Individual Partnership Board Responsibilities
4. Arrangements to support coordination between the Boards
5. Reporting arrangements and Forward Plans
6. Arrangements for Review
7. Resolution Process

Appendices:

- A. Staffordshire Strategic Partnerships – Shared Statutory responsibilities
- B. Staffordshire Partnership Boards – Roles and Priorities
- C. Scheme for Annual Reporting between the Partnership Boards

1. Statement of Commitment

- 1.1. This Protocol is intended to support effective joint working between Strategic Partnership Boards in Staffordshire.
- 1.2. The Strategic Partnership Boards are committed to working together at every level to keep Staffordshire people safe from harm and improve their health and wellbeing. Boards within this commitment include:
 - Staffordshire Health and Wellbeing Board (HWBB)
 - Staffordshire Safeguarding Children Board (SSCB)
 - Staffordshire and Stoke-on Trent Adult Safeguarding Partnership Board (SSASPB)
 - Staffordshire Strategic Community Safety Forum / Partnership (CSP)
- 1.3. The mechanisms by which this joint agreement and review are achieved will be developed in partnership by the Boards' Chairs.

2. Collective Responsibilities

- 2.1. Staffordshire's Partnership Boards are committed to ensuring effective links are made with each other to maximise effectiveness and minimise duplication. Boards will aspire to:
 - 2.1.1. Ensure the safety and health and wellbeing of people in Staffordshire are collectively addressed and that there are no gaps in addressing needs.
 - 2.1.2. Identify the lead partnership and respective responsibilities for a particular issue or priority.
 - 2.1.3. Provide clarity of focus for each partnership body. This will provide a clear understanding of the needs, emergent issues, and avoid duplication.
 - 2.1.4. Share appropriate information across partnerships and member organisations.
 - 2.1.5. Identify where there are problems and work together to formulate solutions taking a joined up and constructive approach across policies or issues of mutual interest.
 - 2.1.6. Ensure that there is a shared approach to reviews of serious cases in the county and the learning to emerge from these.
 - 2.1.7. Board Chairs will actively support the Boards in delivering these collective responsibilities.
- 2.2. All Partnership Boards understand the importance of engaging with our local population, and the importance of consultation, engagement and feedback in informing their business.
- 2.3. All Partnership Boards will work to promote the sustainability and efficiency of services, support the prevention agenda and work to mitigate the impact of inequalities in Staffordshire.

3. Individual Partnership Board Responsibilities

- 3.1. Each Board has specific statutory powers, duties and roles. This Protocol is intended to support the effectiveness of each Partnership Board. It is not intended to override or replace the statutory duties and powers of any of the individual agencies.

Further overview information is available in the Appendices:

Appendix A - an overview of collective responsibilities across the partnerships

Appendix B - a description of each Board, their duties and their priority areas

4. Arrangements to support coordination between the Boards

- 4.1. To support effective coordination and to promote better inter-partnership working the following arrangements are agreed:
 - 4.1.1. Respective Board Annual Reports/Plans will be presented to the other Boards.
 - 4.1.2. The Health and Wellbeing Board will consult widely on future iterations of the Health and Wellbeing Strategy along with the latest version of the Joint Strategic Needs Assessment.
 - 4.1.3. Where items are to be presented at Partnership Board meetings that are considered to be of particular or significant relevance to other Boards, it is courteous and good practice to advise other Partnership Chairs and enable them to contribute to the debate.
 - 4.1.4. Chairs or members of each partnership Board may be invited to attend the other partnership Development Days / development activity.
 - 4.1.5. Each of the Boards will circulate their newsletters / updates with each other in order to share and involve others in their work and progress.
 - 4.1.6. The Chairs and business managers/ lead officers of each Partnership Board will convene six monthly meetings to support strengthened inter-partnership working.

5. Reporting Arrangements and Forward Plans

- 5.1. Reporting arrangements and forward plans will be clearly set out to support alignment of reporting on shared agendas.

See Appendix C for information regarding the current reporting arrangements.

6. Arrangements for review

- 6.1. This protocol will be reviewed and updated on an annual basis by the Chairs and business managers/lead officers for the respective Boards, or when relevant national guidance affecting one of these Boards is introduced.

