

Staffordshire Health and Wellbeing Board

Thursday 1 December 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: Cllr Mark Sutton, Cabinet Member for Children and Young People
Vice-Chair: Cllr Julia Jessel, Cabinet Member for Health and Care

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	Maximising the role of the Health & Wellbeing Board: Forward Plan & Strategy	Jon Topham Claire McIver	7 - 10

3.	2:15pm	Mental Health (HWBB Strategy Priorities and Mental Health Strategy)	Jan Cartman-Frost Karen Coker Chris Stanley	Verbal Report
4.	2:45pm	Staffordshire's Loneliness and Social Isolation Reduction Plan	Vicky Rowley	11 - 14
5.	2:55pm	Learning Disability and Autism: Everybody's Business	Karen Webb Ben Richards	15 - 20
6.	3:05pm	Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2021/22	Helen Jones John Wood	21 - 72
7.	3:15pm	Delivering the Armed Forces Covenant in Staffordshire	Amanda Dawson-Blower Cristian Marcucci	73 - 88
8.	For Info	FireSide Study Update	-	89 - 90
9.	For Info	2021 Census Briefing	-	91 - 100
10.	3:25pm	Forward Plan and Matters Arising	Jon Topham	101 - 106

Date of Next Meeting

Thursday 2nd March 2023 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	
Mark Sutton (Chair)	Staffordshire County Council (Cabinet Member for Children and Young People)
Julia Jessel (Vice-Chair)	Staffordshire County Council (Cabinet Member for Health and Care)
Dr Richard Harling MBE	Staffordshire County Council (Director for Health and Care)
Neelam Bhardwaja	Staffordshire County Council (Director for Children and Families)
Peter Axon	Staffordshire and Stoke-on-Trent Integrated Care Board
Phil Pusey	Staffordshire Council of Voluntary Youth Services
Garry Jones	Support Staffordshire
Gill Heesom	District/Borough Council Representative
Rita Heseltine	District/Borough Council Representative
Tim Clegg	District/Borough Council CEO Representative
Baz Tameez	Healthwatch Staffordshire
Elliott Sharrard-Williams	Staffordshire Police
Ian Read	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 8 September 2022**

Attendance:

Mark Sutton (Chair)	-
Julia Jessel	Staffordshire County Council (Cabinet Member for Health and Care)
Dr Richard Harling	Staffordshire County Council (Director for Health and Care)
Neelam Bhardwaja	Staffordshire County Council (Director for Children and Families)
Tracey Shewan	Staffordshire and Stoke-on-Trent Integrated Care Board
Garry Jones	Support Staffordshire
Gill Heesom	District/Borough Council Representative
Tim Clegg	District/Borough Council CEO Representative
Baz Tameez	Healthwatch Staffordshire
Rita Heseltine	South Staffordshire District Council
Ian Read (In place of Michelle Hickmott)	Staffordshire Fire and Rescue Service

Also in attendance:

Jon Topham	Staffordshire County Council (Senior Commissioning Manager)
Liam Archer	Staffordshire County Council (MaDS Support Officer)

Apologies: Peter Axon (Staffordshire and Stoke-on-Trent Integrated Care Board), Dr Rachel Gallyot (Staffordshire and Stoke-on-Trent Integrated Care Board), Phil Pusey (Chief Executive Officer) (Staffordshire Council of Voluntary Youth Services), Elliott Sharrard-Williams (Staffordshire Police) and Michelle Hickmott (Assistant Chief Fire Officer) (Staffordshire Fire and Rescue)

9. **Welcome and Routine Items**

- a) Declarations of Interest

None received.

- b) Minutes of Previous Meeting

Resolved – That the minutes of the meeting held on the 9 June 2022 by confirmed and signed by the Chair.

- c) Questions from the Public

None received.

10. **Welcome from the Chair / Vice-Chair**

Following the recent changes in membership of the Health and Wellbeing Board, it was announced that Councillor Mark Sutton and Councillor Julia Jessel were to become the new Chair and Vice-Chair of the Staffordshire Health and Wellbeing Board.

Both Councillor Sutton and Councillor Jessel gave their opening remarks. It was noted that this was the first Health and Wellbeing Board since the new ICS and ICB were in place. A meeting had taken place between Councillor Sutton and Peter Axon to discuss how the systems work together and how the Board can have a distinct role moving forward.

11. **Healthy Start**

The Board received a report and presentation from Natasha Moody on the Healthy Start work which is a priority for the Board.

The presentation provided an update on Children's Health and how this work was contributing to the overarching Health and Wellbeing Board Strategy. The presentation noted that the Families Health and Wellbeing (0-19) service supported the 'Health in early life' priority.

It was noted that the following steps were being looked at, or were in place, to support infant mortality:

- A whole system approach to Infant Mortality across Staffordshire and Stoke-on-Trent
- A commissioned 'stop smoking in pregnancy' service
- A whole system approach to infant feeding (breastfeeding) across Staffordshire and Stoke-on-Trent

- Implementation of ICON campaign (prevention of abusive head trauma in babies) across Staffordshire and Stoke-on-Trent

An update was provided on the 'Good mental health' priority, which included a commissioned Emotional Health and Wellbeing Service, and ongoing work with the ICS Children and Young People Mental Health System Improvement Board, for which several working groups had been developed looking at the following areas:

- Access
- Care Experienced Children and Young People
- Capacity and Demand
- Workforce
- Prevention
- Outcomes
- Service Delivery / iThrive

Some of the additional work that the partnerships had undertaken included:

- Kind Minds newsletter
- Senior Mental Health Leads in education network meetings
- Anna Freud School and College Links Programme (Jan-Mar 2022)
- i-Thrive workshops
- DfE Wellbeing for Education Return / Recovery project

Finally, the 'Healthy Weight' priority was discussed. A Family Weight Management Service had been commissioned and delivery of the Better Health Staffordshire programme which was being extended to three further districts.

The report provided an update on the current governance arrangements and asked the Board to review and agree a way forward regarding the effective governance reporting for this work.

The priority featured heavily across the partnership as the data for infant mortality was poor. Multiple boards regarding this as a priority, including: the Integrated Care System (ICS) Children and Young People's Programme Board; the Families Strategic Partnership; and the Health and Wellbeing Board. Often this resulted in multiple reports being provided to multiple boards.

Current challenges faced centred around a lack of clarity about the different roles of the Integrated Care System and the Health and Wellbeing Board, and therefore the role and relationship between the boards on key priorities like this.

A business case regarding the development of a Staffordshire and Stoke-on-Trent Infant Mortality Steering Group had already been presented at and

endorsed by the ICS Children and Young People's Programme Board and the Maternity & Neonatal Partnership Board (of the Maternity Transformation Programme). Clarity was therefore required on which board the steering group is accountable to.

It was agreed for the Chairs of the four Boards listed in the Governance Map to come together and discuss a way forward. The Board were supportive of this approach.

Resolved – The Board was asked to review the report and agree a way forward regarding the effective governance reporting for this work.

12. **Staffordshire Better Care Fund**

The Board received an update on the 2022/23 Better Care Fund (BCF) for Staffordshire.

The Board were reminded that at their meeting in September 2021, the 2021/22 national BCF Policy Framework had been published with a requirement for the submission of BCF Plans in September 2021. The Board therefore delegated approval of the 2021/22 Staffordshire BCF Plan to the Health and Wellbeing Board Co-Chairs.

In March 2022, the Board noted that the 2021/22 BCF Plan was submitted to NHSE&I in December 2021 and approval was received in January 2022.

An update on the BCF 2022/23 policy framework was provided to the Board, with an ask to delegate approval to the Health and Wellbeing Board chairs as in previous years. This would then inform a Section 75 agreement which would be approved and signed by the Council and Staffordshire Integrated Care Boards.

Resolved – The Board were asked to:

- a) Note that the 2022/23 national BCF Policy Framework had been published, with a requirement for submission of an expenditure plan, narrative plan, and a capacity and demand plan in September 2022;
- b) Note that the BCF 2022/23 funding had been confirmed (as outlined in table 1 of the report);
- c) Delegate approval of the 2022/23 BCF Plans, and BCF reporting to the Health and Wellbeing Board Chairs; and
- d) Note that the contracts for the Disabled Facilities Grant (DFG) for 2022/23 had been issued to the District and Borough Councils, and upon their return, the funding would be passported over as required by the Ministry of Housing, Communities and Local Government.

13. **Proposal for Delivering Healthy Ageing Workshops**

The Board received a report on a proposal to deliver a Healthy Ageing Workshop which would develop a Healthy Ageing Plan for Staffordshire.

The Board were reminded that at their meeting in March 2022, they received a report and presentation on the ICS Healthy Aging and Managing Frailty in Older Age Strategy. The Board were supportive of the Strategy and noted that it complimented the Health and Wellbeing Strategy.

The intention was to develop a single Healthy Ageing Plan for Staffordshire, which would deliver the Healthy Ageing aspects of the ICS Healthy Ageing and Managing Frailty in Older Age Strategy as well as the Healthy Ageing priority of the Health and Wellbeing Strategy.

The proposal to the Board was that they sponsored a workshop to develop the plan. The workshop would engage key stakeholders, consider population needs and assets, map activities already underway, and consider any additional actions required. The opportunity to invite Sir Muir Gray (a national expert in this field, to share best practice) was available.

Invitees to the Workshop would include, along with Health and Wellbeing Board members:

- Together Active
- Staffordshire University
- Age UK
- Social prescribing leads
- Primary care clinical leads
- NHS Secondary Care and community representatives
- Community and public representatives

The Board were supportive of the workshops. Options for the workshops were discussed, whether an existing meeting of the Board could be utilised, or a bespoke session created. It was agreed to organise a standalone workshop.

Resolved – The Board were asked to:

- a) Sponsor a workshop to develop a Healthy Ageing Plan for Staffordshire; and
- b) Consider the invitees and format for the workshop.

14. **Forward Plan**

Resolved – That the Forward Plan for 2022/23 be received and noted.

15. Date of Next Meeting

Resolved – That the date, time and venue of the next meeting of the Board (Thursday 1st December at 2:00pm in the Oak Room, County Buildings, Stafford), be noted.

Chairman

Staffordshire Health and Wellbeing Board – 01 December 2022

Maximising the Role of the Health & Wellbeing Board: Forward Plan & Strategy

Recommendations

The Board is asked to:

- a. Confirm and agree Board Sponsors and Officer Leads for the Strategy
- b. Be reminded that Leads will be asked to report on the performance metrics and actions signed off by the Board
- c. Review and approve the cycle of reporting on the strategy priorities, and communicate this to the identified leads
- d. Review and approve the forward plan timetable.

Background

1. Recent guidance from the Department of Health and Social Care¹ suggested that HWB's are likely to remain and continue to provide:
 - a. "a strong focus on establishing a sense of place,"
 - b. joint working
 - c. a focus on improving the wellbeing of the local population
 - d. a strategic direction to improve health and wellbeing
2. To achieve this, HWBs continue to be responsible for assessing the local health and wellbeing needs. The primary vehicle for this is the Joint Strategic Needs Assessment (JSNA), which should inform the Joint Local Health and Wellbeing Strategy (JLHWS). The JLHWS is expected to set out the key local priorities and how they will be addressed.
3. The guidance also recognises the local differences in organisation and partnerships across the country and suggests that governance arrangements should reflect local circumstance. There is an expectation that all place-based arrangements "build on and work with existing forums such as HWBs as key existing place-based partnerships for driving integration."
4. Co-production between the HWBs and ICP with regards to strategy and place is considered necessary and the Integrated Care Strategy should build on the place-based strategies of the HWB

¹ [Health and wellbeing boards: draft guidance for engagement - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/health-and-wellbeing-boards-draft-guidance-for-engagement)

Staffordshire HWB Strategy

5. The Health and Wellbeing approved the Health and Wellbeing Strategy in June 2022.
6. The overarching outcomes for the strategy are:
 - a. To reduce Infant Mortality
 - b. To increase healthy life expectancy.
7. At the June meeting, the following was also agreed:
 - a. That the four priorities would be reported on annually
 - b. That a Board lead and subject lead would be identified
8. The Priorities and Performance Measures for the strategy are:

Priority	Indicators
<i>Health in Early Life</i>	To reduce Smoking in Pregnancy To increase Breastfeeding Stages of development (School readiness / Attainment levels)
<i>Good Mental Health</i>	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 the management of depression in Primary Care
<i>Healthy Weight</i>	To reduce childhood overweight & obesity To reduce adult overweight & obesity To reduce the prevalence and complications, and improve the management of Type 2 diabetes
<i>Healthy Ageing</i>	To improve the management of dementia To reduce falls in older people To reduce emergency hospital admissions in older people Reduce the number of Older People in Care Homes To reduce deaths in Hospital

2

<https://moderngov.staffordshire.gov.uk/documents/s161841/Staffordshire%20Joint%20Health%20and%20Wellbeing%20Strategy.pdf>

9. The Board Sponsors for each priority and the named leads for each priority are as follows. This will develop as we clarify identify ICB representation:

	Board Sponsor	Lead Officers SCC & ICB
Healthy Ageing	Richard Harling	Tilly Flanagan / Zafar Iqbal
Healthy Weight	Tim Clegg	Tony Bullock / ICB lead
Health in Early Life	Neelam Bhardwaja	Natasha Moody / ICB Lead
Good Mental Health	ICB Nominee	Karen Coker / ICB Lead

Forward Plan

10. The forward plan for the Health and Wellbeing Board is largely determined by strategic issues and tends to be built around the following components:

- a. Statutory duties for example Joint Local Health & Wellbeing Strategy, Joint Strategic Needs Assessment³
- b. Updates on the four key priorities identified in the strategy
- c. Other Strategy documents – e.g., Safeguarding, Mental Health Strategy, DPH Report.
- d. Better Care Fund
- e. Partner updates e.g., VCSE, Healthwatch

11. We have a provisional cyclical arrangement for each Strategy priority as follows:

- | | |
|---------------|--------------------------|
| a. March: | Healthy Ageing & Frailty |
| b. June: | Healthy Weight |
| c. September: | Health in Early Life |
| d. December: | Good Mental Health |

12. Detailed below is a proposed rolling Forward Plan for the 2023/24 Staffordshire Health & Wellbeing Board agendas:

³

<https://moderngov.staffordshire.gov.uk/documents/s154996/Staffordshire%20Joint%20Strategic%20Needs%20and%20Assets%20Assessment%202021%20Progress%20Update.pdf>

	<i>Agenda Items</i>
<i>March</i>	<ul style="list-style-type: none"> • HWBB Strategy Indicators baseline • Healthy Ageing: progress update • Integrated care strategy and commissioning intentions Better Care Fund
<i>June</i>	<ul style="list-style-type: none"> • Healthy Weight: progress update • Co-production: Healthwatch update • Children's Safeguarding Board annual report JSNA review
<i>September</i>	<ul style="list-style-type: none"> • Health in Early Life: progress update • Better Care Fund Co-production: Healthwatch update
<i>December</i>	<ul style="list-style-type: none"> • Good Mental Health: progress update • Co-production: Healthwatch update • Adult Safeguarding Board annual report JSNA update

13. Other items, such as DPH Report & Pharmaceutical Needs Assessment will be included on request and at the agreement of the Chair.

List of Background Documents/Appendices: N/A

Contact Details

Board Sponsor: Richard Harling – **Director of Health & Care**

Report Author: Jon Topham – **Senior Commissioning Lead – Behaviour Change & Planning**

Telephone No: 07794 997 621

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

Staffordshire Health and Wellbeing Board – 01 December 2022

Staffordshire’s Loneliness and Social Isolation Reduction Plan

Recommendations

The Board is asked to:

- a. Approve the development of a Loneliness and Social Isolation Reduction Plan and ask that all partners contribute.
- b. Receive future reports on the progress of the Plan.

Background

1. The Staffordshire Health & Well-being Strategy (2022-27) includes Healthy Ageing as one of four priorities. The Staffordshire and Stoke on Trent Integrated Care System has recognised the importance of ageing well and produced a Healthy Ageing & Managing Frailty in Older Age Strategy (2021).
2. Both Strategies identify loneliness and social isolation as a significant and preventable cause of poor health, especially in older age. Development of a Loneliness and Social Isolation Reduction Plan will support delivery of both strategies.

Loneliness and Social Isolation

3. Loneliness can be defined as a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we want and those that we have. Social Isolation is an objective state whereby the number of social contacts a person has is reduced.
4. Loneliness and social isolation are a public health priority. Some of the key impacts are:
 - a. Increased risk of developing coronary heart disease and having a stroke.
 - b. Increased risk of depression and suicide.
 - c. Increased risk of cognitive decline and dementia.
 - d. Increased risk of requiring long term care: individuals that are socially isolated are 3.5 times more likely to enter residential care.
 - e. Increased overall risk of death - by around 25%.

5. Reducing loneliness and social isolation improves quality of life for people and reduces costs for the NHS and social care.
6. Self-reported surveys (Public Health Outcomes Framework) show that over 20% of adults living in Staffordshire report feeling lonely often or some of the time, similar to UK average. East Staffordshire and Cannock Chase have the highest reported prevalence of loneliness among districts and Lichfield has the lowest. The Covid pandemic increased loneliness with people already lonely likely to get lonelier.

Our ambition

7. Our ambition is to make Staffordshire a place where people of all ages feel connected and reduce the prevalence and impact of loneliness and social isolation.
8. We want to reduce levels of self-reported loneliness and social isolation by 25% for those in the highest risk groups and help 75% of these people understand how to stay connected.
9. Action is already underway:
 - a. The Supportive Communities programme has mapped assets in local communities and promoted them on Staffordshire Connects, developed 25 Community Help points across the county, and now has 139 Community Champions.
 - b. Investment in Support Staffordshire to build additional community capacity where needed, volunteer buddying programmes and training to frontline practitioners.
 - c. Campaigns such as Let us Beat Loneliness Together and Talk Suicide.
 - d. NHS Charities Together in Staffordshire has funded fourteen loneliness and isolation projects across the county.
10. However, there is more to do to. We want to collaborate with individuals, teams and organisations in Staffordshire develop a comprehensive Loneliness and Social Isolation Reduction Plan that builds on national guidance and best practice, local intelligence, and local views.
11. The Plan will include:
 - a. Raising awareness about loneliness and social isolation and its impact in our communities.
 - b. **Foundation Services.** Using existing services to reach people at risk, for example NHS, social care, and housing services.
 - c. **Direct Interventions.** Maintaining and enabling social connections through interventions such as group activities and befriending services.

- d. **Gateway Services.** Helping to keep people connected, including through technology and planning.
- e. **Structural Enablers.** Creating the conditions for social connection, including asset-based community development and positive ageing.

List of Background Documents/Appendices:

A copy of the Draft Loneliness and Social Isolation Strategy Summary Presentation (2022 – 2027) is available on request.

Contact Details

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

Report Authors: Tilly Flanagan- Lead Commissioner
Vicky Rowley – Commissioning Manager

Email Addresses: tilly.flanagan@staffordshire.gov.uk
vicky.rowley@staffordshire.gov.uk

Staffordshire Health and Wellbeing Board – 01 December 2022

Learning Disability and Autism: Everybody's Business'

Recommendations

The Board is asked to:

- a. Champion the cause of people with a learning disability and autism and encourage all organisations to make a contribution to improving their lives.
- b. Endorse consultation to inform a Staffordshire Joint Whole Life Disability and Neurodiversity Strategy.
- c. Consider the Staffordshire Joint Whole Life Disability and Neurodiversity Strategy when available.

Background

1. The Department of Health and Social Care in England defines a Learning Disability as 'a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood'.
2. People with milder learning disabilities may be able to live independently and care for themselves, manage everyday tasks, work in paid employment, communicate their needs and wishes, have some language skills, and may have additional needs that are not clear to people who do not know them well.
3. People with more severe learning disabilities are more likely to need support with daily activities such as dressing, washing, food preparation, and keeping themselves safe, have limited or no verbal communication skills or understanding of others, need support with mobility, have complex health needs and sensory impairments.
4. NICE refers to autism spectrum disorders as defined by a continuum of lifelong conditions which affect brain development. Autism diagnostic criteria include three core symptoms: differences in social communication and interaction; highly focused interests or behaviours that appear to others as repetitive or restricted; and challenges with sensory hyper-or-hyposensitivity. Most people with autism can manage with minimal help with reasonable adjustments to enable access to services, however some people can be severely impacted needing help and support with everyday tasks.

