Staffordshire Health and Wellbeing Board

3.00 pm Thursday, 12 February 2015
Rudyard Room - No.1 Staffordshire Place

Our Vision for Staffordshire

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

We will achieve this vision through

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

A G E N D A

1. **Welcome and Routine Items**

   Chair

   - Apologies
   - Declarations of Interest
   - Minutes of Previous Meeting held on the 8 January 2015 (Pages 1 - 6)

2. **Questions from the public (15 minutes)**

FOR DECISION

3. **Pharmaceutical Needs Assessment (15 minutes)** (Pages 7 - 150)

   Professor Aliko Ahmed, Director of Public Health

FOR INFORMATION

4. **The Staffordshire and Stoke on Trent Adult Safeguarding Partnership Board Annual Report 2013/14** (Pages 151 - 196)

5. **Date of next meeting**

6. **Exclusion of the Public**

   The Chairman to move:-

7. **Exempt Minutes of the 8 January Meeting** (Pages 197 - 198)

Membership	
Dr Johnny McMahon (Co-Chair)	Cannock Chase CCG
Alan White (Co-Chair)	Staffordshire County Council (Cabinet Member for Health, Care and Wellbeing)
Ben Adams	Staffordshire County Council (Cabinet Member for Learning and Skills)
Professor Aliko Ahmed	Staffordshire County Council (Director of Public Health)
Dr. Ken Deacon	NHS England (Shropshire and Staffordshire Local Area Team)
Frank Finlay	District Borough Council Representative (North)
Dr. Tony Goodwin	District & Borough Council CEO Representative
Dr. Anne-Marie Houlder	Stafford and Surrounds CCG
Dr John James	South East Staffordshire and Seisdon Peninsula CCG
Mike Lawrence	Staffordshire County Council (Cabinet Member for Children and Community Safety)
Roger Lees	District Borough Council Representative (South)
Dr Charles Pidsley	East Staffordshire CCG
Eric Robinson	Staffordshire County Council (Deputy Chief Executive and Director for People)
ICC Jane Sawyers	Staffordshire Police
Jan Sensier	Healthwatch
Dr Mark Shapley	North Staffordshire CCG

Contact Officer: Duncan Whitehouse, (01785 276151),
Email: StaffsHWBB@staffordshire.gov.uk

Note for Members of the Press and Public

Filming of Meetings

The Open (public) section of this meeting may be filmed for live or later broadcasting or other use, and, if you are at the meeting, you may be filmed, and are deemed to have agreed to being filmed and to the use of the recording for broadcast and/or other purposes.

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 Health and Wellbeing Board Meeting held on 8 January 2015

Present:

Alan White (Co-Chair)	Eric Robinson
Prof. Aliko Ahmed	DCC Jane Sawyers
Dr. John James	Jan Sensier
Mike Lawrence	Dr Mark Shapley
Roger Lees	Andy Donald (Substitute)

Also in attendance: Chris Weiner, Andy Burns, Paula Furnival and Amanda Stringer

Apologies: Dr. Johnny McMahon, Dr. Ken Deacon, Frank Finlay, Dr. Tony Goodwin, Dr. Anne-Marie Houlder, Dr. Charles Pidsley, Stephen Brown, Tony Bruce, Rita Symons and Marcus Warnes

PART ONE

1. Declarations of Interest

There were none on this occasion.

a) Minutes of Previous Meeting

Jan Sensier identified outstanding actions in paragraph 61. It was agreed that these would be progressed.

RESOLVED – that;

- The minutes of the meeting held on the 9 October 2014 be confirmed and signed by the Chairman.
- The outcomes of national research in terms of NHS complaints to be presented at a future meeting.
- Progress is made regarding publicising Healthwatch in GP surgeries.

2. Questions from the public (15 minutes)

The following question was submitted:

"In light of the current difficulties experienced by local A & Es, does the Board understand the significant support informal family carers provide to those who are unable to care for themselves in preventing admissions to hospital, supporting discharge and future care in the community? If so, what impact does the Board feel will be the consequences of a 20% reduction in the funding available to carers to take a break from April 2015 onwards?"

In the discussion that followed:

- Board Members acknowledged the important role that carers have to play in the system in reducing Accident and Emergency admissions and enabling people to choose to stay at home.

- The importance of encouraging carers to help maintain their own health and to inform GPs that they are carers was referred to.
- It was suggested that the Board look at the role of carers as a collective rather than individual.
- The importance of preventing people needing to go to hospital in the first place and enabling swift discharge from hospital was referred to and the Board's role in influencing a shift to the left to keep people safe and at home.

RESOLVED: That –

- A formal written response to the question would be provided which would address the consequences of a 20% reduction in the funding available to carers to take a break.

3. Board Proposals (45 minutes)

Paula Furnival, Programme Director for the Board provided a summary of the discussions around the purpose of the Board. The overwhelming view was that the Board was in the right place to be the system leader for prevention, focussing on the whole population and influencing strategy and commissioning intentions to fit in with the Living Well Strategy. The Board will need to work across partnerships in Staffordshire, acting as the system leader for prevention. The Board Intelligence Group will be considering how to measure the impact on outcomes. People should be able to expect to receive the right level of support at the right time and services should be joined up. People should be as empowered as possible. The Board is interested in two key measures of success: the shifting of resources across the whole economy from high cost acute services to earlier intervention, prevention and universal support and, what the public tell the Board about their experiences with people having the confidence to manage their own lives with as little intervention as possible.

Key points in the discussion included;

- The importance of making sure that the Board's work programme is aligned with other areas and that all have a common work stream.
- The suggestion that there should be more consideration of the Board's role in holding others to account.
- That the prevention agenda is bigger than people realise. A lot of money is spent on encouraging people to be fit and live healthy lives. District Councils play a huge role in this.
- There is sufficient resource in the system but what is needed is better integration so that money can be spent more wisely.
- There needs to be a common understanding of what prevention is as all do this differently.
- There needs to be early intervention for those on the cusp of ill health.
- That the Board's role includes influencing co-commissioning and there are clear opportunities for this.
- That early intervention can be delivered in different ways. There needs to be an outcomes based approach to commissioning with providers.
- There is a need to do things that work on a bigger scale, across the county.

- There is a need for greater engagement of the Board with the Department for Work and Pensions.
- There has been progress in the Districts. Public Health now funds for example activities rather than obesity treatments.

RESOLVED – that:

- The Board affirmed its purpose as prevention, achieved by greater integration and the increased empowerment of people. This will be achieved through the closer working of all elements of the health and care system, and with districts/boroughs, police, fire, voluntary, community sectors to create the connectivity between where people end up being supported (e.g. hospital) and where they could be supported (at home, in a community setting).
- That the details of the work programme be designed over the coming weeks and outline what specific elements would contribute to an effective preventative approach.
- That the integrated commissioning workstream (of which there are eight) and the locality working programme be mapped for their ability to contribute to the prevention agenda.
- The Board affirms the work of the Intelligence Group to create a framework of measures of success which incorporate two fundamental elements: the shift in spend towards prevention, and the understanding of the experience of local people in being effectively supported to maximise their independence and control over their lives.

4. Locality Based Delivery Update (30 minutes)

Amanda Stringer, Programme Manager, Health and Wellbeing Board, introduced the report which provided an update for each locality setting out how the locality commissioning approach would be developed through to April 2015. A Strategic Locality Leads group has been established including representatives from all eight district and borough Councils in Staffordshire.

In the discussion that followed:

- It was acknowledged that the work of the Task and Finish Group had been challenging and Tony Goodwin was thanked for the progress made.
- It was acknowledged that money was going to District and Borough Councils for locality based commissioning and that this was probably the best way to discharge activities in the future.
- It was commented that although funding had gone to District and Borough Councils how to develop this further needed to be considered. There needed to be a degree of confidence about the way forward so that expertise and capacity could be built up to develop the work.
- There was need to reference the work undertaken in relation to the Better Care Fund in the report.
- It was commented that two Districts had not referred to the value of their commissioning prospectus however it was acknowledged that each District was doing things differently and there were different bodies putting money in.

RESOLVED: that-

- The closure of the task and finish group be approved and the role of the Strategic Locality Leads group moving forward noted.
- That each of the integrated commissioning themes consider the interface with localities and use the Strategic Locality Leads to initiate this conversation.

5. Chairs Update (10 minutes)

Alan White introduced the policy overview paper. He referred to the possible impact of the general election and asked for feedback from Board Members on the implications.

In the discussion it was commented that;

- The NHS had been re-arranged after every general election. Any changes would take time to implement. There was a focus on integration.
- The election could affect the Police more than ever before with the future of Police and Crime Commissioners in question.
- Patients would remain the same even if there was any change to the NHS infrastructure.
- There are also District and Borough Council elections in 2015.
- Progress was queried regarding the publication of the KPMG report and it was confirmed that an NHS England Composite was published on the 19 December 2014. It was commented that the Health and Wellbeing Board should be accountable to the public and needed to explain what it was doing and why. It was suggested that the Board should write and request that the report be published as work was already being undertaken which took into account the KPMG recommendations. It was commented that the report was never intended to be published and had been produced by Monitor and NHS England for their own purposes. Things had moved on and if it was published now it could prove unhelpful.

RESOLVED: that –

- The Board support Jan Sensier to write to NHS England on behalf of Healthwatch regarding the KPMG report.
- The implications of the recommendations within the KPMG report be taken into account in the Board's work programme planning.

6. Forward Plan (5 minutes)

Paula Furnival confirmed that the next meeting of the Board would need to be in public to consider the Pharmaceutical Needs Assessment, a private session may also be required.

Reference was made to the difficulties being experienced in parking in the centre of Stafford with queries raised regarding the possible use of alternative venues.

RESOLVED: that-

- A report on the national research in terms of NHS complaints be presented at a future meeting.
- That prevention would be the focus of the Board's work programme.
- There needed to be alignment with the Living Well Strategy.

7. Annual Report of the Staffordshire Safeguarding Children's Board

This item was for information only.

Resolved – that:

- The Board note the content of the report.
- A letter of thanks be sent to Jackie Carnell, Independent Chair of the Board before she steps down from the role, and her team.

8. Exclusion of the Public

RESOLVED- That the public be excluded from the meeting for the following item of business which involves the likely disclosure of exempt information as defined in the paragraph of Schedule 12A (as amended) of the Local Government Act 1972 as indicated.

9. Better Care Fund (50 minutes) (exemption paragraph 3)

Chairman

Documents referred to in these minutes as Schedules are not appended, but will be attached to the signed copy of the Minutes of the meeting. Copies, or specific information contained in them, may be available on request.

Topic:	**Pharmaceutical Needs Assessment**
Date:	**12 February 2015**
Board Member:	**Aliko Ahmed**
Authors:	**Chris Weiner, Consultant in Public Health** **Divya Patel, Senior Public Health Epidemiologist** **Matt Bentley, Public Health Analyst**
Report Type	**For decision**

1 Purpose of the report

1.1 The purpose of the report is to present members of the Health and Wellbeing Board the Staffordshire Pharmaceutical Needs Assessment (PNA).

1.2 The Board is asked to approve and sign-off the PNA so that it can be published by 1 April 2015.

2 Background

2.1 The PNA is one of the themed reports that form the Joint Strategic Needs Assessment (JSNA)

2.2 A PNA is a statement of pharmaceutical service needs for a specified population. The PNA looks at the current provision of pharmaceutical services across a defined area, makes an assessment to see whether this meets current and future population needs and identifies any potential gaps to service delivery.

2.3 The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to health and wellbeing boards (HWBs). Every HWB has a statutory responsibility to publish and keep up to date a PNA for the population in its area through supplementary statements.

2.4 The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations (2013 Regulations) states that HWBs must publish their first PNA by 1st April 2015. These should then be updated at least once every three years or before if there has been a significant change in either service need or provision. In addition, the HWB is required to keep up-to-date a map of provision of NHS pharmaceutical services within its area and publish any supplementary statements.

2.5 The PNA will be used:

- To identify areas where pharmacies can contribute to health and wellbeing priorities to improve population health and reduce health inequalities.
- As an evidence base for local commissioners to identify and commission services from community pharmacies as appropriate.
- By NHS England's area team to make decisions on any application for opening new pharmacies and dispensing appliance contractor premises or applications from current providers of pharmaceutical services to change their existing provision.

3 Summary of PNA consultation

3.1 The Regulations set out that when making an assessment for the purposes of publishing a pharmaceutical needs assessment each HWB must consult on the contents of the assessment it is making for a minimum period of 60 days.

3.2 The statutory consultation for Staffordshire's PNA took place between 13th October 2013 and 14 December 2014. This included key stakeholders and Staffordshire residents. In total there were 35 responses to the consultation document.

3.3 The number of respondents to the public facing section was relatively small to get a robust overview of pharmacy services in Staffordshire (24 responses). However based on these respondents:

- There was general awareness of essential pharmacy services such as dispensing, repeat prescriptions, disposal of unwanted medicines and general health and lifestyle advice. There was reasonable knowledge about provision of stop smoking services and medicines use review/specialist advice on new medicines. However respondents were less familiar with locally commissioned services such as sexual health services and substance misuse services.
- The majority of respondents felt that community pharmacies met their needs and were generally satisfied with provision with the main reasons being cited as opening hours, convenience and staff friendliness and knowledge. However where respondents were less satisfied it was generally around opening hours.
- Additional services that respondents felt they would like to see at their local pharmacy were emergency supply service (to allow patients who run out of prescription medicines to have an emergency supply), treatment on the NHS for minor ailments such as colds, back pain and indigestion and NHS health checks (e.g. assessment of heart disease risk).

3.4 There were 20 respondents from either individuals or organisation about the PNA consultation document itself.

- Overall most respondents felt that the PNA accurately reflected both the needs and current provision of services with the main gaps felt to be around out-of-hours cover required by residents and access particularly for patients living in the more remote areas of the County. There were also

some very simple solutions proposed such as having "*a list of local pharmacies displayed in GP surgeries*."

- The common themes around additional services that community pharmacies could provide were around provision of vaccination services (in particular flu vaccinations), regular provision of emergency supply and minor ailments schemes and extending the scope of healthy living pharmacies. It was also felt that community pharmacies had potential to undertake a wider range of services and relieve pressures on GP practices and A&E, particularly at weekends and Bank Holidays.
- There were also calls for the role of community pharmacies to be further considered during the development and re-design of patient and treatment pathways.

4 Summary of PNA

4.1 A summary of the PNA consultation report can be found in Appendix A. Key findings are included here.

4.2 Overall there are sufficient numbers and a good choice of pharmacy contractors to meet Staffordshire's pharmaceutical needs.

4.3 Whilst there appears to be a gap in service provision on Sundays the demand for dispensing services is much lower at weekends compared to weekdays as GP surgeries are usually closed. However NHS England and / or CCGs may want to consider commissioning extended pharmaceutical services on Sundays as one of the potential solutions to reducing A&E attendances.

4.4 There are a number of advanced and locally commissioned services that pharmacies are currently providing to support the health and wellbeing needs of Staffordshire residents, for example medicine user reviews which support the management of long-term conditions, some sexual health services, stop smoking services and flu vaccination services. However provision, and access, to some of these services are variable across Staffordshire.

4.5 There are opportunities to expand the reach of locally commissioned services to meet the health needs of Staffordshire residents. Examples of this may be around the commissioning of minor ailments and emergency supply schemes which have shown good outcomes through the pilots as part of schemes to alleviate winter pressures on GPs and the acute sector.

4.6 The Health and Wellbeing Board should also act as an advocate for healthy living pharmacies (HLPs) and support and encourage increases in the number of HLPs that are accredited particularly amongst deprived communities to reduce health inequalities and in areas where there are high rates of preventable mortality.

5 Recommendations

5.1 The Health and Wellbeing Board acknowledge the gaps identified in the PNA.

5.2 The Health and Wellbeing Board are requested to sign off the final PNA report in order for it to be published by 1 April 2015.

5.3 Health and Wellbeing Board members are encouraged to ensure their individual organisation and commissioners across the health economy consider the wider role of pharmacies in commissioning strategies (e.g. primary care) so that opportunities to provide effective services are maximised locally.

5.4 The Health and Wellbeing Board through the Health and Wellbeing Intelligence subgroup continue to monitor any local or national policy development that impacts on the provision of pharmaceutical services in the County and publish supplementary statements where necessary.

Appendix A – Executive summary of PNA consultation report for Staffordshire

Introduction

A pharmaceutical needs assessment (PNA) is a statement of the needs of pharmaceutical services for a specified population. The PNA looks at the current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets current and future population needs for Staffordshire residents and identifies any potential gaps in current services or improvements that could be made in future pharmaceutical service provision.

The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to health and wellbeing boards (HWBs). Every HWB has a statutory responsibility to publish and keep up to date a PNA for the population in its area through supplementary statements. The PNA will be used:

- To identify areas where pharmacies can contribute to health and wellbeing priorities to improve population health and reduce health inequalities.
- As an evidence base for local commissioners to identify and commission services from community pharmacies as appropriate.
- By NHS England's area team to make decisions on any application for opening new pharmacies and dispensing appliance contractor premises or applications from current providers of pharmaceutical services to change their existing provision.

What is the population of Staffordshire like?

Staffordshire has a relatively older population compared with England. Tamworth is the only district in Staffordshire that has a significantly younger population than the national average.

The overall population for Staffordshire is projected to increase by 4% between 2013 and 2023. Staffordshire's older population is growing faster than average and in particular in the very old age groups.

The proportion of people from minority ethnic groups is growing but remains lower than the national average. The single largest minority group is 'white other'. East Staffordshire has the largest proportion of people from a minority ethnic group.

Around a quarter of residents live in rural areas. South Staffordshire (40%), Stafford (32%), Staffordshire Moorlands (30%) and Lichfield (29%) are particularly rural whilst Tamworth's population is classified as entirely urban.

Staffordshire is a relatively affluent area but has notable pockets of high deprivation in some urban areas with 9% of its population (80,500 people in 2013) living in the most deprived fifth of areas nationally. However some of the remote rural areas in Staffordshire do have issues with hidden deprivation, and in particular around access to services. This is coupled with almost one in five households not having access to a car.

What is health like in Staffordshire?
Overall Staffordshire has shown large improvements in life expectancy and made significant progress in reducing overall mortality and preventable mortality over the last decade. Healthy life expectancy in Staffordshire is 64 years for men and slightly lower at 62 years for women. Both are similar to the national average but below the average retirement age. There also remain large health inequalities across Staffordshire as evidenced by life expectancy and early death rates.

Overall access to cancer screening programmes is good and the uptake of childhood immunisation is above average. However performance on prevention of serious illness could be improved as fewer adults attend for a health check to assess their cardiovascular risk than average and fewer Staffordshire residents over 65 take up their flu vaccination or their offer of a pneumococcal vaccine than the national average.

Numbers of people smoking continue to reduce and more people quit smoking than average. However some geographical areas and vulnerable groups have high smoking prevalence and poorer quit rates. More women in Newcastle die as a result of alcohol than the England average. Alcohol admissions in Staffordshire are high and continue to rise although provisional data for 2013/14 indicates a very slight reduction. Staffordshire is about average for successful completion of drug treatment.

More children in Staffordshire have excess weight (overweight and obesity combined) in Reception (aged four to five) than average. The proportion of children who are obese almost doubles from 10% for children in Reception to 18% in Year 6 (ages 10-11). Around two in three adults in Staffordshire are overweight or obese which is higher than average. This is coupled with fewer people in Staffordshire eating healthily than average and around three in 10 adults being physically inactive. The numbers of older people at higher risk of malnutrition (especially in the over 85 age group) is also set to increase sharply in Staffordshire.

More people in Staffordshire report having a limiting long-term illness than average. Around one in four people in Staffordshire have a registered disease with one tenth of the population having more than one condition. By the time people reach 65 they will have developed at least one chronic condition and large proportions will also have developed two or three conditions. In addition estimates suggest that significant numbers of people with long-term conditions may be undiagnosed with low diagnosis rates seen for conditions such as heart failure, dementia, hypertension and chronic kidney disease.

Admission rates in Staffordshire for both acute and chronic conditions that could be managed effectively in primary care or outpatient settings are increasing more rapidly than average. More Staffordshire women aged 65 and over and adults aged over 80 are admitted to hospital as a result of a fall.

What is the current pharmaceutical provision like and are there any gaps in Staffordshire?

Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. Pharmacies are well used and based on national estimates around seven million visits are made to a community pharmacy for health-related reasons annually in Staffordshire which equates to around 10 visits per person every year.

Staffordshire has 181 community pharmacies and in rural areas there are 27 GP practices who can dispense to patients registered with their practice. The rate of community pharmacies and dispensing practices is 24 per 100,000 population which is similar to the national average but ranges between districts from 19 per 100,000 in South Staffordshire to 27 per 100,000 population in Tamworth although districts with low rates do also have nearby access to pharmacies in neighbouring areas such as Wolverhampton and Stoke-on-Trent. There are however two essential small pharmacies whose contracts are due to end on the 31 March 2015. These two pharmacies will need to apply to NHS England's area team for continued funding.

A national patient survey indicated that the public value a variety of types of pharmacy. In terms of ownership around 40% of pharmacies in Staffordshire are owned by independent contractors whilst 60% are owned by multiple contractors.

Overall there are sufficient numbers and a good choice of pharmacy contractors to meet Staffordshire's pharmaceutical needs.

The consultation identified a gap as to the clarity of controlled localities and reserved locations. It is therefore proposed that NHS England's area team undertake further mapping of controlled localities, dispensing practice areas and reserved locations to provide assurance on the patients who fall into dispensing and prescribing groups for these practices, and clarity on the status of these areas, to support applications for new pharmacies or those considering relocations.

On average in Staffordshire more items are dispensed per pharmacy than the national average and dispensing rates have increased over the last seven years by 14% which is lower than average. Reasons for increases in dispensing include ageing populations, improvements in diagnosis leading to earlier recognition of conditions, increased prevalence of some long-term conditions and increases in prescribing for prevention or reducing risk of serious events (e.g. statins).

Based on data from the latest "*Feeling the Difference"* survey, the majority of Staffordshire residents are satisfied with current pharmacy provision. The majority of respondents from the PNA consultation also felt that community pharmacies met their needs and were generally satisfied with provision with the main reasons being cited as opening hours, convenience and staff friendliness and knowledge. National research also indicates that more than eight in ten people would trust advice from pharmacies on how to stay healthy.

There is good geographical coverage across the County for pharmaceutical services and the majority of Staffordshire residents (98%) live within a 10 minute drive of their local

pharmacy. Around four in five residents can also access their local pharmacy within a 20 minute walk or within 10 minutes using public transport.
In terms of opening hours, there are 15 '100 hour' pharmacies and most residents have good access to a pharmacy during weekdays and Saturdays. However there appears to be less provision and choice on Sundays and in particular on Sunday evenings. There are no pharmacies open on Sundays in South Staffordshire district. Some of the restricted provision is due to trading regulations which restricts opening hours for pharmacies located in supermarkets and shopping centres to six hours. However Staffordshire residents do have access to dispensing services on Sundays from alternative provision, for example walk-in-centres, minor injury units or from pharmacies in bordering areas.

A number of pharmacies also now open on Bank Holidays. NHS England's area team also work with community pharmacies to ensure there are adequate pharmaceutical services available on Christmas Day and Easter Sunday as the two days where pharmacies are still traditionally closed.

Whilst there appears to be a gap in service provision on Sundays the demand for dispensing services is much lower at weekends compared to weekdays as GP surgeries are usually closed. However NHS England and / or CCGs may want to consider commissioning extended pharmaceutical services on Sundays as one of the potential solutions to reducing A&E attendances.