7. Resolution process

- 7.1. Where there is a concern that this protocol is not succeeding in ensuring strengthened partnership working to keep Staffordshire residents safe and healthy, resolution should be sought through communication between the Chairs of the Boards, and relevant Chief Officers / lead officers.

Signatories:

Staffordshire Health and Wellbeing Board - Co-Chairs

Dr Johnny McMahon / Dr Alison Bradley

Staffordshire Safeguarding Children Board - Chair

XXXX -

Staffordshire & Stoke-on-Trent Adult Safeguarding Partnership Board - Chair

John Wood

Staffordshire & Stoke-on-Trent Strategic Community Safety Forum – Chair

Ben Adams

WORKING DRAFT

Appendix A –

Staffordshire Strategic Partnerships Shared Statutory Responsibilities

	Staffordshire Health and Wellbeing Board	Staffordshire & Stoke-on-Trent Strategic Community Safety Forum (SSSCSF)	Staffordshire Safeguarding Children Board	Staffordshire & Stoke-on-Trent Adult Safeguarding Partnership Board
Sexual Exploitation of Children & Vulnerable Adults	The Health and Wellbeing Board receives reports and supports action as required.	SSSCSF will get updates from each CSP member around the activities those agencies are undertaking around addressing sexual exploitation with reference to perpetrators and understanding risk of offending in the community.	Staffordshire Safeguarding Children Board leads on the implementation of the Staffordshire Child Sexual Exploitation (CSE) strategy. SSCB commissions training for the workforce around Child Sexual Exploitation (CSE).	Staffordshire & Stoke-on-Trent Adult Safeguarding Board provides oversight, coordination and assurance in relation to the sexual exploitation of vulnerable adults.
Prevent Programme	The Health and Wellbeing Board receives an annual report from the Community Safety Partnership.	SSSCSF will be provided with updates from each CSP member with regards system wide Prevent programme in Staffordshire.	SSCB seeks assurance that the arrangements for children who are subject to involvement with Prevent / Channel panel is in line with statutory requirements and local needs.	The Staffordshire & Stoke-on-Trent Adult Safeguarding Board supports and promotes the Prevent programme coordinated by the Community Safety Partnership; and the SSASPB Strategic Plan.
Youth Justice	The Health and Wellbeing Board receives reports and supports action as required.	SSSCSF will be provided with updates from each CSP member with regards to neighbourhood crime and community safety issues. Incorporating Youth Justice data within the annual Crime and Disorder Strategic assessment. Receives the	Staffordshire Safeguarding Children Board seeks assurance through its performance and quality assurance arrangements that youth justice, youth offending, and targeted youth support provisions are compliant with section 11 duties.	N/A

		annual Youth Justice Plan and supports action.		
Modern Slavery	The Health and Wellbeing Board receives reports and supports action as required.	SSSCSF will be provided with updates from each CSP member agency for Modern Slavery, working closely with the Adult and Children's Safeguarding Boards on this agenda.	SSCB works with the Staffordshire Community Safety Partnerships to promote understanding and awareness of modern slavery from a child safeguarding perspective. Modern Slavery is also included in the Staffordshire Safeguarding Children Board Child Exploitation Strategy 2020/22.	SSASPB works in partnership with the Community Safety Partnerships to promote awareness of modern slavery. It's also mentioned within the SSASPB's Strategic Plan 2019-22.
Domestic Abuse	The Health and Wellbeing Board receives reports and supports action as required.	SSSCSF will be provided with updates from each CSP member agency with regards Domestic Abuse services and systems, MARAC and Domestic Homicide Reviews and MAPPA.	SSCB commissions multi-agency Domestic Abuse training events with a focus on how Domestic Abuse impacts on children. It also analyses evaluations with the view to learning on ways to respond to children who are living with adults in abusive relationships / situations.	SSASPB works to prevent harm and reduce the risk of domestic abuse of adults with care and support needs, and supports the work overseen by the Staffordshire Community Safety Partnership.
Health and Wellbeing	The Health and Wellbeing Board holds statutory responsibility for Health and Wellbeing including delivery of the Staffordshire Health and Wellbeing Strategy 2022-2027; the JSNA; health and care integration.	SSSCSF must take account of health and wellbeing in its programme delivery.	SSCB provides an annual report to Health and Wellbeing Board and takes account of Health and Wellbeing Strategy and Joint Strategic Needs Assessment.	SSASPB provides an annual report to Health and Wellbeing Board and takes account of Health and Wellbeing Strategy and Joint Strategic Needs Assessment.
Stronger Communities	Building Stronger Communities in a wider context is fundamentally	Safer, Stronger Communities are a prerequisite for community	Healthy Communities and, healthy places help to support safeguarding and	Healthy communities, healthy places support the protection of vulnerable adults.