5. People with a learning disability and autism report that there are barriers to accessing everyday activities and services in their local communities and that they may be isolated and excluded, which can affect their mental and physical well-being.
6. They also have poorer physical and mental health than the general population, and many face barriers to accessing NHS services to keep them healthy and provide timely diagnosis and treatment. People with a learning disability in particular are dying earlier than they should, many from conditions which could have been prevented or treated: the average age at death for people with a learning disability is 24 years younger than the general population at around 60 years; even younger for people with severe learning disabilities.
7. Families of children and young people describe battling and surviving to ensure their loved one's needs are met and their talents and ambitions are fulfilled. There are many families who report that support is not available in a timely way and that their loved ones end up in crisis situations that could have been prevented or better managed.
8. The local 'Transforming Care Partnership' has supported 120 people with a learning disability and autism to be discharged from hospital back into the community. This has offered them the opportunity to live closer to families and friends and has improved their quality of life – although it has come at a high cost to local organisations.

It is time to do something different

9. The Learning Disability and Autism Partnership (LDAP) has over the last 18 months engaged with people with a learning disability and autism. There is an overwhelming sense that they want to live a full and independent life in their local communities with access to the same opportunities as everyone else.
10. LDAP has devised a programme of work which is based on supporting as many people as possible through mainstream services with reasonable adjustments. This will enable specialist services to prevent and respond to crisis situations and avoid inappropriate admissions to hospital and expensive long-term care LDAP has agreed the following workstreams in the first instance:

Early identification and diagnostics

11. Early identification of people with a learning disability and autism and their needs is key to their physical, mental, and emotional well-being. In Staffordshire:

- a. 30,000 people have a learning disability and/or autism: 3.5% of the population.
- b. The number of people with a learning disability and/or autism is expected to rise to 31,500 by 2030 in line with overall population growth.
- c. Six thousand are recorded on GP registers; of whom just over one third had an Annual Health Check in the last year.
- d. 1800 are in receipt of care and support from the County Council.
- e. This workstream will review how their needs are identified and addressed including through GP registers, Annual Health Checks, screening programmes, and weight management programmes.

Communities

12. People with a learning disability and autism experience limited access to everyday opportunities due to a gap in public knowledge and understanding about their needs. This can lead to isolation, exclusion, and poor mental, physical, and emotional well-being.
13. Feedback suggests they want to feel safe within their own homes and local communities. They want security over their homes, education, employment, access to leisure, transport, social circles, relationships, and social settings within their community.
14. This workstream will work with community partnerships, statutory bodies as well as voluntary bodies, to encourage a change of thinking and local areas to improve access for people with a learning disability and autism by means of reasonable adjustments. The following opportunities have been identified:
 - a. Housing strategy documents can recognise the specific needs of people with a learning disability and autism and ensure that these are reflected in developments.
 - b. The employment rate for people with a learning disability and autism is 59.6% compared to 81.7% for the general population.
 - c. Employers can make reasonable adjustments to increase employment rates among people with a learning disability and autism.
 - d. Access to leisure activities can be improved and there are some really good examples to learn from such as Burton Albion Football Club that offers inclusive access to sport and social activities.
 - e. Families want to see better use of Experts by Experience who are able to share their own experiences to shape and mould community access.

NHS services

15. Access to NHS services can be problematic due to a lack of gap in staff knowledge and understanding about their needs. Reasonable

adjustments are inconsistent: there are some excellent examples and others where the needs of people with a learning disability and autism are not considered at all.

16. Communication can be a barrier along with information that is not available in a format that people with a learning disability can understand. Digital methods are often underdeveloped as is the use of other social media platforms.
17. Sensory processing issues are not consistently considered to ensure autistic people are able to access the support they need.
18. This work stream will be looking to improve people's experience and access to planned and emergency NHS services. Embedding of the health passport which is a system approach to ensuring people with communication needs are well understood when they access any health setting, defining reasonable adjustments, working alongside the outcomes from the LeDer programme which is the programme that is learning from the lives and deaths of people with a learning disability.

NHS learning disability and mental health services

19. People with a learning disability and autism have historically been referred to learning disability and mental health services rather than being supported by primary care. These services were never intended to support this level of demand, and this has resulted in long waiting lists. Services are predominantly provided during the day, with limited access beyond 5pm or at weekends.
20. The ICB currently commissions:
 - a. In South Staffordshire Midlands Partnership Foundation NHS Trust to provide an Intensive Support team, Community Learning Disability teams, Children's Learning Disability services and Child and Adolescent Mental Health services (CAMHs). The ICB also commission assessment and support services for children and young people with autism and an adult diagnostic service.
 - b. In North Staffordshire North Staffordshire Combined Healthcare NHS Trust to provide an Intensive Support Team (IST), Community Learning Disability teams, Assessment and Treatment inpatient beds, CAMHs learning disability, a specialist autism diagnostic service and six beds for respite care.
21. This workstream will review and consider future arrangements learning disability and mental health services with the aspiration that in future some people's needs will be met in primary care, therefore reducing

demand. This should mean that the people who need specialist services should get more timely access, which should minimise crisis situations.

Dedicated Care & Support

22. There are people who need more support than communities and NHS services can provide. This can mean that additional care and support needs to be commissioned, usually from the independent sector:
 - a. The County Council commissions care and support for around 1800 people. Three hundred of these are joint funded where they have both social care and health needs.
 - b. Midlands and Lancashire Commissioning Support Unit commissions care and support for people eligible for Continuing Health Care.
 - c. North Staffordshire Combined Healthcare NHS Trust commissions and provides care and support for people who are in a mental health hospital or have been discharged.
23. The local market may not be providing optimum quality or value for money in all cases. Some providers may not have the skills to work with more complex individuals.
24. This workstream will review the market to explore opportunities for integration of commissioning arrangements to improve quality and value for money.

Inpatients

25. There are currently eighteen people with a learning disability and autism detained in mental health hospitals. Most of these are placed outside Staffordshire due to limited availability of beds in county.
26. In addition, people with a learning disability and autism may be admitted to acute hospitals unnecessarily due to no other options being able to support them in their local community. People with lived experience report that inappropriate admission is extremely distressing which they struggle to recover from.
27. This workstream will review need and options to offer inpatient mental health beds locally for those who really need them, and work with acute hospitals to explore how to support people with a learning disability and autism if they are admitted.
28. The County Council and Integrated Care Board are developing a Staffordshire Joint Whole Life Disability and Neurodiversity Strategy. This will continue and where necessary adapt these workstreams and incorporate other priorities identified by people with a learning disability

and autism, their families, and other stakeholders. The intention is to begin consultation on the Strategy in December 2022.

List of Background Documents/Appendices:

None.

Contact Details

Board Sponsor: Dr. Richard Harling – **Director of Health & Care - SCC**

Report Author: Karen Webb – **Joint Funding Lead**

Telephone No: 07815827409

Email Address: karen.webb@staffordshire.gov.uk

Staffordshire Health and Wellbeing Board – 01 December 2022

Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2021/22

Recommendations

The Board is asked to:

- a. Receive and consider the SSASPB Annual Report 2021/22 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 2021 to March 31st, 2020/22. 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 2021 to 31st March 2022:

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.
6. **Concerns reported:** There have been 13,227 occasions where concerns have been reported that adults with care and support needs may be experiencing or at risk of abuse and neglect. This number has increased by 1,051 from 2020/21 which was reported as 12,176. Following initial assessment, it was determined that the duty of enquiry requirement was met in 21% of those reported concerns, a decrease of 4% from 2020/21.
7. In the context of rising numbers of reported concerns and the lower proportions of these meeting the duty of enquiry requirement the reasons for the fluctuations have been explored by safeguarding partners. Safeguarding concerns range from the very serious to the relatively trivial. A safeguarding concern is recorded as such on receipt of the information from the referrer.
8. From examination and assessment, a proportion of concerns are found to be low level incidents which have led to no harm to the individual. Concerns such as these are triaged early and with no other actions being needed, they will be closed. Examples include concerns regarding medication errors, service user incidents, missed and late care calls. In other situations, appropriate actions have been taken by others to reduce the risk and therefore a Section 42 enquiry is not required.
9. Arising from the increasing number of reported concerns there are discussions currently amongst safeguarding partners to develop a mutual understanding of what constitutes a safeguarding concern with the aim

of ensuring proportionate ongoing management to protect resources to deal with the more serious cases.

- a. **Age:** Of the people subject of a S42 enquiry, those aged 85 to 94 yrs (25.2%) represent the largest cohort, very closely followed by 75 to 84yrs (24.9%). 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 75yrs+ age groupings are disproportionately over-represented for Section 42 enquiries.
- b. **Gender:** The majority of Section 42 enquiries involve females – 64%. 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.
- c. **Ethnicity:** The majority of adults involved in a Section 42 enquiry are white - 87.8%. The percentage of the population of Staffordshire who self-identified as white is 93.6%. In 6.2% of the Section 42 enquiries the ethnicity is 'not known'. This 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.
- d. **Primary Support Reason (PSR):** Physical support continues to be the most common PSR in Staffordshire at 48%. This is followed by mental health support at 14% and learning disability at 9%. It is difficult to accurately interpret these figures because 17% were recorded as 'not known'. This is a reduction when compared to 29% in the previous reporting year. The reasons for the 'not known' are not clear. In part this may be due to cases that are closed at an early stage when the PSR is not known.
- e. **Type of Abuse:** Neglect and Acts of Omission (37%), Financial Abuse (19%) and Physical Harm (17%) continue to be the most prevalent types of abuse and neglect in Staffordshire. This is broadly similar to the figures reported last year.
- f. Pages 17 - 23 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 62%. The next most prevalent locations were nursing home 16% an increase of 5% from 2020/21 and independent residential home 11% which is similar to

last year. Put into context the adult may consider their care/residential or nursing home as their 'own home'.

- h. Expressed Outcomes met:** In Staffordshire 67% of adults subject of a Section 42 enquiry provided a response to the question of whether their desired outcomes from the enquiry had been met in full, partially met or not met. A total of 97% adults of those responding stated that their desired outcomes were fully met or partially met. This is a slight reduction from 98% last year.
10. The reasons why the adults' desired outcomes have not been met have been explored. Amongst the reasons are situations where the outcomes set by the adult are not always achievable. By way of example, in financial abuse cases the adult may want their property/money returned but it cannot be recovered. In some instances, the adult may want staff members disciplined or sacked etc. and again this is not possible. In some situations, it is because the adult wants to move away from or stay with family, but the risks are too high and there is a need for appropriate proportionate action to reduce the risks.

The COVID-19 Pandemic: This Annual Report covered the period 1st April 2021 to 31st March 2022. 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.

11. 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.
12. 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 2021/22

Contact Details

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

Report Author: Mr John Wood, **Independent Chair SSASPB**

Telephone No: via 07887 822003 (SSASPB Business Manager)

Email Address: john.wood1@staffordshire.gov.uk or
SSASPB.admin@staffordshire.gov.uk

SSASPB
Annual Report
2021 to 2022



1. Contents

2.	Independent Chair Foreword	3
3.	About the Staffordshire and Stoke on Trent Adult Safeguarding Partnership Board	4
4.	Safeguarding Principles	6
5.	What we have done	7
6.	Performance against 2019/22 Strategic Priorities	15
7.	Analysis of adult safeguarding performance data	25
8.	Financial Report	40
9.	Appendices	41
10.	Glossary	44

'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 2021 to 31 March 2022. It illustrates the enormous range and amount of safeguarding activity done in partnership, much of which builds on learning from good practice as well as where things have gone wrong.

This has been a second consecutive year where the COVID-19 pandemic has provided a dominant context adversely impacting on the health and wellbeing of millions of people both here in the United Kingdom and throughout the world. I again take this opportunity to offer, 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 also acknowledge the enormous role of all professionals who delivered services to adults with care and support needs, often at considerable personal cost.



In the last 12 months the strength and maturity of local partnership working has been demonstrated in the constructive way that connected partners have shown a willingness to challenge each other and be challenged as to the effectiveness of safeguarding arrangements. Consequently, the Board has adapted its approaches to seeking assurances and these are reflected in the revisions to the Strategic Plan that was being reviewed at the time of writing this Foreword. The Annual Report next year will provide details on how the Strategic Plan has been implemented and what has been achieved.

I again 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 am immensely grateful to all who chair the Board Sub-Groups as well as the Board Manager Helen Jones and the Board Co-ordinator Rosie Simpson who work so hard behind the scenes to ensure that our business programme works efficiently.

A handwritten signature in black ink that reads "J. Wood". The signature is written in a cursive, slightly slanted style.

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
- It must conduct a Safeguarding Adult Review where the threshold criteria have been met and share the detailed findings and on-going reviews within the annual report

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 can be found [here](#).

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 and can be found [here](#).

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”.

Abuse and neglect can take many forms. The various categories as described in the Care Act are shown [here](#). The Board has taken account of the statutory guidance in determining the following vision.

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>

Vision for Safeguarding in Staffordshire and Stoke on Trent

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

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

4. Safeguarding Principles

The Department of Health 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. The principles can be found [here](#).

Prevention

It is better to take action before harm occurs

Outcome: "I receive clear and simple Information about what abuse is, how to recognise the signs and what I can do to seek help."

Empowerment

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."

Proportionality

Proportionate and least intrusive response appropriate to the risk presented

Outcome: "I am sure that the professionals work in my best interests, as I see them and will only get involved as much as needed."

Protection

Support and representation for those in greatest need

Outcome: "I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."

Partnership

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 act the best"

Accountability

Accountability and transparency in delivering safeguarding

Outcome: "I understand the role of everyone involved in my life."

5. What we have done

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 (now Integrated Care Board – ICB)

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.

At each quarterly meeting the Chair sets the tone reminding Board members of their statutory responsibility to seek assurances that there are effective arrangements in place to protect adults with care and support needs who are at risk of abuse and neglect and unable to protect themselves. The Chair helps to create an environment where constructive discussion and mutual challenge is welcomed and encouraged.

During 2022/22 the Board has:

- Consulted a wide range of connected partners and practitioners to review, revise and approve the Board Strategic Plan. The Plan has a new priority that seeks assurances from partners that there is Effective Practice around mutually agreed key safeguarding themes.
- Sought and received assurances from partners that risks of abuse and neglect were being identified and addressed where there is the potential for adults with care and support needs in a variety of situations to be subject to 'hidden harm'. On this theme there have been discussions with members of the Domestic Abuse Commissioning and Development Board and an action agreed to improve partner recording systems to better identify adults with care and support needs who are subject to Domestic Abuse.
- Received a presentation about the Serious Violence strategy from Jon Rouse City Director, Stoke-on-Trent City Council and Naomi Smith Office of the Staffordshire Police and Crime Commissioners Office, Programme Lead for Serious Violence Strategy to discuss and agree responses on matters of relevance.
- Considered, approved and published on the SSASPB website three Safeguarding Adult Reviews (SARs) which were finalised in 2022. (Andrew, Anne and Heather)
- Tasked the chair of the Practitioners' Forum with ensuring that the lessons to learn from all 3 published SARs are included in the practitioners' development programme
- Received two detailed presentations from Care Quality Commission (CQC) Inspectors:
 - Safeguarding adults within regulated independent hospital settings
 - The CQC perspective on safeguarding adults within regulated care settings

The CQC inspectors are regular presenters to the Board. The CQC input helps to confirm the current themes and trends to help facilitate learning and to help inform a preventative approach to learning events, publications and themed audits.

- Sought and received assurances from the local Clinical Commissioning Groups on their response to safeguarding concerns arising from significant events at Independent and Private Hospitals within Staffordshire and Stoke-on-Trent
- Received detailed presentations on the learning from the lives and deaths of adults with a learning disability and autistic people (LeDeR) programme and strengthened alignment of working on mutually relevant themes. On a related theme, considered the recommendations from the Norfolk Safeguarding Adult Review into the deaths of three young adults with learning disabilities which was published in September 2021, and subsequently seeking assurances from relevant agencies locally in relation to the recommendations.
- Participated in two national research projects:
 - Strengthening Adult Safeguarding response to homelessness and self-neglect, by Jess Harris, Research Fellow, King's College London
 - COVID-19 and Adult Social Care and Safeguarding, by Dr Laura Pritchard-Jones, Director of Taught Post-Graduate Programmes Keele University, Staffs.
- Received the findings from the research projects at Board meetings. The relevant local themes have subsequently been incorporated into the Board work programme, for example, the Engagement Strategic priority and the 'Andrew' SAR action plan
- Sought and received assurances that operational demands caused by COVID-19 and other winter pressures were identified and risks mitigated as far as possible in the context of significant operational challenges.
- Considered and contributed to the review of the arrangements and working of the Multi-Agency Safeguarding Hub (MASH)
- Through constructive links developed with National and Regional Safeguarding networks contributed to the development of a variety of work. Examples include the production of a National Data Toolkit, the consultation on the revision of the Safeguarding Adult Review Quality Markers, membership of the reference group for the national Safeguarding Adult Review improvement plan, production of regional policies and guidance and the production of guidance on how to better engage adults who are often referred to as 'non-engaging'
- Attended various national webinars, many of which involving lessons learned from important national research, with learning shared amongst local partners.
- A standing agenda item for inspection, organisational review and peer review updates from partners that facilitates open discussion about areas of good practice and offers of support to meet organisational challenges.
- A standing agenda item on matters arising from links with others partnership boards and fora enables visibility and alignment on matters of safeguarding relevance.

Executive sub-group

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

Vice Chair: Carl Ratcliffe Staffordshire Police Superintendent June 2021 to July 2021, Sharon Conlon, Head of Strategic Safeguarding, Midlands Partnership Foundation Trust August 2021 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. Organisations represented include the Statutory partners (which are Stoke-on-Trent City Council, Staffordshire County Council, Staffordshire Police and the local Clinical Commissioning Groups); also the Midlands Partnership Foundation Trust (MPFT).

During 2021/22 the sub-group has:

- Monitored progress against the SSASPB strategic priorities (Engagement and Financial and Material Abuse)
- Co-ordinated the work undertaken to review the strategic priorities in preparation for the Board approval of the 2022/2025 Strategic Plan
- Sought and received assurances that partner responses to the COVID-19 pandemic and associated pressures on front line services were being monitored and mitigated on matters relating to adult safeguarding
- Checked local activity against the National COVID Assurance framework that had been distributed through the National Board Business Manager network
- Monitored the progress of all Safeguarding Adult Reviews raising constructive challenges around practice where appropriate
- Approved funding to participate in the Alcohol Change project 'Cognitive Impairment in Dependent drinkers' to support the delivery of the improvement plans following the publication of the Safeguarding Adult Review 'Andrew'
- Received updates on local matters of concern in connection to Independent Hospitals and changes to oversight arrangements arising from learning from hospital closure
- Strengthened links with the Learning from Lives and Deaths Programme (LeDeR) through the attendance of and discussion with the Chair of the Strategic Group. Discussions followed up with further updates and discussions at SSASPB
- Examined assurance updates from both Local Authorities regarding Large Scale Enquiries (LSEs) and Deprivation of Liberty Safeguards (DoLS) authorisation backlogs
- Monitored the activity towards mitigation of risk using the SSASPB Risk Register. Approach to the management of risk has been revised within a new strategic priority (2022-2025) seeking assurances around Effective Practice in 5 key risk areas
- Received regular updates on the progress of the transformation from Clinical Commissioning Groups to the Integrated Care Board and developing early links to the planned arrangements
- Received updates on the progress of the Stoke on Trent Multi-Agency Resolution Group which is a multi-agency forum to discuss adults who have multiple needs and advocated for a similar forum in Staffordshire, whilst acknowledging the complexities of a layered and geographically large authority
- Worked with leads/chairs of Safeguarding Children Boards and Health and Wellbeing Boards to plan for a Staffordshire Strategic Partnership Protocol. The aim is to strengthen alignment of working on mutually relevant themes
- Received updates from Regional and National Adult Safeguarding fora through membership at various meetings
- Planned the partnership contributions to the Ann Craft National Adult Safeguarding week (15 to 19 November 2021). From the subsequent local evaluation acknowledged the excellent work done by many partners to support the awareness raising initiative

- Strengthened links with the Domestic Abuse Commissioning Board with shared partners reporting matters of relevance to each Board
- Monitored progress of the forthcoming Liberty Protection Safeguards and its interface with Safeguarding
- Reviewed the membership of the Board and managed the Board membership process
- Managed and monitored the SSASPB budget
- Reviewed the SSASPB Constitution
- Approved the Information Retention and Disposal Policy for the Board
- Considered the position of the Board against the NICE Guidance: 'Safeguarding in Care Homes'
- Considered the local requirements of work nationally to produce a joint Protocol between Her Majesty's Coroners and SABs with reference to co-operative working in SARs and Coronial processes
- Overseen the development of the SSASPB Annual Report

Safeguarding Adult Reviews sub-group:

Chairs: Staffordshire Police Superintendents Carl Ratcliffe to September 2021, and Jason Nadin to April 2022

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.