In terms of the protected characteristics, pharmacies have a positive impact in meeting the needs of all people. Examples of this include:

- Use of automated pill dispenser for dementia and other vulnerable patients
- Antenatal and postnatal support to pregnant women and mothers. This includes a range of medicinal advice and provision of Healthy Start vouchers
- Around 25% of pharmacies have staff members who speak a number of languages that are amongst the frequent main languages across the County.
- Adjustments to medicines for disabled people as appropriate, for example large print labels. Most pharmacies also have a separate consultation room with wheelchair access.
- Delivery of dispensed medicines to an individual's home

National evidence suggests that between 5-8% of unplanned emergency admissions in adults are due to avoidable issues related to medicines. Overall there is good provision of advanced pharmacy services such as the Medication Use Review (MUR) and New Medicine Service (NMS) across Staffordshire that help to deal with adherence to medicines and the management of people with long-term conditions.

However in terms of MURs, there is variation between pharmacies and some fall considerably below both the Staffordshire and national average. Provision of NMS also varies by district and pharmacy although this is dependent on the number of patients that start new medicines during the year.

Coverage of appliance user reviews and stoma appliance customisation services are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require either from a clinic

or hospital or from a dispensing appliance contractor located in another area, for example Stoke-on-Trent.

Pharmacies falling considerably below the average number of MURs should be supported to increase the numbers of MURs, particularly in areas where there is an identified need, to help with the management of long-term conditions and reducing emergency admissions.

This may be done by promoting the concept of MURs to the public so that they understand the differences between reviews done by GP and pharmacies. GP practices are also ideally placed to work with their local pharmacies to identify and refer on patients who require a MUR or NMS.

In terms of locally commissioned services there are a number of services that are currently provided by pharmacies alongside other providers helping to meet Staffordshire's health needs. These include stop smoking services, supervised administration, sexual health services which includes emergency hormonal contraception and chlamydia screening, needle exchange service and palliative care. However provision, and access, to some of these services is variable across Staffordshire.

Findings from the consultation showed there was general awareness of essential pharmacy services such as dispensing, repeat prescriptions, disposal of unwanted medicines and general health and lifestyle advice. There was reasonable knowledge about provision of stop smoking services and medicines use review/specialist advice on new medicines. However respondents were less familiar with locally commissioned services such as sexual health services and substance misuse services.

NHS England's area team and other local commissioners need to ensure there is equitable provision of locally commissioned services across Staffordshire. Commissioners also need to ensure that residents are made aware of locally available services.

A flu vaccination service was introduced during the winter of 2014/15 to improve the low uptake of flu vaccination across Staffordshire. There are also a number of other services that are provided as developmental pilots, for example MUR plus service for asthma and alcohol.

There are opportunities to expand the reach of locally commissioned services to meet the health needs of Staffordshire residents. Where current provision is low, commissioners should consider how pharmacies may be able to support meeting identified gaps.

Early findings from the local evaluation of both the minor ailments and emergency supply schemes have shown good outcomes with local pharmacies providing an alternative to GP services, walk-in-centres, out-of-hours services and A&E departments. Respondents to the consultation also found that these were the two most popular services that residents wanted to see in their local pharmacy.

The pilot schemes around minor ailments and emergency supply have shown good

outcomes and NHS England and CCG commissioners should consider the re-commissioning of this service for 2015/16 to alleviate winter pressures on GPs and the acute sector.

The healthy living pharmacy (HLP) framework is a tiered commissioning framework which allows community pharmacies to provide a broad range of services to meet local need, improve population health and wellbeing and reduce health inequalities. Almost a third of pharmacies are accredited as a HLP and a further quarter are working towards accreditation. There are however areas of high preventable mortality where there are no HLPs.

The HLPs in Staffordshire are currently funded by the two Local Pharmaceutical Committees (LPCs). The way in which HLPs are commissioned needs to be considered by key stakeholders. These could be further supported with funding to deliver services which will improve the general health of the population of Staffordshire and reduce health inequalities.

The Health and Wellbeing Board should act as an advocate for healthy living pharmacies and support and encourage increases in the number of HLPs that are accredited particularly amongst deprived communities to reduce health inequalities and in areas where there are high rates of preventable mortality.

Local commissioners, providers and key stakeholders such as LPCs and Local Medical Committees should continue to explore new ways in which community pharmacies could complement other primary and secondary care services and play a part in improving health and reducing inequalities, particularly around health and wellbeing strategic priorities. There is also a willingness from most community pharmacies to extend their roles to further support Staffordshire people to live healthier, self-care or live independently to meet local need. There is also ample national evidence to suggest that this could help alleviate current financial pressures on the NHS.

Commissioners should consider the wider role of pharmacies in commissioning strategies (e.g. primary care) so that opportunities to provide effective services are maximised locally.

The HWB will continue to monitor any major developments (e.g. planned housing developments) and in line with regulations produce supplementary statements to the PNA where deemed necessary. They will also monitor any proposed changes to Government policy that could have an effect on the provision of pharmaceutical provision, for example extended opening of GP services.

The HWB will continue to monitor any local or national policy development that impact on the provision of pharmaceutical services in the County and publish supplementary statements where needed.

Staffordshire Observatory

Staffordshire Pharmaceutical Needs Assessment

January 2015

Contents

Acknowledgements

Working group members

Amanda Alamanos	Primary Care Lead, NHS England Shropshire and Staffordshire Area Team
Matthew Bentley	Public Health Analyst, Staffordshire County Council
Tania Cork	Chief Officer, North Staffordshire Local Pharmaceutical Committee (LPC)
Dr Gill Hall	Service Development Officer, South Staffordshire LPC
Lucy Heath	Consultant in Public Health, Staffordshire County Council
Dr Mani Hussain	Chair – Pharmacy Local Professional Network
Divya Patel	Senior Epidemiologist, Staffordshire County Council
Andrew Pickard	Pharmacy Advisor, NHS England Shropshire and Staffordshire Area Team
Peter Prokopa	Chief Operations Officer, South Staffordshire LPC
Paul Trinder	Senior Epidemiologist, Stoke-on-Trent City Council

Lead authors

Matthew Bentley	Public Health Analyst, Staffordshire County Council
Divya Patel	Senior Epidemiologist, Staffordshire County Council
Daniel Shrimpton	Public Health Support Analyst, Staffordshire County Council

Other contributions:

- Staffordshire Public Health Intelligence, Staffordshire County Council
- Insight, Planning and Performance, Staffordshire County Council
- Communications, Staffordshire County Council
- Transport and the Connected County, Staffordshire County Council

Foreword

Locally around 19,000 visits are made to community pharmacies for health-related reasons every day, making them one of the most accessible settings for improving the health and wellbeing of our residents. They also attract people who would not normally use conventional NHS services and therefore offer additional opportunities for proactive engagement.

We know that local residents are satisfied with local pharmaceutical services and generally appreciate the supply of medicines, health advice and information, the ease and convenience of access in terms of location and opening hours and the fact that no appointment is needed to visit their local pharmacy.

A key strength of pharmacies is they can communicate health messages to not only people who are sick, but also people who are well. As a Health and Wellbeing Board we are committed to the role that pharmacies have in working with GPs, other local professionals and partners as well as our residents to develop complementary relationships which will deliver our joint health and wellbeing priorities.

We are delighted to present Staffordshire's pharmaceutical needs assessment (PNA) which looks at the health needs of our residents, describes current pharmaceutical services available in the county and identifies gaps in provision of pharmaceutical services. We are particularly grateful to the Local Pharmaceutical Committees and NHS England's area team for their contribution to the PNA.

We hope local commissioners will find it useful when they consider commissioning pharmaceutical services. We also want commissioners to consider the wider role of pharmacies in commissioning strategies (e.g. primary care) so that opportunities to provide effective services are maximised.

Councillor Alan White
Co-Chair of the
Health and Wellbeing Board

Johnny McMahon
Co-Chair of the
Health and Wellbeing Board

Executive summary

Introduction

A pharmaceutical needs assessment (PNA) is a statement of the needs of pharmaceutical services for a specified population. The PNA looks at the current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets current and future population needs for Staffordshire residents and identifies any potential gaps in current services or improvements that could be made in future pharmaceutical service provision.

The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to health and wellbeing boards (HWBs). Every HWB has a statutory responsibility to publish and keep up to date a PNA for the population in its area through supplementary statements. The PNA will be used:

- To identify areas where pharmacies can contribute to health and wellbeing priorities to improve population health and reduce health inequalities.
- As an evidence base for local commissioners to identify and commission services from community pharmacies as appropriate.
- By NHS England's area team to make decisions on any application for opening new pharmacies and dispensing appliance contractor premises or applications from current providers of pharmaceutical services to change their existing provision.

What is the population of Staffordshire like?

Staffordshire has a relatively older population compared with England. Tamworth is the only district in Staffordshire that has a significantly younger population than the national average.

The overall population for Staffordshire is projected to increase by 4% between 2013 and 2023. Staffordshire's older population is growing faster than average and in particular in the very old age groups.

The proportion of people from minority ethnic groups is growing but remains lower than the national average. The single largest minority group is 'white other'. East Staffordshire has the largest proportion of people from a minority ethnic group.

Around a quarter of residents live in rural areas. South Staffordshire (40%), Stafford (32%), Staffordshire Moorlands (30%) and Lichfield (29%) are particularly rural whilst Tamworth's population is classified as entirely urban.

Staffordshire is a relatively affluent area but has notable pockets of high deprivation in some urban areas with 9% of its population (80,500 people in 2013) living in the most deprived fifth of areas nationally. However some of the remote rural areas in Staffordshire do have issues with hidden deprivation, and in particular around access to services. This is coupled with almost one in five households not having access to a car.

What is health like in Staffordshire?

Overall Staffordshire has shown large improvements in life expectancy and made significant progress in reducing overall mortality and preventable mortality over the last decade. Healthy life expectancy in Staffordshire is 64 years for men and slightly lower at 62 years for women. Both are similar to the national average but below the average retirement age. There also remain large health inequalities across Staffordshire as evidenced by life expectancy and early death rates.

Overall access to cancer screening programmes is good and the uptake of childhood immunisation is above average. However performance on prevention of serious illness could be improved as fewer adults attend for a health check to assess their cardiovascular risk than average and fewer Staffordshire residents over 65 take up their flu vaccination or their offer of a pneumococcal vaccine than the national average.

Numbers of people smoking continue to reduce and more people quit smoking than average. However some geographical areas and vulnerable groups have high smoking prevalence and poorer quit rates. More women in Newcastle die as a result of alcohol than the England average. Alcohol admissions in Staffordshire are high and continue to rise although provisional data for 2013/14 indicates a very slight reduction. Staffordshire is about average for successful completion of drug treatment.

More children in Staffordshire have excess weight (overweight and obesity combined) in Reception (aged four to five) than average. The proportion of children who are obese almost doubles from 10% for children in Reception to 18% in Year 6 (ages 10-11). Around two in three adults in Staffordshire are overweight or obese which is higher than average. This is coupled with fewer people in Staffordshire eating healthily than average and around three in 10 adults being physically inactive. The numbers of older people at higher risk of malnutrition (especially in the over 85 age group) is also set to increase sharply in Staffordshire.

More people in Staffordshire report having a limiting long-term illness than average. Around one in four people in Staffordshire have a registered disease with one tenth of the population having more than one condition. By the time people reach 65 they will have developed at least one chronic condition and large proportions will also have developed two or three conditions. In addition estimates suggest that significant numbers of people with long-term conditions may be undiagnosed with low diagnosis rates seen for conditions such as heart failure, dementia, hypertension and chronic kidney disease.

Admission rates in Staffordshire for both acute and chronic conditions that could be managed effectively in primary care or outpatient settings are increasing more rapidly than average. More Staffordshire women aged 65 and over and adults aged over 80 are admitted to hospital as a result of a fall.

What is current pharmaceutical provision like and are there any gaps?

Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. Pharmacies are well used and based on national estimates around seven million visits are made to a community pharmacy for health-related reasons annually in Staffordshire which equates to around 10 visits per person every year.

Staffordshire has 181 community pharmacies and in rural areas there are 27 GP practices who can dispense to patients registered with their practice. The rate of community pharmacies and dispensing practices is 24 per 100,000 population which is similar to the national average but ranges between districts from 19 per 100,000 in South Staffordshire to 27 per 100,000 population in Tamworth although districts with low rates do also have nearby access to pharmacies in neighbouring areas such as Wolverhampton and Stoke-on-Trent. There are however two essential small pharmacies whose contracts are due to end on the 31 March 2015. These two pharmacies will need to apply to NHS England's area team for continued funding.

A national patient survey indicated that the public value a variety of types of pharmacy. In terms of ownership around 40% of pharmacies in Staffordshire are owned by independent contractors whilst 60% are owned by multiple contractors.

Overall there are sufficient numbers and a good choice of pharmacy contractors to meet Staffordshire's pharmaceutical needs.

The consultation identified a gap as to the clarity of controlled localities and reserved locations. It is therefore proposed that NHS England's area team undertake further mapping of controlled localities, dispensing practice areas and reserved locations to provide assurance on the patients who fall into dispensing and prescribing groups for these practices, and clarity on the status of these areas, to support applications for new pharmacies or those considering relocations.

On average in Staffordshire more items are dispensed per pharmacy than the national average and dispensing rates have increased over the last seven years by 14% which is lower than average. Reasons for increases in dispensing include ageing populations, improvements in diagnosis leading to earlier recognition of conditions, increased prevalence of some long-term conditions and increases in prescribing for prevention or reducing risk of serious events (e.g. statins).

Based on data from the latest "*Feeling the Difference"* survey, the majority of Staffordshire residents are satisfied with current pharmacy provision. The majority of respondents from the PNA consultation also felt that community pharmacies met their needs and were generally satisfied with provision with the main reasons being cited as opening hours, convenience and staff friendliness and knowledge. National research also indicates that more than eight in ten people would trust advice from pharmacies on how to stay healthy.

There is good geographical coverage across the County for pharmaceutical services and the majority of Staffordshire residents (98%) live within a 10 minute drive of their local pharmacy. Around four in five residents can also access their local pharmacy within a 20 minute walk or within 10 minutes using public transport.

In terms of opening hours, there are 15 '100 hour' pharmacies and most residents have good access to a pharmacy during weekdays and Saturdays. However there appears to be less provision and choice on Sundays and in particular on Sunday evenings. There are no pharmacies open on Sundays in South Staffordshire district. Some of the restricted provision is due to trading regulations which restricts opening hours for pharmacies located in supermarkets and shopping centres to six hours. However Staffordshire residents do have access to dispensing services on Sundays from alternative provision, for example walk-in-centres, minor injury units or from pharmacies in bordering areas.

A number of pharmacies also now open on Bank Holidays. NHS England's area team also work with community pharmacies to ensure there are adequate pharmaceutical services available on Christmas Day and Easter Sunday as the two days where pharmacies are still traditionally closed.

Whilst there appears to be a gap in service provision on Sundays the demand for dispensing services is much lower at weekends compared to weekdays as GP surgeries are usually closed. However NHS England and / or CCGs may want to consider commissioning extended pharmaceutical services on Sundays as one of the potential solutions to reducing A&E attendances.

In terms of the protected characteristics, pharmacies have a positive impact in meeting the needs of all people. Examples of this include:

- Use of automated pill dispenser for dementia and other vulnerable patients
- Antenatal and postnatal support to pregnant women and mothers. This includes a range of medicinal advice and provision of Healthy Start vouchers
- Around 25% of pharmacies have staff members who speak a number of languages that are amongst the frequent main languages across the County.
- Adjustments to medicines for disabled people as appropriate, for example large print labels. Most pharmacies also have a separate consultation room with wheelchair access.
- Delivery of dispensed medicines to an individual's home

National evidence suggests that between 5-8% of unplanned emergency admissions in adults are due to avoidable issues related to medicines. Overall there is good provision of advanced pharmacy services such as the Medication Use Review (MUR) and New Medicine Service (NMS) across Staffordshire that help to deal with adherence to medicines and the management of people with long-term conditions.

However in terms of MURs, there is variation between pharmacies and some fall considerably below both the Staffordshire and national average. Provision of NMS also varies by district and pharmacy although this is dependent on the number of patients that start new medicines during the year.

Coverage of appliance user reviews and stoma appliance customisation services are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance contractor located in another area, for example Stoke-on-Trent.

Pharmacies falling considerably below the average number of MURs should be supported to increase the numbers of MURs, particularly in areas where there is an identified need, to help with the management of long-term conditions and reducing emergency admissions.

This may be done by promoting the concept of MURs to the public so that they understand the differences between reviews done by GP and pharmacies. GP practices are also ideally placed to work with their local pharmacies to identify and refer on patients who require a MUR or NMS.

In terms of locally commissioned services there are a number of services that are currently provided by pharmacies alongside other providers helping to meet Staffordshire's health needs. These include stop smoking services, supervised administration, sexual health services which includes emergency hormonal contraception and chlamydia screening, needle exchange service and palliative care. However provision, and access, to some of these services is variable across Staffordshire.

Findings from the consultation showed there was general awareness of essential pharmacy services such as dispensing, repeat prescriptions, disposal of unwanted medicines and general health and lifestyle advice. There was reasonable knowledge about provision of stop smoking services and medicines use review/specialist advice on new medicines. However respondents were less familiar with locally commissioned services such as sexual health services and substance misuse services.

NHS England's area team and other local commissioners need to ensure there is equitable provision of locally commissioned services across Staffordshire. Commissioners also need to ensure that residents are made aware of locally available services.

A flu vaccination service was introduced during the winter of 2014/15 to improve the low uptake of flu vaccination across Staffordshire. There are also a number of other services that are provided as developmental pilots, for example MUR plus service for asthma and alcohol.

There are opportunities to expand the reach of locally commissioned services to meet the health needs of Staffordshire residents. Where current provision is low, commissioners should consider how pharmacies may be able to support meeting identified gaps.

Early findings from the local evaluation of both the minor ailments and emergency supply schemes have shown good outcomes with local pharmacies providing an alternative to GP services, walk-in-centres, out-of-hours services and A&E departments. Respondents to the consultation also found that these were the two most popular services that residents wanted to see in their local pharmacy.

The pilot schemes around minor ailments and emergency supply have shown good outcomes and NHS England and CCG commissioners should consider the re-commissioning of this service for 2015/16 to alleviate winter pressures on GPs and the acute sector.

The healthy living pharmacy (HLP) framework is a tiered commissioning framework which allows community pharmacies to provide a broad range of services to meet local need, improve population health and wellbeing and reduce health inequalities. Almost a third of pharmacies are accredited as a HLP and a further quarter are working towards accreditation. There are however areas of high preventable mortality where there are no HLPs.

The healthy living pharmacies in Staffordshire are currently funded by the two Local Pharmaceutical Committees (LPCs). The way in which HLPs are commissioned needs to be considered by key stakeholders. These could be further supported with funding to deliver services which will improve the general health of the population of Staffordshire and reduce health inequalities.

The Health and Wellbeing Board should act as an advocate for healthy living pharmacies and support and encourage increases in the number of HLPs that are accredited particularly amongst deprived communities to reduce health inequalities and in areas where there are high rates of preventable mortality.

Local commissioners, providers and key stakeholders such as LPCs and Local Medical Committees should continue to explore new ways in which community pharmacies could complement other primary and secondary care services and play a part in improving health and reducing inequalities, particularly around health and wellbeing strategic priorities. There is also a willingness from most community pharmacies to extend their roles to further support Staffordshire people to live healthier, self-care or live independently to meet local need. There is also ample national evidence to suggest that this could help alleviate current financial pressures on the NHS.

Commissioners should consider the wider role of pharmacies in commissioning strategies (e.g. primary care) so that opportunities to provide effective services are maximised locally.

The HWB will continue to monitor any major developments (e.g. planned housing developments) and in line with regulations produce supplementary statements to the PNA where deemed necessary. They will also monitor any proposed changes to Government policy that could have an effect on the provision of pharmaceutical provision, for example extended opening of GP services.

The HWB will continue to monitor any local or national policy development that impact on the provision of pharmaceutical services in the County and publish supplementary statements where needed.

1 Introduction

1.1 What is a pharmaceutical needs assessment?

A pharmaceutical needs assessment (PNA) is a statement of pharmaceutical service needs for a specified population. The PNA looks at the current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets current and future population needs and identifies any potential gaps to service delivery.

The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to health and wellbeing boards (HWBs). Every HWB has a statutory responsibility to publish and keep up to date a PNA for the population in its area through supplementary statements.

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations (*2013 Regulations*) states that HWBs must publish their first PNA by 1st April 2015. These should then be updated at least once every three years or before if there has been a significant change in service need or provision. In addition, the HWB is required to keep up to date a map of provision of NHS pharmaceutical services within its area and publish any supplementary statements.

1.2 How will the PNA be used?

Uses of the PNA include:

- Identifying areas where pharmacies can contribute to health and wellbeing priorities to improve population health and reduce health inequalities. It will help the HWB to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.

- Providing an evidence base to NHS England area teams to identify and commission advanced and enhanced services. It will also inform local authority and clinical commissioning groups (CCGs) when commissioning local services from community pharmacies.

- Market entry – the PNA will be used by NHS England's area team to make decisions on any application for opening new pharmacies and dispensing appliance contractor premises or applications from current providers of pharmaceutical services to change their existing provision. Under legal regulations potential contractors of NHS pharmaceutical services must submit a formal application to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. NHS England's area team will then review the application in light of any gaps identified in local PNAs. The NHS Litigation Authority will also refer to the PNA when hearing appeals on NHS England's decisions.

1.3 What are NHS pharmaceutical services?

NHS pharmaceutical services as set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 are commissioned solely by NHS England.

For the purposes of the PNA, pharmaceutical services included within the scope are:

- **Community pharmacies** who are healthcare professionals working for themselves or as employees who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use

- **Dispensing appliance contractors (DACs)** who are appliance suppliers for a specific subset of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings and bandages but cannot supply medicines.

- **Distance selling contractors** are internet and mail order based contractors who provide their services across England to anyone who requests it. They may be pharmacy or dispensing appliance contractors. Under the 2013 Regulations only pharmacy contractors may now apply to be distance selling premises.

- **Local pharmaceutical services (LPS) contractors** provide a level of pharmaceutical services in some HWB areas. A LPS contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements.

- **Dispensing doctors** are medical practitioners authorised to provide pharmaceutical services from medical practice premises in designated rural areas known as “controlled localities”. They can dispense NHS prescriptions to their own patients who live more than one mile (1.6 km as the crow flies) from a pharmacy. Controlled localities are rural areas which have been determined by NHS England, a predecessor organisation (primary care trust), or on appeal by the NHS Litigation Authority. The one mile rule does not apply to practices in **reserved locations** and patients in these localities both within one mile of the pharmacy and beyond have the right to choose whether to have their medicines dispensed at a pharmacy or at their GP surgery. A reserved location is an area within a controlled locality where the total of all patient lists for the area within a radius of one mile of the proposed premises or location is fewer than 2,750.

Under the NHS Community Pharmacy Contractual Framework (CPCF) there are three different levels of services that pharmacies could provide. These are:

- **Essential services** – these are those services which every community pharmacy who provides NHS pharmaceutical services must provide as set out in their terms of service and includes the dispensing of medicines, promotion of healthy lifestyles and support for self-care

- **Advanced services** – these are services that community pharmacies and dispensing appliance contractors (DACs) can provide subject to accreditation as necessary. These include Medicines Use Reviews and the New Medicines Service for community pharmacists and Appliance Use Reviews and the Stoma Customisation Service for dispensing appliance contractors.

- **Enhanced services** – additional locally commissioned services that are commissioned by NHS England such as services to care homes, language access and patient group directions.

Other organisations, for example CCGs and local authorities can commission services from community pharmacies. However these services are not part of NHS Pharmaceutical Services as defined by the Regulations and described above and therefore cannot be described as enhanced services and should be described as ***locally commissioned services***.

1.4 What has been the process for developing the Staffordshire PNA?

A PNA working group was set up across Staffordshire and Stoke-on-Trent with a view to shaping the production of the Staffordshire PNA. This includes a range of stakeholders from Staffordshire County Council, Stoke-on-Trent City Council, NHS England: Shropshire and Staffordshire Area Team, the Local Pharmaceutical Committees (LPC) for North Staffordshire and South Staffordshire and the Local Professional Network (LPN) for pharmacies.