	central to the Health & Wellbeing Board via their priorities and the Health & Wellbeing Strategy.	safety. SSSCSF will take account of this in their delivery plan.	promote the welfare of children and young people.	
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WORKING DRAFT

Appendix B – Board Roles & Priorities

Staffordshire Health Wellbeing Board (NB- HWBB conversations underway around ToR / future focus):

Board purpose	<p>Designed to lead improvements on health and well-being and oversee transformation of Staffordshire health and care services. Which includes:</p> <ul style="list-style-type: none"> • Leading a conversation with the public about how they can improve their own health and well-being. • Ensuring there is a clear prevention programme to improve health and well-being and reduce ill health and the associated demand on health and care services, in line with the Health and Well-Being Strategy. • Ensuring a commitment and contribution from all partners to the prevention programme and assuring its implementation. • Providing democratic input to the Sustainability and Transformation Partnership (STP), alongside Stoke-on-Trent City Council. • Acting as an advocate for the changes required to ensure the sustainability of the health and care services and shaping proposals to ensure that they are publicly accessible. • Overseeing the Better Care Fund (BCF) and encouraging joint commissioning between the County Council and the NHS. • Monitoring health and well-being, identifying emerging trends and any additional actions required. • Carrying out the statutory functions of the Board.
Statutory duties	<p>As set out in the Health and Social Care Act 2012, these are:</p> <ul style="list-style-type: none"> • Prepare and publish a Joint Strategic Needs Assessment (JSNA) as well as a Pharmaceutical Needs Assessment (PNA) every 3 years. • Prepare and publish a Joint Health and Wellbeing Strategy (JHWS) setting out how the needs identified in the JSNA will be prioritised and addressed. • Ensure effective public engagement and consultation in developing the JSNA and JHWS. • Promote the integration of health and social care services including providing advice, assistance and other support in encouraging arrangements under S.75 of the NHS Act 2006. • Encourage providers to work closely with the Board and encourage those that provide health, health related or social care services in an area to work “closely together”. • Consider and report on whether CCG Commissioning Plan have taken proper account of the JHWS.
Board priorities	<p>The Board is committed to:</p> <ul style="list-style-type: none"> • Providing strategic leadership based on evidence: focusing on those area where the Board can make the biggest difference to health and well-being. • Transparency in decision making so that the public can understand the decisions being taken and the rationale behind them.

- Involving the public in decision making allowing people to have their say and an opportunity to influence decisions.
- Acting with courage and conviction to ensure that decisions are taken in the long-term interests of the whole population.

Staffordshire Safeguarding Children Board (SSCB)

Board purpose	<p>To safeguard and promote the welfare of children and young people in Staffordshire.</p> <p>The SSCB is the key mechanism for agreeing how the relevant organisations will co-operate to safeguard and promote the welfare of children and ensuring the effectiveness of what they do.</p>
Statutory duties	<p>Staffordshire Safeguarding Children Board has statutory duties and functions as defined under Section 14 of the Children Act 2004 (as amended) which are:</p> <ul style="list-style-type: none"> • To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area. • To ensure the effectiveness of what is done by each such person or body for those purposes.
Board priorities	<p>The SSCB is committed to:</p> <ul style="list-style-type: none"> • Effective Partnership Working – we are committed to effective collaborative partnership working which will deliver the best possible protection of children and young people in the areas. • Focus on the Family – our work will support families to enable their children to flourish and learn in preparation for a long, productive happy life. • Committed to Early Help – we recognise that those with economic, health and other disadvantages will need additional support to achieve the same outcomes as their peers. The recognition and consideration of adverse childhood experiences (ACES) will inform the decision-making process enabling the right services to be facilitated to the right children at the right time. • Promotion of a Learning Culture – we will operate as a learning system; open and ambitious to improve.