During 2021/22 a total of 4 SAR referrals were received. None of these met the criteria for a Safeguarding Adult Review.

It was concluded that one of the referrals would be dealt with through a single agency learning review. In one of the referrals Her Majesty's Coroner had issued a 'Prevent Future Deaths Report' under Regulation 28 of The Coroners (Investigations) Regulations 2013. The SAR sub-group was satisfied that there would be lessons learned in response to HM Coroner's request without a requirement to duplicate the review and learning process.

In response to the referrals not meeting the SAR criteria the SSASPB has further raised awareness of the criteria for SARs through the SSASPB newsletter and Practitioners' Forum.

During the year the following SAR was approved by the Board and published on the SSASPB website.

Heather – A SAR conducted under S44(4) Care Act 2014 – Discretionary Review (Stoke-on-Trent)

Brief overview of the circumstances of death and why a Discretionary SAR was undertaken:

Heather had been in hospital for a short period in the autumn of 2019. She was subsequently transferred to a 'discharge to assess' unit where it was determined that she was able to be cared for at home.

Prior to going home her capacity had deteriorated so a Best Interests meeting was held on 13th February 2020. The outcome of the meeting was that the Multi-Disciplinary Team agreed that they needed to honour

Heather's previous wishes that she did not want to go into a residential care setting, and she did not want to receive intensive treatment for her cancer diagnosis. An advocate was present at this meeting.

Heather returned home on 16th March 2020 with a self-funded care package which provided for a carer to live full-time at Heather's home address.

The allocated social worker mistakenly identified the care broker as a care provider. A broker is not a registered care provider. This meant that on discharge the responsibility to manage the care provided lay with the social worker. It was subsequently recognised that the social worker, carer, and broker were not sure of each other's roles and responsibilities.

The timing coincided with the early days of the COVID 19 pandemic and shortly before the first national lockdown. There was uncertainty about how the virus would impact on the population and the accordingly the carer lived with Heather for 7 weeks without a break to minimise the risk of COVID infection.

Heather had leg ulcers which were attended to frequently by District Nurses. On 28th April 2020 Heather was seen to have a low body temperature and was shivering. On 29th April 2020, the carer called Heather's GP as she identified that Heather may have sepsis. An ambulance and paramedics attended. Sepsis was suspected and she was taken to hospital but sadly died the following day.

Following investigation by the Police it was determined that there was no evidence of abuse or neglect of Heather, but there may be learning for the organisations involved. The published report and recommendations illustrated the learning that:

- It would have provided better continuity for Heather's care if someone from the District Team where she lived had attended the Best Interest meeting.
- There should be better awareness across SAB partner organisations concerning the symptoms of sepsis and the importance of early medical intervention.
- More detailed and more timely information sharing may have negated the need to detain the carer on suspicion of causing neglect.
- More detail should be included in records demonstrating clear rationale for decision-making.
- Where there is a multi-agency approach to the care and support needs of an adult, professionals and other frontline staff/volunteers should make sure that others understand their individual roles and responsibilities to negate assumptions.

Update on the Anne SAR from the 2020/21 Annual Report

The action plan to implement the learning for this review was completed and signed off by the Executive sub-group in March 2022. The action plan included:

- 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 and acronyms explained on first use.
- The SSASPB is to seek an insertion 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 is 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
- A briefing note has been produced by the Board to give an overview of the circumstances leading to the SAR and the recommendations which is posted on the SSASPB website.

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

- Engaged with the Safeguarding Adult Board Managers National and Regional Networks to share good practice developed by other SABs
- Reviewed the SAR protocol to ensure continuous improvement and consistency with Regional SAR procedures
- Maintained links and reporting relationships with Community Safety Partnerships that are managing Domestic Homicide Reviews (where they involve adults with care and support needs)
- Oversaw the progress of ongoing SARs.
- The SSASPB Business Manager was a member of a national working group which acted as a reference group for the Social Care Institute for Excellence (SCIE) Quality Markers for SARs which will ensure that there is a consistent approach to SARs nationally. These were launched in March 2022. She also volunteered to represent the West Midlands Region as a SAR Champion, this entails regional representation at national meetings where SAR matters are discussed and key points widely communicated.
- Provided detailed assurance against the 29 Improvements recommended by Professor Michael Preston-Shoot in his academic analysis of SARs (2020)
- Actively raised awareness of the previously identified recurring lessons to learn from SARs, which are:
 - 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
- Promoted webinars made available nationally that are relevant to SARs
- Trialled then adopted a revised SAR 'triage' process using 3 or 4 experienced SAR members to assess the referral shortly after receipt. This was introduced to try to minimise the resource put into scoping SAR referrals that were highly unlikely to meet the criteria. The approach is regarded as helpful to the referral process.
- Produced an Independent Reviewer contract with which to commission review authors. This allowed for consistency in approach and clarity of expectations
- Promoted the finding from the National Review of SARs (Professor Michael Preston-Shoot 2020) which highlights the importance of identifying and appointing a lead practitioner in circumstances where there are several partners involved with adults having multiple needs. This was included in the SSASPB newsletter, reinforced in the Multi-agency S42 Procedures, and delivered in several learning lessons from SARS presentations

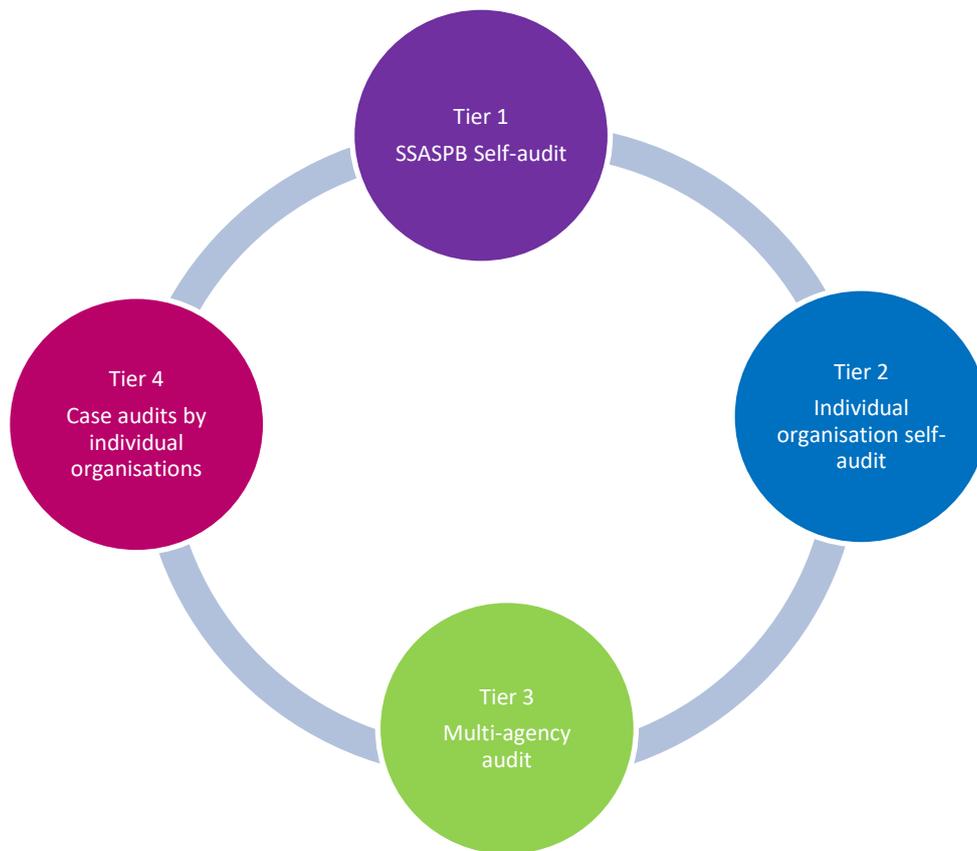
- The Board Business manager is a member of a national task to finish group which will engage with the Chief Coroner to seek the feasibility of guidance as to how Coronial and SAR processes best work together in support of their individual objectives

Audit and Assurance sub-group:

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

The SSASPB 4-tiered audit framework:

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



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

Tier 2 Individual Organisational audit: in year 1 each organisation completes 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:

- Completed the annual Tier 1 audit. This helps the Board to understand where its challenges are and where it can evidence that it is meeting the requirements set out in the [Board's Constitution](#).
- Initiated the Tier 2 audit (year 1). All Board partners were asked to complete a comprehensive self-audit evidencing how they deliver their responsibilities both to the Care Act 2014 and as a SSASPB partner. A total of 28 responses were received and the follow up work which includes scrutiny of the evidence submitted against the self-awarded rating of Red, Amber and Green (RAG) continues at the time of this Annual Report. The outcomes will be reported on in the Annual Report for 2022/23
- Conducted a Tier 3 Multi-agency Case File Audit on the theme of Persons in a Position of Trust (PiPoT) on 11th May 2021. This audit revealed that several of the cases which were considered evidenced matters better routed through quality assurance processes this led to a Tier 4 individual agency audit where those partners who receive concerns audited what happened to referrals that did not result in a Section 42 enquiry.
- Conducted a Tier 3 Multi-agency Case File Audit on the theme of Organisational Abuse held on 1st October 2021. This audit identified that it would be helpful to raise practitioner awareness of what constitutes Organisational Abuse. The findings and learning from the audit were subsequently communicated amongst connected partners at the Practitioners Forum, through the SSASPB Newsletter, and related learning events.
- Initiated a Tier 4 audit relating to the reporting, progression and outcome of safeguarding concerns. This audit identified that often there are safeguarding concerns submitted to the local authority which would be more appropriately referred elsewhere, for example, through Quality Assurance processes. The consequence is that there are safeguarding concerns awaiting a response from 'front end' processes which are better responded to elsewhere.
- Initiated a Tier 4 audit with the question - What happens to the reported concerns which do not result in a Section 42 Care Act Enquiry? This audit arises from the findings of the 'Andrew' Safeguarding Adult Review. The audit commenced in early 2022 and is not complete at the time of this Annual Report.
- Contributed to the review of the SSASPB Strategic Plan by considering the focus for proposed strategic priorities for 2022-25. The recommendations for a focus on Self-neglect and considerations around the application of the Mental Capacity Act 2005 were accepted by the Board.
- Provided the detailed information from relevant partners to explain the data and illustrations of investigation work contained in the Annual Report.
- Completed all elements of the sub-group business cycle including the review of the Audit and Assurance Business Plan and Terms of Reference
- Sought assurances that, despite the inability to accurately determine the number of situations where Domestic Abuse is a factor the domestic abuse element is recognised and actioned including consideration for MARAC referrals. Assurances were also sought that outcomes which had been determined by the adult at the centre of the process were being met.
- Sought assurances that connected partner agencies have mechanisms to identify repeat concerns and able to have an informed picture of risk rather than consideration of immediate presenting factors.
- Revised the SSASPB Performance and Quality Framework

Policies and Procedures sub-group

Chair: Ruth Martin, Principal Social Worker and Safeguarding Lead, 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 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 2021/22)
- 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](#).

6. Performance against 2019/22 Strategic Priorities

Strategic Priority: Engagement

A sub-group has been formed to drive the work of the Engagement Strategic Priority. The activity around this priority is managed and co-ordinated by the Prevention and Engagement sub-group which meets bi-monthly.

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

Engagement is a broad term, for the purposes of the work of the Board during 2021/22 engagement refers to raising 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

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. This approach has continued.

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

- Hosted 4 Financial and Material Abuse events via Microsoft Teams
- Held event 1 on 20th April 2021; 58 front line practitioners logged in to the first SSASPB webinar in support of the strategic priority Financial and Material Abuse. Presentations were delivered by Jackie Bloxham (SoTCC) Ruth Martin (SCC) and Claire Hinstead (MPFT). The topic for this presentation, the first of three, was financial and material abuse in the context of Section 42 Enquiries. This included case studies and legislative framework which were well received. The feedback following the event was extremely positive
- Held event 2 on 19th July 2021; this one was from the perspective of the Trading Standards work in both Stoke-on-Trent and Staffordshire. It was attended by 55 people, mostly from the front line within partner organisations
- Held event 3 on 15th September 2021: this one was focused on Domestic Abuse with reference to Financial and Material Abuse incorporating Coercion and Control or Psychological Abuse. A total of 28 front line practitioners or volunteers logged in to the event. The attendance was adversely affected due to competing operational demands at the time. The presenters were New Era which is commissioned to provide Domestic Abuse services in Stoke-on-Trent and Staffordshire
- Held event 4 on 29th September 2021: this was a repeat of event 3 to maximise the possibility of attendance and another 3 practitioners attended.
- Produced short video briefings on key topics including [Advocacy in Financial Abuse Enquiries](#) and [Cuckooing](#). The videos have been placed on the SSASPB website.
- Participated in important national research projects conducted by Dr Laura Pritchard-Jones from Keele University and Research Fellow Jess Harris from Kings College London
- Refreshed the SSASPB website to make it more compliant with accessibility legislation and to refresh the content. Since the refresh there has been an increase in the use of the website.
- Commissioned Board partner Rockspur to produce a more accessible version of the 2020/21 Annual Report. This was produced by adults with autism or a learning disability and has been posted on the [SSASPB website](#). The report was very well received and will be repeated for 2022/23.
- Supported Ann Craft Adult Safeguarding week (between 15th and 19th November 2021) with several events arranged by connected partners. Subjects covered included raising awareness of adult abuse (including specific types of abuse and neglect), how to report concerns, and an explanation and illustration of Safeguarding Adult Reviews.
- Used Twitter to support Adult Safeguarding week, raising awareness of local activity as well as retweeting relevant information produced by other SABs within the UK.
- In response to a need identified by practitioners hosted a webinar for practitioners on the subject of stalking and harassment that was delivered by members of the Prevention and Engagement sub-

group from North Staffordshire Combined Healthcare Trust (NSCHT) and Midlands Partnership Foundation Trust (MPFT), this was attended by 44 front line practitioners

- Produced two newsletters (June and November 2021) which were distributed widely and covering a variety of topics including:
 - learning from Safeguarding Adult Reviews
 - how to make a referral to Stoke-on-Trent Multi-Agency Resolution Group (in response to SAR 'Andrew')
 - Sepsis awareness (in response to SAR 'Heather')
 - What is adult safeguarding?
 - How to make a good SAR referral
 - spotlight on Rockspur – producer of the more easily accessible Annual Report
 - Lasting Powers of Attorney (link to Financial and Material Abuse)
 - links provided to both versions of the SSASPB Annual Report
- The Board has agreed to continue with Engagement as a Strategic Priority for 2022/25 and will focus in particular on how to better engage with adults with needs for care and support who have experienced abuse or neglect.

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

Case Study: Midlands Partnership Foundation Trust

The Safeguarding named nurse at Midlands Partnership Foundation Trust (MPFT) was contacted by the clinical lead of District Nursing service asking for advice regarding 'Grace' a female patient with whom the vascular team was finding difficulties in engaging and concerns about safeguarding. Grace was an intravenous drug user with a below knee amputation on one leg. Her remaining leg was in a poor state and in need of dressings.

The Tissue Viability team wanted to continue with dressings however the team were struggling with compliance – either Grace was not at home at the time of a visit, or she refuses treatment.

The District Nurses had concerns as they had not assessed the wound for some time. The consultant has been contacted and advised that nothing more could be done with the remaining leg, the options were either conservative treatment or amputation. Grace was at risk of Sepsis.

From a previous safeguarding concern an assessment concluded that the woman did not have care and support needs and she reported that she did not require any help from social care.

The clinical lead for Grace's care convened a Multi-Disciplinary Team (MDT) meeting which was attended by the named nurse for safeguarding, social work team, substance misuse worker, consultant, and Tissue Viability Lead. The consultant explained to those present the risk that Grace may lose her remaining leg and that she would not be able to walk again. The wounds are not going to heal, and it is important to ensure that they stay infection free. The risks had been explained to the patient.

It was decided at the MDT meeting that Grace's social worker and the district nurse would make a joint visit to establish if the patient met the self-neglect criteria under safeguarding. The decision was also made that Grace would only be given a script covering 7 days for her drug use and would then need to see the substance misuse worker at the clinic. As part of a coordinated approach the District Nurses would see Grace when she attended for her substance misuse appointment at the clinic.

The MDT approach to supporting and working with the patient lead to better engagement. The patient was being seen and had been doing well in self managing the necessary dressings to keep herself safe. This is a good illustration of the mutual benefits of team working with the clinical lead happy to support self-care model with supervision.

Case Study: Stoke on Trent City Council Adult Social Care

Michael and Freya had lived together as the only tenants in a Group Support Living house for several years. Both adults had diagnosed moderate learning disabilities. The accommodation was a two-storey house with each adult having their own bedroom whilst sharing the kitchen and living room areas. Individual and core support was provided twenty-four hours per day based on a strength-based approach to maximise independent living.

There was a significant age difference between the two adults - Michael was 82 years of age and Freya was 46. Their compatibility was becoming negatively affected by changes in their needs and this became more apparent during an imposed lockdown due to the pandemic. Both were forced to spend more time together in the house, at the same time, Michael was experiencing a deterioration in his mobility and mental health.

This situation led to a Section 42 Enquiry as both adults were becoming verbally and physically abusive towards each other on a regular basis and it became apparent that their living arrangements were becoming unsustainable.

Separate Social Workers were allocated to work with Michael and Freya to consider appropriate safeguards and explore solutions in the best interests of both. This involved working closely with the adults themselves, family members, the advocacy service, the Community Learning Disability Team, and the care providers, utilising a multi-disciplinary strengths-based approach.

It quickly became apparent that the relationship between both adults had broken down to the point that they were at risk of harm from each other, and it was identified that a positive solution could involve both adults moving to new accommodation with other adults of a similar age, interests, and compatibility. As part of the safeguarding and assessment process, Mental Capacity Act (2005) assessments were completed with both adults with contributions from the multi-disciplinary team. These concluded that both adults lacked the mental capacity to choose their care and support accommodation, and this would need to be done in their best interests.

The Section 42 enquiry involved working with the care provider to ensure there was sufficient staff on duty to minimise the risk of further incidents, whilst still allowing both adults to safely move freely around the house. The accommodation identified for Michael was another Group Supported Living accommodation within the same local area, with the current support team in place. It was felt that this provision would provide Michael with consistency of support, familiarity of local community services and shops. There were two other men living in this property of a similar age with similar interests and support needs. The property was a single storey bungalow which was suitable for Michael's increased mobility needs.

The accommodation identified for Freya was a tenancy-based apartment with twenty fours a day support to meet her individual needs. This provides Freya with the opportunity to increase her social and independent living skills and have more choice in her daily living and community activities.

The safeguarding enquiry was concluded with an outcome that was mutually agreed to be in the best interests of both adults in improving their quality of life and manage the risks to each other from the breakdown in their living arrangements.

Case Study: Staffordshire County Council, Adult Safeguarding Enquiry Team

'Alice' is a 31-year-old woman with learning disabilities who lives in supported accommodation.

Alice was referred to adult safeguarding by the manager of her supported living scheme following an allegation of sexual abuse by another adult with care and support needs living at the service address. The concern was graded as high risk and sent to the Adult Safeguarding Enquiry Team for further enquiry. The enquiry was joint with Staffordshire Police.

The source of risk to Alice was subsequently arrested by Police and bailed with conditions to prevent contact. This became difficult to manage when both adults lived within the same service. The source of risk breached the bail conditions on multiple occasions.

The allocated Safeguarding Practitioner and Police had gained an understanding from Alice as to how she could best be supported and the outcomes she wanted to achieve from the safeguarding process. Alice was clear that she wanted the other adult to leave the service.

The service provider had put measures in place to support Alice. Whilst the source of risk remained within the same supported living scheme the provider in conjunction with the professionals supporting Alice also considered the potential transferrable risks to other adults within the accommodation.

The source of risk presented with behaviours which were challenging for the service to manage. Due to previous concerns the provider had already given notice to the source of risk. However, the new concerns escalated the need for an alternative placement to be identified.

The Safeguarding Practitioner was in contact with professionals involved with both Alice and the source of risk. An urgent meeting was held to discuss the risks and the measures that could be put in place to mitigate these. This provided an opportunity for information to be shared in a timely way and actions set to ensure both adults received the necessary support for their assessed needs. A multi-agency approach ensured that the needs of both adults were considered and that appropriate steps were taken to manage the identified risks.

The source of risk did subsequently move to alternative accommodation which was better suited to meet his needs and the risks he presented to others. The risk of harm to Alice was removed and her anxieties reduced following his departure.