The PNA process has included:

- **Early engagement** with stakeholders such as pharmacies through a survey to identify outcomes which community pharmacies could contribute to.

- **Identifying local needs** through use of the JSNA (see Figure 1 which illustrates the JSNA process in commissioning cycle).

- Collecting information on **service provision** from pharmacies and **triangulation** of this information with data from the local area team, other commissioners and the LPC. For non-responders of the survey, data from commissioners were sent to providers of pharmaceutical services to verify.

- **Consultation on the draft PNA** from both professionals and residents about current and future pharmaceutical needs and services to feed into the final PNA. Appendix 1 contains a summary of the key findings from the consultation.

- Production of the first PNA for Staffordshire (this report) and **sign-off by the HWB** for publication by 1 April 2015.

Figure 1: The role of the JSNA in the commissioning cycle

1.5 Definition of localities for the PNA

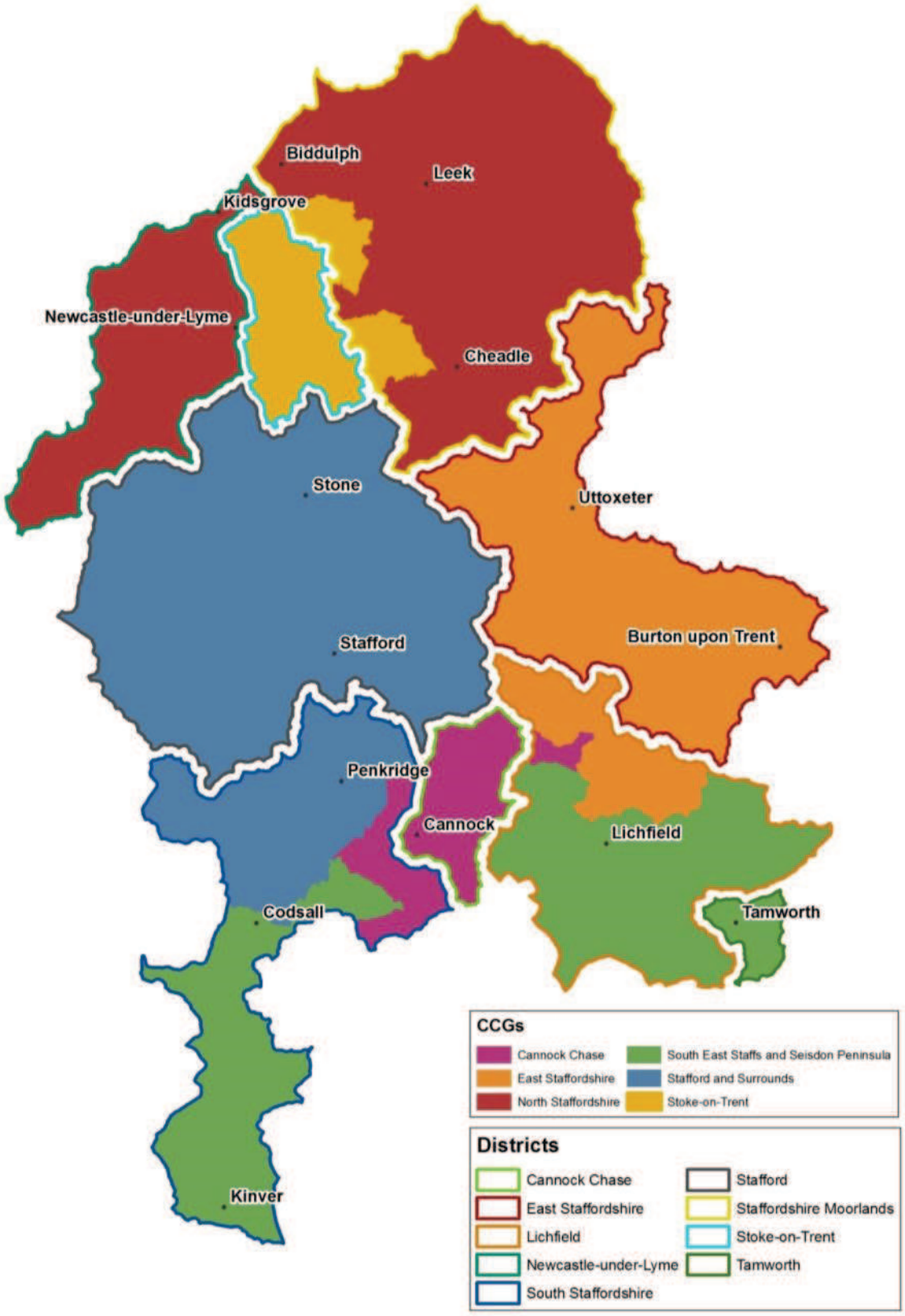
Staffordshire has a resident population of 857,000 and covers a large area of 1,010 square miles. The area is composed from a mixture of cities, towns and villages and is governed locally by an upper-tier authority: Staffordshire County Council and eight district councils (Cannock Chase, East Staffordshire, Lichfield, Newcastle-under-Lyme, South Staffordshire, Stafford, Staffordshire Moorlands and Tamworth).

In Staffordshire, health, social and wellbeing services or programmes are commissioned by five Clinical Commissioning Groups (CCGs), NHS England, Public Health England, Staffordshire County Council and eight districts.

The PNA for Staffordshire will use its eight district areas in the main to assess needs; this is in line with the disaggregation of intelligence within the Joint Strategic Needs Assessment (JSNA) and endorsement of recommendations by the HWB in July 2014 of '*Achieving strategic outcomes through locality-based delivery'*.

District and CCG boundaries in Staffordshire are illustrated in Map 1.

Map 1: District and CCG boundaries in Staffordshire



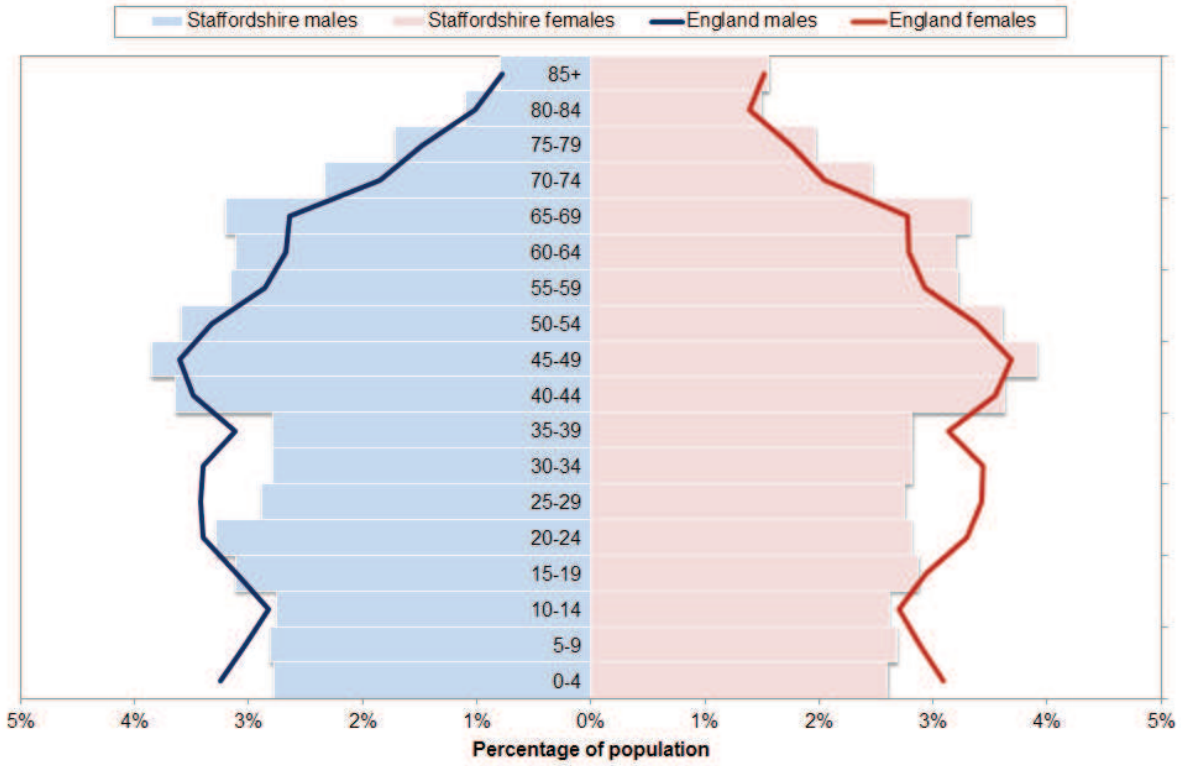
2 What is the population of Staffordshire like?

2.1 Population structure

Staffordshire has a resident population of 857,000 and covers a large geographical area of over 1,010 square miles). The age structure of a population gives an indication of potential utilisation of health services, for example people aged over 50 are more likely to have long-term conditions and are consequently greater users of health and social care services including pharmaceutical services.

The overall population pyramid shows that Staffordshire has a relatively older population compared to the England average (Figure 2). Around one in five residents are aged 65 and over compared to the national average of 17%. This ranges from 16% in Tamworth to almost 23% in Staffordshire Moorlands (Table 1 and Figure 3). Tamworth is the only district in Staffordshire that has a significantly younger population than the national average (20% compared with 19%).

Figure 2: Population structure of Staffordshire compared with England, 2013



Source: 2013-mid-year population projections, Office for National Statistics, Crown copyright

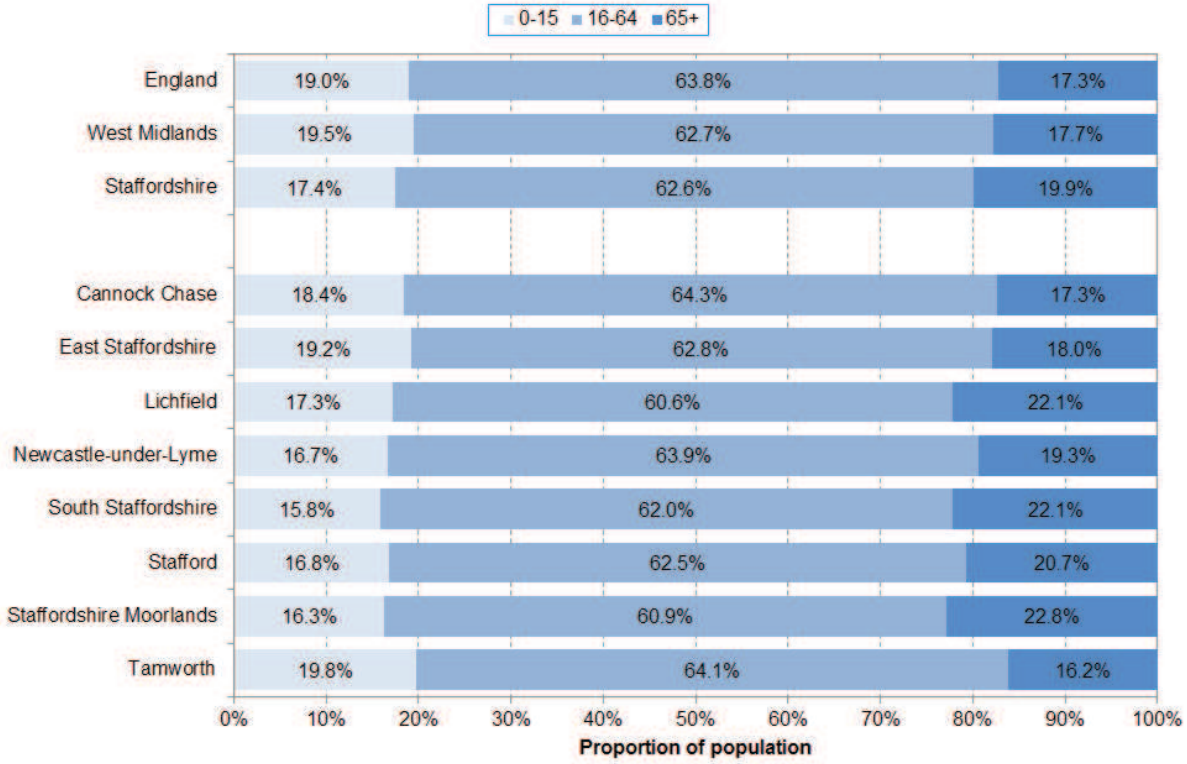
Table 1: Population structure by age group and district, 2013

	0-4	5-15	16-24	25-49	50-64	65-74	75+	All ages
Cannock Chase	5,800 (5.9%)	12,200 (12.5%)	10,800 (11.0%)	33,700 (34.3%)	18,600 (18.9%)	9,800 (9.9%)	7,300 (7.4%)	98,100 (100.0%)
East Staffordshire	7,300 (6.4%)	14,800 (12.8%)	12,200 (10.6%)	38,200 (33.3%)	21,800 (19.0%)	11,400 (9.9%)	9,300 (8.1%)	114,900 (100.0%)
Lichfield	5,200 (5.1%)	12,300 (12.1%)	9,900 (9.7%)	31,400 (30.8%)	20,400 (20.1%)	13,300 (13.0%)	9,200 (9.1%)	101,800 (100.0%)
Newcastle-under-Lyme	6,400 (5.1%)	14,600 (11.6%)	17,100 (13.6%)	38,900 (31.1%)	24,000 (19.2%)	13,300 (10.6%)	10,900 (8.7%)	125,200 (100.0%)
South Staffordshire	4,900 (4.5%)	12,500 (11.4%)	11,500 (10.4%)	33,300 (30.2%)	23,700 (21.4%)	13,800 (12.5%)	10,600 (9.6%)	110,300 (100.0%)
Stafford	6,800 (5.1%)	15,400 (11.7%)	14,400 (10.9%)	41,900 (31.7%)	26,300 (19.9%)	15,300 (11.6%)	12,000 (9.1%)	132,100 (100.0%)
Staffordshire Moorlands	4,700 (4.8%)	11,200 (11.5%)	9,200 (9.4%)	29,200 (30.0%)	20,900 (21.5%)	12,700 (13.0%)	9,600 (9.8%)	97,400 (100.0%)
Tamworth	5,000 (6.5%)	10,300 (13.3%)	8,300 (10.7%)	26,600 (34.5%)	14,600 (18.9%)	7,500 (9.7%)	5,000 (6.5%)	77,200 (100.0%)
Staffordshire	**46,100 (5.4%)**	**103,300 (12.1%)**	**93,300 (10.9%)**	**273,100 (31.9%)**	**170,300 (19.9%)**	**97,000 (11.3%)**	**73,900 (8.6%)**	**857,000 (100.0%)**
West Midlands	**6.4%**	**13.1%**	**12.0%**	**32.9%**	**17.9%**	**9.6%**	**8.1%**	**5,674,700**
England	**6.3%**	**12.6%**	**11.6%**	**34.3%**	**18.0%**	**9.3%**	**7.9%**	**53,865,800**

Note: Numbers may not add up due to rounding

Source: 2013-mid-year population projections, Office for National Statistics, Crown copyright

Figure 3: Population structure by age group and district, 2013



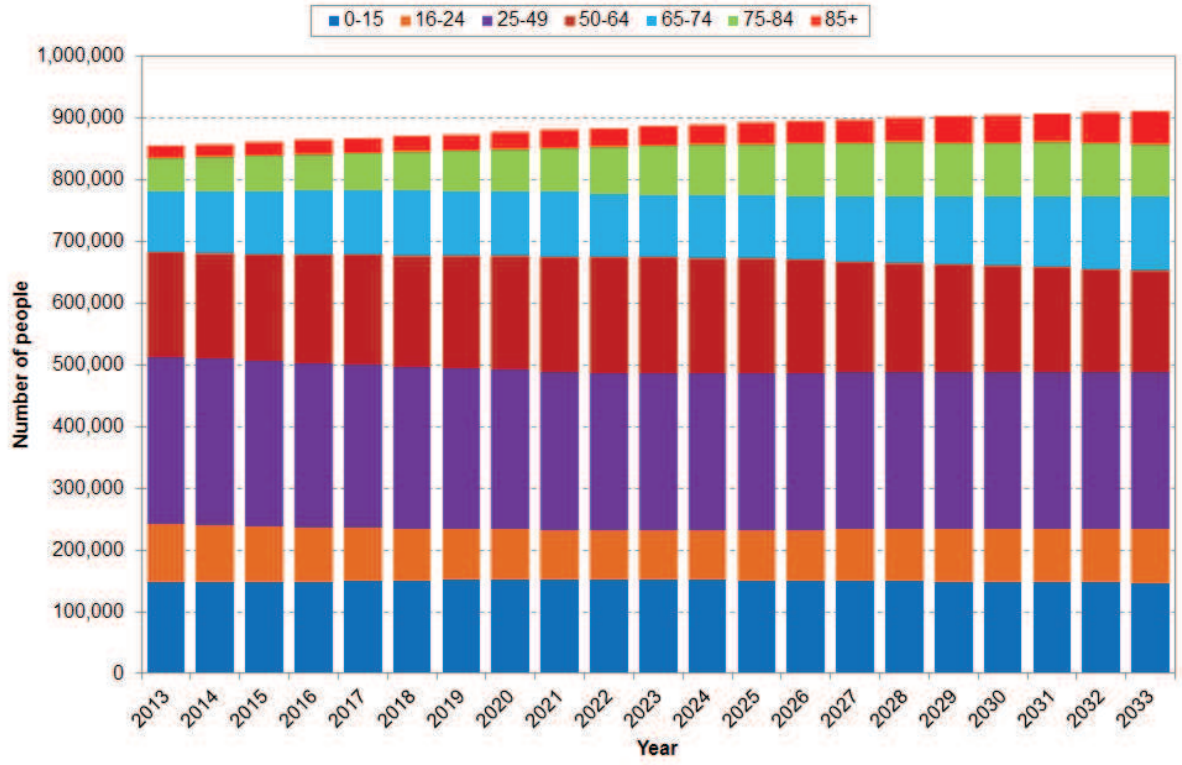
Source: 2013-mid-year population projections, Office for National Statistics, Crown copyright

2.2 Population projections

As in the rest of the country, Staffordshire has experienced a significant ageing of its population and there are now 95,400 more people aged over 50 than there were 20 years ago. At the same time the numbers of children and young adults have fallen. This trend is likely to continue.

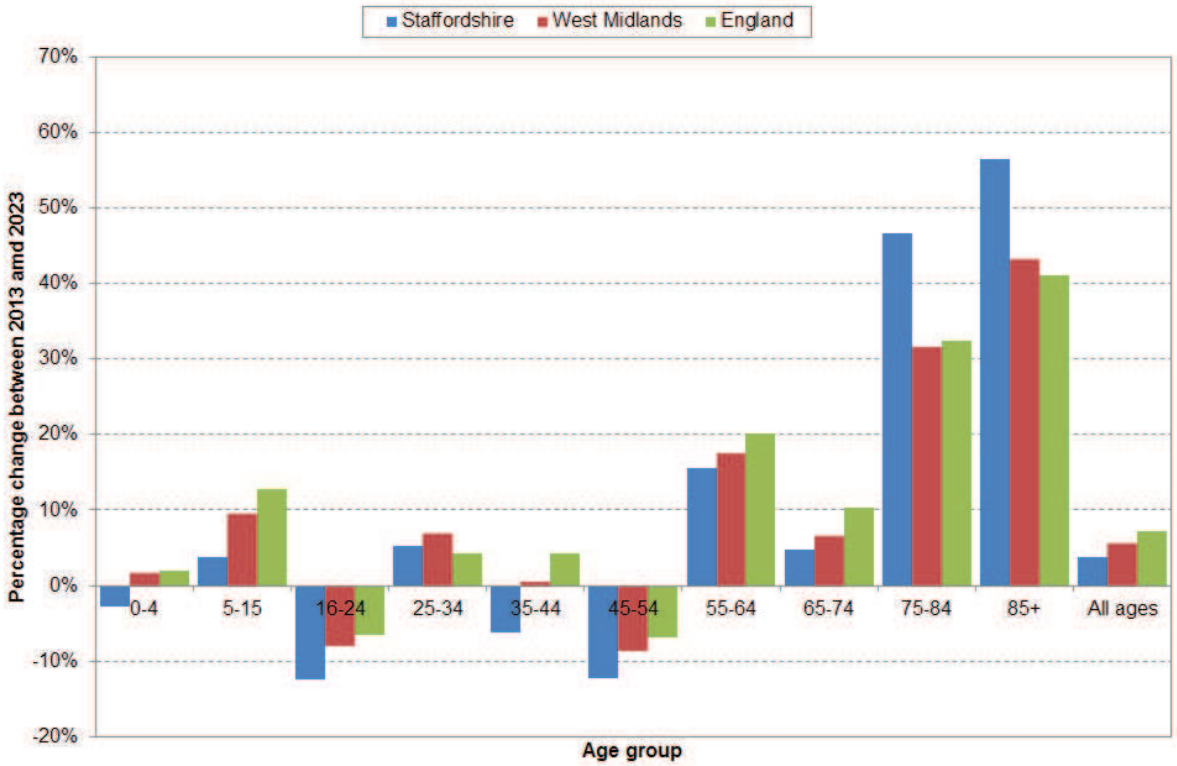
The overall population for Staffordshire is projected to increase by 4% between 2013 and 2023 (Figure 4). The rate of increase in the number of older age groups in Staffordshire over the next decade is significantly faster than the England average and equates to 36,600 additional residents aged 75 and over (Figure 5). The changing population of Staffordshire will continue to have an impact on the provision and use of a range of health, social care and pharmaceutical services and the ageing population brings greater challenges to already scarce resources within the area. There are also considerable differences between districts, for example the growth in people aged 65 and over varies between 19% in Newcastle to 34% in Tamworth.

Figure 4: Population projections for Staffordshire, 2013-2033



Source: 2012-based population projections, Office for National Statistics, Crown copyright

Figure 5: Projected population change between 2013 and 2023



Source: 2012-based population projections, Office for National Statistics, Crown copyright

In line with projected population growth, Table 2 shows the planned housing requirements by district. However, across Staffordshire there are a number of housing developments in various stages of planning and not all plans have been adopted yet and are subject to change. The largest developments with planning permission granted that are projected to make an impact on the time period of this needs assessment are in East Staffordshire, Lichfield, South Staffordshire and Cannock Chase.

The HWB will therefore continue to monitor whether future housing developments require additional pharmaceutical provision. As well as schools and other community facilities such as local shops and newsagents, districts need to ensure they include pharmaceutical provision as part of their planning process under the consideration of provision of health care facilities.

Table 2: Planned housing requirements for the next 20 years

	Average planned houses per year	Planned location over next five years for large builds
Cannock Chase	295	Hednesford and Norton Canes
East Staffordshire	582	Branson, Beamhill, Outwoods and Derby Road areas of Burton and Pinfold Road area of Uttoxeter
Lichfield	478	Streethay area, East of Rugeley, Burntwood and Fradley
Newcastle-under-Lyme	285	Cross Heath, Knutton, Silverdale and Kidsgrove
South Staffordshire	193	Gospel End and Penkridge
Stafford	500	Yarnfield and Corporation Street, Stafford
Staffordshire Moorlands	276	Leek and Biddulph
Tamworth	275	Small sites across the Borough
Staffordshire	**2,884**	

Source: Strategic Housing Land Availability Assessments 2012-2014, District and Borough Councils in Staffordshire and Staffordshire County Council

2.3 Rurality

There is some evidence to suggest that poor access and availability of good transport, both private and public, can mean that some people living in rural areas may not make use of the health services that they need. This is sometimes known as 'distance decay' where uptake of services decreases with increasing geographical remoteness from the service. In addition the structural demographic change towards an older population is the single most significant factor in increasing the prevalence of rural isolation.

Based on the 2011 Rural and Urban Classification 24% of Staffordshire residents live in rural areas, which is higher than the national average of 17%. South Staffordshire (40%), Stafford (32%), Staffordshire Moorlands (30%) and Lichfield (29%) are particularly rural whilst Tamworth's population is classified as entirely urban.