Staffordshire & Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB)

Board purpose	<p>The SSASPB is a multi-agency statutory partnership established by the Care Act 2014. Its main objective is to help and protect adults in its area by coordinating and ensuring the effectiveness of what each of its members does. The Board's role is to assure itself that safeguarding partners act to help and protect adults who:</p> <ul style="list-style-type: none"> • Have needs for care and support • Are experiencing or at risk of abuse or neglect.
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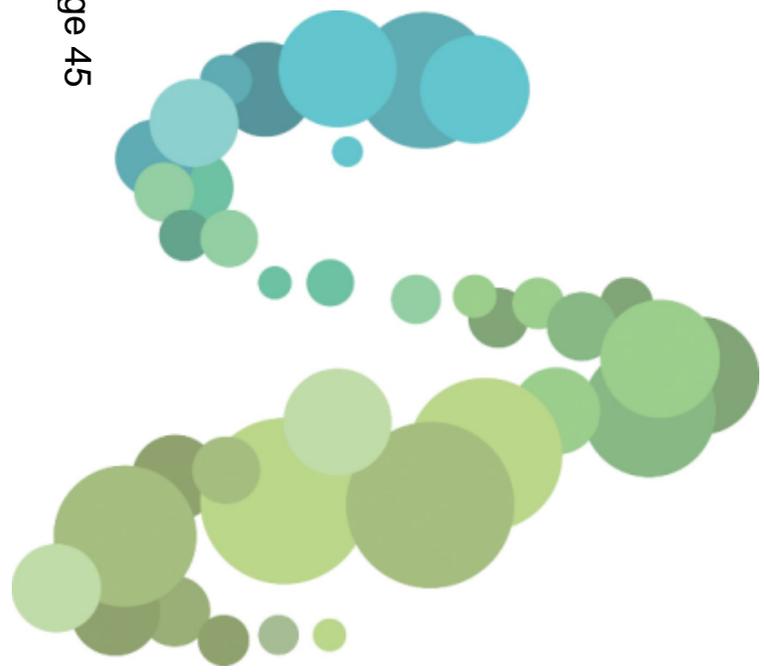
	<ul style="list-style-type: none"> • and as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect. <p>Vision for safeguarding: ‘Adults with care and support needs are supported to make choices in how they will live their lives in a place where they feel safe, secure and free from abuse and neglect.’</p> <p>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.</p>
<p>Statutory duties</p>	<p>The Care Act 2014 outlines three statutory functions for the Board:</p> <ul style="list-style-type: none"> • Publish a 3-year strategic plan that sets out how it will meet its main objectives and what the members will do to achieve this. The Plan will be subject to annual review to check relevance and focus and will be developed following consultation with local Healthwatch organisations. Healthwatch will support the SSASPB by providing the views of the Public with reference to voiced Adult Safeguarding priorities. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan. • Publish an annual report detailing what the SSASPB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Adult Reviews and subsequent action. • Conduct any Safeguarding Adult Reviews (SAR) with accordance with S.44 of the Care Act 2014.
<p>Board priorities</p>	<p>The SSASPB has identified the following for the period 2019-22:</p> <ul style="list-style-type: none"> • Engagement – Improve public awareness of adult safeguarding, Making Safeguarding Personal & Communication with those who work with adults. • Financial & Material Abuse – Seek assurances as to the effectiveness of safeguarding partner’s arrangements to communicate to communities, arrangements for reporting concerns and responding to those concerns with a particular emphasis on people most vulnerable to risk.

Board purpose	The purpose of the Staffordshire & Stoke-on-Trent Strategic Community Safety Forum is to bring together responsible authorities and other relevant organisations, to deliver collaboratively on community safety outcomes for local people and local communities. It will provide a structure for key organisations to work together cooperatively and collectively to focus resources and investment on a shared strategic vision.
Statutory duties	The statutory duties rest with the individual City, Borough and District Community Safety Partnerships. This forum is designed to bring those CSP's together to work together better on issues impacting the County.
Board priorities	<p>The Staffordshire & Stoke-on-Trent Strategic Community Safety Forum will seek to deliver the following priorities:</p> <ul style="list-style-type: none"> • Develop links and opportunities for collaborative working between the responsible authorities and other relevant organisations to deliver the most efficient and effective community safety services for the communities of Staffordshire & Stoke-on-Trent. • Establish a joint strategic vision and strategic priorities. • Mitigate risks to community safety services by finding and implementing solutions and taking action. • Attract funding and resources from appropriate funding streams and/or organisations in co-operation with all local stakeholders, including CSP's. • Agree the utilisation of funding and other resources attracted by the SSSCSF and have due regard for local, county-wide and city-wide priorities. • Champion the community safety agenda.