Case Study: University Hospital North Midlands Trust

'Gary' a 28 years old man was found lying outside the Accident and Emergency department of University Hospital of North Midlands, Stoke-on-Trent. He presented as unresponsive and physically unstable with respiratory and cardiac health problems. It was noted that Gary had physical injuries including facial and limb bruising and appeared malnourished and unkempt.

When Gary was transferred into the Accident and Emergency department he was reviewed and assessed. Physical health assessments determined that he was critically unwell and required admittance to the intensive care unit for life saving treatment. Gary's presentation highlighted safeguarding concerns for frontline staff as it was noted that he had a complex social history including alcohol and drug dependency with mental health and social problems. Gary explained that he had been brought to the hospital by a friend and left outside Accident and Emergency department.

Staff in the department escalated their safeguarding concerns highlighting his physical presentation, concerns for his on-going safety and welfare, as well as concerns regarding his relationship with his 'friend'.

When the patient made clinical improvement, it became apparent that there was a network of friends who were trying to obtain information about him and to contact him. Gary's friends wanted him to take his own discharge and return to a shared residence.

As Gary's condition further improved the patient began to engage with services. Social Care and the Nursing team on the ward worked together and helped the patient to talk about his personal circumstances. Gary disclosed that he had been the subject of sexual assaults. The Health and Social Care staff suspected that he may have been a victim of human trafficking. Further disclosures by the patient highlighted that his finances and accommodation were controlled by 'the friend'. The patient did not acknowledge that he had been subject to abuse or criminal activity.

The allocated social worker and ward manager worked with Gary to develop trust and offer support to mitigate on-going risk, develop safety plans and promote a safe discharge.

When further information was disclosed by the patient it became apparent that there may be wider concerns with other people at risk of human trafficking. These concerns were reported to Staffordshire Police.

When the patient was medically fit to be discharged, he was offered safe accommodation and the offer of ongoing support from Social Care, Mental Health, and Staffordshire Police. This case illustrates the prompt and positive action of the staff at University Hospital North Midlands to respond positively and sensitively to serious abuse of a patient and work with connected partners and the patient to mitigate his health risks.

Case Study: Midlands Partnership Foundation Trust

'Carol' had been experiencing domestic abuse for the duration of her 30 years of marriage which had negatively impacted her anxiety and self-esteem. In recent years Carol had been accessing mental health services to address her anxiety which, coupled with other health complaints, led to her being unable to leave her home.

As a consequence of Carol accessing more support services several professionals had raised safeguarding referrals, however Carol had not felt able to engage with immediate safeguarding measures as she did not want to leave her home.

A subsequent escalation in concern about domestic abuse led to a Multi-Agency Risk Assessment Conference (MARAC) referral. A further adult safeguarding concern led to a Section 42 enquiry. It was agreed by the professionals supporting Carol, and subsequently with Carol herself, that the only way to address this situation and remove the ongoing risk and experience of abuse was for Carol to live in her own accommodation.

Carol worked with the social worker, domestic abuse support worker and housing officer to overcome the challenges associated with moving away from her partner. Carol was required to provide medical evidence of domestic abuse to support her housing application, however, to obtain this from her GP there would be a cost of £50 that would show on her bank statement and therefore alert her abuser. Carol had also been deterred from moving home as she was not sure how to obtain the required legal advice regarding ending her tenancy.

With the support of the safeguarding social worker and domestic abuse support service, medical evidence was provided, and Carol has now been offered appropriate accommodation which she was delighted with.

A combination of joint working, appropriate sharing of information and knowledge of how to navigate agency processes and legislation helped to produce this resolution. As well as a successful outcome for Carol which was in line with her wishes there was learning for the organisations involved around domestic abuse and adult safeguarding which can be used to help others in similar situations of abuse.

Case study: Clinical Commissioning Group

'Robert' had a diagnosis of a progressive neurological disorder. The disorder progressed quickly, and he required a 24-hour care package. His care had become very complex, and he had a range of professionals involved. Robert had very little support outside of the professionals involved, he had no family to support therefore heavily relied on carers and other professionals to provide social stimulation and advocate for him as he was beginning to lose his voice due to his diagnosis.

A safeguarding referral was made, as one of the professionals involved had become increasingly concerned about the care, he was receiving from his domiciliary care provider. The concerns raised ranged from a lack of training around machinery needed to support Robert's breathing, to a lack of personal care and issues around the language barrier between the carers and Robert.

When the Clinical Commissioning Group (CCG) Adult Safeguarding Nurse became involved, it became apparent Robert was not being provided with the care he needed. A multi-agency team meeting was arranged with the professionals involved. Robert's wants and wishes were identified and discussed along with the safeguarding concerns raised, and a plan was agreed.

From the plan, to help with Robert's deteriorating communication he was provided with assistive technology. A communication book was used for his carers to readily identify Robert's basic needs. An advocate was engaged to seek Robert's wants and wishes before he lost his speech.

A pain management plan was agreed to control Robert's pain, for him to use his wheelchair comfortably and access social activities held at his home and in the community. A new domiciliary care provider was sourced on Robert's request enabling him to build new relationships, develop trust with the care company and receive the care he needed.

The collaborative work undertaken by the various agencies enabled Robert to achieve his desired outcomes, enhancing his quality of life and ensuring that he was in receipt of safe and appropriate care.

Case Study: Stoke on Trent City Council Adult Social Care

'Amy' lives alone in a local authority property and is supported by a domiciliary care agency. Amy requires support with tasks of daily living to manage risks due to visual impairment and deterioration in physical health, she also relies on family support with practical tasks and management of finances. There are no concerns in relation to Amy's capacity in any of these decisions.

The care agency raised concerns with Adult Social Care as they were concerned regarding Amy's home environment, the lack of food in the property and that she had no money in her purse to buy items that were important to her such as cigarettes, which was leaving her in distress. The Social Worker gained further information from the referrer and visited Amy to discuss her views and wishes on the concerns raised.

The visit identified that Amy's distress came from not having access (as and when she needed) to cigarettes, relying on carers to purchase food and toiletries out of their own money and from Amy having her meal

delivered by family members too late at night when she was sleeping. Amy explained that her relationship with her family was important to her but did not want to continue to be reliant on them for support. Amy was aware that her family may have been using her finances for their own purposes, but she did not wish for the concerns to be considered within the safeguarding process nor did she want any police involvement. In line with Making Safeguarding Personal, options were explored outside of a formal safeguarding enquiry.

Amy decided to inform her family of her decisions and did not want Social Care to be part of this discussion. A Care Act review was commenced and from that Amy requested that the Local Authority manage her finances via an appointeeship arrangement. Locality Connectors provided support and made links with Amy into her local community and the housing team supported via tenancy support, to ensure that the home environment was safe.

Amy maintains a positive relationship with her family, however, is not reliant upon them to meet any care and support needs.

Case Study: Queens Hospital Burton

'Michelle' name anonymised is a middle-aged lady, who resided on her own and self-funded a package of care for her physical health for which she was nursed in bed. As well as her physical health needs Michelle has a psychiatric history. Michelle has a son who is her next of kin.

The Trust Safeguarding Team received an email from the District Nurse to advise of Michelle's admission to the Queen's Hospital Burton and concerns of self-neglect, being generally unwell, and having multiple pressure ulcers. Previous hospital admissions identified presenting concerns of anaemia, being malnourished and concerns around self-neglect.

In the follow up discussions it was discovered that

- Historical safeguarding referrals had been raised in relation to concerns of self-neglect, and there was an open safeguarding enquiry.
- Michelle's GP had referred Michelle to the District Nurse due to pressure ulcers. However, the District Nurses had difficulty attending to Michelle as she had declined their services.
- Two nurses had visited Michelle and found her to be cold and in pain. The ambulance service was contacted, and she was conveyed to hospital. At hospital Michelle presented with dehydration, she was emaciated, and had numerous pressure ulcers.

Arising from the discussion of the safeguarding concerns at the Emergency Department a request was made for a Tissue Viability Team review, and for medical photography to be undertaken. The Trust Safeguarding Team supported completion of the safeguarding adult referral. Michelle did not give her consent to the safeguarding adult referral because she was deemed to lack capacity to make the decision taken in her best interests.

The safeguarding referral described the nature of the pressure ulcers of concern to inform the ongoing safeguarding enquiry. The safeguarding referral detailed the measures implemented to minimise the risks of further harm and deterioration of the pressure ulcers, including the use of relevant equipment, wound management, and repositioning. A referral was made to the Dietitian.

Arising from the multi-agency discussions involving professionals from various agencies Michelle's historical care issues and responses to those were identified and used to inform the options for a plan for her safe discharge from hospital.

When Michelle was medically stable for discharge, she was deemed to lack capacity for her care and treatment, and it was not safe for her to return home. A Deprivation of Liberty Safeguards (DoLS) referral was submitted to the Local Authority.

Michelle was subsequently transferred to Samuel Johnson Community Hospital, for further social care assessments, as it was deemed unsafe for her to return home.

There was regular liaison with Michelle's son whilst she was in hospital. It was agreed that an Independent Mental Capacity Advocate was appointed to represent her views and wishes. Following a Continuing Healthcare Assessment Michelle was subsequently discharged to a nursing home to provide her with the safe care to meet her needs.

Strategic priority: Financial and Material abuse

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

Strategic Priority: Financial and Material Abuse

Financial and Material Abuse has been a strategic priority for the SSASPB between April 2019 and March 2022. It is strongly suspected that the number of victims of financial or material abuse who have care and support needs is likely to be enormously 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.

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.

A task to finish group was formed, attended by a broad range of partners, which took responsibility for managing the actions to be taken through strategic priority. A total of 8 meetings were held, the number and frequency of the meetings were severely impacted by the COVID 19 pandemic.

What we did:

- Created a Financial and Material Abuse guidance document which has been added to the SSASPB website. This will continue to be reviewed annually to ensure that it remains up to date.
- Produced a questionnaire that was completed by connected partners that provided the Board with an overview of the actions taken by partners to raise awareness of financial and material abuse, the actions taken when financial and material abuse occurs and to gain assurances as to how partners assess the effectiveness of those actions.
- Awareness raising of Financial and Material Abuse at the SSASPB conference attended by around 200 people at Yarnfield in November 2019.
- Planned for learning events in April and June 2020 that had to be cancelled due to the COVID 19 pandemic. These were converted to webinar events consisting of three separate presentations. On 20th April 2021 presentations were given by Ruth Martin (Staffordshire County Council), Jackie Bloxham (Stoke-on-Trent City Council) and Claire Hinstead (Midlands Partnership Foundation Trust). On 19th July 2021 there was a presentation by Trading Standards. The final presentation was given twice, on 15th and 29th September 2021 by New Era which specifically referenced Financial Abuse as a type of Domestic Abuse. A total of 232 practitioners attended these events.

- Conducted two multi-agency case file audits on 28 January 2020 and 15 September 2020. (Findings previously reported in Annual Report 2020/21)
- In April 2020 there was a focus on raising awareness of Financial and Material Abuse and practical actions for practitioners in the SSASPB newsletter.
- Through the links with the Prevention and Engagement sub-group the ASIST and Voiceability advocacy agencies produced a short video which was widely distributed and posted on the SSASPB website in November 2021

The SSASPB has excellent links with the universities in our area. Staffordshire University (School of Law, Policing and Forensics) was invited to assist with research into doorstep crime. Five BSc Hons final year students produced dissertations connected to Financial and Material Abuse. The projects entailed the researchers' examining data from Staffordshire County Council and Stoke-on-Trent City Council safeguarding teams, Trading Standards for both local authorities and Staffordshire Police.

The projects highlighted that age was a significant factor in likelihood of being a victim of this type of crime, with the propensity increasing for people over the age of 50 years. The research indicated some geographical areas where there appeared to be a higher risk but, it was recognised, this could be related to better reporting. The reports highlighted that women were more likely to be targeted than men.

The research also highlighted the different ways that organisations categorise types of financial abuse and suggested that responses may be improved if there was collaboration and consistency between agencies particularly in recording arrangements.

The projects identified examples of good practice and awareness raising and that wider engagement in these would benefit communities. These practices included visibility of groups such as Neighbourhood Watch and local Police Community Support Officers. It was recommended that proactive awareness raising could be done in those areas that have been identified as having a greater prevalence of repeat victims.

Conclusions

Much of the work undertaken through the SSASPB has involved raising awareness about the potential for and impact of Financial and Material abuse.

It would be difficult and overly optimistic to rely upon data to identify the effectiveness of the actions taken as recording methods have to be considered. Raised awareness could increase reports of abuse which was a key focus of the priority and accordingly a good outcome.

The final report of the task and finish group was considered at the meeting of the Board on 21st July 2022 when it was agreed that the work of the task group has helped to ensure a focus on a category of abuse that is under reported. The work of the task group is complete and oversight by the Board will continue through business as usual.

Staffordshire and Stoke-on-Trent 2021/22 performance report overview

Number of safeguarding concerns received by the Local Authorities in 2021/22

13,227

Staffordshire

4,590

Stoke-on-Trent

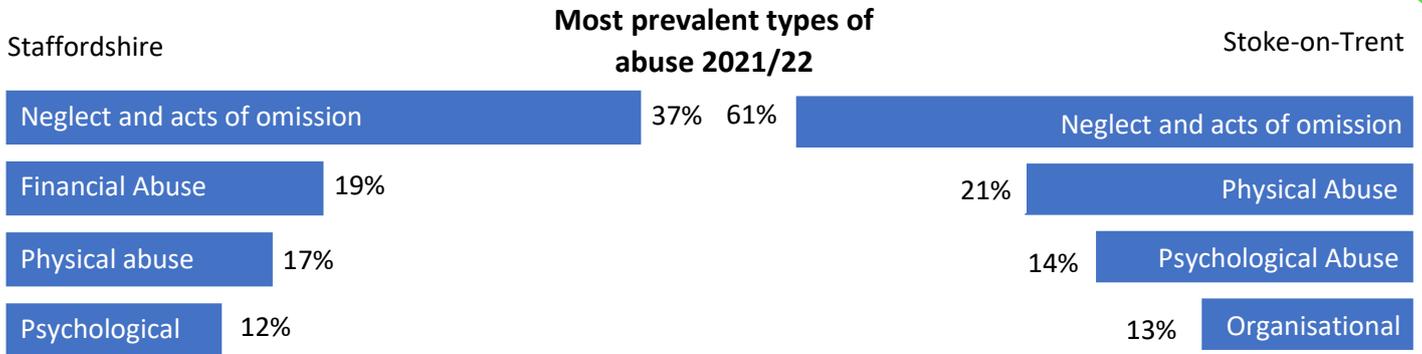
Staffordshire

59%

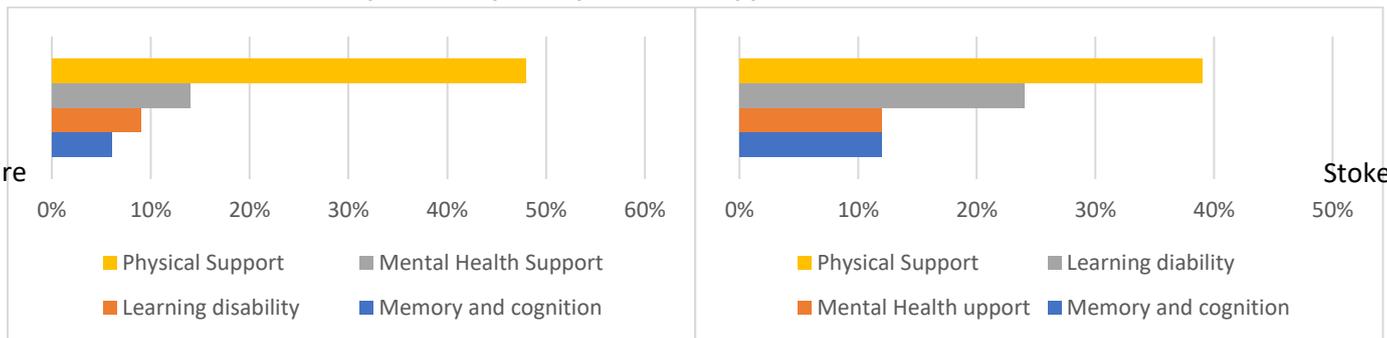
Of safeguarding enquiries are regarding adults who are 75 or over.

Stoke-on-Trent

54%



Most prevalent primary care and support need for the adult



Location of Abuse



Own Home



Residential Home

Nursing Home



Hospital

Staffordshire 62%

11%

16%

1%

Stoke-on-Trent 26%

35%

12%

2%

8. ANALYSIS OF ADULT SAFEGUARDING PERFORMANCE DATA

This section provides commentary and analysis of safeguarding data from Stoke on Trent and Staffordshire. Please note that in many sections the percentage has been rounded to the nearest whole number and therefore not all percentages will add up to 100%.

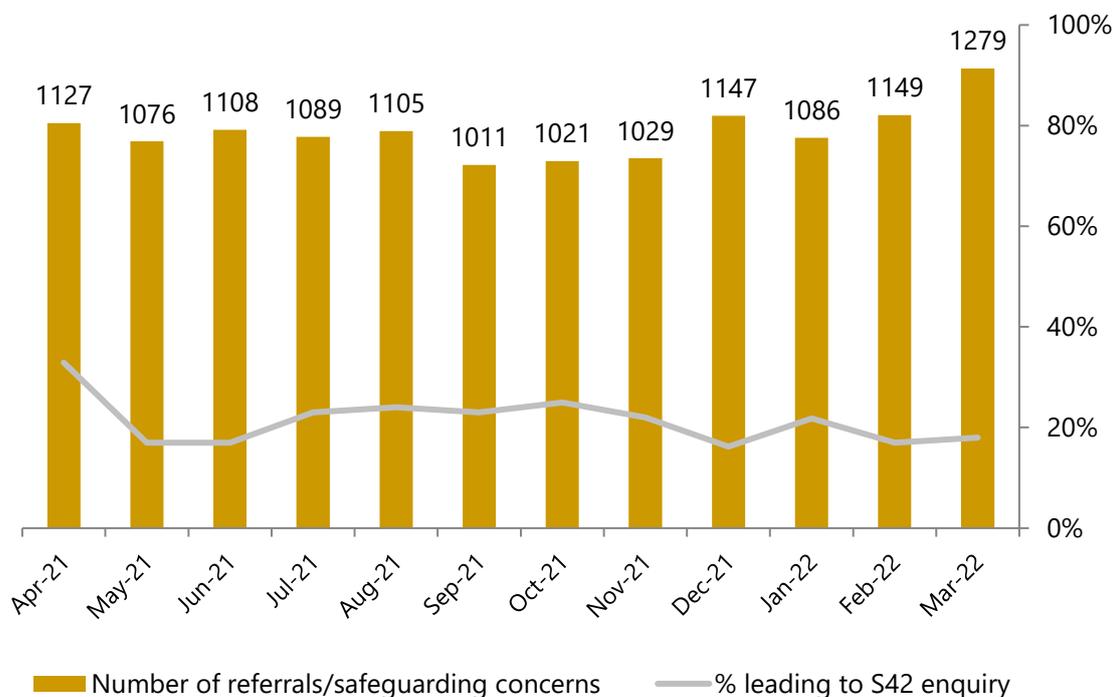
Number and proportion of referrals/safeguarding concerns

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.