2.4 Ethnicity

People from some ethnic minority groups often experience poorer health outcomes. This may be as a result of multiple factors including genetic predisposition to certain diseases (e.g. diabetes, coronary heart disease and mental health), poor access to services, language barriers and cultural differences.

According to the 2011 Census there were 54,700 people from a minority ethnic group in Staffordshire, which is 6.4% of the population, with the single largest minority group being 'white other'. Whilst this is a significant increase from the 2001 Census (3.8%), it remains lower than the England average of 20%

At a district level East Staffordshire has the highest proportion of residents from minority ethnic groups, mainly concentrated in Burton-on-Trent.

In terms of migrants, during 2013/14 the total number of national insurance number (NINo) registrations to adult overseas nationals in Staffordshire was 2,941, which is a 15% increase from the previous year. The number of Flag 4 GP migrant patient registrations during 2012/13 was 2,792, which was similar to the previous year but an increase from 2002/03. At a district level, the largest numbers of NINo and Flag4 registrations are found in East Staffordshire and Stafford. There are also significant numbers of Flag4 registrations in Newcastle. Almost a third (31%) of NINo registrations during 2013/14 in Staffordshire were for people from Poland, 9% were from Bulgaria and 8% from Romania.

2.5 Deprivation

Poverty, poor education and inappropriate housing can all have an adverse effect on an individual's health with people living in deprived communities often experiencing poorer health outcomes compared with those living in more affluent communities Other groups of people who have poorer health outcomes compared to the average include prisoners, people with disabilities and people with severe mental illness. These particular groups also need to be considered when tackling health inequalities.

The Index of Multiple Deprivation 2010 (IMD 2010) is one way of identifying deprived areas. The IMD 2010 measures deprivation in its broadest sense by including 38 indicators which assess deprivation by combining seven areas (called domains): income, employment, health and disability, education, skills and training, barriers to housing and services, crime and disorder and living environment at a lower super output area (LSOA) level. LSOAs are geographical areas which have a population of around 1,500 people.

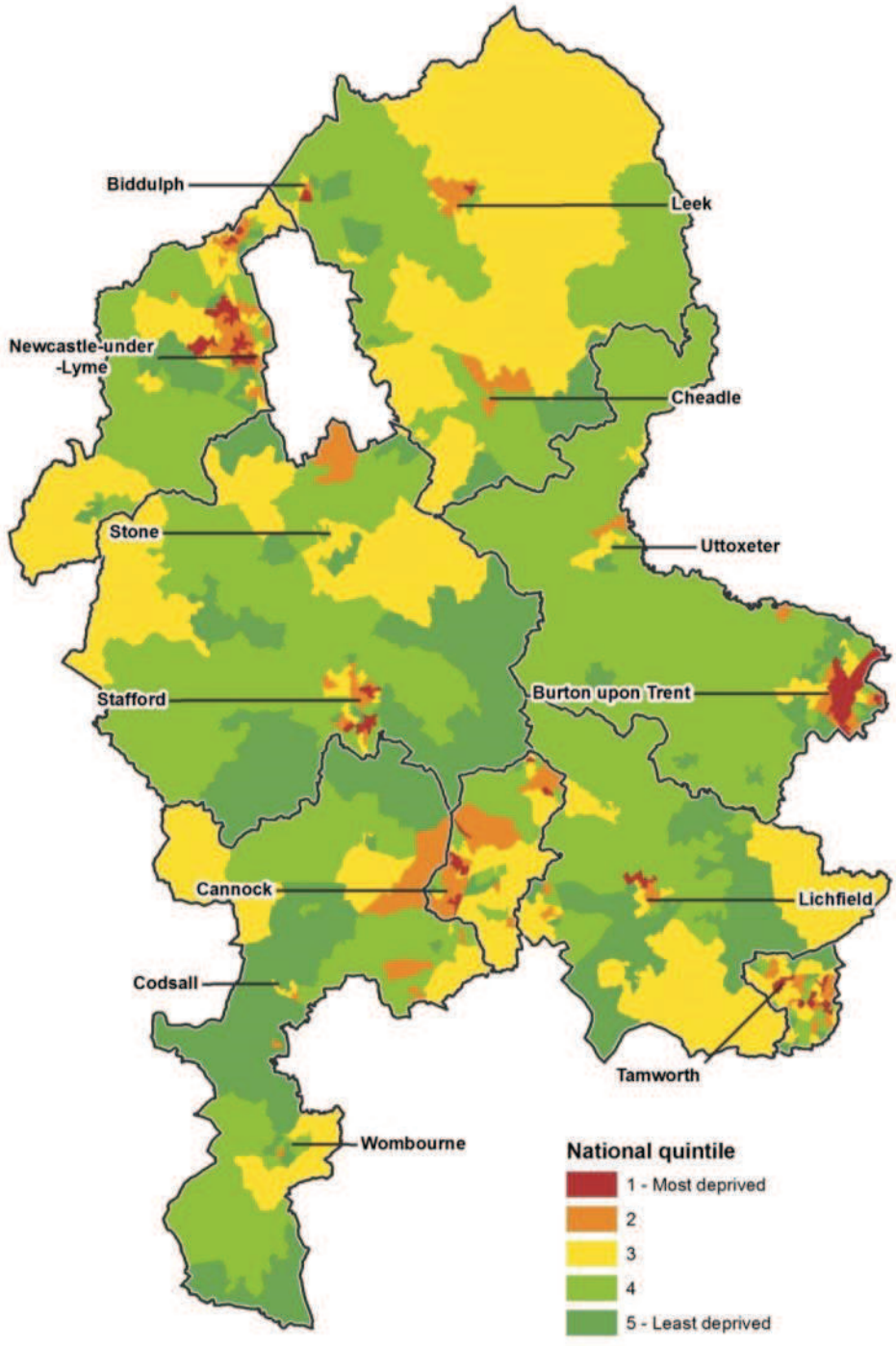
Staffordshire is a relatively affluent area but has notable pockets of high deprivation in some urban areas with 9% of its population (80,500 people in 2013) living in the most deprived fifth of areas nationally. Map 2 shows that these fall in:

- Brereton and Ravenhill, Cannock East, Cannock North, Cannock South, Etching Hill and The Heath and Hednesford North wards in Cannock Chase
- Anglesey, Burton, Eton Park, Horninglow, Shobnall, Stapenhill, Town and Winshill in East Staffordshire
- Chadsmead and Curborough in Lichfield
- Butt Lane, Chesterton, Cross Heath, Holditch, Holditch, Kidsgrove, Knutton and Silverdale, Silverdale and Parksite and Thistleberry in Newcastle
- Highfields and Western Downs, Littleworth, Manor and Penkside in Stafford
- Biddulph East and Leek North in Staffordshire Moorlands
- Amington, Belgrave, Castle, Glascote and Stonydelph in Tamworth

High levels of limiting long-term illness, shorter life expectancy and high teenage pregnancy rates have been noted in some of these areas.

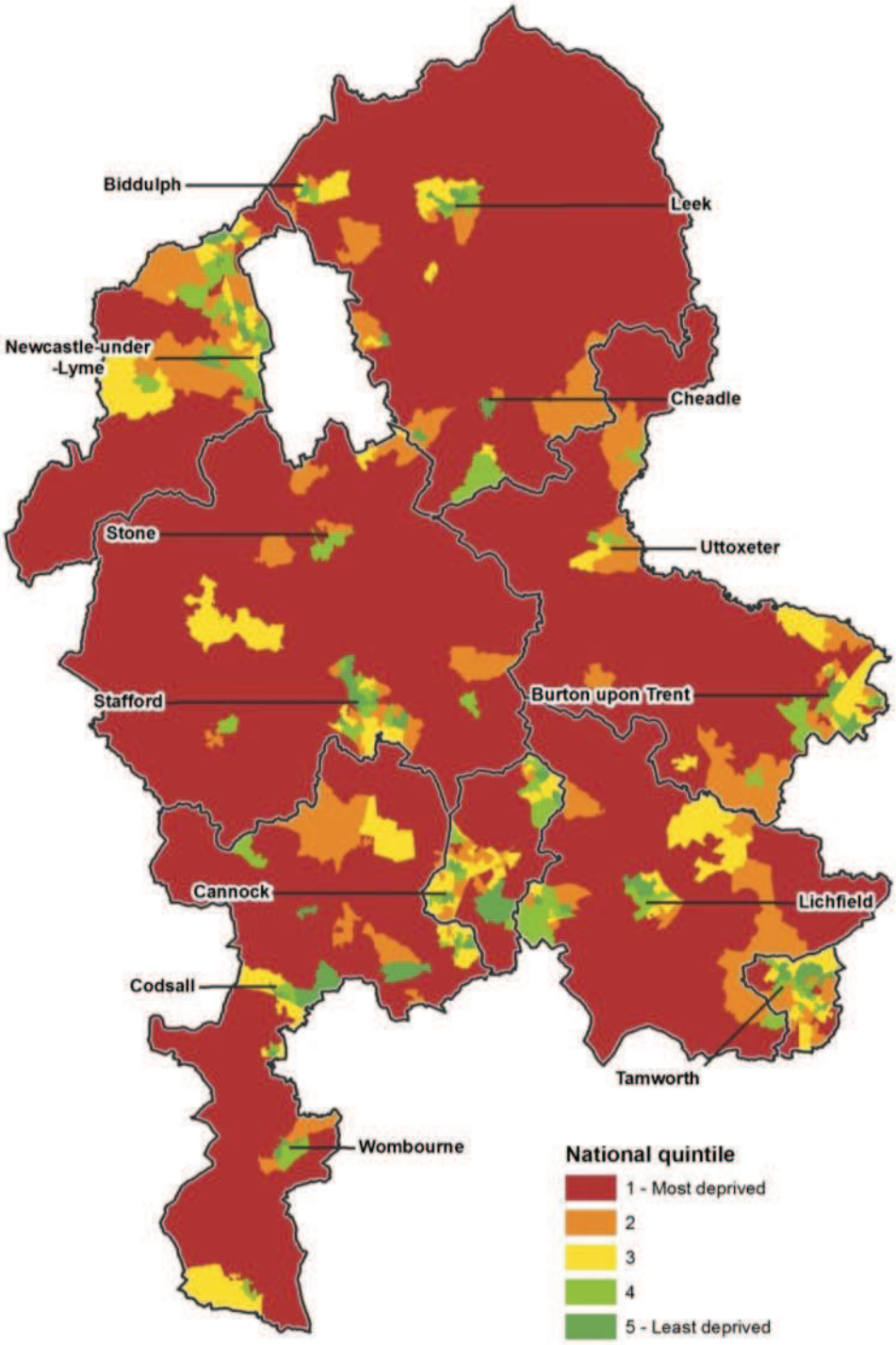
In addition some of the remote rural areas in Staffordshire do have issues with hidden deprivation, and in particular around access to services (Map 3).

Map 2: Index of Multiple Deprivation 2010



Source: Indices of Deprivation 2010, Communities and Local Government, Crown Copyright 2010

Map 3: Geographical access to services sub-domain, 2010



Source: Indices of Deprivation 2010, Communities and Local Government, Crown Copyright 2010

3 What is health like in Staffordshire?

The population's health and wellbeing is described in detail in various key documents, the key ones being the overall Staffordshire JSNA and the eight district enhanced JSNAs.

This section provides a summary of the key health challenges from these reports and particularly focuses on those where pharmacies could potentially contribute to improving. An overview of health indicators by districts is provided in Appendix 2. This will allow pharmacies to identify more localised needs.

It should be read in conjunction with available resources on the health and social care needs of Staffordshire residents from our JSNA evidence base which is available on the Staffordshire Observatory website:

- http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx

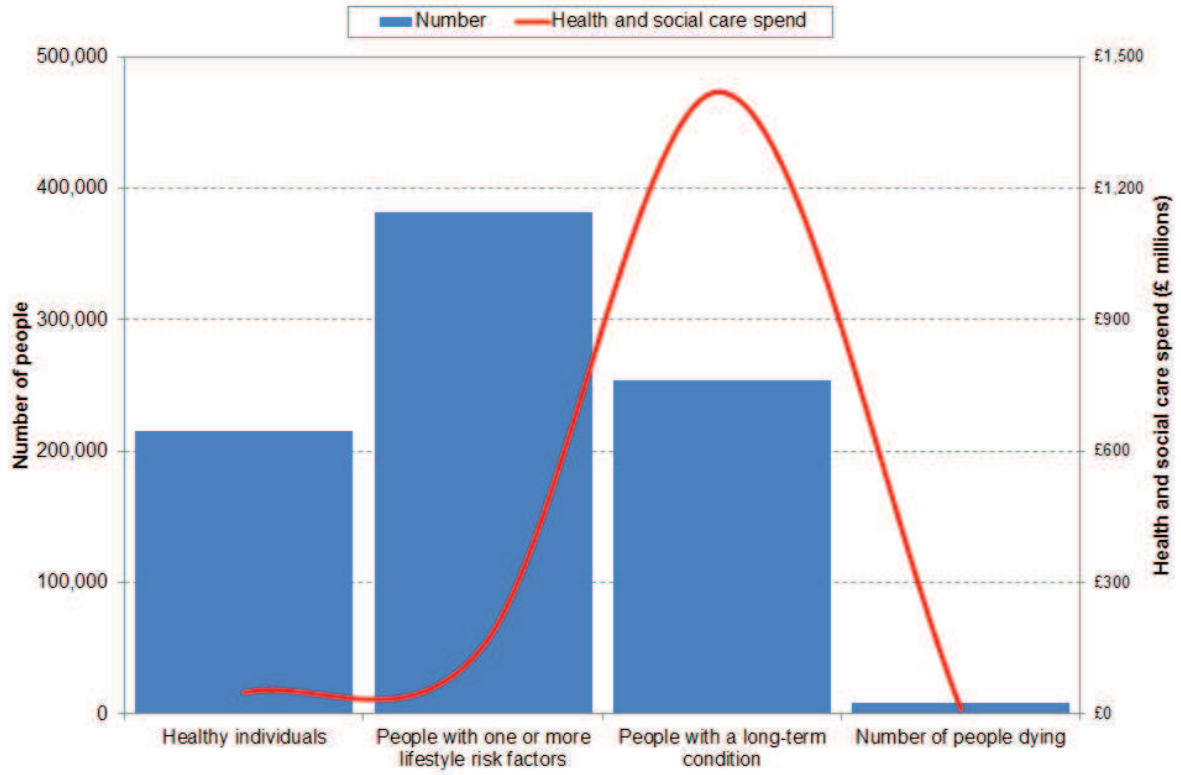
3.1 The health and wellbeing model

Figure 6 illustrates the scale and distribution of Staffordshire population's in terms of their health and wellbeing. It shows estimates of the numbers of Staffordshire residents at each stage of a pathway from generally healthy individuals (left of diagram), through to people who have one or more lifestyle risk factors (for example they smoke, drink too much alcohol, eat unhealthily or do not take enough exercise), to people who have developed one or more long-term condition through to people who have terminal disease (right of diagram).

It also looks at how Staffordshire currently spends its health and care budget at various stages along the pathway, i.e. from universal prevention to primary and secondary treatment to end of life care. It shows that whilst the numbers towards the right of the diagram are a smaller proportion of the population, i.e. numbers of people with a long-term condition, the amount of the NHS and social care budget spent here is very high (estimated at about £1.4 billion in Staffordshire).

This model gives a framework for understanding the health of Staffordshire residents and how to increase the numbers of the healthy population and reduce those with lifestyle risk factors so that we reduce the impact of severe disease on the population. Not only will this improve the health and quality of life for Staffordshire people by keeping them healthier for longer but it will reduce the costs of providing care.

Figure 6: Health and wellbeing pyramid in Staffordshire, 2012/13



Data compiled and analysed by Public Health Intelligence, Staffordshire County Council

3.2 Life expectancy

Overall life expectancy at birth continues to increase. Overall life expectancy at birth in Staffordshire is almost 80 years for men which is higher than the England average and 83 years for women which is similar to the national average (Table 3). Men in Newcastle have shorter life expectancy than the England average by ten months.

Overall there is a five year difference between the average life expectancy of a man in Newcastle, compared to a woman in Lichfield or Stafford. Furthermore, men and women living in the most deprived areas of Staffordshire live seven and six years less than those living in less deprived areas.

There is also a marked gap in life expectancy between different communities at ward level for both men and women. The gap in life expectancy between the ward with the lowest and highest life expectancy in Staffordshire is 13 years for men and 18 years for women (Map 4 and Map 5).

Table 3: Life expectancy at birth, 2011-2013

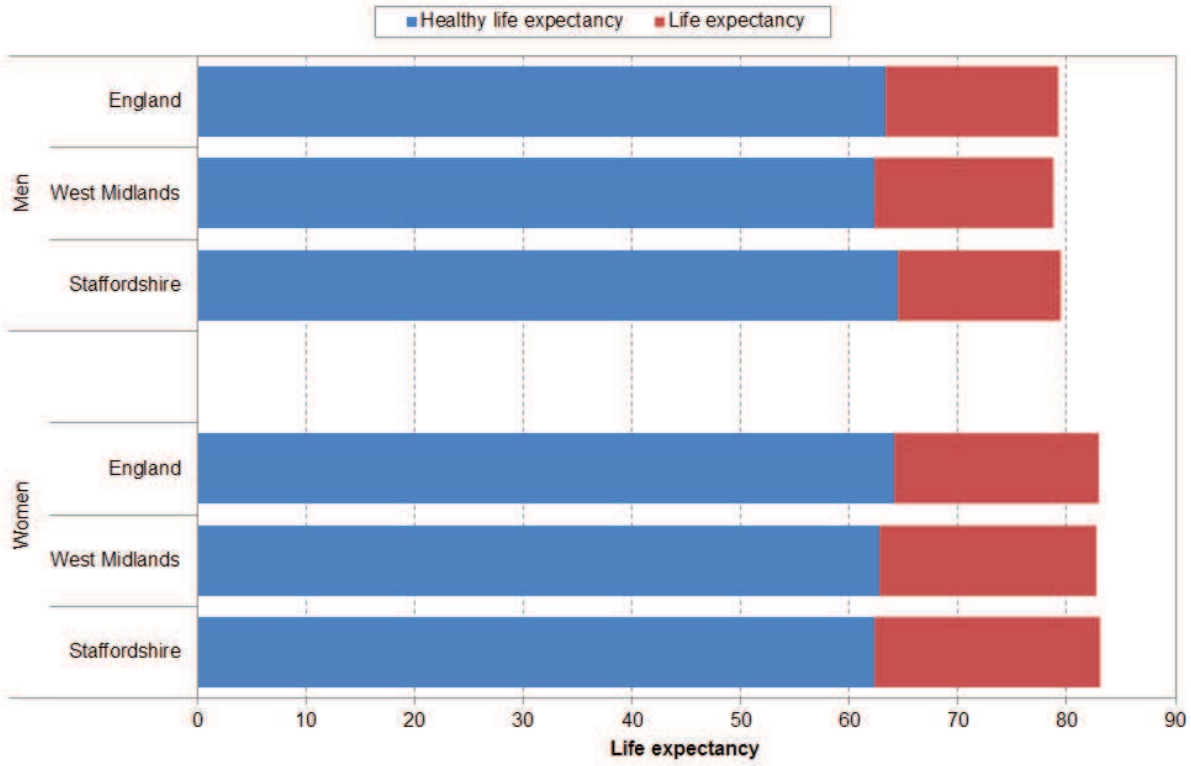
	Men		Women	
	Life expectancy at birth (years)	Difference to England (months)	Life expectancy at birth (years)	Difference to England (months)
Cannock Chase	79.2	-3	83.2	1
East Staffordshire	79.2	-3	82.6	-6
Lichfield	80.0	7	83.5	5
Newcastle-under-Lyme	**78.6**	-10	82.6	-6
South Staffordshire	**80.4**	12	83.3	2
Stafford	**80.4**	12	83.5	5
Staffordshire Moorlands	79.9	6	83.2	1
Tamworth	79.8	5	82.6	-6
Staffordshire	**79.7**	**3**	**83.1**	**0**
West Midlands	**78.8**	**-7**	**82.8**	**-4**
England	**79.4**		**83.1**	

Key: Statistically better than England; statistically worse than England

Source: Office for National Statistics, Crown copyright

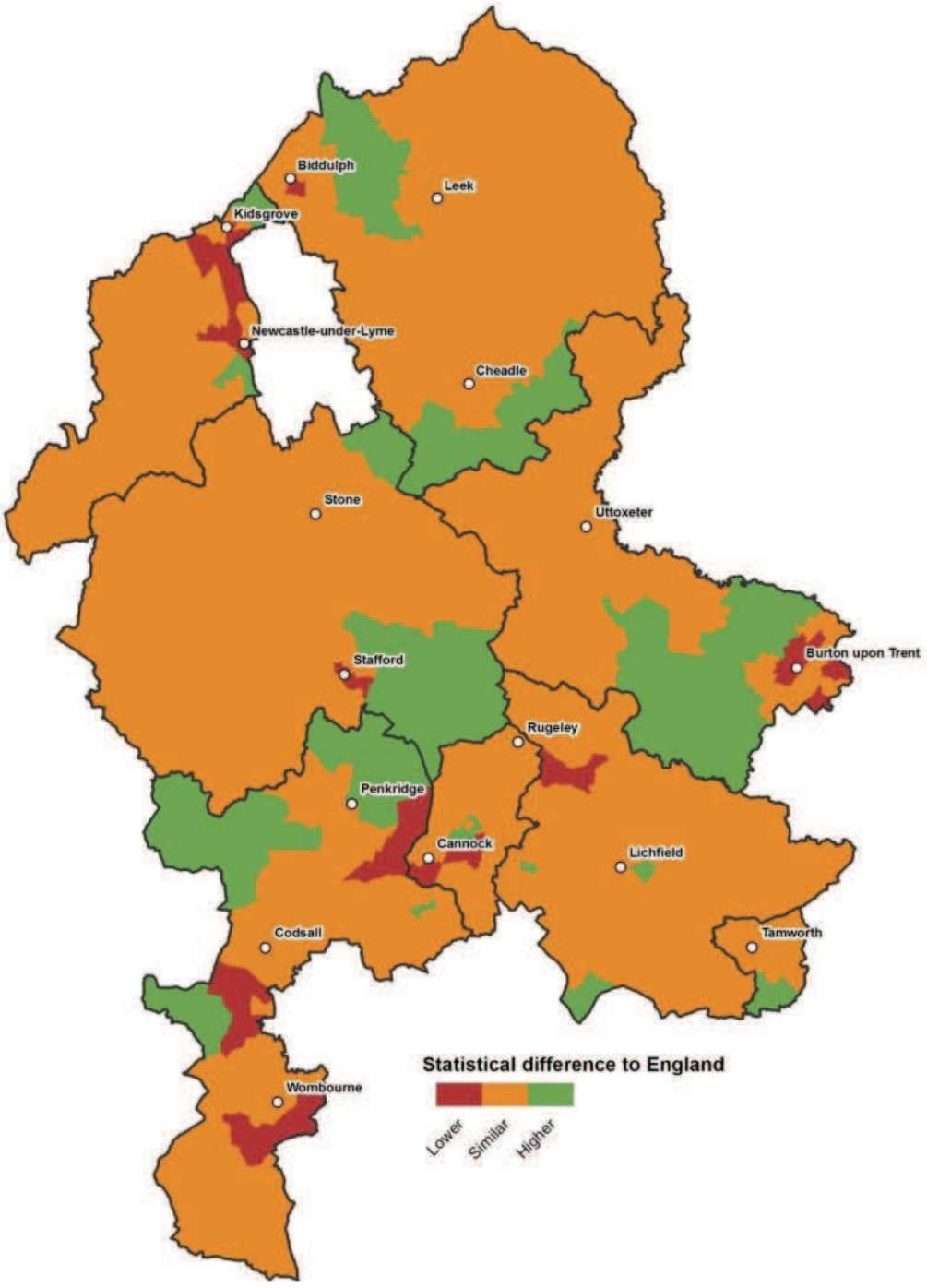
Gains in life expectancy should also be accompanied by gains in healthy life expectancy. Healthy life expectancy in Staffordshire is 64 years for men and slightly lower at 62 years for women. Both are similar to the national average but below the average retirement age. At a CCG level, healthy life expectancy is lower than average in Cannock Chase and North Staffordshire for both men and women.