Appendix C – Scheme for Annual Reporting between the Partnership Boards

Board	Report(s)	Circulation	Purpose
Staffordshire Health and Wellbeing Board	<ul style="list-style-type: none"> Joint Health and Wellbeing Strategy Joint Strategic Needs Assessment Director of Public Health Annual Report 	<ul style="list-style-type: none"> Staffordshire's Families Strategic Partnership Board Staffordshire Safeguarding Children Board Staffordshire and Stoke on Trent Safeguarding Adults Board Staffordshire Community Safety Partnership 	<p>The purpose is to inform the boards of the strategic direction of the board and ensure that they understand how health and wellbeing outcomes may become compromised and require a wider partnership response for example infant mortality and the link to the Child Death Overview Panel.</p> <ul style="list-style-type: none"> - Information - Scrutiny and - Agreed dependency
Staffordshire Safeguarding Children Board	<ul style="list-style-type: none"> Business Plan Annual Report 	<ul style="list-style-type: none"> Staffordshire Families Strategic Partnership Board Staffordshire and Stoke on Trent Safeguarding Adults Board Staffordshire Health and Wellbeing Board DACADB Scrutiny for Policies, Children and Families 	For information and scrutiny
Staffordshire and Stoke on Trent Adult Safeguarding Partnership Board	<ul style="list-style-type: none"> Annual Report SSASPB Strategic Plan 	<p>Currently provided to:</p> <ul style="list-style-type: none"> Staffordshire Health and Wellbeing Board Stoke-on-Trent HWBB Staffordshire County Council Safeguarding Overview and Scrutiny Stoke-on-Trent City Council Overview and Scrutiny Staffordshire Police & Fire Commissioners. 	Provided for overview and scrutiny.
Staffordshire Strategic	<ul style="list-style-type: none"> Strategic vision & priorities document 	<ul style="list-style-type: none"> Local authorities (City / County, District & Borough) x10 Staffordshire Police 	The purpose to ensure that community safety services are being delivered efficiently and effectively.

Community Safety Forum / Partnership		<ul style="list-style-type: none"> • British Transport Police • Staffordshire Fire & Rescue Authority • Staffordshire Integrated Care System • National Probation Service • Staffordshire Commissioner's Office • Staffordshire Safeguarding Children Board • Staffordshire & Stoke-on-Trent Safeguarding Adults Board • Local Criminal Justice Partnership Board <p>*Pending confirmation of report circulation</p>	<p>*Pending confirmation</p>
Staffordshire Corporate Parenting Board	<ul style="list-style-type: none"> • Staffordshire Corporate Parenting Strategy • Annual report 	<ul style="list-style-type: none"> • Staffordshire's Safeguarding Childrens Board • Staffordshire and Stoke on Trent Adults Safeguarding Partnership Board. <p>*Query for consideration; should reports go to the HWBB if health needs are identified?</p>	<p>The purpose is to understand the needs of Children in Care and care leavers so that partners outside of Corporate Parenting Panel are aware of and understand the needs of our children and ensure that the required support is available. This will be provided</p> <ul style="list-style-type: none"> - For information <p>To plan for dependent issues</p>



Board Sponsor: Johnny McMahon
Report Author: Natasha Moody

The Board are asked to;

- a. Review, provide feedback and ultimately endorse the partnership protocol.
- b. Review and provide an organogram for the boards sub reporting structures.
- c. Share the boards plans with the chairs of the other strategic boards to agree the leadership and reporting of shared agendas moving forwards.

Where are we now?

- The governance structure can be complex and there isn't a single map of our structures.
- It is difficult to know therefore who is responsible and accountable for priorities.
- There are several 'statutory boards' but there is a lack of connectivity between them about cross cutting themes.
- There are times when there is duplication or gaps e.g. Infant Mortality.

Partnership Protocol

- Many other local areas adopt a partnership protocol.
- The purpose is to provide more efficiency and better outcomes.
- This is however just the start of better system wide approaches to good governance.