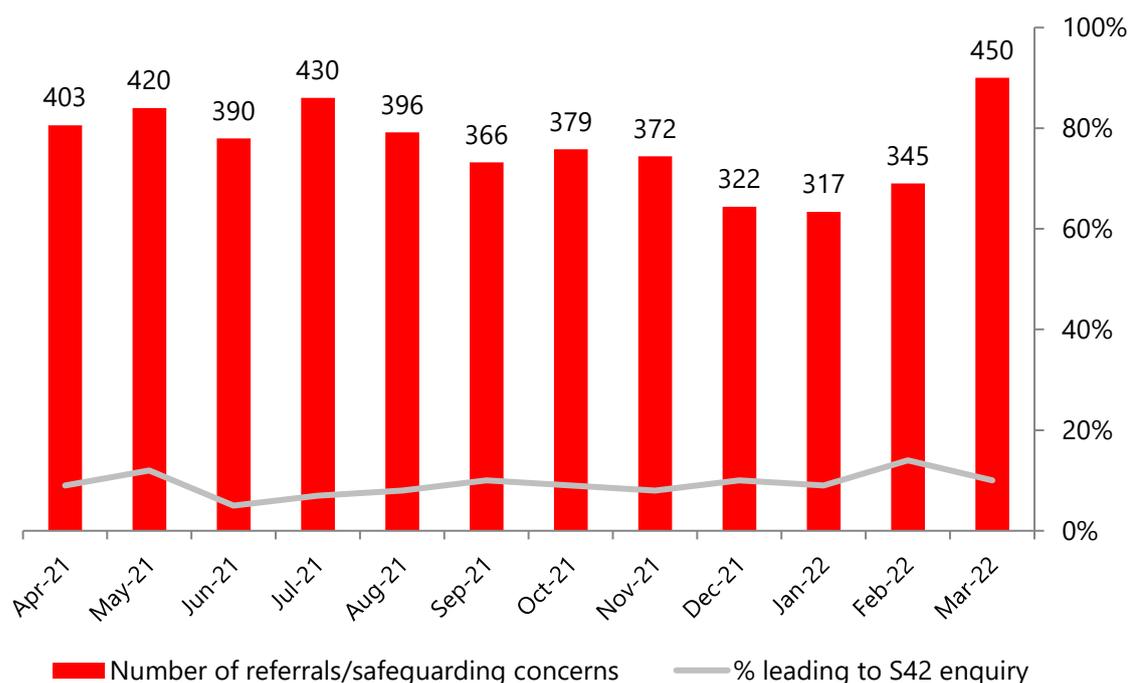
Fig.1 - Staffordshire: number and proportion of referrals/safeguarding concerns



During the course of the year 2021/22 in Staffordshire there have been 13,227 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 1,051 occasions from 12,176 in 2020/21 which is an increase of 8.6%. This year the duty of enquiry requirement was met in 21% of reported concerns a decrease of 4% from 2020/21.

The reasons for the percentage decrease in concerns meeting the duty of enquiry threshold have been explored. The information gathered from audits, indicates that this could be related to the type of concerns raised, for example, there are more concerns relevant to quality issues and or requests for assessments. Monitoring of those concerns that do not meet threshold will continue over the next year to better understand this.

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



In Stoke on Trent there were 4590 reported safeguarding concerns in relation to adults with care and support needs during 2021/22. This is an increase of 395 from 4195 compared to 2020/21 which is an increase of 9.4%.

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 albeit a telephone call or further discussions with the provider and or adult at risk in accordance with Making Safeguarding Personal. Following initial assessment, it was determined that the duty of enquiry requirement was met in 9% of occasions when a concern was raised.

The Board has requested an audit by both local authorities regarding what is done with concerns that do not meet the criteria for a section 42 enquiry. This will be reported on in the 2022/23 Annual Report.

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 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. Both authorities have undertaken to re-examine their approaches to seek better alignment in recording practices and conversion to Section 42 enquiry rates.

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 care and support and this information is provided below.

Fig.3 - Staffordshire Age Breakdown of the County

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



Fig.4 - Staffordshire: Age Breakdown (Section 42)

■ 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 (25.2%) represent the largest cohort followed closely by 75-84 (24.9%), there has been very little change in age percentages this year compared to last year.

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. Around 3% of the adult population in Staffordshire are aged 85 or over, however, 30% of safeguarding enquiries relate to this age group.

The average life expectancy for a man living in Staffordshire is 79.7 years 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 seems consistent with the national picture over the last few years.

Note: 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 (Section 42)

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

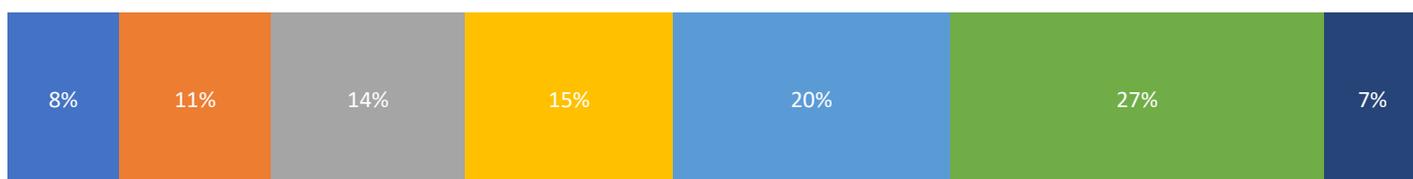


Fig.5 - Stoke-on-Trent age breakdown of the City

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



Stoke-on-Trent

For Stoke-on-Trent, the largest cohort is adults aged 85-94 years (27%) an increase of 7% from last year and 75-84 (20%) a decrease of 5% from last year. There has been a 5% increase on average for all 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 34% 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 greater the need they may have for care and support.

Due to the relative low numbers that go to Section 42 Enquiry small changes in numbers can significantly change these percentages. The number of Section 42 enquiries for adults aged 85-94 increased by 10 in 2021-22 from 2020-21, whereas number of Section 42 Enquiries for adults 75-84 decreased by 13 in same period.

Gender

Fig.7 - Staffordshire: Gender breakdown (Section 42)

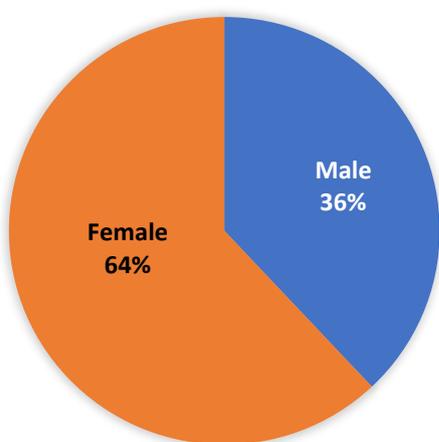
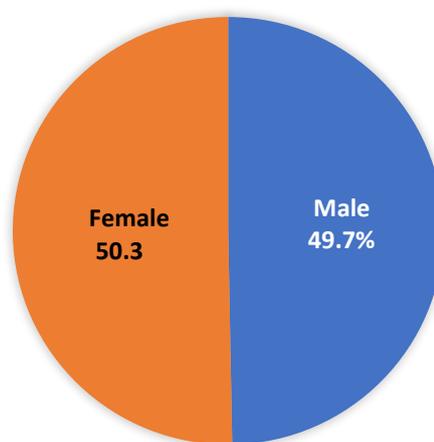


Fig.8 - Staffordshire: Gender breakdown of the County



Staffordshire

Females represent the majority of adults subject of a Section 42 enquiry with 64% over the year an increase of 2% with males having a corresponding decrease. Females are overrepresented (by 14%) 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.

Fig.9 - Stoke-on-Trent: Gender breakdown (Section 42)

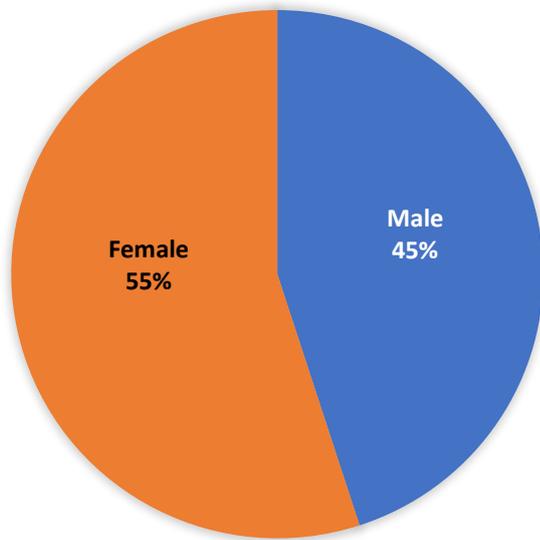
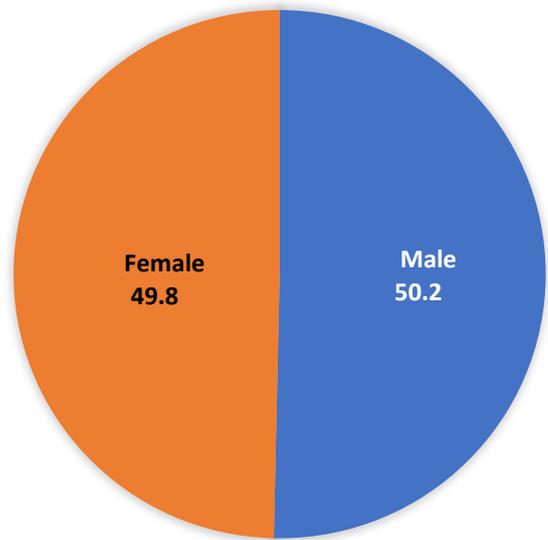


Fig.10 - Stoke-on-Trent: Gender breakdown of the City



Stoke on Trent

Stoke on Trent has remained the same for the number of males and female who were part of the Section 42 enquiry process. 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. This has been raised with the Local Authorities with regards to their recording systems with requests that there be a greater range of gender options to reflect the local communities.

Ethnicity

Ethnicity	Stoke on Trent section 42 enquiries	Stoke on Trent overall population	Staffordshire S42 enquiries	Staffordshire overall population
White British	83.1	86.4	87.8	93.6
Not Known	9.8	-	6.2	-
Pakistani	1.3	4.2	0.5	0.8
Black Caribbean	1.3	0.3	0.4	0.3
Other White British	0.9	1.9	1.1	1.6
White Irish	0.9	0.3	0.3	0.5
Any other ethnic group	0.9	0.5	0.2	0.1
Indian	0.4	0.9	0.5	0.8
Not Stated	0.4	-	2.3	-
Any other mixed background	0.4	0.5	-	-
Mixed White/Caribbean	0.4	0.3	0.3	0.5
Any other Asian Background	0.4	1.4	0.2	0.4
Bangladeshi	0.0	0.4	0.0	0.1
Black African	0.0	1.0	0.1	0.2
Arabic	0.0	0.2	0.0	0.1
Gypsy /Roma	0.0	0.1	0.0	0.1
Any other Black Background	0.0	0.1	0.1	0.1

Note: 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' 87.8%, a very slight decrease from last year (87.9%), followed by 'Other White British at (1.1%). The Not Known category has decreased by 2.2% (from 8.4%) since a Not Stated category has been introduced this year. Following the upgrade to the Care Director recording system Staffordshire County Council has held practitioners' forums to raise staff awareness and understanding of the increased functionality.

Stoke-on-Trent

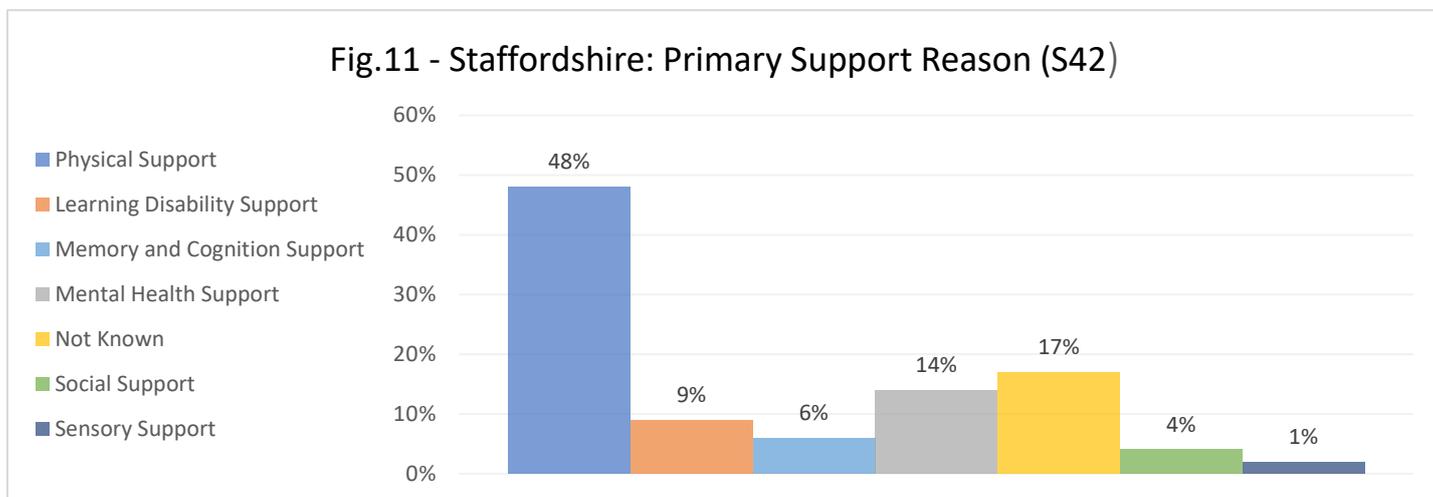
The pattern is similar in Stoke-on-Trent, the majority of declared ethnicities are 'White British' 83.1%, a decrease from 88.2% last year.

It is known that people from ethnic minority populations are disproportionately under-represented in Section 42 enquiries, however, for both local authorities Staffordshire 8.5% and Stoke on Trent 10.2%, there are

records where the adults do not have their ethnic background captured which limits the usefulness of any comparison to the wider population.

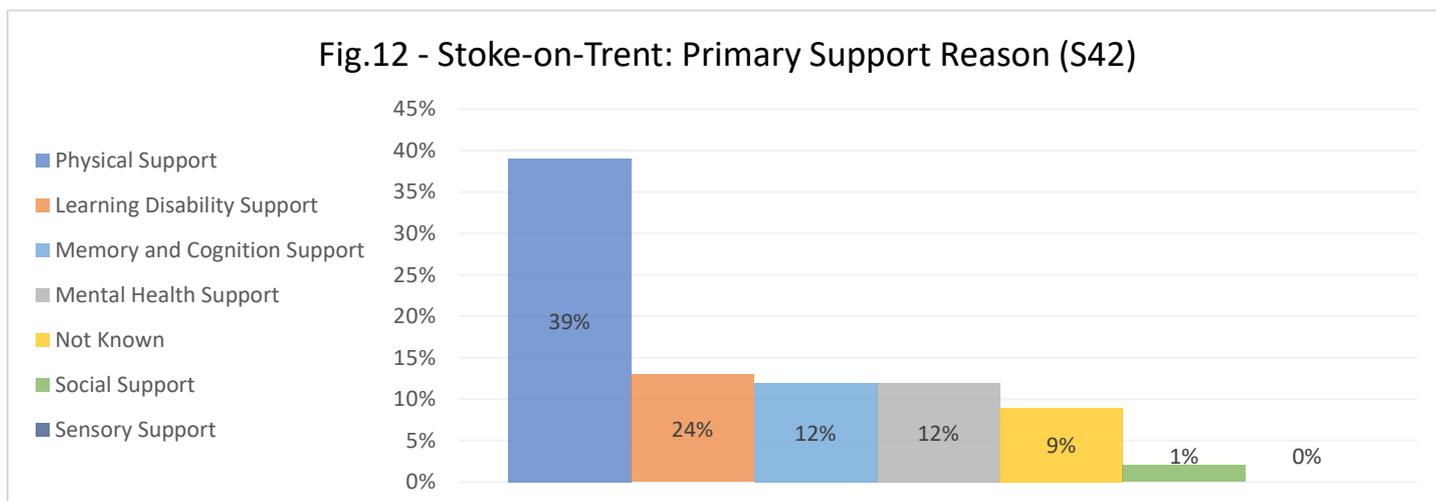
Primary Support Reason

The bar charts below illustrate the type of care and support need of the adult subject of abuse or neglect.



Staffordshire

Physical support continues to be the most common primary support reason in Staffordshire in 2021/22 (48%) an increase from 40% last year. This is followed by ‘Not knows’ (17%) that is a decrease from 29% last year.

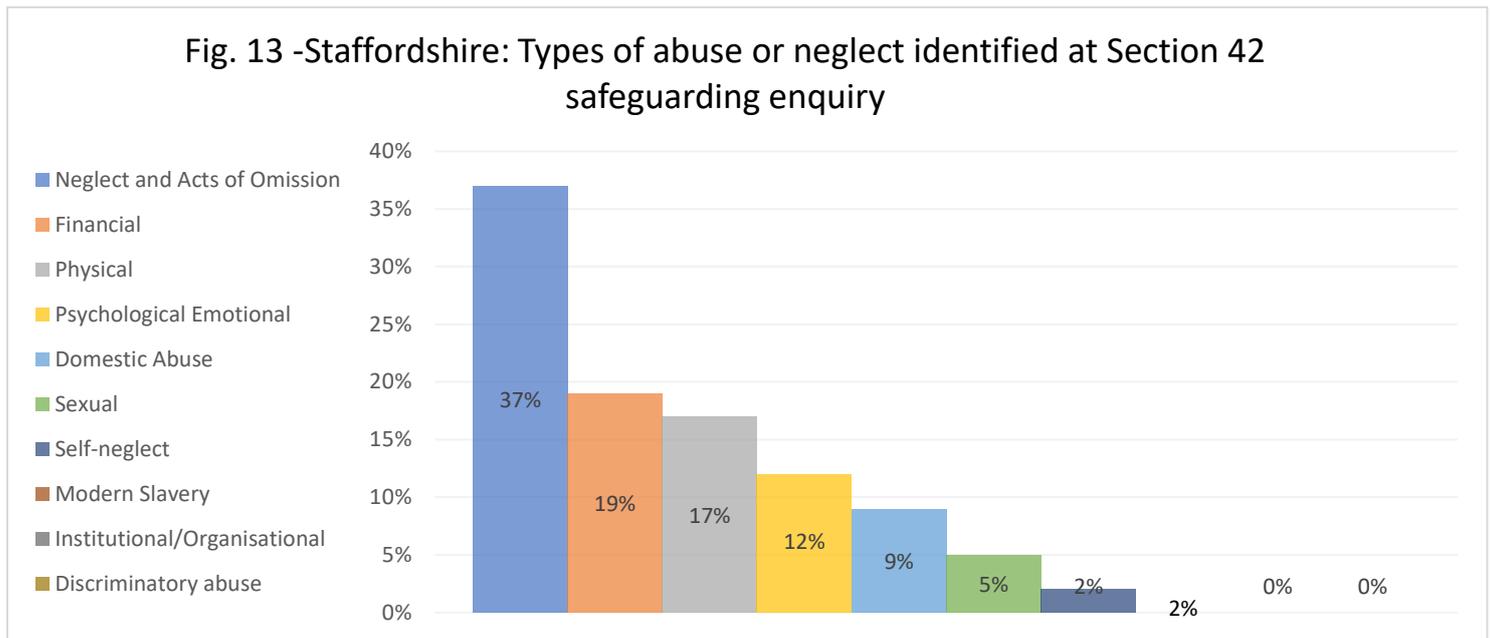


Stoke on Trent

Physical support similarly represents the largest proportion of primary support reasons recorded in Stoke on Trent at 39%, followed by learning disability support with 24%, which remains at the same percentage as last year. Mental health support accounts for 12% which remains at a similar level to last year.

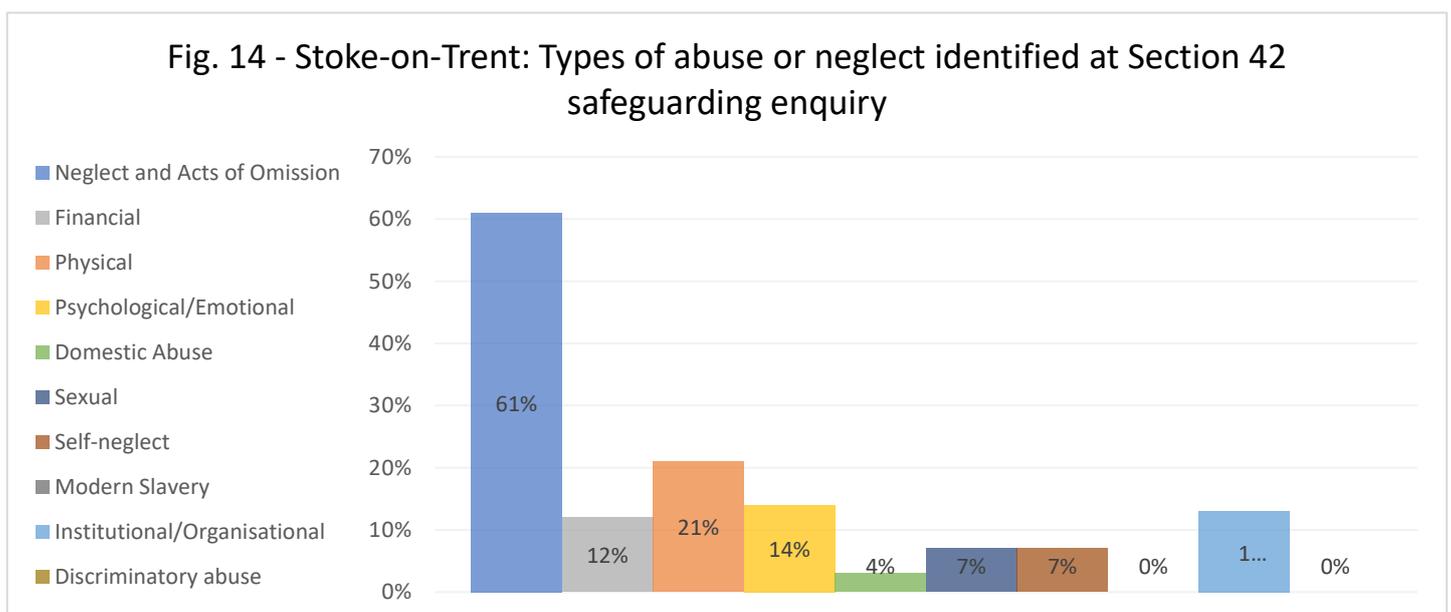
Types of Harm or Abuse identified at Section 42 safeguarding enquiry

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



Staffordshire

Neglect and Acts of Omission/Physical harm/financial abuse continue to be the most frequent types of harm and abuse identified for Section 42 safeguarding enquiries in Staffordshire, together accounting for 73% of all harm/abuse recorded. Neglect and acts of omission show a slight increase from last year; whilst financial abuse has increased (by 4%) in 2021/22. There has been a significant decrease in recognition of Organisational abuse which has decreased from 7% to 0%. This may be related to the fact that there is only one type of abuse that can be recorded. Organisational abuse has been the subject of an audit by the Audit and Assurance subgroup. The Board has been given assurances that practitioners in contact centres know and recognise organisational abuse and are able to record this appropriately. The contact centre record what type of abuse the referrer believes the abuse to be. Practitioners have access to guidance as to what constitutes organisational abuse and this is confirmed at the decision making stage.