Figure 7: Life expectancy and healthy life expectancy, 2010-2012



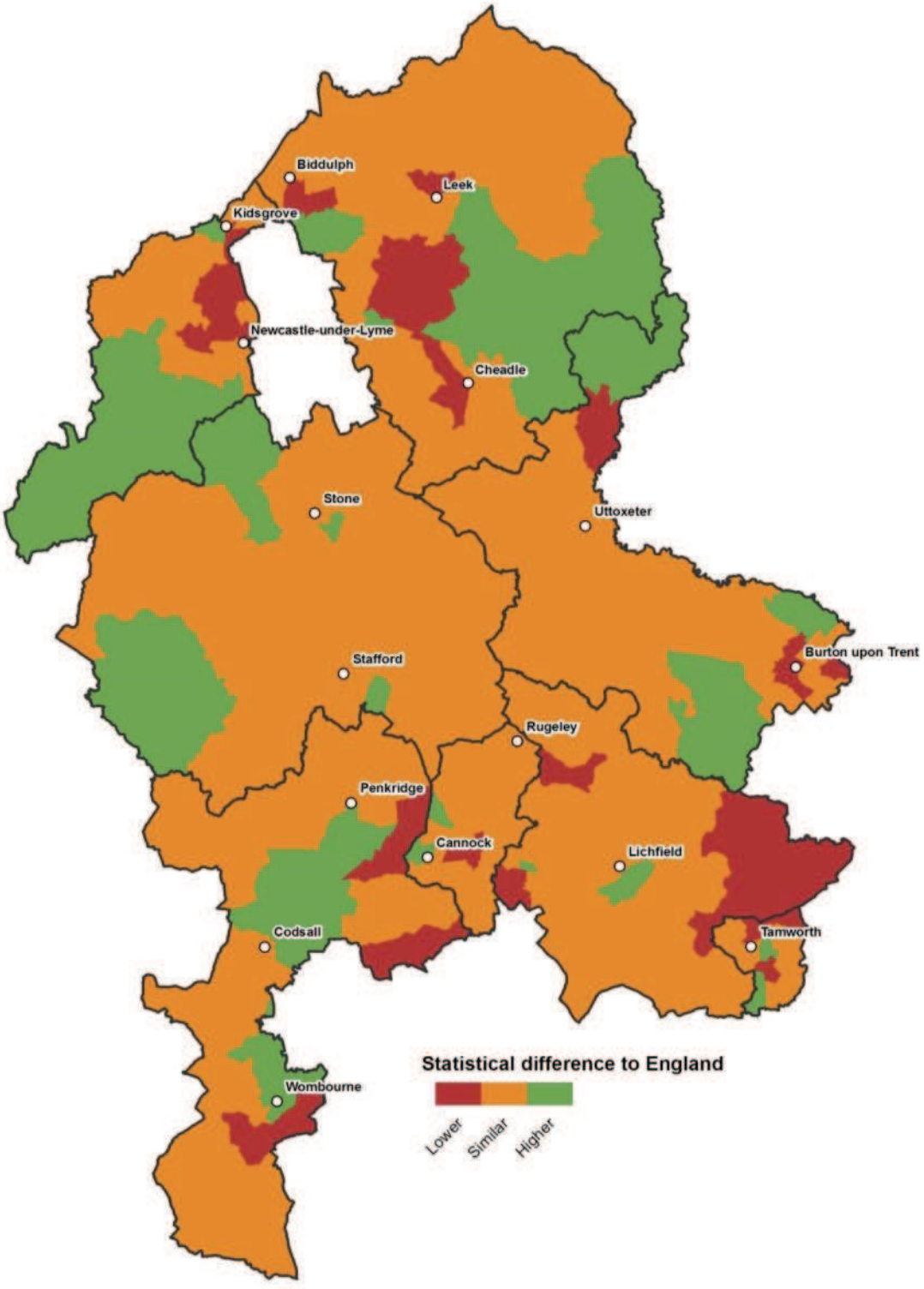
Source: Office for National Statistics, Crown copyright

Map 4: Life expectancy for males, 2009-2013



Source: Primary Care Mortality Database and Death extracts, Office for National Statistics, Mid-year population estimates, Office for National Statistics, Crown copyright and Vital statistics Table 3, Office for National Statistics, Crown copyright

Map 5: Life expectancy for females, 2009-2013

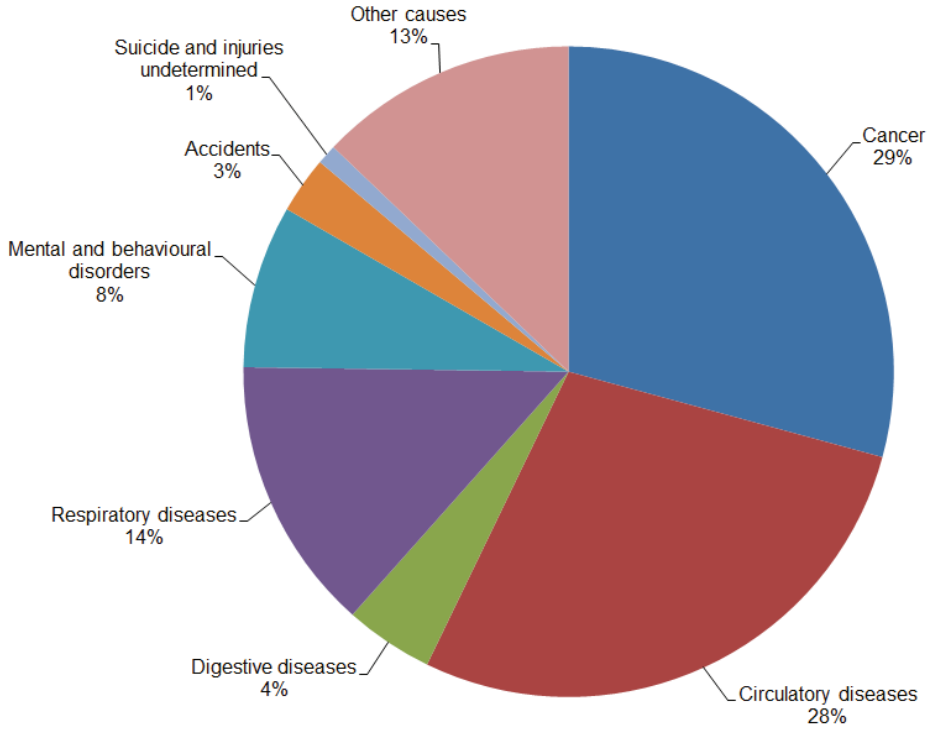


Source: Primary Care Mortality Database and Death extracts, Office for National Statistics, Mid-year population estimates, Office for National Statistics, Crown copyright and Vital statistics Table 3, Office for National Statistics, Crown copyright

Around 8,000 Staffordshire residents die every year with the most common causes of death being cancer (2,300 deaths, 29%), circulatory disease (2,200 deaths, 28%) and respiratory disease (1,100 deaths, 14%) (Figure 8).

Overall mortality rates are falling. However, all-age all-cause mortality (AAACM) varies amongst districts and Newcastle has overall mortality rates that are higher than the rate for England as a whole.

Figure 8: Common causes of deaths in Staffordshire, 2011-2013



Source: Primary Care Mortality Database and Death extracts, Office for National Statistics

Research by the End of Life Care Intelligence Network (now Public Health England) suggests that on average around 25% of deaths are unexpected. This means that around 75% of deaths should be on palliative care QOF registers (which record the number of patients who are expected to die within the next six to 12 months).

During 2013/14 there were almost 2,000 people on palliative care registers across Staffordshire making up 0.2% of the population. However the gap between people on end of life registers and people who die indicates that palliative care needs are not being identified prior to their death. The proportion of Staffordshire residents who are supported to die at home (or their usual place of residence) is 43% which is higher than the England average.

3.3 Preventable mortality

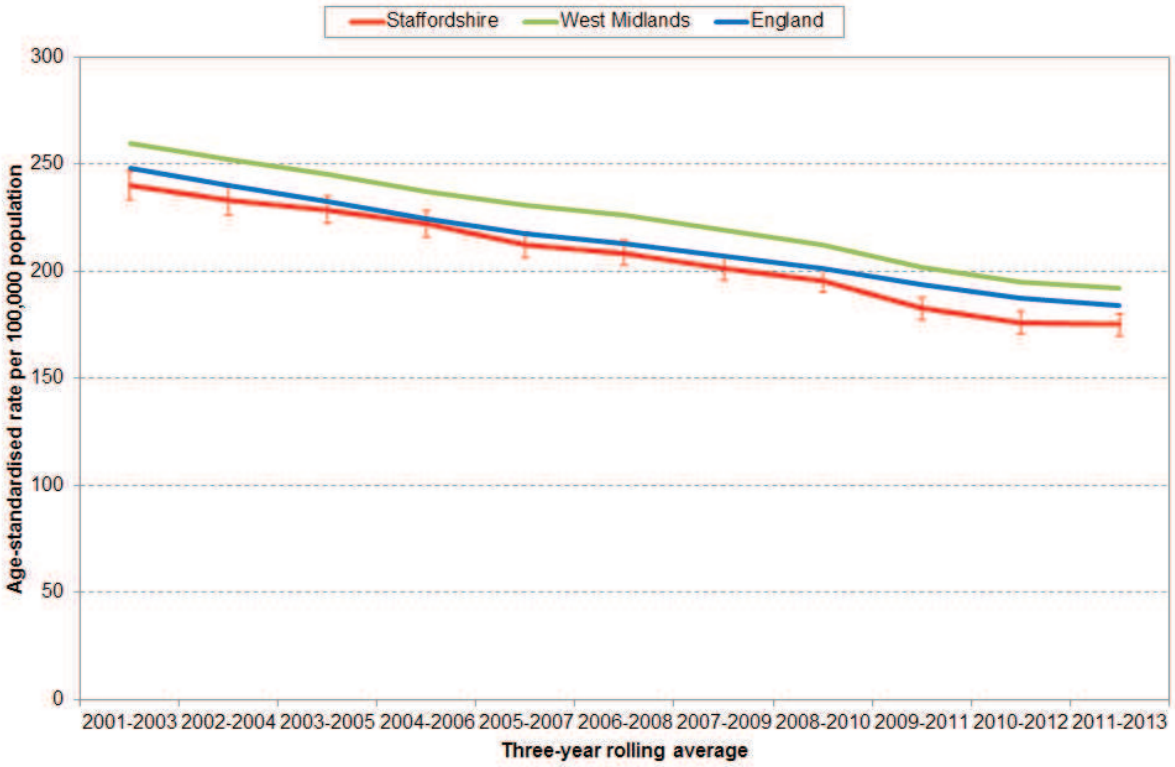
Preventable mortality is a high level indicator that can be used to measure the success of public health interventions in their broadest sense within communities. It is included as one of the indicators in the Public Health Outcomes Framework with a related indicator (amenable mortality which includes those deaths that could be avoided through good quality health care) in the NHS Outcomes Framework.

The major causes of preventable deaths can be attributed to the roots of ill-health, for example education, employment and housing as well as lifestyle risk factors such as smoking, drinking too much alcohol, unhealthy diets, physical inactivity and poor emotional well-being.

In Staffordshire almost one in five people die from causes that are largely thought to be preventable, equating to around 1,500 deaths every year with overall rates being lower than the national average.

Preventable mortality rates in Staffordshire reduced by 27% between 2001-2003 and 2011-2013 compared with 26% for England (Figure 9).

Figure 9: Trends in preventable mortality



Source: Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/

- **Cancer** - Since 2011 cancer overtook cardiovascular disease as the largest killer. It also remains the biggest cause of premature death (those under 75). More than one in three people will develop cancer at some stage in their lives and almost three in ten people will die from cancer. Every year around 1,100 Staffordshire residents die prematurely from cancer, accounting for 43% of all premature deaths. Rates in Staffordshire have been falling at a faster rate than England and in 2011-2013 were significantly below the England average.

- **Circulatory disease** - Up until 2011, circulatory disease was the largest killer both nationally and locally. Around 2,200 Staffordshire residents die from circulatory disease every year making up around 28% of all deaths. Of these around 560 are premature making up 22% of all premature deaths. Premature mortality due to circulatory diseases have fallen by 47% between 2001-2003 and 2011-2013 with Staffordshire rates remaining lower than England.

- **Respiratory disease** - Each year around 1,100 people die from respiratory disease in Staffordshire making it the third biggest killer. It is also the third biggest cause of premature death and almost 210 people die prematurely in Staffordshire making up around 8% of all premature deaths.

- **Liver disease** - Around 180 Staffordshire residents die from liver disease every year, accounting for over 2% of all deaths. Over 70% of these deaths occur to people who are under 75 with over half of these due to alcoholic liver disease. Unlike the reductions seen in under 75 mortality from cancer and cardiovascular disease, rates of people dying early as a result of liver disease increased by 22% between 2001-2003 (280 deaths) and 2011-2013 (380 deaths). This may be a result of increased alcohol consumption and consequently increased alcohol-related harm within Staffordshire.

- **Deaths from communicable diseases** – around 450 Staffordshire residents die from communicable diseases every year with rates being lower than average. Rates in Newcastle remain higher than average.

3.4 Health protection

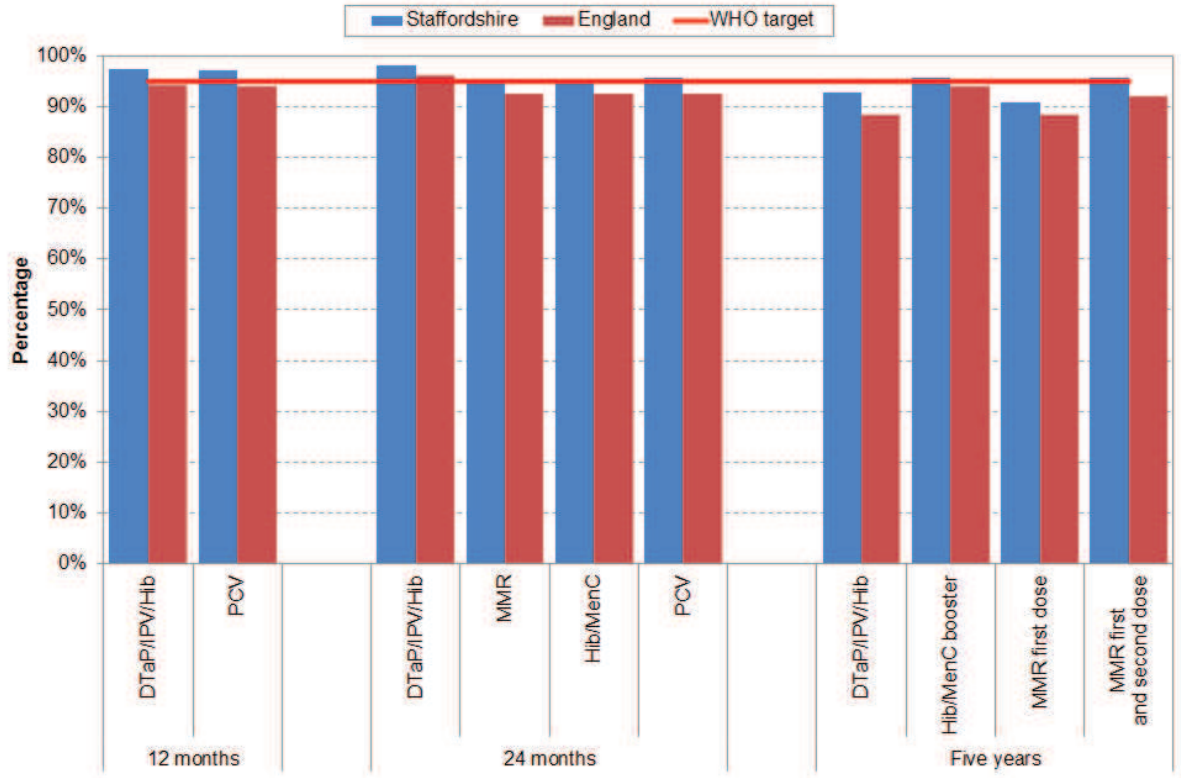
There are a number of factors that can help prevent ill health or diagnose problems early to enable better treatment, especially immunisation and screening. This section reports on some interventions designed to keep Staffordshire's population healthy by preventing ill health or detecting disease early to improve treatment outcomes.

- **Immunisation** - Uptake rates for childhood immunisation are higher than the England average (Figure 10). However, for some diseases e.g. diphtheria, tetanus, polio, and pertussis booster at five years, immunisation rates do not reach the 95% optimum protective target set by the World Health Organisation (WHO). Fewer Staffordshire residents aged 65 and over take up their flu vaccination or their offer of a pneumococcal vaccine than average (Figure 10). Large numbers of people in this age group are admitted to hospital for vaccine preventable conditions such as influenza and pneumonia.

- **Screening** - uptake of screening programmes varies across Staffordshire. Factors which affect screening uptake include deprivation, ethnicity and age. Access to cancer screening programmes in Staffordshire are better than average.

- **NHS health checks** – this programme aims to help prevent cardiovascular conditions by offering everyone between the ages of 40 and 74 a health check that assesses their risk of heart disease, stroke, kidney disease, diabetes and some forms of dementia and gives them support and advice to reduce that risk. Fewer adults in Staffordshire attend for a health check to assess their cardiovascular risk then the average. The variation of uptake also varies between districts from only 5% in Stafford to almost 11% in Cannock Chase.

Figure 10: Childhood immunisation rates, 2013/14



Source: COVER statistics, Copyright © 2014. Health and Social Care Information Centre. All rights reserved.

Table 4: Summary of adult immunisation uptake rates, 2013/14

	Flu vaccination		People aged 65 and over immunised with pneumococcal vaccine (at end of March 2014)
	People aged 65 and over	People aged under 65 at risk	
Staffordshire	117,447 (70.8%)	39,552 (50.4%)	103,400 (65.1%)
West Midlands	758,963 (72.4%)	315,130 (52.8%)	636,400 (68.1%)
England	**7,062,210 (73.2%)**	**2,850,900 (52.3%)**	**5,995,800 (69.1%)**

Key: Statistically better than England; statistically worse than England

Source: ImmForm Services, Department of Health and NHS Immunisation Statistics 2013/14, The Information Centre for health and social care, Crown copyright

3.5 Lifestyle risk factors

The focus of lifestyle strategies and interventions tend to be on single risk factors and addressed independently of other risk factors. However those people with one lifestyle risk factor are likely also to have others as well. National research also indicates that highest concentrations of people with multiple lifestyle risk factors are in more deprived communities leading to inequalities in health outcomes.

Data from an adult lifestyle survey conducted in 2008 across the South of the County has been used to identify the proportions of the population with multiple risk factors. Risk factors have been defined as being a smoker, drinking more than the nationally recommended levels of alcohol every week, being physically inactive and / or eating less than three portions of fruit or vegetables every day. The key findings for the adult population were:

- 25% had none of these lifestyle risk factors (equating to 179,100 adults aged 18 and over in Staffordshire in 2013)
- 39% had one lifestyle risk factor (275,500 adults)
- 26% had two lifestyle risk factors (181,400 adults)
- 8% had three lifestyle risk factors (59,300 adults)
- 2% of the population had all four of these lifestyle risk factors (12,400 adults)

Over one in two adults in deprived areas have more than one risk factor compared with three in ten in the least deprived areas.

Poorer lifestyles, combined with an ageing population will mean that not only are there more older people in the population, but they will be suffering from more of the conditions related to poor lifestyles than in previous generations.

Smoking

In Staffordshire, 13% of mothers continued to smoke throughout their pregnancy during 2013/14 which was higher than the England average of 12% but a reduction from the previous year (15.1%). Rates in the North of the County are particularly high.

Based on national prevalence around 1,390 children aged 11-15 are regular smokers in Staffordshire whilst 9,640 children have tried smoking at least once.

The good news is that smoking prevalence in Staffordshire continues to decrease. Based on data from the latest Integrated Household Survey (2013) smoking prevalence for adults aged 18 and over in Staffordshire was 16%. This is lower than the national average (18%) and also a reduction from the 2010 figure of 20%. Data from the same survey found that the prevalence of smoking in routine and manual groups was significantly higher (22%) contributing to increases in health inequalities.

More people in Staffordshire quit smoking than average. However some geographical areas and vulnerable groups have higher smoking prevalence and poor quit rates.

Around one in six Staffordshire residents die every year as result of smoking with overall smoking-attributable death rates for Staffordshire being lower than the England average. However smoking-related deaths in Cannock Chase and Newcastle are however higher than average

Alcohol and substance misuse

Data for 2010/11 to 2012/13 suggests under-18 alcohol-specific admissions rates in Staffordshire are higher than the national average. Provisional data for 2011/12 to 2013/14 indicates that rates have reduced with the average number of admissions every year being 75. Cannock Chase and Stafford have the highest rates of under-18 alcohol specific admission rates

More women in Newcastle die as a result of alcohol than the England average. Alcohol admissions in Staffordshire are high and continue to rise although provisional data for 2013/14 indicates a very slight reduction.

Staffordshire is about average for successful completion of drug treatment.

Obesity, healthy eating and physical activity

More children in Staffordshire have excess weight (overweight and obesity combined) in Reception (aged four to five) than average. The proportion of children who are obese almost doubles from 10% for children in Reception to 18% in Year 6 (ages 10-11).

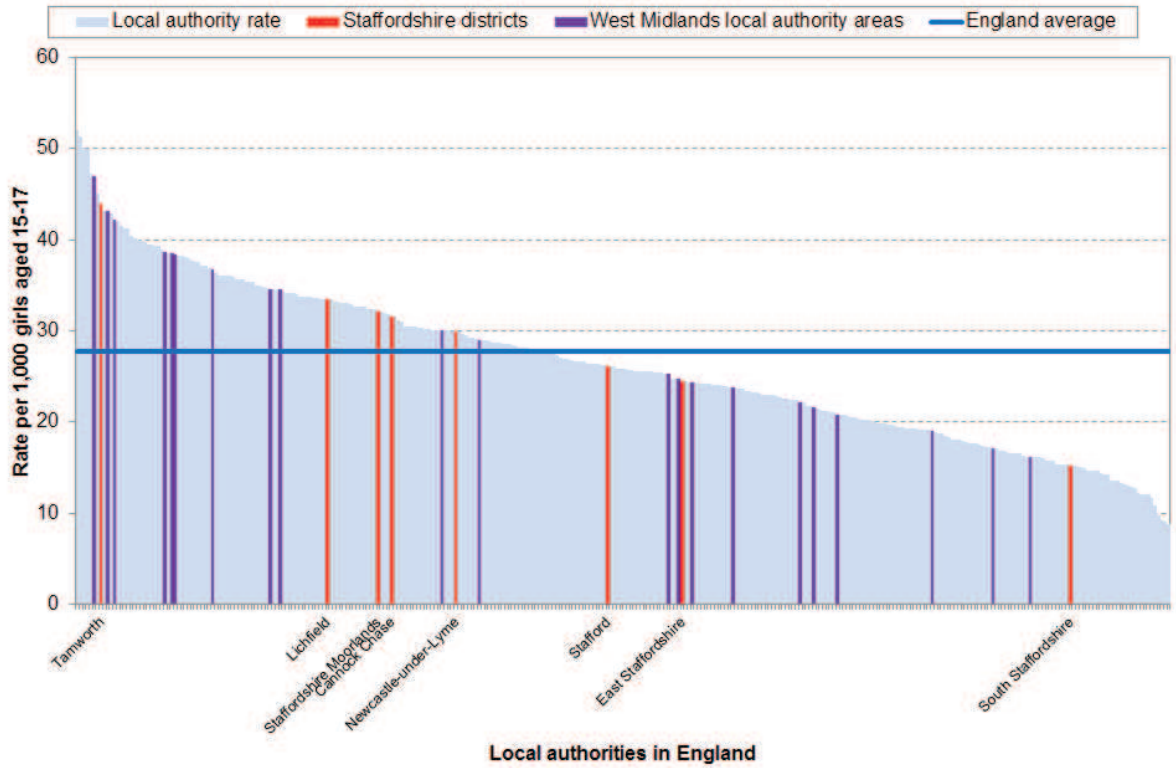
Around two in three adults in Staffordshire are overweight or obese which is higher than average. This is coupled with less people in Staffordshire estimated to eat healthily than average and around three in 10 adults being physically inactive. The numbers of older people at higher risk of malnutrition (especially in the over 85 age group) is also set to increase sharply in Staffordshire.