Benefits of the protocol

- Ensure the safety, health and wellbeing of people in Staffordshire are collectively addressed.
- Identify the lead partnership and respective responsibilities and priorities.
- Provide clarity of focus for each partnership body.
- Share appropriate information across partnerships and member organisations to provide greater depth to issues.
- Where there are shared problems, boards will work together to formulate solutions taking a joined-up approach.
- Ensure that a shared approach to reviews of serious cases in the county and the learning to emerge from these informs the right partnerships.

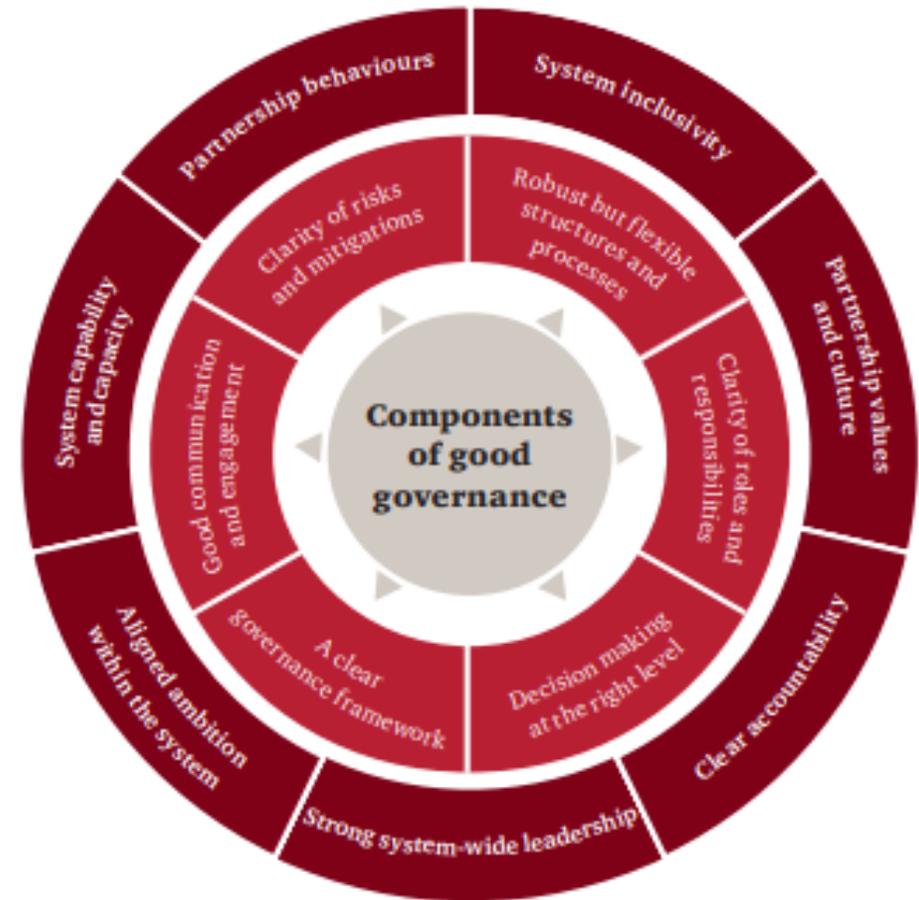
What next....

The protocol is only the start and the following next steps have been defined;

- Chairs continue to meet and discuss joint work and how they can work better together.

Share board priorities to agree clarity of leadership of agendas moving forwards and also understand partners perspectives on the priorities.

- Map the governance for each of the boards to provide opportunities to review and better alignment with existing structures.



Questions and/or Comments

Staffordshire Health and Wellbeing Board – 09 June 2022

Healthwatch Staffordshire

Recommendations

The Board is asked to:

- a. Note the content of the report.

Summary

1. This report sets out the new Healthwatch Staffordshire service, with an emphasis on how it looks different to that before. Members of the Board are asked to note the report and welcome the new team. Members of the Board may wish to give a view on how they would like to see Healthwatch report back to the Board on a regular basis, for example, by means of a regular dashboard.

Healthwatch Staffordshire update

2. Support Staffordshire were awarded a three-year contract to run a refreshed Healthwatch Staffordshire which commenced 1st April 2022.

Healthwatch Committee

3. A Healthwatch Committee has been established as part of the Support Staffordshire governance which holds delegated decision-making powers to set the Healthwatch agenda. Four (unpaid) Support Staffordshire trustees and at least two independent lay members will form the committee. We are currently recruiting for Lay Members and have received three potential applicants to date.