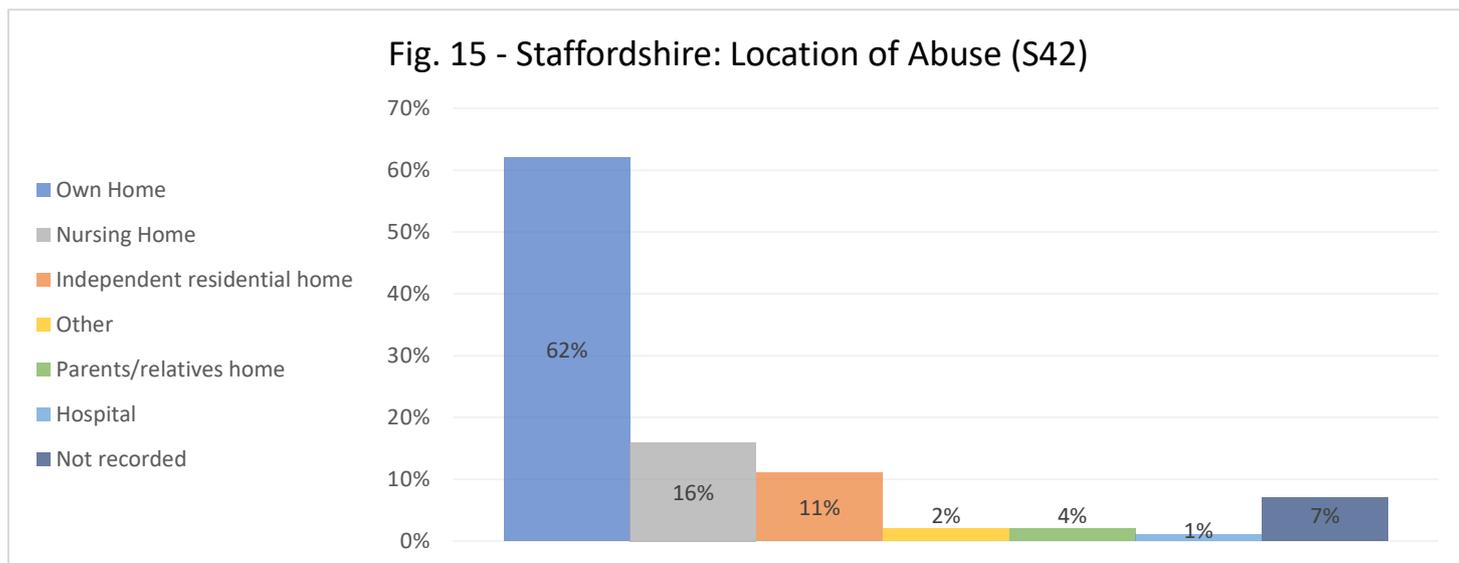


Stoke-on-Trent

The percentage of neglect and acts of omission cases has increased from 58% in 2020/21 to 61%. Physical abuse has increased by 7% (from 14% last year) and financial abuse has decreased by 14% (from 26% last year). Self-neglect has increased from 2% to 7% reflecting in part an increased awareness amongst practitioners arising from the learning from the 'Andrew' SAR.

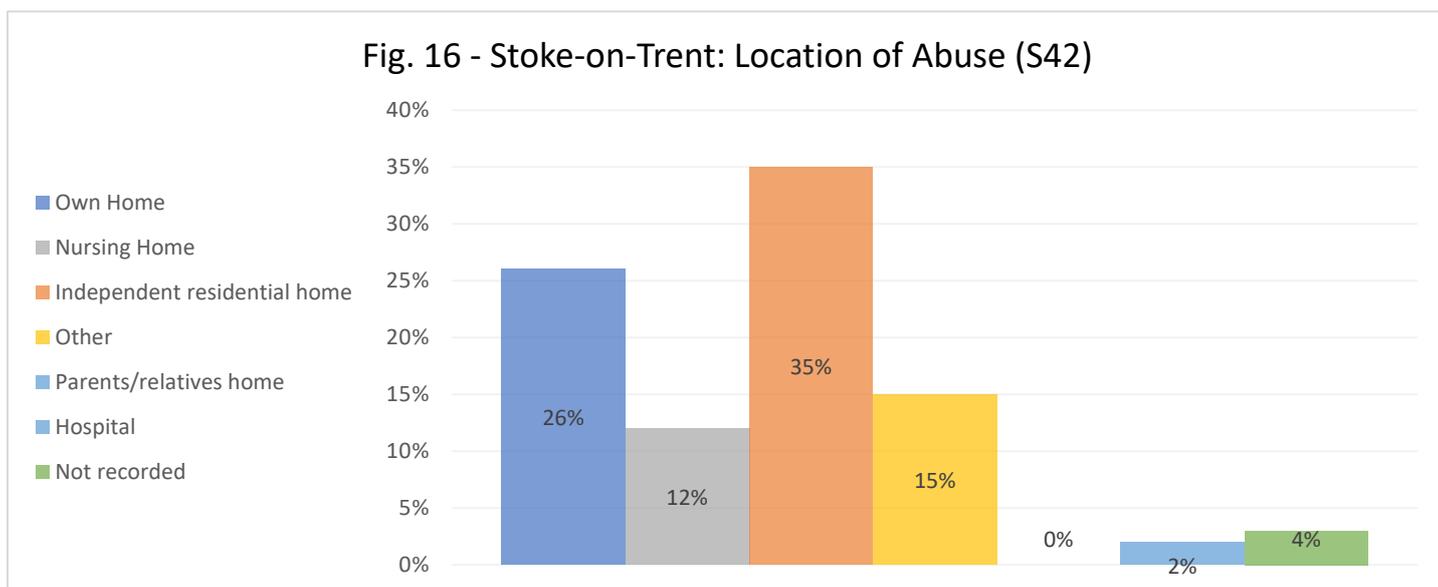
It should be noted that there can be relatively small numbers of adults in types of abuse which can cause a percentage change to appear more pronounced. In Stoke on Trent more than one type of abuse may be reported for a single case. The total cases are therefore more than 100%.

Location of abuse



Staffordshire

Of those people subject of Section 42 enquiries, the most common location of abuse or neglect was the person's own home (62%). The next most common locations in Staffordshire were nursing homes (16%) an increase of 5% from 2020/21 and independent residential homes (11%) which is similar to last year.



Stoke on Trent

The most prevalent location of abuse in Stoke on Trent is in an independent residential home (35%) followed by the person's own home (26%) and Nursing Home (12%). There has been a decrease in Abuse in the person's own home by 11% from last year and an increase of abuse reported in Independent Residential homes by 11%.

Through audit it has been identified that some practitioners record a care home as a person's own home

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.

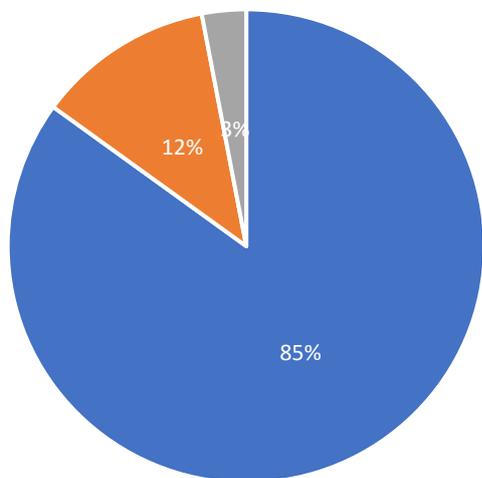
Staffordshire: Repeat referrals have remained the same from last year at 19% and remained relatively stable for the past three years.

Stoke-on-Trent: The percentage of repeat referrals has decreased from 7% to 4% with 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.

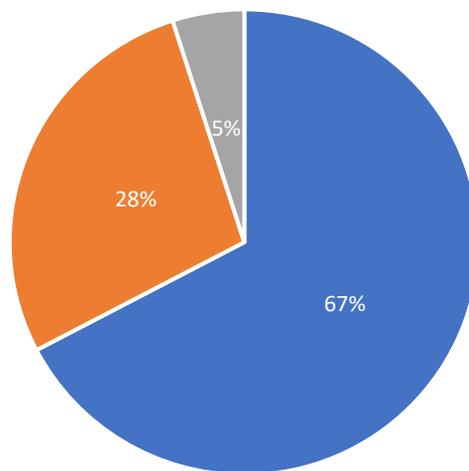
Number and proportion of people who were involved in a Section 42 enquiry whose expressed outcomes were met.

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

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.

In Staffordshire 67% of adults subject of a Section 42 enquiry provided a response to the question of whether their desired outcomes from the enquiry were either met in full, partially met or were not met. A total of

97% of adults responding stated that their desired outcomes were fully met or partially met. This is a slight reduction from 98% last year.

Stoke on Trent

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

In Stoke on Trent 44% of adults subject of a Section 42 enquiry provided a response. A total of 96% responding stated that their desired outcomes were fully met or partially met. This is a slight decrease from 98% last year.

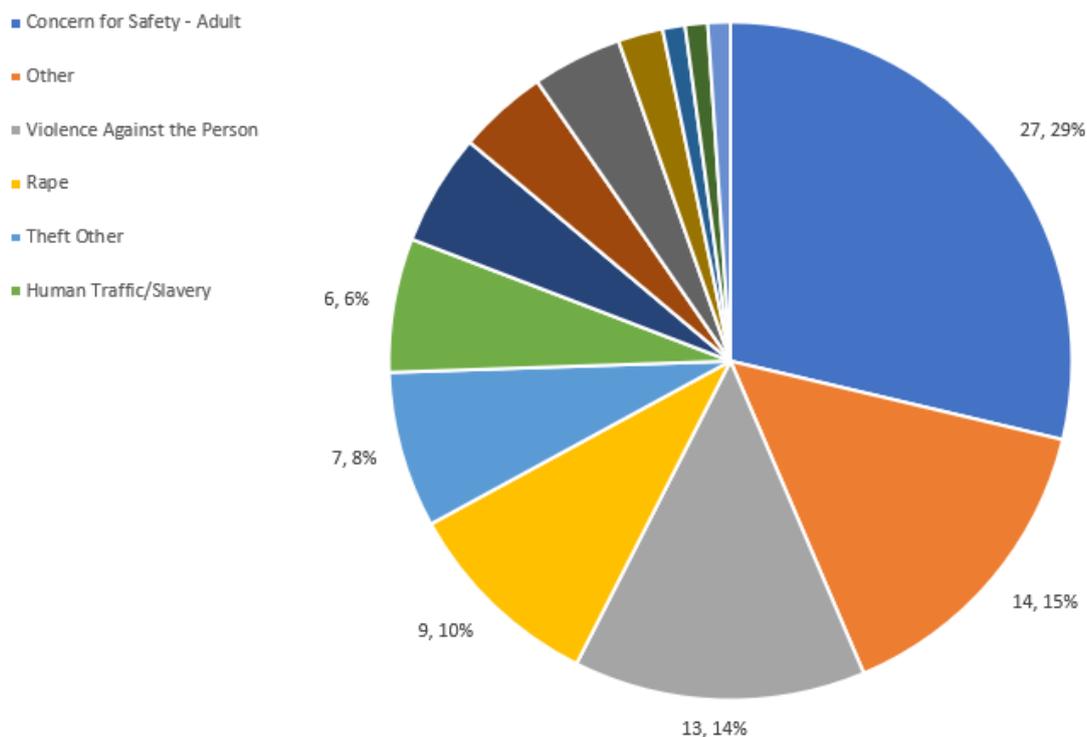
Report from Staffordshire Police and Adult Safeguarding Enquiry Team

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 (1st April 2021 to 31st March 2022)

Fig. 19 - Incident types



Incident Type	
Concern for safety - Adult	27
Other	14
Violence against the person	13
Rape	9
Theft other	7
Human Trafficking /Slavery	6
Administration	5
Fraud - Action Fraud	4
Sexual offences - Not Rape	4
Sudden Death	2
Concern for safety - Child	1
Fraud - Other/Forgery	1
Harass/Stalking	1
Total	94

In the last 12 months ASET has dealt with a lower proportion of non- recordable crime compared to the previous year. The proportion of violent offences such as common assaults have reduced. Sexual offences make up a higher proportion of the identified crimes.

Examples of investigations include: -

A 97-year-old female who was moved to a care home due to her granddaughter spending her money under Power of Attorney. Following an investigation, the granddaughter was charged with offences of Fraud. During the granddaughter’s trial at the Crown Court special measures were put in place to enable the grandmother to attend court via Video link from the care home where she was living. Despite their being a 5-year time gap in the matters being heard by the Crown Court and the grandmother having dementia, the grand daughter was found guilty of Fraud whilst being in a Position of Trust and was sentenced to imprisonment.

An investigation was conducted into a taxi driver and assistant following reported concerns of ill treatment of young adults with significant health and learning difficulties. The victims were not verbal and could not give any evidence for the offending. The main witness has severe learning

difficulties but gave evidence by video interview. Special measures contained within Section 28 of the Youth Justice and Criminal Evidence Act 1999 enabled the witness to give evidence in the best possible way without the ordeal to attend court. The taxi driver and assistant pleaded guilty to the charges at court and await sentence.

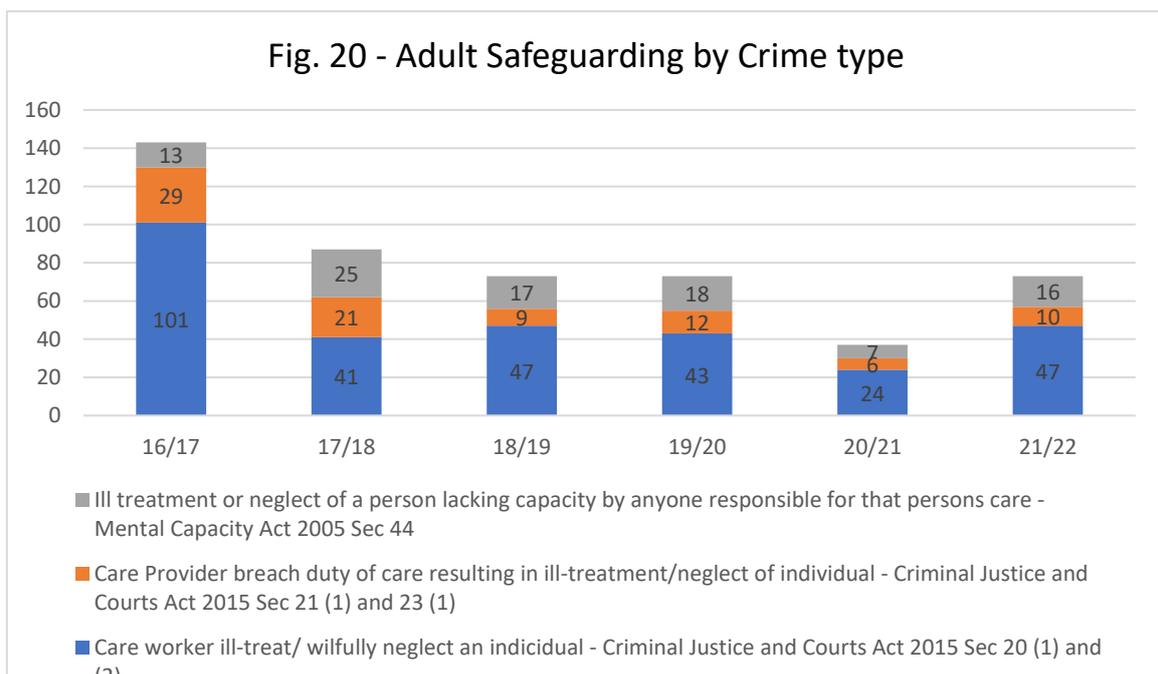


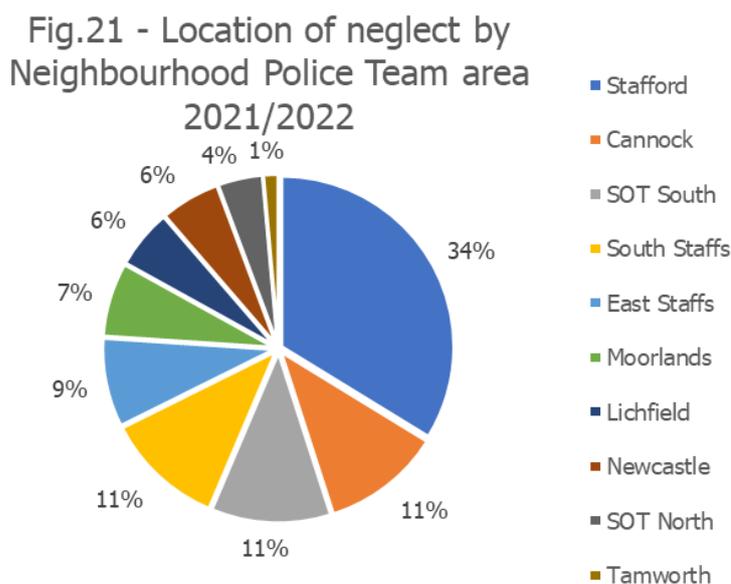
Figure 22 illustrates that there were a total of 73 offences reported for criminal investigation in the 12 months to 31 March 2022. The year is contrasted with previous years to indicate reporting rates over time.