Sexual health

There are around 440 under-18 teenage conceptions in Staffordshire, with overall rates being similar to the national level although rates are not reducing as fast as the England average. In addition rates in Tamworth continue to be amongst the worst in the Country ranking as the eighth highest in England (Figure 11).

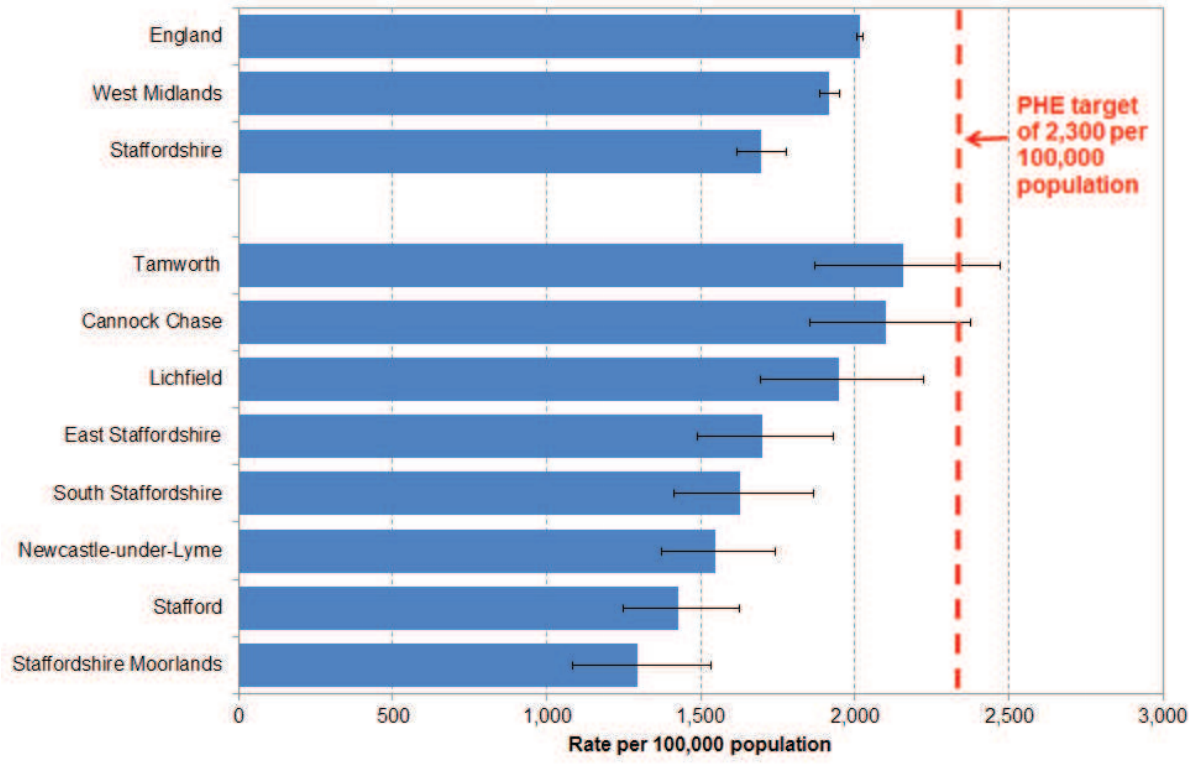
The proportion of young people in Staffordshire who are tested for chlamydia is higher than England. However the diagnosis rate is lower than average and also falls below Public Health England's recommendation of at least 2,300 per 100,000 aged 15-24 years (Figure 12). This may indicate that Staffordshire has lower levels of chlamydia prevalence or that young people who are at higher risk of chlamydia are not being targeted appropriately for testing.

Figure 11: Under-18 conception rates in England, 2012



Source: Office for National Statistics

Figure 12: Chlamydia diagnosis rates in 15-25 year olds, 2013



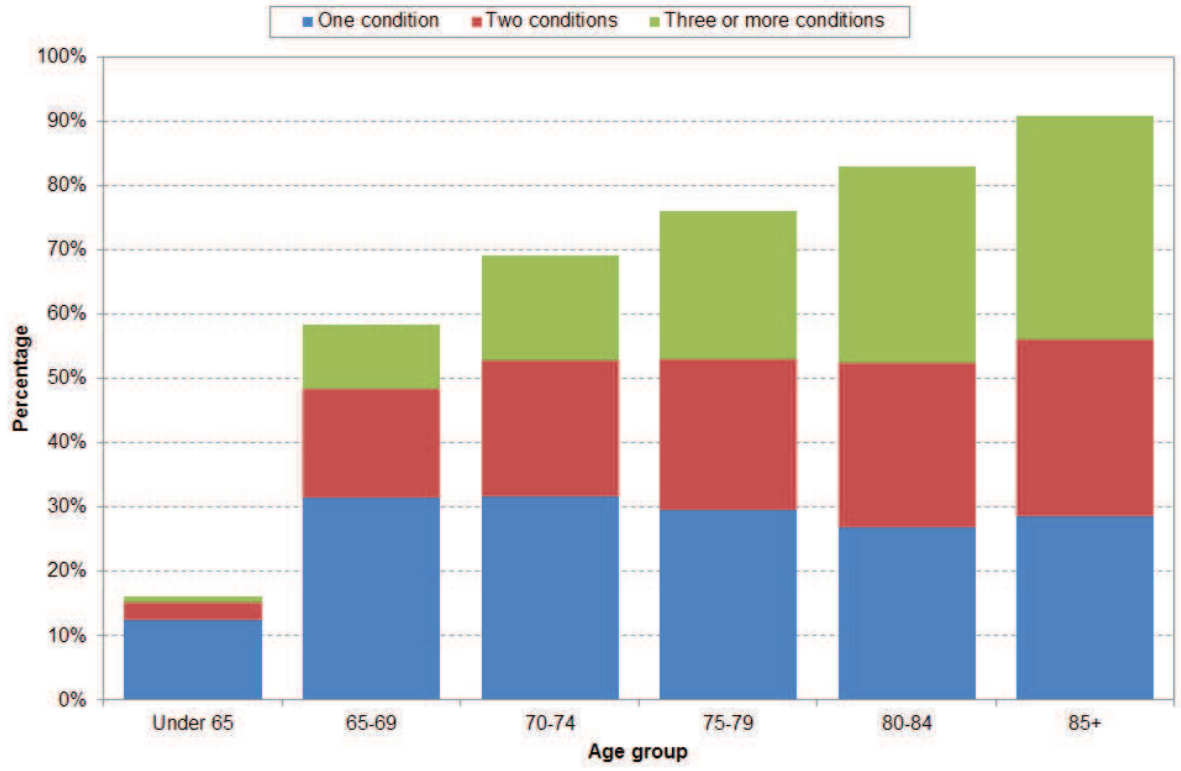
Source: Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/

3.6 Long-term conditions

Long-term conditions (LTCs) are those that cannot currently be cured but can be controlled with the use of medication or other therapies. People with LTCs are more likely to see their GP, be admitted to hospital and stay in hospital longer than people without LTCs. People with LTCs account for a significant and growing proportion of health and social care resources.

More people in Staffordshire report having a limiting long-term illness than average. Around one in four people in Staffordshire have a registered disease with one tenth of the population having more than one condition. By the time people reach 65 they will have developed at least one chronic condition and large proportions will also have developed two or three conditions (Figure 13).

Figure 13: Long-term conditions by age group in South Staffordshire, 2008



Source: GP disease registers extract 2008, South Staffordshire PCT

Estimates suggest that significant numbers of people with LTCs may be undiagnosed with low diagnosis rates seen for conditions such as heart failure, dementia, hypertension and chronic kidney disease.

What is frailty? The clinical condition of 'frailty' is one of the most-challenging consequences of population ageing. Frailty develops as a consequence of age-related decline in multiple body systems, which results in vulnerability to sudden health status changes triggered by minor stress or events such as an infection or a fall at home.

Source: NHS England. Safe, compassionate care for frail older people using an integrated care pathway: Practical guidance for commissioners, providers and nursing, medical and allied health professional leaders, February 2014

Research suggests that between a quarter and half of people aged 85 and over are estimated to be frail and that the overall prevalence in people aged 75 and over is around 9%. Based on a model developed by Public Health Staffordshire the number of people who are frail elderly and those at most risk equated to around 15% of people aged 65 and over which is predicted to increase by 2023. There are also clear overlaps with the frail elderly population and people with long-term conditions, dementia and/or end of life.

Figure 14: Interaction of frail elderly with other health and wellbeing priorities

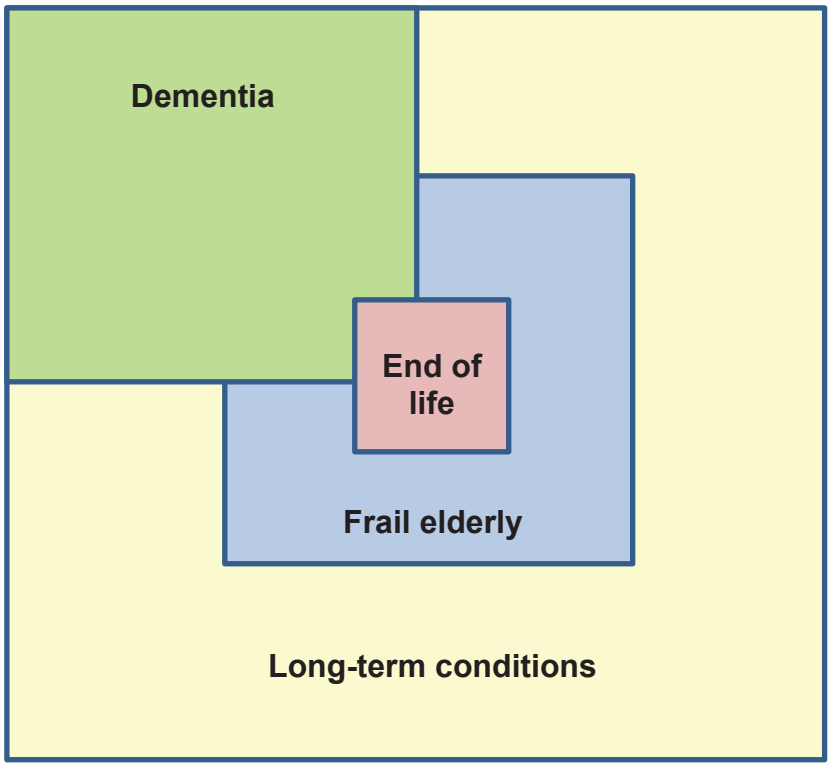


Table 5: Interaction of frail elderly with other health and wellbeing priorities

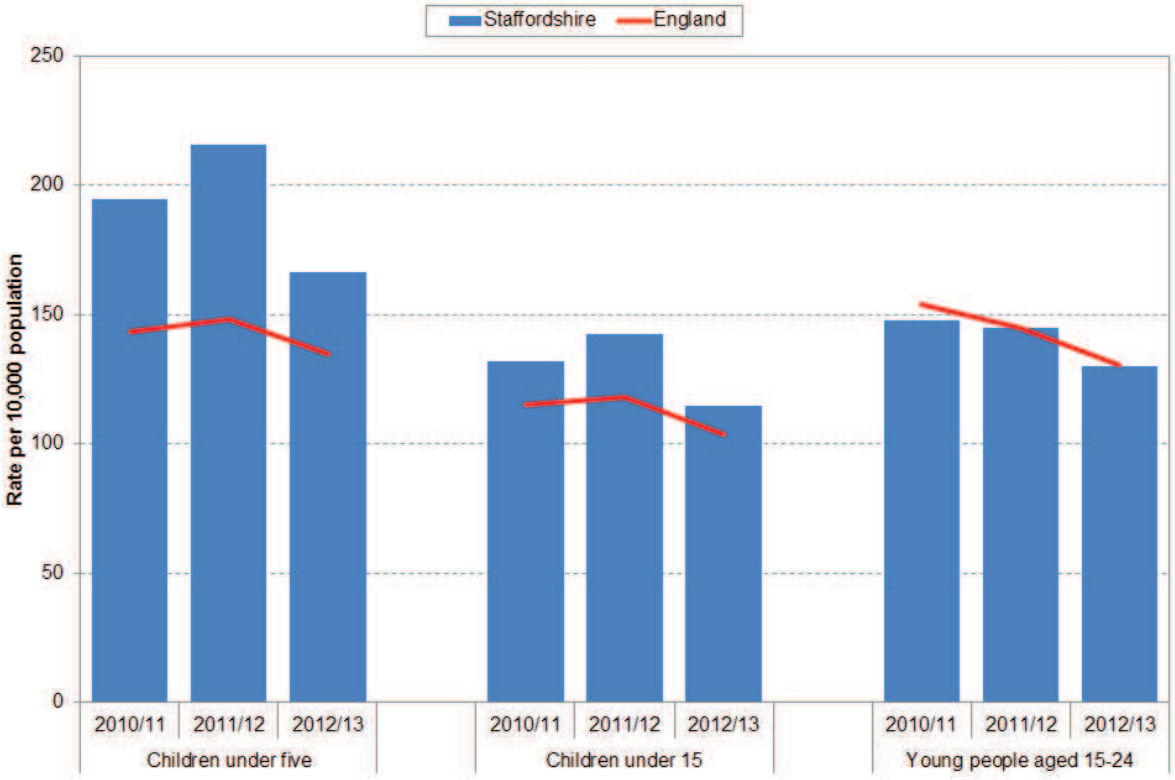
	Dementia	Long-term conditions	Frail elderly	End of life
2013 estimates				
Dementia	11,100	11,100	2,400	1,900
Long-term conditions	11,100	232,100	26,300	6,300
Frail elderly	2,400	26,300	26,300	6,300
End of life	1,900	6,300	6,300	6,300
2023 projections				
Dementia	16,200	16,200	3,500	2,000
Long-term conditions	16,200	268,200	40,500	6,500
Frail elderly	3,500	40,500	40,500	6,500
End of life	2,000	6,500	6,500	6,500

Data compiled and analysed by Public Health Staffordshire, Staffordshire County Council

3.7 Hospital admissions

Hospital admissions caused by unintentional and deliberate injuries for Staffordshire children aged under 15 and particularly those under five are higher than the England average (Figure 15). Leading causes in this age group are falls from furniture and poisoning from medicines. Cannock Chase, East Staffordshire and Stafford have high rates for admissions under five. Cannock Chase and Stafford also have high rates for admissions in children aged under 15 whilst levels of accidental admissions are high in East Staffordshire and Staffordshire Moorlands in the 15-24 age group.

Figure 15: Trends in hospital admissions caused by unintentional and deliberate injuries in children and young people



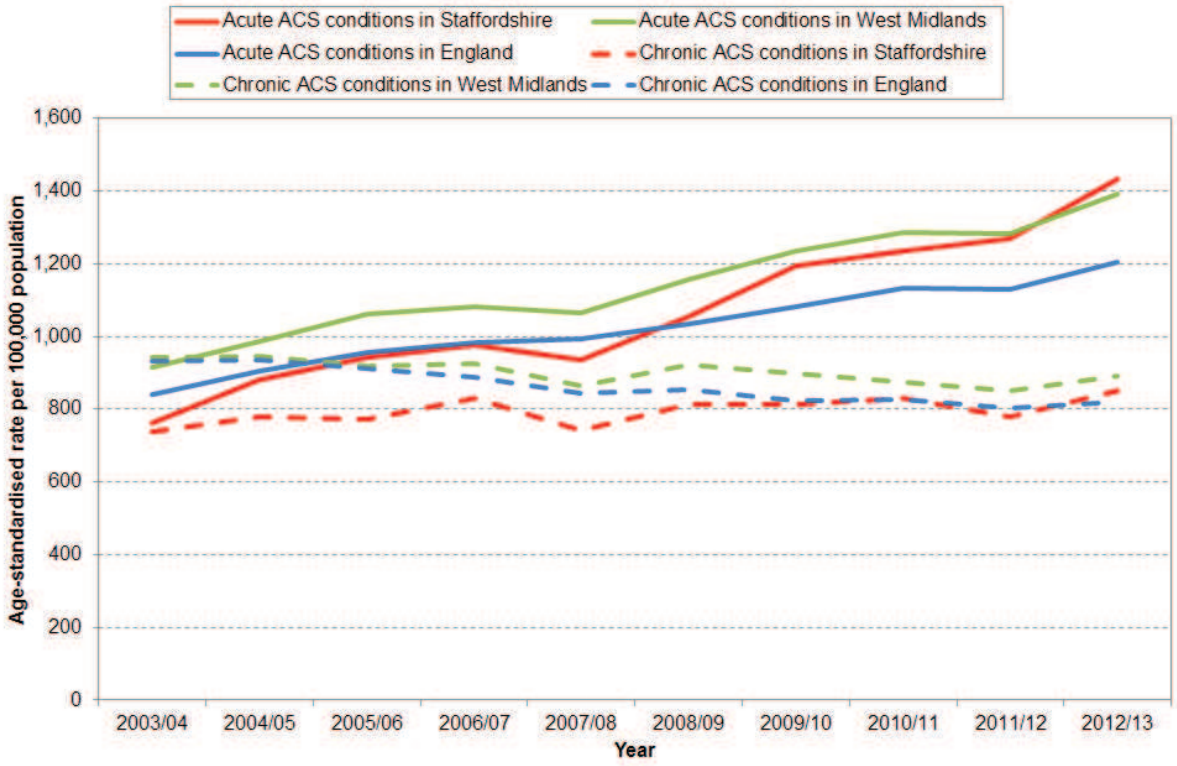
Source: Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/

Staffordshire also has a higher than average rate for admissions from asthma, diabetes and epilepsy in under 19s with the majority of these being due to asthma. More children under 19 in Cannock Chase, Newcastle and Stafford are admitted to hospital for lower respiratory tract infections than average.

Over 100 residents aged 65 and over have an unplanned hospital admission every day and admission rates in this age group in Staffordshire are higher than the national average, in particular for acute and chronic conditions that can be managed effectively in primary care or outpatient settings (known as ambulatory care sensitive (ACS) conditions). Trends in Staffordshire for both acute and chronic conditions are increasing more rapidly than average (Figure 16).

The most common acute ACS conditions for older people aged 65 and over are urinary tract infections (44%), influenza and pneumonia (23%) and dehydration and gastroenteritis (15%). In terms of chronic conditions the most common admissions in older people are for: chronic obstructive pulmonary disease (34%), heart failure (21%) and atrial fibrillation (17%).

Figure 16: Trends in unplanned admissions from ambulatory care sensitive (ACS) conditions



Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Almost 3,400 people aged 65 and over in Staffordshire were admitted to hospital for a fall-related injury during 2012/13, with rates being similar to England (Table 6). Rates in East Staffordshire, Newcastle and Tamworth are higher than England. Rates of for women and those aged over 80 are also higher than average.

Table 6: Admissions due to falls in people aged 65 and over, 2012/13

	Number of admissions	Age-sex standardised rate per 100,000 population	Statistical difference to England
Cannock Chase	310	1,868	Similar
East Staffordshire	467	2,330	**Higher**
Lichfield	427	2,095	Similar
Newcastle-under-Lyme	556	2,304	**Higher**
South Staffordshire	407	1,747	**Lower**
Stafford	557	2,012	Similar
Staffordshire Moorlands	411	1,959	Similar
Tamworth	254	2,417	**Higher**
Staffordshire	**3,389**	**2,071**	**Similar**
West Midlands	**19,934**	**1,951**	**Lower**
England	**192,695**	**2,011**	

Source: Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/

3.8 Health and wellbeing priorities for Staffordshire

The integrated priorities that have been identified in Staffordshire's Health and Wellbeing Strategy are:

- Maternal health
- Children's health and social need including parenting
- Learning disability
- Mental health
- Drugs and alcohol
- Sexual health
- Frail elderly including dementia
- Support to live at home
- Support for carers

The latest strategy can be found at:
http://www.staffordshirepartnership.org.uk/Health-and-Wellbeing-Board/Health--Wellbeing-Board.aspx

4 Current provision of pharmaceutical services

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations (*2013 Regulations*) also provides the legal framework that govern he services that pharmaceutical services providers can provide. Although dispensing practices provide a wide range of services for their patients, for the purpose of the PNA, only the prescription dispensing services are considered within the regulation and PNA.

As described in Section 1.3 there are three levels of pharmaceutical services that community pharmacies can provide:

- Essential services – services all pharmacies are required to provide
- Advanced services – services to support patients with safe use of medicines
- Enhanced services – services that can be commissioned locally by NHS England.

Pharmacies can also provide 'locally commissioned services' that are commissioned by local commissioners such as Staffordshire County Council.

This chapter describes the current provision of these services in Staffordshire.

4.1 Pharmaceutical provision in Staffordshire

Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. Pharmacies are well used and based on national estimates around seven million visits are made to a community pharmacy for health-related reasons annually in Staffordshire which equates to around 10 visits per person every year.