Healthwatch Team

4. Baz Tameez is the new Healthwatch Staffordshire Manager in place from the 30th March 2022.
5. The new organisational structure for Healthwatch Staffordshire is:
 - a. 4 x Engagement Officers covering Southwest, Southeast, North and a Social Care focussed post. All posts are 30hrs p/w.
 - b. 1 x Project Worker/Data Analyst – 22.5hrs p/w.
6. Four employees transferred from ECS (Engaging Communities Solutions) to Support Staffordshire on 1st April 2022 and three have been

redeployed. Now that TUPE processes have been completed, we have gone out to recruitment for two posts, to cover Southwest and Social Care). Interview dates are 6th and 7th June 2022.

Collaborative working and Volunteers

7. ECS have now passed on the volunteer list. Meetings have taken place with Expert Citizens about their volunteers working alongside Healthwatch Engagement Officers. Expert Citizens are showing interest in supporting Healthwatch Staffordshire to engage with seldom heard communities. Healthwatch Staffordshire will be working closely with Support Staffordshire Social Prescribers.
8. To improve on good practice and implement 'best practice' Healthwatch Staffordshire is working collaboratively with Healthwatch England to standardise Healthwatch Staffordshire website to be in line with Healthwatch England. Ongoing meetings and communication between Healthwatch England and Healthwatch Staffordshire are taking place.
9. We have reached out to Healthwatch Stoke-on-Trent to establish a collaborative working relationship to support the local health and social care system.

Engagement and Intelligence

10. We will establish a Healthwatch Intelligence Network to engage multiple platforms for gathering health and social care data. These will include Support Staffordshire VCSE Locality Forums, VCSE Healthy Communities Forums and local Healthwatch Staffordshire events with relevant VCSE groups and communities. We will also work with the Patient Participation Groups (PPGs).
11. We have included a grant fund to enable engagement with community groups and expect this fund to be focussed on extending our reach, in particular to those with protected characteristics and into rural communities.
12. There will be a focus on social care by our Social Care Engagement Officer with the aim of increasing social care feedback and not duplicating efforts.
13. Other intelligence feeds include our website feedback centre, freephone, email, face to face and events engagement.
14. In addition to using the data we gather we are seeking a far closer working relationship with Staffordshire Observatory, to share data in both directions for mutual benefit.

Focal investigations

15. In addition to gathering resident and patient views in the round, each year we will identify 3-4 focal topics for further investigation, reporting and recommendations. In future years these will be based on patient feedback. In year one they will be based on lessons learnt through the pandemic.
16. Potential year one areas of focal investigations are:
 - a. Health in parents of young children (0-4)
 - b. Root causes of good and poor teenage mental wellbeing
 - c. Health outcomes when you have been in care as a child
 - d. Healthy and unhealthy places of work
 - e. My health is not just my disability/diagnosis
 - f. Being an LGBTQI+ patient/resident in the health and care system
 - g. Accessing primary care face to face - when I want to and when I need to
 - h. The role of and accessibility of residential care by friends and family
 - i. How and why, we ignore the inevitability of death and dying
 - j. Frailty
 - k. Older people accessing services
 - l. Transitions in/out of hospital

Enter and View

17. Healthwatch has a statutorily backed right to 'enter and view' any health or care premises within certain parameters. Historically this duty has been used primarily to enter and view residential and nursing homes in the private sector. We will be reviewing how we use this power, with a view to greater coordination with statutory quality and safety teams at the council and NHS.

Communicating our role and our outcomes to the public

18. Healthwatch Staffordshire website has been inherited from ECS and been refreshed to reflect the changes and now being provided by Support Staffordshire. HWS is working with HWE to implement to their standard website template. There are still updates required but is fully operational to be used by the public.
19. Likewise, social media tools are in the process of being accessed by all staff and updated.

IAG Leadership

20. HWS will be working with partners to ensure good local Health & Care Information, Advice and Guidance (IAG) is available and accessible. This is good timing with the current review of Staffordshire Connects. This function includes connection to NHS Complaints Advocacy, now delivered by Asist.