From analysis of 2021/22 reports:

- Of the Neglect offences, there are 5 repeat victims in the last 12-months period; neither had been a victim in the previous 5 years.
- 4 out of the 5 offences against the repeat victims were committed at the same location.
- 2 repeat offenders are linked to the same 3 crimes.
- There are 5 repeat locations in the last 12-month period. These are at 4 care homes; 1 residential address.
- There are 9 locations that had 1 offence in the last 12-month period as well as other Adult Safeguarding offences in the previous 5 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 2 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	£120,034 <i>note (i)</i>
	Consultant fees	£5,750
	Training resources	£4,500
	Website costs	£2,500
	Insurance	£2,368
	TOTAL:	£135,152

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

9. APPENDICES

APPENDIX 1: BOARD PARTNERS

Statutory Partners as of 1st April 2021

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

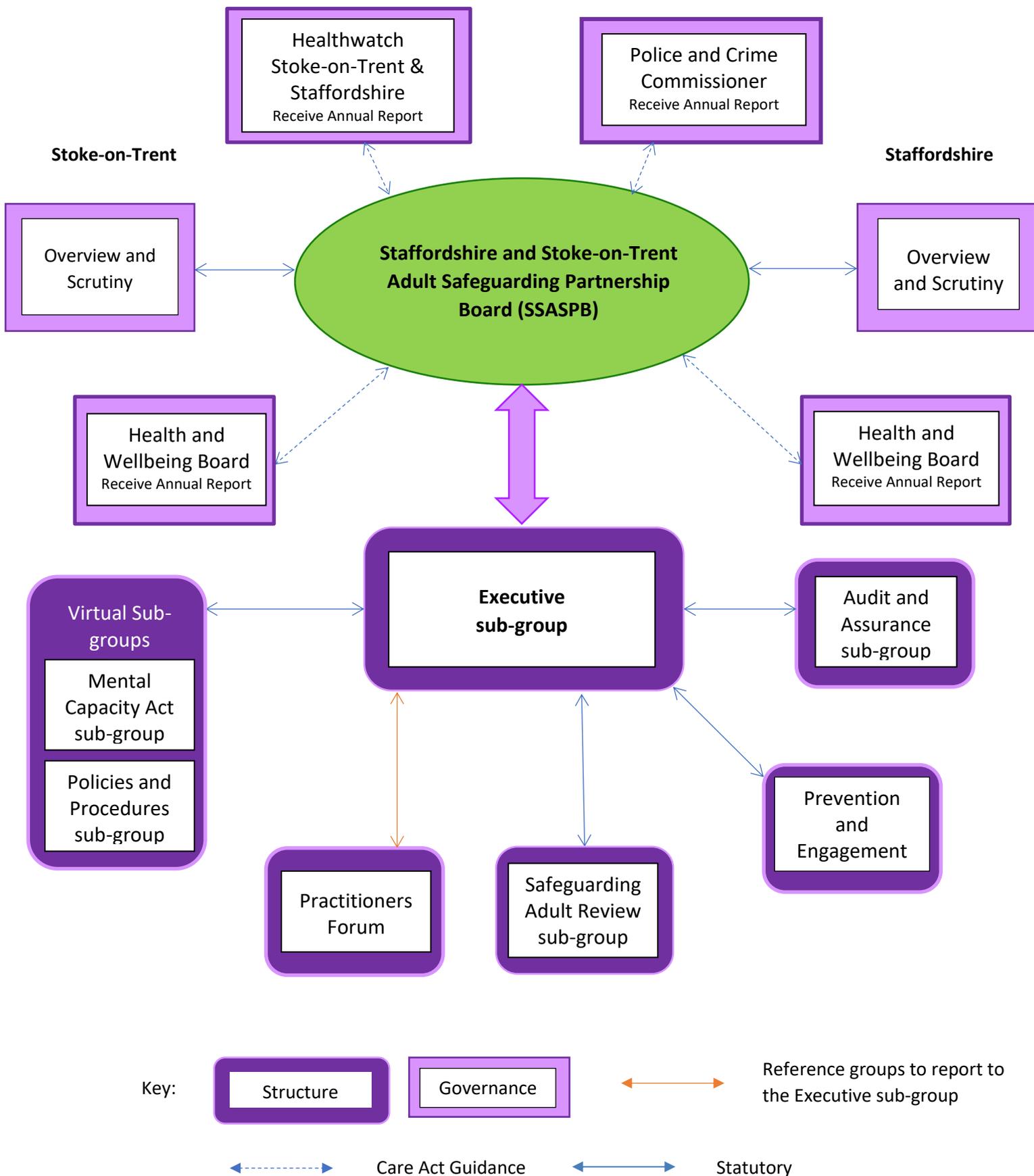
Extended Partnership as of 1st April 2021

- ASIST advocacy
- Brighter Futures
- Community Rehabilitation Company (CRCs) (Staffordshire and Stoke-on-Trent)
- Domestic Abuse Forum
- Domestic Abuse Providers Network (GLOW, Staffordshire Women's Aid)
- Healthwatch (Staffordshire and Stoke-on-Trent)
- Her Majesty's Prison Service (HMPS)
- Housing Plus
- 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)
- Your Housing Group
- West Midlands Ambulance Service (WMAS)

APPENDIX 2: GOVERNANCE STRUCTURE

From 1st April 2021

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
DoLS	Deprivation of Liberty Safeguards
GDPR	General Data Protection Regulation
HMIC	Her Majesty's Inspectorate of Constabulary
HMIP	Her Majesty's Inspectorate of Prisons
ICB	Integrated Care Board
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
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
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
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>

The page features decorative hexagonal patterns in purple and green. The purple pattern is on the left side, and the green pattern is on the right side. Both patterns consist of interconnected hexagons with white outlines.

'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 – 01 December 2022

Delivering the Armed Forces Covenant in Staffordshire

Recommendations

The Board is asked to:

- a. Note that: 'Provision of and access to Health' is a key priority within the Staffordshire Armed Forces Covenant Action Plan, and note the emerging Armed Forces Act (2021) focus on 'healthcare';
- b. Consider and endorse the suggested focus across partners, particularly around health and public health, including to:
 - i. Increase the number of 'veteran-friendly GP practices,' and the number of 'veteran-aware hospitals'
 - ii. Ensure our Armed Forces community are considered through future Joint Strategic Needs Assessment (helping to inform health and social care commissioning and wider decision making)
- c. Consider and reflect on any emerging joint opportunities to highlight, or further good practice to consider (i.e., practical initiatives to build on, expand, or accelerate);
- d. Support and inform the approach to raise awareness of the covenant (including to maximise promotion through County events and collaboration across partners) - advocating for our Armed Forces community

Background

National policy context and Staffordshire's current position

1. Staffordshire is home to MOD Stafford and the Defence Medical Service in Whittington, as well as a number of ex-service personnel / families.
2. In operation since 2011 the Armed Forces Covenant is a promise by the nation ensuring those who serve or who have served in the armed forces and their families are treated fairly. Every Local Authority has signed a 'local Covenant.' This focusses on helping all members of the Armed Forces community have the same access to government and commercial services as any other citizen does, by:
 - a. Recognising the unique obligations of, and sacrifices made by, the Armed Forces

- b. That it is desirable to remove disadvantages faced by the Armed Forces community
 - c. That special provision for some members of the Armed Forces community may be justified
3. Support is provided in a number of areas, including healthcare, education and starting a new career.
 4. The Armed Forces Covenant Fund is a fund administered by the Armed Forces Covenant Fund Trust supporting national and local Covenant delivery.
 5. The Armed Forces Act 2021 became law in December 2021. This renews the Armed Forces Act 2006 (see Appendix 1 for further detail).
 6. Staffordshire County Council, along with military leaders, District/Borough councils, NHS, Police, Fire and VCSE representatives formally signed its first Covenant in May 2012. A Partnership Working Group was established, and an action plan drawn up. In 2015, as additional Signal Regiments were welcomed from Germany, Staffordshire County Council along with health partners were commended for the resettlement process, and the County Council along with partners reaffirmed commitment by re-signing the Covenant.
 7. The refreshed 'Staffordshire Armed Forces Covenant Partnership Group' was brought together in July 2022. Chaired by Assistant Director for Communications, Staffordshire County Council, this Group has shaped the 'Partnership Action Plan' (see Appendix 1 for further detail), and will also be responsible for driving delivery, and an annual review.

Objectives for the Staffordshire Armed Forces Covenant

8. In summary the (2022-23) Armed Forces Covenant objectives are:
 - a. To re-establish the Staffordshire Armed Forces Covenant Partnership Group (Chaired by Assistant Director for Communications, Staffordshire County Council), and develop a strengthened and refreshed approach to delivery and coordination.
 - b. To build on practical action and support for Armed Forces community – developing this further with partners and to cut across and inform the below priority areas.
 - c. Focus on four key partnership priority areas (see Appendix 1 for further detail):
 - i. Insight / Data, and Information, Advice and Guidance
 - ii. Provision of and Access to Health
 - iii. Armed Forces Legislation

iv. Promotion and Awareness of the Covenant / Advocacy

9. The Board's further feedback on the recommendations above, and consideration of this all, will further inform opportunities and delivery across the Armed Forces Covenant Partnership Action Plan.

List of Background Documents/Appendices:

Appendix 1 – Delivering the Armed Forces Covenant in Staffordshire

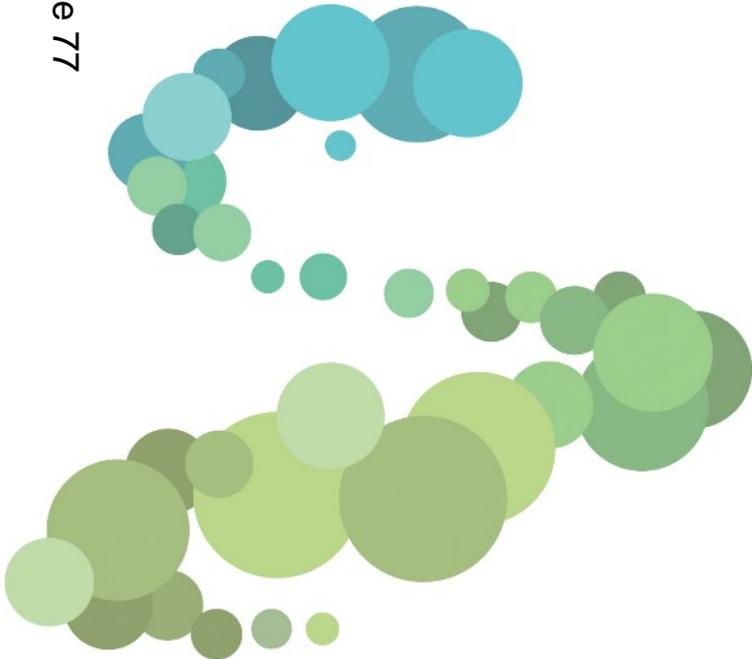
Contact Details

Report Author: Cristian Marcucci, Assistant Director for Communications
Telephone No: 01785 895531
Email Address: Cristian.Marcucci@staffordshire.gov.uk

Delivering the Armed Forces Covenant in Staffordshire

Cristian Marcucci, Assistant Director for
Communications, Staffordshire County Council / Chair,
Staffordshire Armed Forces Covenant Partnership Group

Page 77



What is the Armed Forces Covenant?

- Promise by the nation ensuring those who serve / have served and their families, are treated fairly
- Focusses on helping all members of the Armed Forces community have the same access to government and commercial services as any other citizen does, by:
 - Recognising the unique obligations of, and sacrifices made by, the Armed Forces
 - That it is desirable to remove disadvantages faced by the Armed Forces community
 - That special provision for some members of the Armed Forces community may be justified
- Support is provided in a number of areas, including: healthcare, education and starting a new career
- The Armed Forces Act 2021 will further incorporate the Covenant into law (expected to come into force later this year)

The Armed Forces Covenant in Staffordshire

- The Staffordshire Armed Forces Covenant was first signed in 2012
- Staffordshire is home to MOD Stafford and the Defence Medical Service in Whittington
- 1,000+ military personnel and their families moved to Stafford from Germany – Staffordshire County Council along with health partners were commended for the resettlement process in 2015
- The Staffordshire Armed Forces Covenant Partnership brings together key partners and the armed forces to work with, help and support current and former service personnel and their families in the local area
- The partnership ensures the principles of the Covenant are upheld locally through priorities based upon local and national insight with a clear focus on practically supporting the Armed Forces community through delivery of a Partnership Action Plan

The Armed Forces Act 2021

- Act received Royal Assent in December 2021 / new duty comes into force in late 2022 (Renews Armed Forces Act 2006 - this time further incorporates Armed Forces Covenant into law)
- Aims to increase awareness among public service authorities of the Armed Forces Covenant and the unique obligations and circumstances of Armed Forces community – ultimately to improve public service delivery
- Public authorities will be *expected* to consciously consider the Covenant when developing, delivering and reviewing policies and decisions which may impact the Armed Forces Community
- Key areas of focus for new duty – healthcare, housing, and education
- Staffordshire County Council have helped influence and shape national guidance, working with the West Midlands Armed Forces Covenant Network
- Work also underway to understand and prepare for implications - It will be important to ensure consideration of this more broadly across wider partners

Staffordshire Armed Forces Covenant (AFC) Action Plan - 2022 / 23

- Builds on the success of Armed Forces Covenant delivery in Staffordshire to date
- Recognising, supporting and integrating Armed Forces community as an integral part of Staffordshire society is essential - and underpins this all. Working closely across the partnership there is significant opportunity to:
 1. Support our Armed Forces community to explain what they do and why on behalf of the Country; and
 2. Enable former service personnel to enjoy full and rewarding careers and lives with their families after their service

Staffordshire Armed Forces Covenant (AFC) Action Plan: 2022 / 23

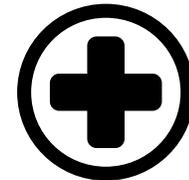
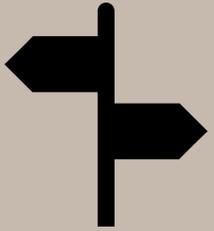
Building on the success of delivery to date, this sets out how we will ensure the principles of the Covenant are upheld locally through priorities based upon local and national insight

Page 82



INSIGHT / DATA AND INFORMATION, ADVICE & GUIDANCE

Understanding key issues / needs and working across partners to ensure support is easily accessible



PROVISION OF & ACCESS TO HEALTH

Working across partners to ensure appropriate care and treatment is available, accessible taking account of the specific Armed Forces community needs

ARMED FORCES ACT 2021

Ensuring the principles of the Armed Forces Covenant are fully considered and informing decision making



PROMOTION & AWARENESS OF THE COVENANT / ADVOCACY

Raising awareness / increasing support of organisations, businesses and individuals for the important mutual support between our civilian and Armed Force communities

Insight / Data, and Information, Advice and Guidance (IAG)

- Gain a greater and more granular insight of Staffordshire local Armed Forces community, including:
 - Veterans Gateway data
 - Armed Forces Census 2021 data
 - Any other available Armed Forces community insights
- Identify key national and local organisations who support the Armed Forces community to inform IAG approach
- Review and update Staffordshire Armed Forces Covenant webpages
- Review and Improve signposting for Armed Forces community (for example through Staffordshire Connects)
- Explore opportunities to build on Enhanced Two-Tier working and explore a consistent 'Staffordshire Offer' for our Armed Forces community

Provision of and Access to Health

- Explore and identify opportunities with health partners, to ensure the right care and treatment is available to the Armed Forces community, and take account of specific needs (as part of the developing Integrated Care System). For example through:
 - increasing the number of veteran-friendly GP practices
 - increasing the number of veteran-aware hospitals
 - encouraging veterans to register with their GP /identify themselves as a veteran
 - exploring how to further encourage GPs use of the 'veteran status' read code
- Ensure our Armed Forces community are considered/ engaged through the Joint Strategic Needs Assessment, helping to inform health and social care commissioning / wider decision making
- Explore further ways to promote health and well-being information, support and services to the Armed Forces community (for example through Staffordshire Connects and online directory/ Community Helplines etc)

Armed Forces Legislation

- Promote/communicate MOD Armed Forces Act 2021 guidance/online resources across networks
- Work across public sector partners to ensure relevant decision making considers key policy areas. To include:
 - Healthcare: engage with health partners to ensure implications/best practice is considered alongside developing Integrated Care System / healthcare provision
 - Housing: consider implications/best practice alongside exploring a consistent Staffordshire offer around housing policy/support
 - Education: consider implications/best practice, alongside Staffordshire's Education and Skills Strategy and MOD Local Authority Partnership (SEND transition)
- Review wider decision-making practices to enable consideration of the Act/Armed Forces community, for example, through relevant Impact Assessments

Promotion and Awareness of the Covenant / Advocacy

- Promote 'Armed Forces Covenant Fund' programmes to organisations and support eligible bids that can aid local delivery of the Covenant
- Promote and expand recruitment / employment opportunities, recognising the transferable skills and experience of ex-service personnel
- Support the Army Cadets' young persons' scheme, including:
 - Staffordshire County Council support to build a network of partners that can identify children who may benefit from joining
 - Promote Army Cadets to Children and Young People services staff , to identify children who may be more vulnerable and would benefit from Army Cadets support / engagement
- Celebrate and promote recognition and remembrance of Armed Forces community
- Adopt and promote emerging new Armed Forces Covenant e-learning modules to partners

Recommendations/ discussion points

The Board is asked to:

- a. Note : 'Provision of and access to Health' is a key priority within the Action Plan, and note the emerging Armed Forces Act (2021) focus on 'healthcare'
- b. Consider and endorse the suggested action plan focus across partners, particularly around health and public health, including to:
 - Increase the number of 'veteran-friendly GP practices' and the number of 'veteran-aware hospitals'
 - Ensure our Armed Forces community are considered through the Joint Strategic Needs Assessment, helping to inform health and social care commissioning and wider decision making
- c. Consider and reflect on any emerging joint opportunities for the Board to highlight, or further good practice to consider (i.e. practical initiatives to build on, expand or accelerate)?
- d. Support and inform the approach to raise awareness of the covenant (including to maximise promotion through County events and collaboration across partners), advocating for our Armed Forces community

Views from the ground: 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 up to 20 Safe and Well home visits to examine interactions, level of engagement and opportunities for mental health inquiries.
- 2) Interview 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 20 Fire and Rescue Service staff to explore attitudes and beliefs about home visits, mental health and training needs.
- 4) Interview 20 Health and Social Care stakeholders (inc. social workers, IAPT/wellbeing services, secondary care, third sector, and public health) to understand the service landscape and broader acceptability of expanding Safe and Well visits.

Data we gather will be analysed and written up and publicised. Key findings will inform discussion at a mixed stakeholder consultation event in February 2023 to develop a blueprint for a training intervention for FRS and future research.

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.

Contact: Dr Tom Kingstone t.kingstone@keele.ac.uk; Tamsin Fisher t.e.fisher1@keele.ac.uk;

Website:

<https://www.keele.ac.uk/research/researchthemes/medicine/primarycareresearchthemes/mentalhealth/fireside/>

Key learning so far...

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. Some HSC stakeholders admitted utilising the SFRS to help engage with service users who would otherwise not engage.

Quite often, we'll arrange to go with them to help facilitate access as well because we can have resistance as well in relation to our involvement and other professional involvement. [HSC01]

We asked HSC stakeholders if it would be acceptable for SFRS to support the detection and signposting of anxiety and depression in older adults, almost all HSC stakeholders agreed. Some even stated that it was not a matter of being acceptable, but expected:

I think there should be an expectation that there should be a push around mental health [HSC03]

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. HSC stakeholders also emphasized the need for SFRS to receive appropriate training.

HSC stakeholders mostly felt that GPs were an appropriate HCP if the FRS had concerns about a service user. Access and Mental Health teams also agreed that they too might be able to support. Most services agreed that they would always be able to make space for a potential increase in referrals to support people who needed it.

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

We have been delighted to be involved in this project. We hope the learning outcomes will have a positive impact on both the communities of Staffordshire and Stoke on Trent and for our people who visit people as part of either a Home Fire Safety Visit or as part on an operational incident. Helping people during difficult times with particular regard to their mental wellbeing and subsequently sign-posting them for support is a very positive move and demonstrates the importance of partnership working.

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.

HSC stakeholders agree that SFRS could be better utilised to support the detection and signposting of anxiety and depression in older adults with the appropriate training and support. HSC stakeholders recognised that SFRS are a respected and trusted organisation among the public. The research is ongoing. Future interviews with older adults will help us to better understand the way that FRS is perceived by their service users and whether they would support the expansion of the Safe and Well visits.

Findings from a stakeholder workshop to be held in February 2023 will inform future research and intervention development and testing.

Ongoing analysis has prompted a question in parliament (MP Sir George Howarth) and engagement with the NFCC.

Contact: Dr Tom Kingstone t.kingstone@keele.ac.uk; Tamsin Fisher t.e.fisher1@keele.ac.uk;

Website:

<https://www.keele.ac.uk/research/researchthemes/medicine/primarycareresearchthemes/mentalhealth/fireside/>

Staffordshire Health and Wellbeing Board – 01 December 2022

2021 Census Briefing

Recommendations

The Board is asked to:

- a. Note the contents of the report.
- b. Note the contents of the background briefing note.
- c. Support a more in-depth investigation of the potential issues raised as the focus of this year's DPH Annual Report.

Background

1. The 2021 National Census took place on the 21st of March 2021. The Office for National Statistics (ONS) published the first of a series of data outputs in late June 2022 which contained high level population information. This report, and associated background briefing note, contains key messages from this release for Staffordshire.

Census Results

2. Since the last census in 2011, Staffordshire's population has grown by 3.3% - just under 28,000 additional residents:
 - a. The number of children and young people (aged 0-19) has reduced by around 3.5% – around 7,000 fewer residents.
 - b. The working aged population (aged 20-64) has remained fairly stable, reducing by less than 1% - just under 3,000 fewer residents.
 - c. The trend of population ageing has however continued, with numbers aged 65-79 increasing by 22% and those 80+ increasing by 27% - over 37,000 additional residents aged 65+ in total.