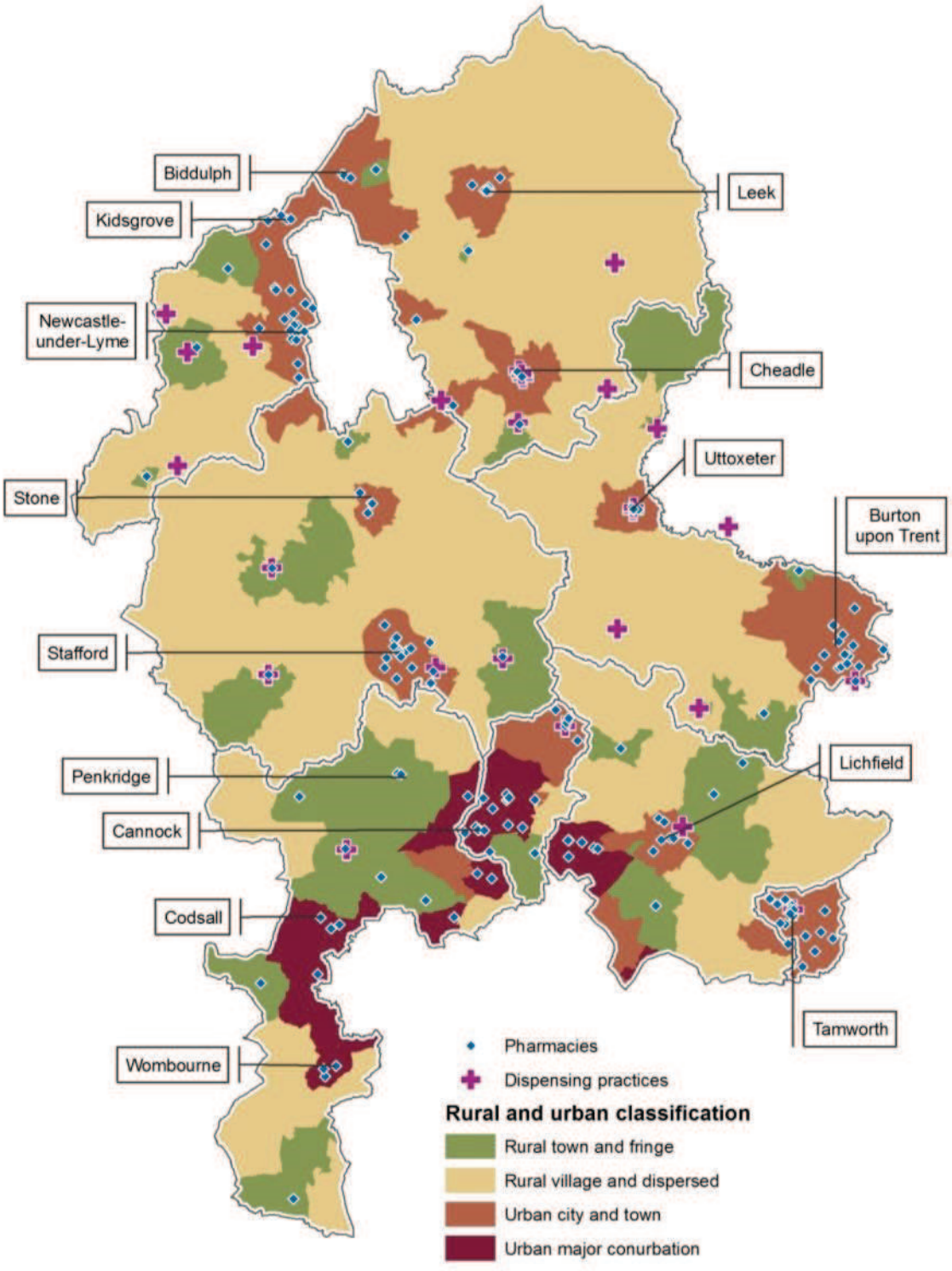
There are 181 pharmaceutical service providers of which five are distance-selling pharmacies. There are two essential small pharmacies who have a LPS contract (Millers Chemist in Staffordshire Moorlands and Exley Pharmacy in Tamworth). There are also 27 dispensing GP practices in Staffordshire (Table 7 and Map 6). A Walsall practice also dispenses from its branch practice, Stonnall Surgery, in Lichfield district. There are two essential small pharmacies whose contracts are due to end on the 31 March 2015. These two pharmacies will need to apply to NHS England's area team for continued funding. Map 7 also shows pharmaceutical providers alongside GP practices within Staffordshire.

Table 7: Pharmaceutical providers in Staffordshire as at December 2014

	All pharmaceutical providers	Community pharmacies	Distance selling pharmacies	Dispensing practices
Cannock Chase	25	25	0	0
East Staffordshire	24	23	1	7
Lichfield	19	19	0	2
Newcastle-under-Lyme	27	26	1	4
South Staffordshire	19	19	0	2
Stafford	28	28	0	4
Staffordshire Moorlands	19	19	0	7
Tamworth	20	17	3	1
Staffordshire	**181**	**176**	**5**	**27**

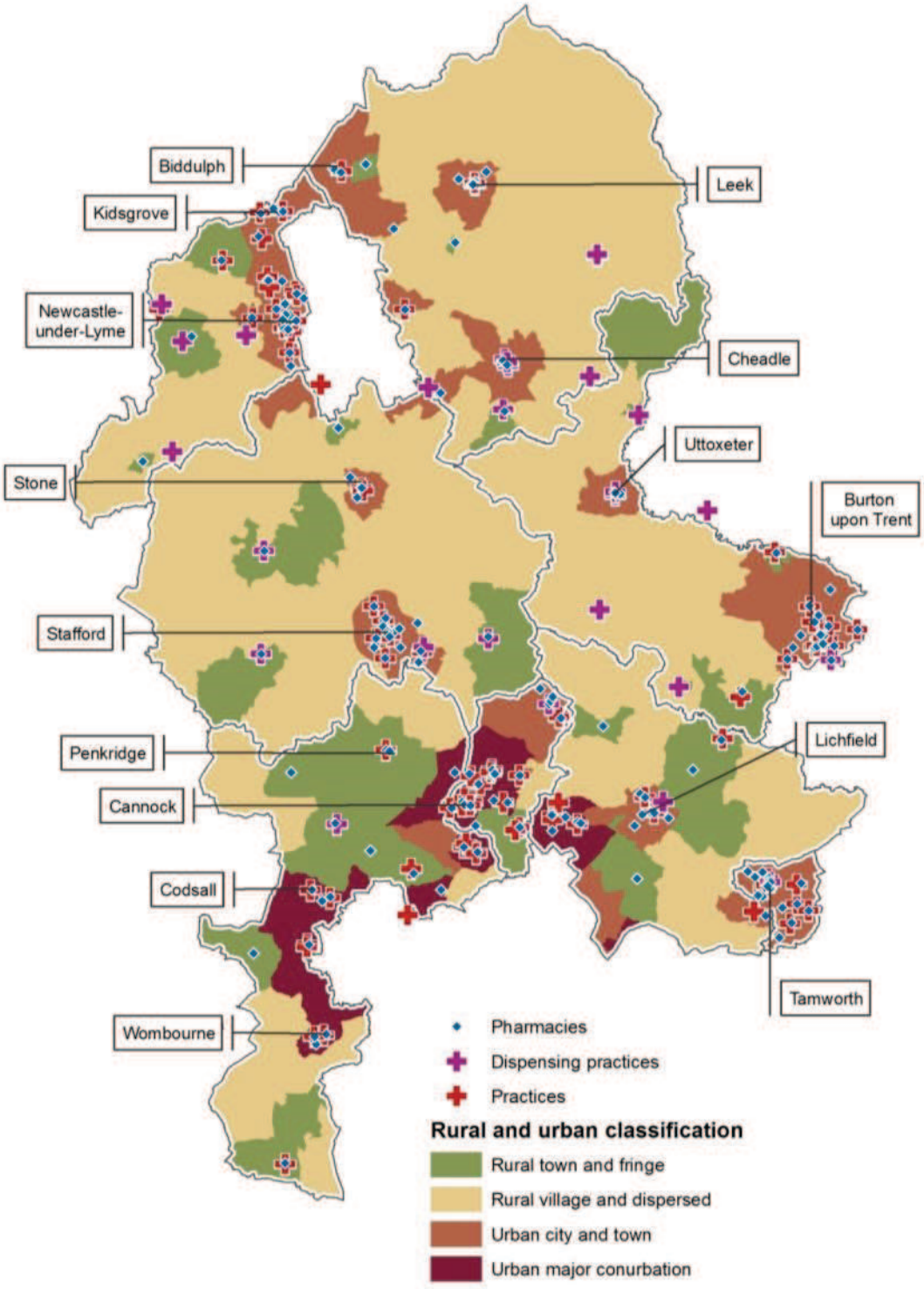
Source: NHS England Shropshire and Staffordshire Area Team and NHS Business Services Authority

Map 6: Distribution of pharmaceutical providers in Staffordshire



Source: NHS England Shropshire and Staffordshire Area Team, NHS Business Services Authority and The Rural and Urban Classification 2011, Office for National Statistics

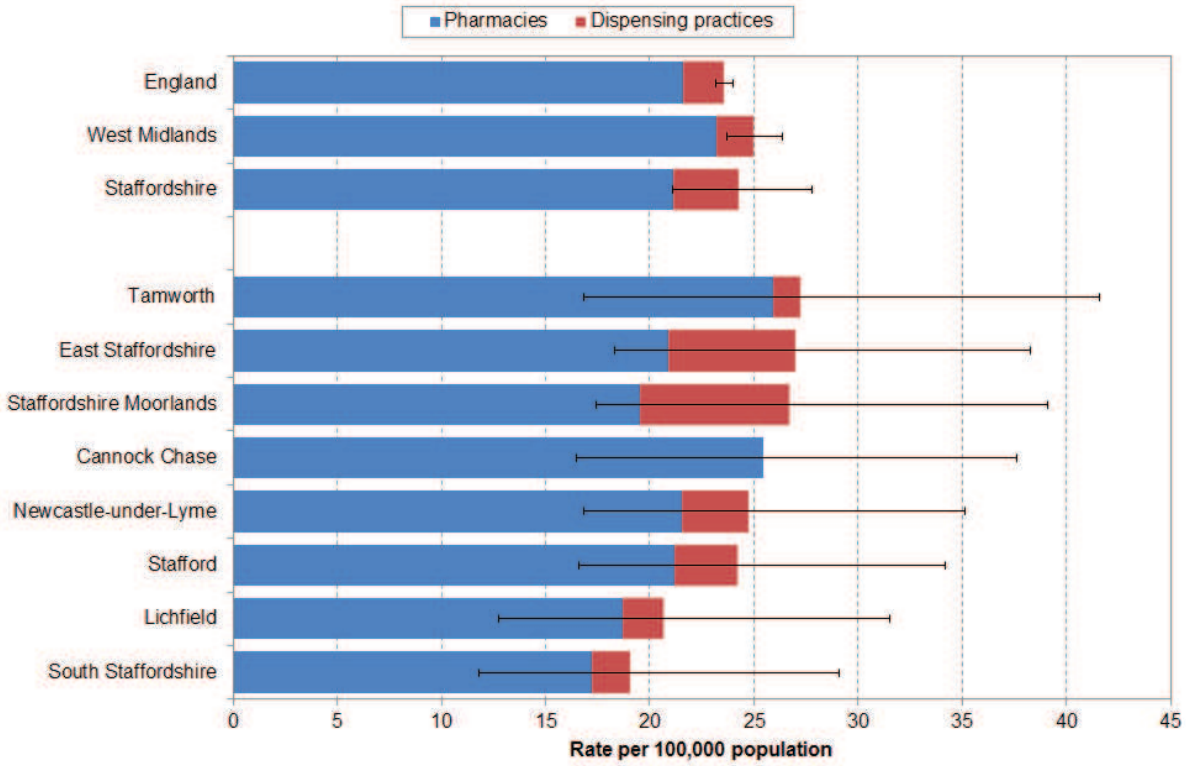
Map 7: Distribution of pharmaceutical providers and GP practices in Staffordshire



Source: NHS England Shropshire and Staffordshire Area Team, NHS Business Services Authority and The Rural and Urban Classification 2011, Office for National Statistics

The rate of community pharmacies and dispensing practices is 24 per 100,000 population which is similar to the national average (also 24 per 100,000) but ranges between districts from 19 per 100,000 in South Staffordshire to 27 per 100,000 population in Tamworth although districts with low rates do also have nearby access to pharmacies in neighbouring areas such as Wolverhampton and Stoke-on-Trent. Rates across Staffordshire are similar to the national average rate (Figure 17).

Figure 17: Pharmaceutical providers per 100,000 population, December 2014



Source: NHS England Shropshire and Staffordshire Area Team, NHS Business Services Authority and General Pharmaceutical Services in England 2003/04 to 2013/14, Copyright 2014, Health and Social Care Information Centre. All Rights Reserved

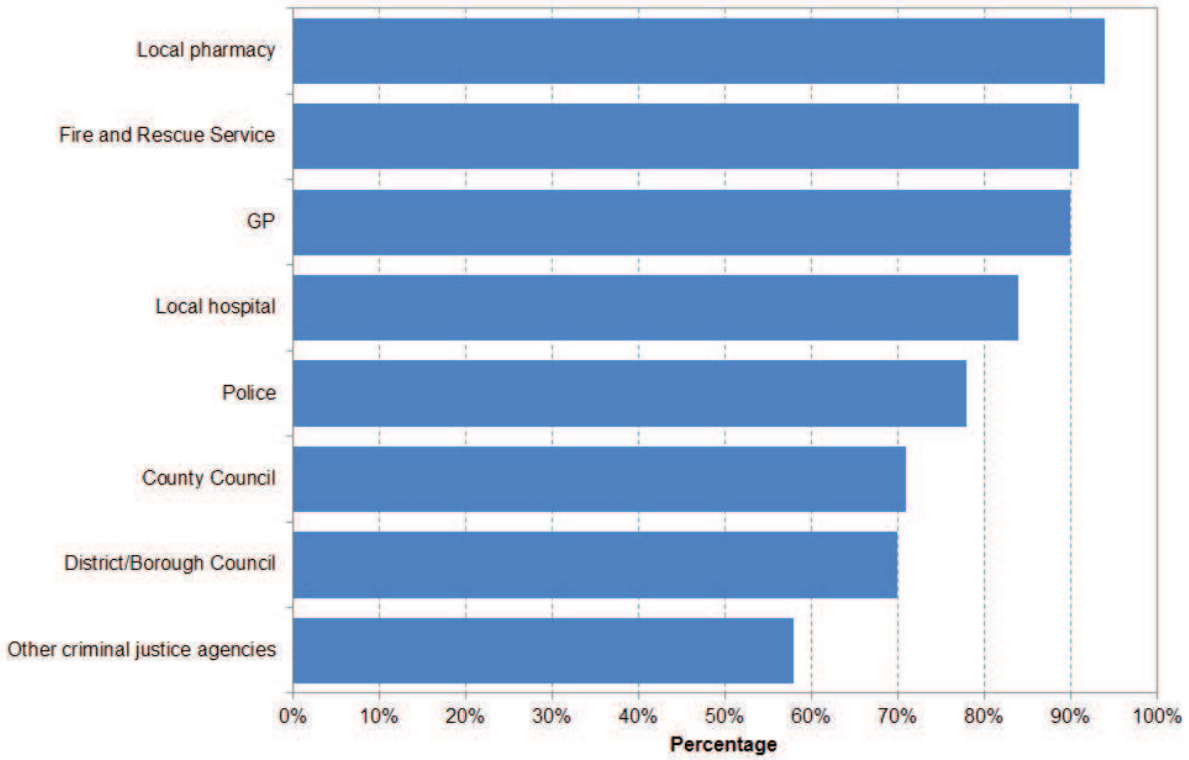
The consultation identified a gap for the undertaking of further mapping of controlled localities, dispensing practice areas and reserved locations to provide assurance on the patients who fall into dispensing and prescribing groups for these practices. This will also help clarity the status of these areas which will help support application decisions for new pharmacies or those considering relocation.

A national patient survey indicated that the public value a variety of types of pharmacy. In terms of ownership around 40% of pharmacies in Staffordshire are owned by independent contractors whilst 60% are owned by multiple contractors. (Note: for the purposes of this assessment the national definition of multiple contractors is used which are those community pharmacies who own six or more pharmacies).

Staffordshire residents are generally satisfied with pharmacy provision. Data from the latest *Feeling the Difference* survey found that 94% of residents were satisfied with their local pharmacy / chemist which is the highest amongst other public serving organisations (Figure 18). Respondents from the PNA consultation were also generally satisfied with pharmacy services.

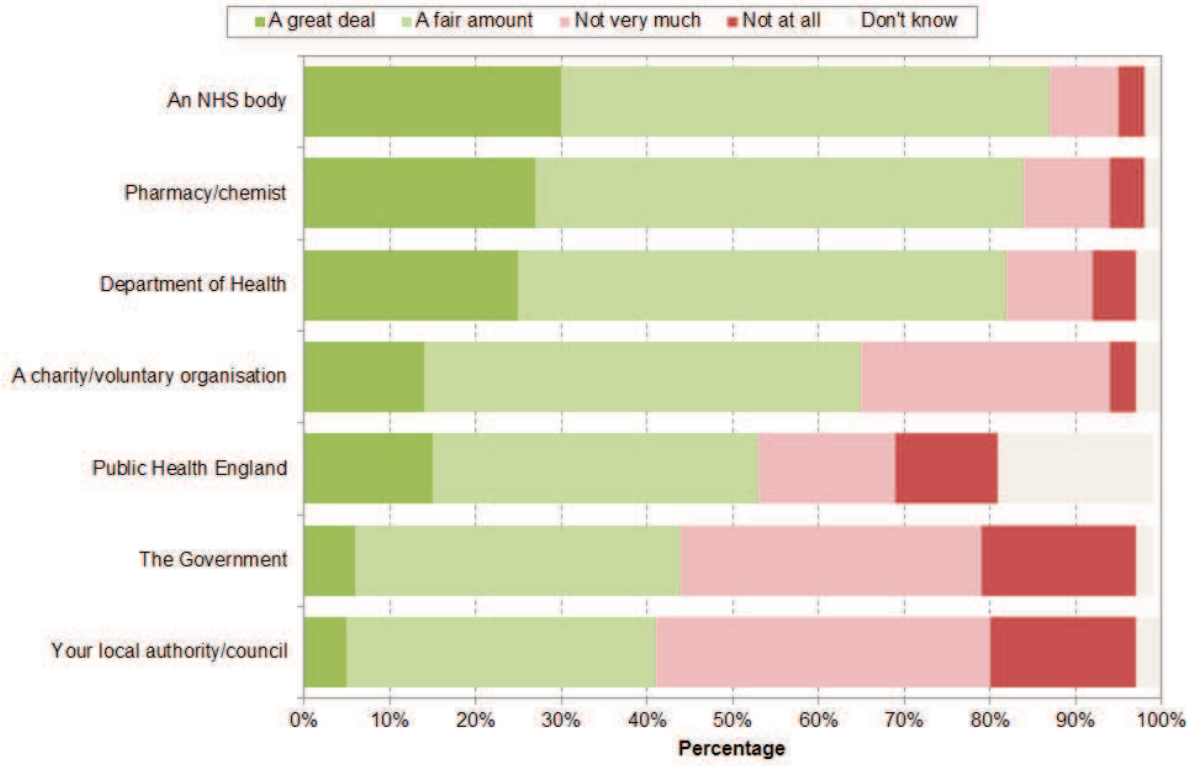
In addition a recent MORI survey for Public Health England published in August 2014 suggests that nationally almost 84% say they would trust advice from pharmacies on how to stay healthy (Figure 19).

Figure 18: Percentage 'very' or 'fairly satisfied' with the following services



Source: Feeling the Difference Survey Wave 15, Staffordshire Observatory, February 2014

Figure 19: Respondents "to what extent would you trust advice on how to stay healthy from the following organisations/bodies?" (n = 1,625)



Source: 2014 Public awareness and opinion survey for Public Health England, Ipsos MORI, July 2014

4.2 Essential pharmacy services

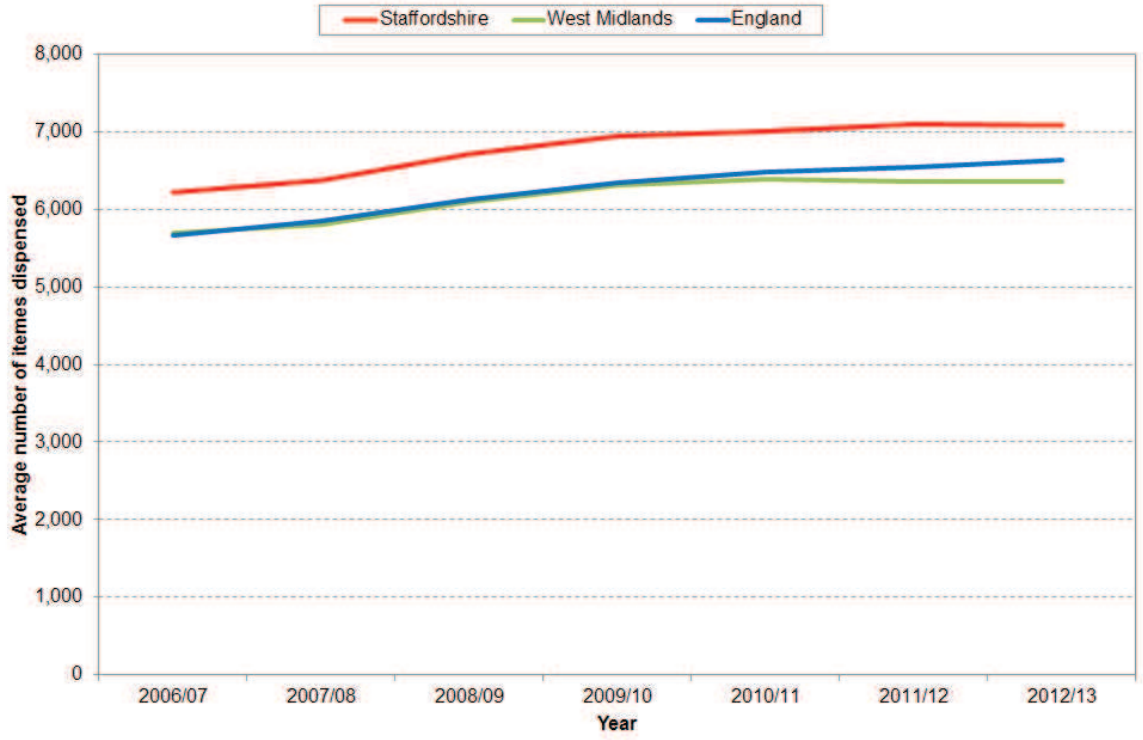
These are services which pharmacies providing NHS pharmaceutical services must provide and are specified by the national contractual framework for pharmacies. Whilst distance-selling pharmacy contractors provide essential services they must not provide these services face-to-face at their premises. Essential services include:

- Dispensing medicines and / or appliances
- Repeat dispensing
- Disposal of unwanted medicines
- Public health campaigns
- Signposting
- Support for self-care
- Clinical governance

Dispensing medicines and/or appliances - the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made. An Electronic Prescription Service (EPS) has also being implemented as part of the dispensing service and all pharmacies are now "Release 2 enabled".

On average in Staffordshire more items were consistently dispensed per pharmacy then the national average (Figure 20). This is thought to be primarily due to Staffordshire having an older population than average. Staffordshire has also seen a growth in the number of monthly items prescribed of 14% which is less than the national average of 17% but slightly higher than the regional growth (12%).

Figure 20: Average number of items dispensed per pharmacy per month



Source: General Pharmaceutical Services in England 2003/04 to 2012/13, Copyright © 2013, Health and Social Care Information Centre. All Rights Reserved

Some of the reasons which help to explain why rates have been increasing both locally and nationally are shown in Table 8.

Table 8: Factors which influence the number of prescriptions dispensed

- the size of the population
- the age structure of the population, notably the proportion of the those aged 60 and over, who generally receive more prescriptions than the young
- improvements in diagnosis, leading to earlier recognition of conditions and earlier treatment with medicines
- development of new medicines for conditions with limited treatment options
- development of more medicines to treat common conditions
- increased prevalence of some long term conditions, for example, diabetes
- shifts in prescribing practice in response to national policy, and new guidance and evidence
- increased prescribing for prevention or reducing risk of serious events, e.g. use of lipid-lowering drugs to reduce risk of stroke or heart attack.

Source: Prescriptions dispensed in the community in England, 2003-13, Copyright 2014, Health and Social Care Information Centre. All rights reserved

Repeat dispensing - the management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine.

Disposal of unwanted medicines - pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.

Promotion of healthy lifestyles (public health) - opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. Pharmacies will also get involved in six local campaigns a year, organised by NHS England. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.

In Staffordshire campaigns were coordinated by NHS England's area team in conjunction with North and South Staffordshire LPC, the Healthy Living Pharmacy Steering Group and public health teams across Staffordshire and Stoke-on-Trent. Each pharmacy is normally provided with posters and/or leaflets or links on where to access them.

During 2013/14 the public health campaigns were:

- Sun awareness
- Oral health
- Ageing well
- Alcohol (through Staffordshire and Stoke-on-Trent Partnership Trust)
- Cancer awareness
- Know your numbers (blood pressure)
- Mental health
- Stoptober
- Continence (in some areas)

Feedback from pharmacies has generally been good and further work is being done to evaluate the campaigns. These campaigns also complement concerns from residents nationally and locally as shown below.

In terms of public opinion data from the Winter 2013 wave *of the Public Perceptions of the NHS and Social Care Tracker Survey,* when asked "what are the biggest health problems facing people today", cancer (34%) and obesity (33%) continued to feature as the top two, although there has been an increase in concern about age-related illnesses (23%). Alcohol abuse (18%) and smoking (16%) make up remaining top five issues.