System Change

21. HWS will be engaging with statutory organisations, partnerships, and boards to present our findings and influence system change. In addition to council structures these will include Health & Wellbeing Board, Integrated Care Board and Partnership, NHS Patient Engagement structures, NHS Quality Teams, District Councils, HW Stoke-on-Trent and HW England.

22. Healthwatch Staffordshire and Staffordshire Health and Care Overview and Scrutiny Committee have engaged to further develop working together. Joint guidance has been produced and working relationship established.

Contact Details

Report Author: Baz Tameez, Healthwatch Staffordshire Manager
Telephone No: 07563 397802
Email Address: baz.tameez@healthwatchstaffordshire.co.uk



STAFFORDSHIRE

HEALTH AND WELLBEING BOARD

FORWARD PLAN 2022/2023

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

	Meeting Date:	Venue:
Public Board Meetings:	3 March 2022	Council Chamber, County Buildings, Stafford
	9 June 2022	Oak Room, County Buildings, Stafford
	8 September 2022	Oak Room, County Buildings, Stafford
	1 December 2022	Oak Room, County Buildings, Stafford
	2 March 2023	Oak Room, County Buildings, Stafford

Date of Meeting	Item	Details	Discussion / Outcome
<p style="text-align: center;">Page 58</p> <p>3 March 2022 PUBLIC BOARD MEETING</p>	<p>Healthier Ageing and Frailty Strategy Report Author – Prof Zafar Iqbal</p>		
	<p>Joint Health and Wellbeing Board Strategy Report Author – Claire McIver Board Sponsor – Dr Richard Harling</p>	<p>Sign-off of final version of the Joint Health and Wellbeing Board Strategy</p>	
	<p>Air Aware Project Report Author – Cath Stephenson</p>	<p>Detailed update following the presentation at the December 2021 Board meeting</p>	
	<p>Staffordshire Better Care Fund Report Author – Rosanne Cororan Board Sponsor – Dr Richard Harling</p>	<p>Sign-off of Better Care Fund return</p>	
<p>9 June 2022 PUBLIC BOARD MEETING</p>	<p>FireSide Project Report Author – Tamsin Fisher / Dr Tom Kingstone (Keele University)</p>		

Date of Meeting	Item	Details	Discussion / Outcome
Page 59	Pharmaceutical Needs Assessment (PNA) Report Author – Matthew Bentley / Emma Sandbach Board Sponsor – Dr Richard Harling		
	Healthwatch Staffordshire Report Author – Garry Jones	Introduction of a new provider and their plans	
	Partnership Protocol Report Author – Natasha Moody Board Sponsor – Helen Riley		
	Staffordshire Joint Health and Wellbeing Strategy Report Author – Jon Topham / Claire McIver Board Sponsor – Dr Richard Harling / Helen Riley	Sign off of the draft strategy and overview of where we are with regards to the priorities.	

Date of Meeting	Item	Details	Discussion / Outcome
	<p>Future Direction for the Board / Terms of Reference (EXEMPT) Report Author – Jon Topham Board Sponsor – Dr Richard Harling / Helen Riley</p>		
<p>8 September 2022 PUBLIC BOARD MEETING</p> <p>Page 60</p>	<p>Pharmaceutical Needs Assessment (PNA) Report Author – Matthew Bentley / Emma Sandbach Board Sponsor – Dr Richard Harling</p>	<p>Sign-off of Pharmaceutical Needs Assessment</p>	
	<p>Air Aware Project Report Author – Cath Stephenson</p>	<p>Annual Update</p>	
	<p>Health in Early Life Report Author – Natasha Moody Board Sponsor – Helen Riley</p>	<p>Deferred from June 2022 meeting</p>	
<p>1 December 2022 PUBLIC BOARD MEETING</p>			
<p>2 March 2023 PUBLIC BOARD MEETING</p>			

Date of Meeting	Item	Details	Discussion / Outcome
Page 61	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	
	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)	<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 	The Annual JSNA report comes to the March HWBB.
Joint Health and Wellbeing Strategy (JHWS)	The JHWS sets out how the needs identified in the JSNA will be prioritised and addressed.	JHWS was adopted by the HWBB at their June 2018. An action plan will be developed to set out how the Strategy will be delivered.
CCG and Social Care Commissioning Plans	The HWBB receive annually details of both CCG commissioning plans and Social Care to consider whether these have taken proper account of the JHWS.	Annually, normally at the March meeting.