Future Population Projections

3. Projections by the Office for National Statistics (ONS) suggest that Staffordshire's working aged population (aged 20-64) will remain fairly stable to 2041 with just a slight increase of 0.7%.
4. Projections however suggest that the trend of population ageing in Staffordshire will continue; with numbers aged 65-79 and 80+ projected to increase by a further 19% and 62% respectively by 2041.

Implications

5. The increasing older population, combined with a fairly stable working aged population, may have implications for the provision of informal and unpaid care.
6. An ageing population has increased demand for NHS and Adult Social Care services. In addition, the number of working aged adults, the pool from which the health and care workforce is drawn, has fallen slightly (0.6%). This has led to growing difficulties with recruitment and retention in all sectors, including health and care, especially in the face of increasing demand.
7. If the ageing population can be encouraged to plan for their later years and live a healthy life, so that their additional years in retirement are in good health, the demand on public services may not be as great. We need to consider how we can encourage residents to take greater care of themselves and each other as they approach their sixties and beyond. We will also need to consider different ways of providing health and care services using new technologies, so that they are less reliant on a dwindling workforce.
8. The older age group also provide many positive benefits to society such as supporting working aged families with caring responsibilities and volunteering and contributing to their local communities. An increase in numbers in this age group could therefore also bring positive impacts on the local area.

List of Background Documents/Appendices:

Appendix 1 - Census 2021 Briefing Note

Contact Details

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

Report Author: Louise Goodwin, Research Manager

Telephone No: 01785 278912

Email Address: louise.goodwin@staffordshire.gov.uk



Census 2021 - Staffordshire's Population



Key Headlines

- On Census Day, 21 March 2021, the size of the resident population in Staffordshire was 876,100.
- Staffordshire's population had grown by 3.3% since the last census in 2011, equating to just under 28,000 additional residents - a smaller increase than seen across England and Wales (6.3%).
- Six districts and boroughs saw their population grow, with the highest growth in East Staffordshire, which increased by 9.2% from 2011. Conversely Staffordshire Moorlands and Newcastle each saw a small decline of under 2%.
- The trend of population ageing in Staffordshire has continued, with those aged 65-79 increasing by 22.5% from just over 117,000 in 2011 to 143,400 in 2021, and those aged 80+ increasing by 27.4%, from just under 40,000 in 2011 to nearly 51,000 in 2021.
- An ageing population has increased demand for NHS and Adult Social Care services. Older people are more likely to develop chronic conditions with multiple morbidities, and over the last decade we have seen increasing numbers with conditions such as diabetes, chronic obstructive pulmonary disease and dementia, increasing demand for NHS and adult social care services.
- The ratio of working aged adults to pension aged adults has declined from 3.2 to 1 in 2011, to 2.6 to 1 in 2021. Whilst the demand for NHS and adult social care services has been rising, the pool of working aged adults from which the health and care workforce is drawn has fallen slightly (0.6% reduction). This has led to growing difficulties with recruitment and retention in all sectors, including health and care, especially in the face of increasing demand.
- The increasing ageing population is projected to continue; the Office for National Statistics suggest that by 2041 the number of 65-79-year-olds in Staffordshire will have increased by a further 18.8% and the 80+ population by a further 62.4%. The working age population over the same period is projected to remain fairly stable (0.7% increase), however due to the large increase in the older population, the ratio of working age to pension age adults is expected to be just 2 to 1 by 2041. Planning for the future will be key, considering how we can encourage residents to take greater care of themselves and each other as they approach their 60s and beyond to reduce demand for health and care services.

Introduction

Census Day took place on the 21st March 2021, with results providing a detailed snapshot of the population and its characteristics at a point in time. This first release of data, on 28th June 2022, provided household and population estimates by age and gender, for England and Wales and local authorities.

Methodology and Response Rate

Census 2021 was the first digital-by-default census in the UK, and achieved an overall response rate of 97%, exceeding the target of 94%. All districts and boroughs achieved a response rate of between 97% and 99%, with an overall response of 98% for Staffordshire.

The Office of National Statistics (ONS) took a flexible approach to data collection to enable them to respond to changing circumstances, such as the coronavirus (COVID-19) pandemic. Their data quality control validation strategies helped to detect and resolve any issues, and for the first time, local government organisations were asked to help assess the data before publication, with Staffordshire County Council participating in this process.

ONS has recognised the challenge of undertaking the 2021 Census during the Coronavirus Pandemic, with Census Day (21st March) coming at a time when Covid restrictions were still in place across the country. ONS advises that for most of the population, this would not have affected where they consider themselves resident; however, there is potential for some 'distortion' such as some students and those in urban areas recording changes to where they lived, either on a temporary or a permanent basis.



Results

The resident population of Staffordshire increased by 3.3% over the last 10 years to 876,100. This is a smaller increase than across England and Wales as a whole, where the population increased by 6.3% to 59,597,300.

Across Staffordshire's districts and boroughs, the largest increases were recorded in East Staffordshire (an increase of 9.2%, equal to over 10,000 additional residents) and Lichfield (an increase of 5.7%, equal to just under 6,000 additional residents). Population fell in both Staffordshire Moorlands (a 1.3% fall, equal to over 1,000 residents) and Newcastle-under-Lyme (a 0.5% fall, equal to just under 600 residents).

Figure 1 - Population of Staffordshire by district 2021, including comparison with results from the previous Census.

District/Borough	2021	2011	Change	% Change
Cannock Chase	100,500	97,462	3,038	3.1%
East Staffordshire	124,000	113,583	10,417	9.2%
Lichfield	106,400	100,654	5,746	5.7%
Newcastle-under-Lyme	123,300	123,871	-571	-0.5%
South Staffordshire	110,500	108,131	2,369	2.2%
Stafford	136,800	130,869	5,931	4.5%
Staffordshire Moorlands	95,800	97,106	-1,306	-1.3%
Tamworth	78,600	76,813	1,787	2.3%
Staffordshire	876,100	848,489	27,611	3.3%

Please note: District/borough figures for 2021 do not sum to the Staffordshire total. This is because ONS figures are rounded to the nearest hundred for each individual area.

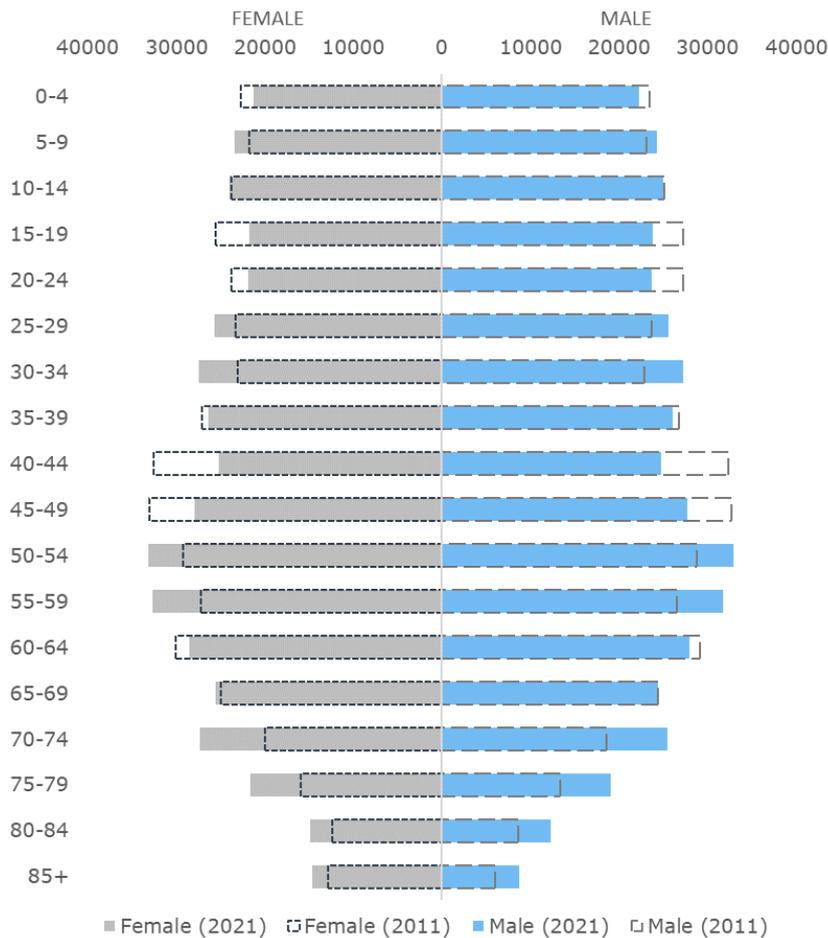
The increase in population in Staffordshire since the 2011 census is predominantly due to an ageing population, with the number of residents aged 65 or over increasing by around 37,000 (23.7%)

Conversely, there has been an overall reduction of around 7,000 (3.5%) children and young people (aged 0-19). However, within this age band there is some variation; the 5-9s have increased by 3,000 (6.6%), whereas the older 15-19 age group has fallen by 7,000 (13.6%).

The following chart highlights the change in population across Staffordshire within five-year age bands.



Figure 2 – Change in population of Staffordshire by gender and five-year age band



The change in population by age group shows some very different patterns across each of Staffordshire’s districts (Figure 3). For example overall, the number of residents in the 5-19 age group has decreased by 3%, however this ranges from an increase of just over 7% in East Staffordshire to a decrease of just short of 10% in South Staffordshire.

East Staffordshire also records one of the lowest increases in those aged 80 and over; just short of 19% compared to a high of almost 40% in Lichfield and a Staffordshire wide increase of over 27%.



Figure 3 – Change in population for Staffordshire’s Districts by broad age band

District/Borough	0-4	5-19	20-34	35-49	50-64	65-79	80+
Cannock Chase	▼ -4.6%	▼ -5.8%	▲ 7.0%	▼ -17.8%	▲ 17.1%	▲ 24.5%	▲ 24.6%
East Staffordshire	▼ 0.0%	▲ 7.2%	▲ 12.2%	▼ -5.0%	▲ 18.2%	▲ 21.4%	▲ 18.8%
Lichfield	▼ -1.6%	▼ -0.7%	▲ 10.7%	▼ -12.8%	▲ 9.3%	▲ 21.7%	▲ 39.5%
Newcastle-under-Lyme	▼ -8.1%	▼ -5.4%	▼ -0.8%	▼ -16.0%	▲ 5.1%	▲ 17.9%	▲ 20.7%
South Staffordshire	▲ 0.5%	▼ -9.9%	▲ 10.8%	▼ -18.9%	▲ 6.6%	▲ 19.6%	▲ 37.3%
Stafford	▼ -4.4%	▼ -0.6%	▲ 1.6%	▼ -11.6%	▲ 11.3%	▲ 24.1%	▲ 26.2%
Staffordshire Moorlands	▼ -12.2%	▼ -6.4%	▼ -0.9%	▼ -24.1%	▲ 4.0%	▲ 21.5%	▲ 26.1%
Tamworth	▼ -13.1%	▼ -2.3%	▲ 0.9%	▼ -10.3%	▲ 5.5%	▲ 34.6%	▲ 26.8%
Staffordshire	▼ -5.2%	▼ -3.0%	▲ 5.1%	▼ -14.5%	▲ 9.6%	▲ 22.5%	▲ 27.4%

Until more detailed Census 2021 results are released, figure 4 provides additional information on 20 to 64-year-olds, whom we are using as a proxy for the working aged population.

Overall, in Staffordshire, numbers in this age-group remained fairly stable between 2011 and 2021, falling by just 0.6%.

Although at County level, numbers in this age-group remained fairly stable, there was some variation at district/borough level. East Staffordshire saw a fairly large rise in the working aged population, whereas Newcastle-under-Lyme and Staffordshire Moorlands both experienced a fall in the working aged population. The remaining Staffordshire districts and boroughs all had a comparatively stable working aged population (aged 20-64 years) between 2011 and 2021.

Figure 4 – Working Aged Population by district 2021, including comparison with results from the previous Census.

District/Borough	2021	2011	Change	% Change
Cannock Chase	58,800	58,424	376	0.6%
East Staffordshire	72,200	67,016	5,184	7.7%
Lichfield	58,900	58,093	807	1.4%
Newcastle-under-Lyme	70,100	73,175	-3,075	-4.2%
South Staffordshire	61,500	62,647	-1,147	-1.8%
Stafford	77,000	76,952	48	0.1%
Staffordshire Moorlands	51,900	56,245	-4,345	-7.7%
Tamworth	45,700	46,485	-785	-1.7%
Staffordshire	496,200	499,037	-2,837	-0.6%

Office for National Statistics (ONS) projections for this age-group (Figure 5) suggest that numbers will fall by a further 0.4% between 2021 and 2031 but increase slightly by 0.7% over the period 2021 to 2041.



Figure 5 – Projected increase in the working aged (20-64) population from 2021

District/Borough	Age 20 - 64	
	2031	2041
Cannock Chase	2.6%	5.4%
East Staffordshire	0.6%	2.8%
Lichfield	-0.3%	1.2%
Newcastle-under-Lyme	1.1%	2.9%
South Staffordshire	-3.7%	-3.3%
Stafford	1.8%	4.3%
Staffordshire Moorlands	-3.4%	-5.1%
Tamworth	-4.8%	-6.4%
Grand Total	-0.4%	0.7%

Figure 6 provides additional detail on the 65-79 and 80+ age-groups; demonstrating how notable, both in terms of number and percentage, the increases in these two age groups are across our districts and boroughs.

Data suggests over 26,300 more 65–79-year-olds and over 10,900 more residents aged 80+ in 2021 compared to 2011. This ageing population has impacted, and may continue to impact on, demand for both NHS and Adult Social Care services, especially if life expectancy continues to increase but the years spent in good health do not.

Figure 6 – Elderly Population by district 2021, including comparison with results from the previous Census.

District/Borough	Age 65 - 79				Age 80 and above			
	2021	2011	Change	% Change	2021	2011	Change	% Change
Cannock Chase	14,600	11,725	2,875	24.5%	4,900	3,932	968	24.6%
East Staffordshire	17,100	14,082	3,018	21.4%	6,000	5,049	951	18.8%
Lichfield	18,900	15,524	3,376	21.7%	6,600	4,730	1,870	39.5%
Newcastle-under-Lyme	19,400	16,461	2,939	17.9%	7,300	6,047	1,253	20.7%
South Staffordshire	20,300	16,968	3,332	19.6%	7,600	5,537	2,063	37.3%
Stafford	23,000	18,540	4,460	24.1%	8,500	6,734	1,766	26.2%
Staffordshire Moorlands	18,500	15,226	3,274	21.5%	6,500	5,155	1,345	26.1%
Tamworth	11,500	8,542	2,958	34.6%	3,300	2,602	698	26.8%
Staffordshire	143,400	117,068	26,332	22.5%	50,700	39,786	10,914	27.4%

ONS projections for the future older population in Staffordshire (Figure 7) suggest that the trend for an increasingly ageing population is likely to continue. With the percentage of 65–79-year-olds, compared to 2021, projected to increase by almost 10% by 2031 and almost 19% by 2041. The increase is even more stark for those aged 80 and above; an almost 43% projected increase by 2031 and an over 62% increase by 2041 compared to 2021.



Figure 7 – Projected increase in the older population from 2021

District/Borough	Age 65 - 79		Age 80 and above	
	2031	2041	2031	2041
Cannock Chase	15.4%	29.9%	43.3%	67.7%
East Staffordshire	18.0%	31.4%	42.4%	72.8%
Lichfield	2.0%	9.5%	44.6%	57.3%
Newcastle-under-Lyme	8.1%	14.5%	36.2%	54.2%
South Staffordshire	9.6%	17.4%	38.1%	55.3%
Stafford	11.8%	24.0%	45.3%	67.3%
Staffordshire Moorlands	5.1%	12.5%	44.3%	57.3%
Tamworth	6.2%	9.9%	53.8%	76.1%
Grand Total	9.5%	18.8%	42.7%	62.4%

As illustrated, the elderly population has seen a sharp increase in numbers between 2011 and 2021 compared to fairly stable numbers in the working aged population. Consequently, the ratio of working aged adults to pension aged adults has declined - approaching one fewer working aged adult per pension aged adult, with the ratio now at 2.6 working aged adults to 1 pension aged adult compared to 3.2 to 1 in 2011.

Across Staffordshire’s districts and boroughs, it now varies from 3.1 working aged adults to 1 pension aged adult in East Staffordshire and Tamworth, to 2.2 to 1 in South Staffordshire and 2.1 to 1 in Staffordshire Moorlands.

Based on ONS population predictions, the ratio of working age to pension aged adults is going to decline further to 2.1 to 1 in 2031 and 2.0 to 1 in 2041.

This reduction in working aged adults to pension aged adults may have implications for the extent to which older adults are able to be supported by informal care outside of the care system. It also reduces the number of working aged adults per older person to work in health and care provision.

When released by the ONS, it will be important to look at information on the provision of unpaid care and consider the wider implications for the county and its residents.



Census 2021 - Future Data Releases

From November 2022 to February 2023, the ONS plans to release topic summaries in a staggered approach, with some data available below district and borough level. The following data, when released, will allow further analysis of the older population:

- Demography and Migration:
 - Resident age – population by single year of age will enable a more accurate calculation of the ratio of working age adults to pension age adults
 - Household family composition, including:
 - One person households aged 66 years and over
 - Single family households, all aged 66 and over
- Housing
 - All usual residents in communal establishments by age and gender
- General Health and Disability
 - Provision of unpaid care

The demography and migration summary is due for release in November 2022, whilst the housing and the general health and disability summaries are currently scheduled for January to February 2023.

Useful Links

The ONS data is available to explore and use now, with a number of helpful resources made publicly available.

- Access to the ONS data tables can be found [here](#).
- ONS Local Authority interactive guide is available [here](#).

For more information contact the Insight Team at:
insight.team@staffordshire.gov.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 Mark Sutton – Cabinet Member for Children and Young People, Chair

Councillor Julia Jessel – Cabinet Member for Health and Care, Vice-Chair

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
3 March 2022 PUBLIC BOARD MEETING	Healthier Ageing and Frailty Strategy Report Author – Prof Zafar Iqbal		
	Joint Health and Wellbeing Board Strategy Report Author – Claire McIver Board Sponsor – Dr Richard Harling	Sign-off of final version of the Joint Health and Wellbeing Board Strategy	
	Air Aware Project Report Author – Cath Stephenson	Detailed update following the presentation at the December 2021 Board meeting	
	Staffordshire Better Care Fund Report Author – Rosanne Cororan Board Sponsor – Dr Richard Harling	Sign-off of Better Care Fund return	
9 June 2022 PUBLIC BOARD MEETING	FireSide Project Report Author – Tamsin Fisher / Dr Tom Kingstone (Keele University)		

Date of Meeting	Item	Details	Discussion / Outcome
Page 103	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.	
8 September 2022 PUBLIC BOARD MEETING	Healthy Ageing CHWBB Sponsored Conference Report Author – Tilly Flanagan Board Sponsor – Dr Richard Harling		

Date of Meeting	Item	Details	Discussion / Outcome
	Better Care Fund Report Author – Rosanne Cororan Board Sponsor – Dr Richard Harling		
	Healthy Start Update Report Author – Natasha Moody Board Sponsor – Neelam Bhardwaja	Deferred from June 2022 meeting	
1 December 2022 PUBLIC BOARD MEETING Page 104	Maximising the role of the Health and Wellbeing Board: Forward Plan and Strategy Report Author – Jon Topham		
	Loneliness Strategy Report Author – Vicky Rowley Board Sponsor – Dr Richard Harling		
	SSASPB Annual Report Report Author – SSASPB		

Date of Meeting	Item	Details	Discussion / Outcome
Page 105	Learning Disability and Autism Board Sponsor – Dr Richard Harling Report Author – Karen Webb		
	Armed Forces Covenant Report Author – Cristian Marcucci / Amanda Dawson-Blower		
	FireSide Study Update Report Author – Tamsin Fisher		
	Mental Health Strategy Report Author – Jan Cartman-Frost / Upkar Jheeta		
	HWB Strategy Mental Health Update Report Author – Karen Coker		
	JSNA Update on Census Report Author – Wendy Tompson / Louise Goodwin		
2 March 2023 PUBLIC BOARD MEETING	Strategy Metrics Baseline Report Author – Louise Goodwin / Martin Dudgeon		

Date of Meeting	Item	Details	Discussion / Outcome
Page 106	Healthy Ageing Priority Progress Update Report Author – Tilly Flanagan / Zafar Iqbal		
	Integrated Care Strategy and Commissioning Intentions / ICP Strategy Report Author – Tracey Shewan		
	Better Care Fund Board Sponsor – Dr Richard Harling Report Author – Rosanne Cororan		
	Whole Life Disability and Neurodiversity Strategy Report Author – Nicola Day		