The latest *Feeling the Difference* survey published in February 2014 identifies alcohol misuse, substance misuse and anti-social behaviour as the biggest problems in Staffordshire and Stoke-on-Trent locally. Being overweight and smoking also feature in the top five as local problems (Figure 21).

Figure 21: What are the biggest problems in your local area?

Source: Feeling the Difference Survey Wave 15, February 2014, Staffordshire Observatory

Signposting patients to other healthcare providers - pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient support groups.

Support for self-care - the provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.

Clinical governance - pharmacies must have a system of clinical governance to support the provision of excellent care; requirements include:

- provision of a practice leaflet for patients
- use of standard operating procedures
- patient safety incident reporting to the National Reporting and Learning Service
- conducting clinical audits and patient satisfaction surveys
- having complaints and whistle-blowing policies
- acting upon drug alerts and product recalls to minimise patient harm
- having cleanliness and infection control measures in place

4.3 Advanced pharmacy services

There are four advanced pharmacy services in Staffordshire that NHS England Shropshire and Staffordshire Area Team commission subject to accreditation.

The number of pharmacies who provide these in Staffordshire is shown in Table 9. There is overall good coverage of Medicines Use Review (MUR) and New Medicine Service (NMS) across Staffordshire although coverage of NMS does vary by district and is below the average. Coverage of appliance user reviews and stoma appliance customisation services in Staffordshire are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance contractor located in another area, for example Stoke-on-Trent.

Table 9: Advanced services in Staffordshire as at December 2014

	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service
Cannock Chase	25 (100%)	24 (96%)	1 (4.0%)	6 (24%)
East Staffordshire	22 (92%)	18 (75%)	1 (4.2%)	5 (21%)
Lichfield	19 (100%)	17 (89%)	0 (0.0%)	1 (5%)
Newcastle-under-Lyme	27 (100%)	21 (78%)	0 (0.0%)	7 (26%)
South Staffordshire	18 (95%)	15 (79%)	2 (10.5%)	2 (11%)
Stafford	26 (93%)	23 (82%)	4 (14.3%)	6 (21%)
Staffordshire Moorlands	17 (89%)	12 (63%)	2 (10.5%)	7 (37%)
Tamworth	18 (90%)	14 (70%)	2 (10.0%)	4 (20%)
Staffordshire	**172 (95%)**	**144 (80%)**	**12 (6.6%)**	**38 (21%)**
West Midlands	**1,227 (94%)**	**1,121 (85%)**	**9 (0.7%)**	**208 (16%)**
England	**10,929 (94%)**	**10,260 (88%)**	**113 (1.0%)**	**1,737 (15%)**

Note: Data on AURs and SACs for West Midlands and England relate to 2013/14

Source: NHS England Shropshire and Staffordshire Area Team, and Pharmaceutical Services Negotiating Committee (PSNC), http://psnc.org.uk/funding-and-statistics/ and General Pharmaceutical Services in England 2003/04 to 2013/14, Copyright 2014, Health and Social Care Information Centre. All Rights Reserved

Medicines Use Review (MUR) - The pharmacist conducts an adherence medicines review with the patient. The review assesses the patient's use of their medicines and identifies any problems they may be experiencing. The service aims to increase the patient's knowledge of their medication and improve their adherence to the regimen. At least half of the MURs provided each year must be for patients who fall within one of the national target groups (patients taking high risk medicines, patients recently discharged from hospital, patients with respiratory disease. A new target group was announced in September 2014 which will include patients at risk of, or diagnosed with, cardiovascular disease and regularly being prescribed at least four medicines. The proportion of MURs from target groups will also increase from 50% to 70%.

National evidence suggests that between 5-8% of unplanned emergency admissions in adults are due to avoidable issues related to medicines.

The average number of MURs during 2013/14 for Staffordshire per participating pharmacy was 284. This is higher than both the regional average (277) and the national average (279) but below the maximum number of MURs (400) that pharmacies can claim for which indicates there may be some potential for increasing the numbers of MURs undertaken by pharmacies every year. In addition the annual average number of MURs varies significantly between districts and between pharmacies across Staffordshire (Table 10 and Map 8). Some pharmacies fall considerably below the maximum number of MURs they can claim for and both Staffordshire and national averages.

Table 10: Medicines Use Reviews activity, 2013/14

	Number of pharmacies	Number of MURs during 2013/14	Average per pharmacy
Cannock Chase	25	8,941	358
East Staffordshire	22	6,322	287
Lichfield	19	5,586	294
Newcastle-under-Lyme	27	7,359	273
South Staffordshire	18	4,811	267
Stafford	26	7,176	276
Staffordshire Moorlands	17	4,726	278
Tamworth	18	3,969	221
Staffordshire	**172**	**48,890**	**284**
West Midlands	**1,227**	**339,441**	**277**
England	**10,929**	**3,053,875**	**279**

Source: NHS England Shropshire and Staffordshire Area Team and Pharmaceutical Services Negotiating Committee (PSNC), http://psnc.org.uk/funding-and-statistics/

New Medicine Service (NMS) - This service is designed to improve patients' understanding of a newly prescribed medicine for a long term condition, and help them get the most from the medicine. Research has shown that after 10 days, two thirds of patients prescribed a new medicine reported problems including side effects, difficulties taking the medicine and a need for further information. The NMS has been designed to fill this identified gap in patient need. The pharmacist will provide the patient with information on their new medicine and how to use it when it is first dispensed. The pharmacist and patient will then agree to meet or speak by telephone in around a fortnight and a final consultation around 21-28 days after starting the medicine. Any issues or concerns identified can therefore be resolved.

An academic evaluation of the service by the University of Nottingham was published in August 2014 and concluded that the NMS delivered better patient outcomes at a reduced cost to the NHS and should be continued.

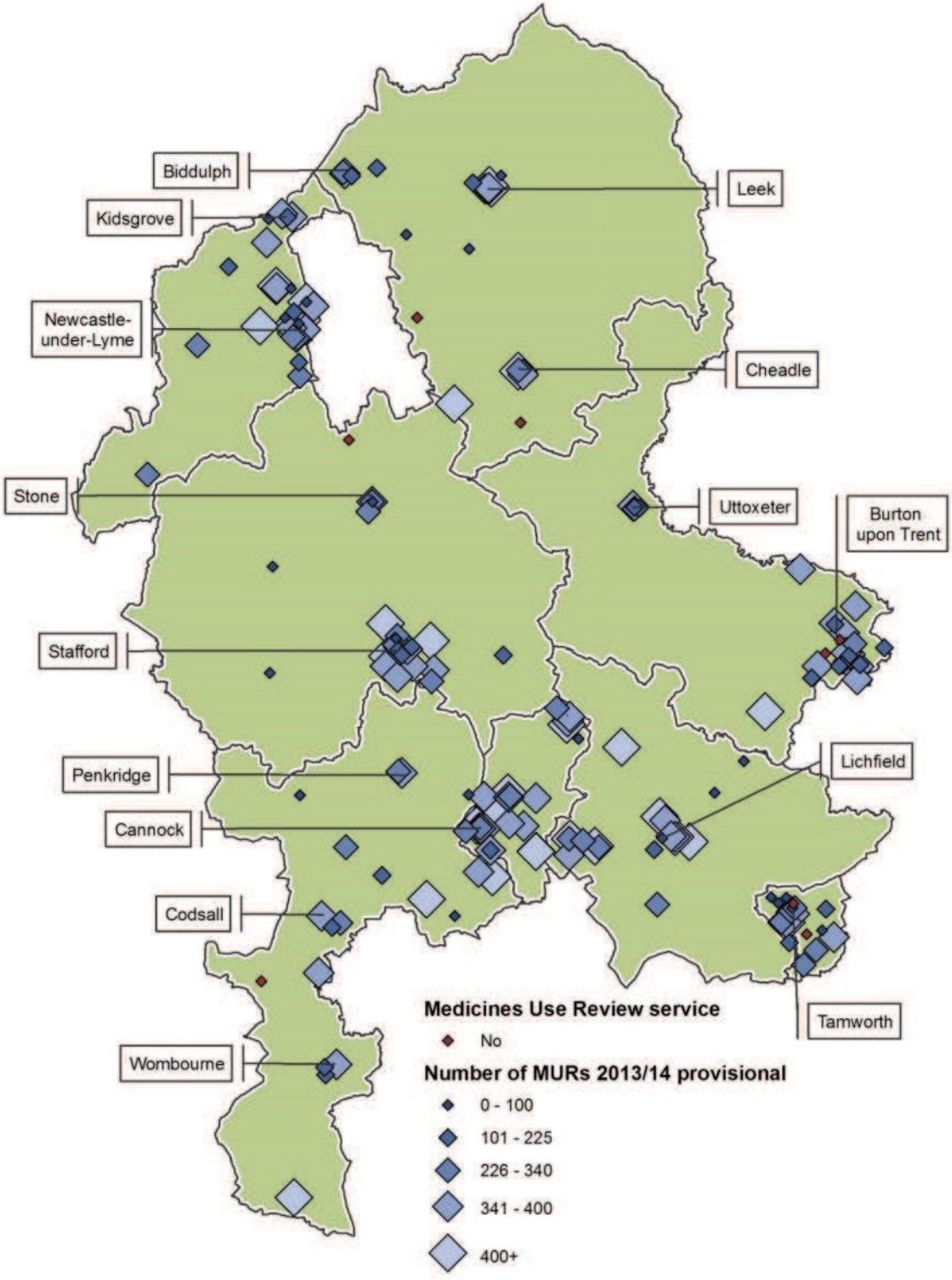
Local activity data was available from NHS England for a six month period. Based on this data on average every participating pharmacy saw eight patients per month which is slightly higher than the regional and national averages of six. Pharmacies in Cannock Chase and Tamworth saw more patients than average.

Table 11: New Medicine Service activity, Oct 2013 to March 2014

	Number of pharmacies	Number of NMS	Average per pharmacy per month
Cannock Chase	24	1,520	11
East Staffordshire	18	938	9
Lichfield	17	710	7
Newcastle-under-Lyme	21	1,184	9
South Staffordshire	15	637	7
Stafford	23	784	6
Staffordshire Moorlands	12	501	7
Tamworth	14	812	10
Staffordshire	**144**	**7,086**	**8**
West Midlands	**1,121**	**40,137**	**6**
England	**10,260**	**370,516**	**6**

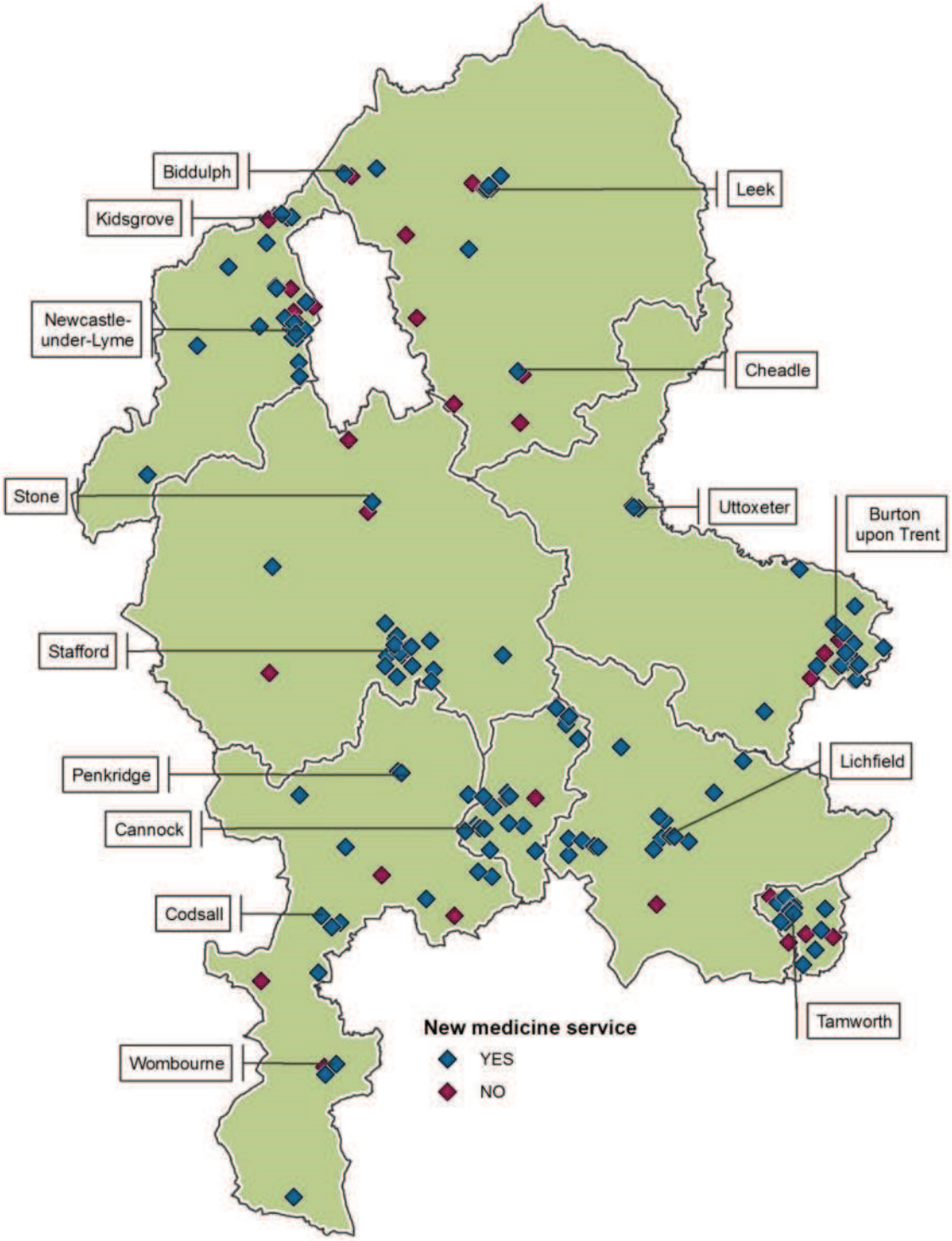
Source: NHS England Shropshire and Staffordshire Area Team, Pharmaceutical Services Negotiating Committee (PSNC), http://psnc.org.uk/funding-and-statistics and NHS Business Services Authority http://www.nhsbsa.nhs.uk/PrescriptionServices/3545.aspx

Map 8: Provision of Medicines Use Reviews in Staffordshire



Source: NHS England Shropshire and Staffordshire Area Team and Pharmaceutical Services Negotiating Committee (PSNC), http://psnc.org.uk/funding-and-statistics/

Map 9: Provision of New Medicine Service in Staffordshire



Source: NHS England Shropshire and Staffordshire Area Team

Appliance Use Review (AUR) Service - This service is similar to the MUR service, but it aims to help patients better understand and use their prescribed appliances (e.g. stoma appliances) rather than their medicines by establishing the way the patient uses the appliance and the patient's experience of such use and identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient, advising the patient on the safe and appropriate storage of the appliance and proper disposal of the appliances that are used or unwanted. The service is conducted in a private consultation area or in the patient's home.

Stoma Appliance Customisation (SAC) Service - This service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

The provision of AUR and SACs during 2012/13 in Staffordshire was considerably lower than the average (Table 12). Data for 2013/14 is not currently available.

Table 12: Appliance Use Review and Stoma Appliance Customisation (SAC) Service activity in Staffordshire, 2012/13

	Appliance Use Review (AURs)			Stoma Appliance Customisation (SAC)		
	Number of pharmacies	Number	Average per pharmacy	Number of pharmacies	Number	Average per pharmacy
Staffordshire	1	3	3	21	471	22
West Midlands	12	535	45	220	70,426	320
England	**143**	**28,147**	**197**	**1,761**	**1,117,971**	**635**

Source: General Pharmaceutical Services in England 2003/04 to 2012/13, Copyright 2013, Health and Social Care Information Centre. All Rights Reserved

4.4 Enhanced and locally commissioned pharmacy services

Local commissioners (e.g. NHS England Shropshire and Staffordshire Area Team and Staffordshire County Council) commission a range of services through service level agreements (Table 13). Some services (for example Stop Smoking Services) are also contracted by other providers, e.g. Staffordshire and Stoke-on-Trent Partnership Trust.

Table 13: Enhanced and locally commissioned services in Staffordshire, 2013/14

	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire
Emergency supply pilot scheme (winter pressures campaign)	16 (64%)	16 (67%)	12 (63%)	21 (78%)	10 (53%)	19 (68%)	16 (84%)	8 (40%)	**118 (65%)**
Minor ailment pilot scheme (winter pressures campaign)	11 (44%)	12 (50%)	16 (84%)	14 (52%)	8 (42%)	15 (54%)	9 (47%)	7 (35%)	**92 (51%)**
Supervised administration service	17 (68%)	20 (83%)	12 (63%)	17 (63%)	11 (58%)	21 (75%)	6 (32%)	11 (55%)	**115 (64%)**
Stop smoking service	13 (52%)	19 (79%)	14 (74%)	16 (59%)	8 (42%)	13 (46%)	8 (42%)	9 (45%)	**100 (55%)**
Sexual health services	23 (92%)	17 (71%)	16 (84%)	23 (85%)	15 (79%)	24 (86%)	17 (89%)	14 (70%)	**149 (82%)**
Palliative care box	6 (24%)	4 (17%)	7 (37%)	5 (19%)	10 (53%)	7 (25%)	5 (26%)	4 (20%)	**48 (27%)**
Pivotell pill dispenser box	5 (20%)	2 (8%)	0 (0%)	11 (41%)	5 (26%)	11 (39%)	6 (32%)	4 (20%)	**44 (24%)**
Minor ailment scheme (urinary tract infections and impetigo) (South Staffordshire CCGs only)	5 (20%)	6 (25%)	3 (16%)	0 (0%)	3 (16%)	8 (29%)	0 (0%)	4 (20%)	**29 (16%)**
Needle exchange service	4 (16%)	2 (8%)	3 (16%)	1 (4%)	0 (0%)	3 (11%)	3 (16%)	3 (15%)	**19 (10%)**
All pharmacies	**25 (100%)**	**24 (100%)**	**19 (100%)**	**27 (100%)**	**19 (100%)**	**28 (100%)**	**19 (100%)**	**20 (100%)**	**181 (100%)**

Source: NHS England Shropshire and Staffordshire Area Team, Staffordshire County Council, Staffordshire and Stoke-on-Trent Partnership Trust, North Staffordshire LPC and South Staffordshire LPC

The main commissioned services during 2013/14 included:

- **Emergency supply pilot scheme (winter pressures campaign)** - A pilot service that ran between 22nd January to 30 June 2014 that enabled pharmacies to issue up to 14 days worth of medication to patients who had run out of their prescribed medication during the out-of-hours period.

- **Minor ailment pilot scheme (winter pressures campaign)** - A pilot service that ran between 22nd January to 30 June 2014 that enabled pharmacies to undertake minor ailment consultations and provide medication if required at NHS expense.

Minor ailments are common or self-limiting or uncomplicated conditions which can be diagnosed and managed without medical intervention. Research studies suggest that around 8% of A&E attendances and a fifth of GP consultations are for minor ailments. Consultations for minor ailments are less expensive when provided through community pharmacy compared to GP consultations or through an A&E attendance. A minor ailments scheme would also reduce the time spent by GPs on managing minor ailments and enable them to focus on more complex cases and may also reduce patient waiting times.

The provision of a pharmacy service would have a number of routes to immediate cost savings:

- reduction in A&E presentation for minor ailments
- reduction in attendance at Walk-in Centres
- releasing opportunity costs through freeing up GP consultations

There was good take-up of both pilot schemes as can be seen in Map 10.

Early findings from the evaluation from the local emergency supply service show:

- There were around 1,420 provisions in total across Shropshire and Staffordshire between January and June 2014
- Common reasons for needing an emergency supply included running out of their medicine (74%), 15% said the prescription has not been available from their GP whilst around 4% had lost or misplaced their medicine
- Around 9% of patients said they would have gone to their GP and 5% to an A&E department had the scheme not been available (Table 14)

Table 14: Alternative consequence if emergency supply service not available

Alternative consequence	Number (percentage)
Would have gone to out-of hours medical service	740 (52.1%)
Would have gone to Walk-in-Centre	207 (14.6%)
Would have gone to GP	133 (9.4%)
Would have gone to A&E department	70 (4.9%)
Other*	270 (19%)
Total	**1,420 (100%)**

*Note: *Of those that responded 137 (9.6%) would have gone without their medication*

Source: NHS England Shropshire and Staffordshire Area Team

Early findings from the evaluation from the local minor ailments scheme show:

- There were around 9,800 consultations in total across Shropshire and Staffordshire between January and June 2014
- Only 2% of these consultations required the pharmacist to refer the patient onwards to a GP
- Around 88% of patients said they would have gone to their GP had the scheme not been available (Table 15)

Table 15: Alternative disposition if minor ailments scheme was not available

Alternate disposition	Number (percentage)
Would have gone to GP	8,616 (87.8%)
Would have gone to Walk-in-Centre	244 (2.5%)
Would have gone to out-of hours medical service	116 (1.2%)
Would have gone to A&E department	71 (0.7%)
Other*	763 (7.8%)
Alternate disposition	**9,817 (100%)**

*Note: * Of those that responded 627 (6.4%) would have bought the medicine over the counter*

Source: NHS England Shropshire and Staffordshire Area Team

- **Supervised administration service** - supervised consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient, particularly for treatment of opiate dependence, patients with some mental health conditions and other vulnerable groups.

  Over three in five pharmacies in Staffordshire provide the supervised administrative service to drug misusers and there is a good spread of access to this service across the County (Map 11).

- **Stop smoking service** - provision of one to one support and advice to people who want to give up smoking. This may be via a SLA with the County Council (any willing provider) or through a sub-contract with Time 2 Quit, Staffordshire and Stoke-on-Trent Partnership Trust.

  Overall there is good provision of stop smoking services by pharmacy. However the number of people accessing services has reduced over the last few years both locally and nationally and expansion of this service, particularly in those areas where there are high smoking prevalence should be considered (Map 12).

- **Sexual health services** – this includes provision of emergency hormonal contraception (EHC) where appropriate in line with the locally agreed Patient Group Direction (PGD) and chlamydia testing.

  Evidence suggests that community pharmacy based EHC services provide timely access to treatment and are rated highly by women who use them. This is one of Staffordshire's strategies to support reducing teenage pregnancy rates across the County. EHC is provided in a number of settings of which pharmacy is one.

Pharmacies also provide locations for young people aged 16-24 to access chlamydia testing kits. These can be opportunistically shared for example when young people purchase condoms, when oral contraceptive pills are dispensed and when supplying EHC to young women under 25. This will help increase diagnosis rates of chlamydia in the County. A few pharmacies also provide treatment services.

There is good availability of sexual health services across the County from pharmacies (Map 13).

- **Palliative care box (South Staffordshire CCG area)** - The service is basically to fill palliative care boxes with emergency medicines which may be needed in the future. The nursing team work with the GPs to identify patients and then write relevant prescriptions which are filled by the pharmacy and packed into a palliative care box for the patient's home. The idea of the service is that it is put in advance of a patient needing the medicines and therefore there is plenty of time for the pharmacist to get the box ready. This service is only delivered in areas where the district nurses and GPs are happy to support it so not comprehensively delivered over the whole area.

- **Palliative care (North Staffordshire area)** - The aim of the service is to support anticipatory prescribing and allow rapid access to medicines commonly prescribed in palliative care, to enable a greater percentage of patients to have a home death, rather than to be moved to an institution such as a hospital. By establishing a network of pharmacies that will routinely hold stock of end of life medicines, carers and other health care professionals should not experience delays in obtaining these medicines for the patients that they are caring for.

  There is also a Tier 2 pilot service for the North Staffordshire CCG area for the urgent access to additional parenteral medications which are kept as stock by a selection of pharmacies already providing the Tier 1 service. These medicines are seen as second line medication choices (first line available via the Tier 1 service). As at September 2014 there were four pharmacies who were also providing the Tier 2 service.

  The distribution of pharmacies providing either palliative care service is shown in Map 14.

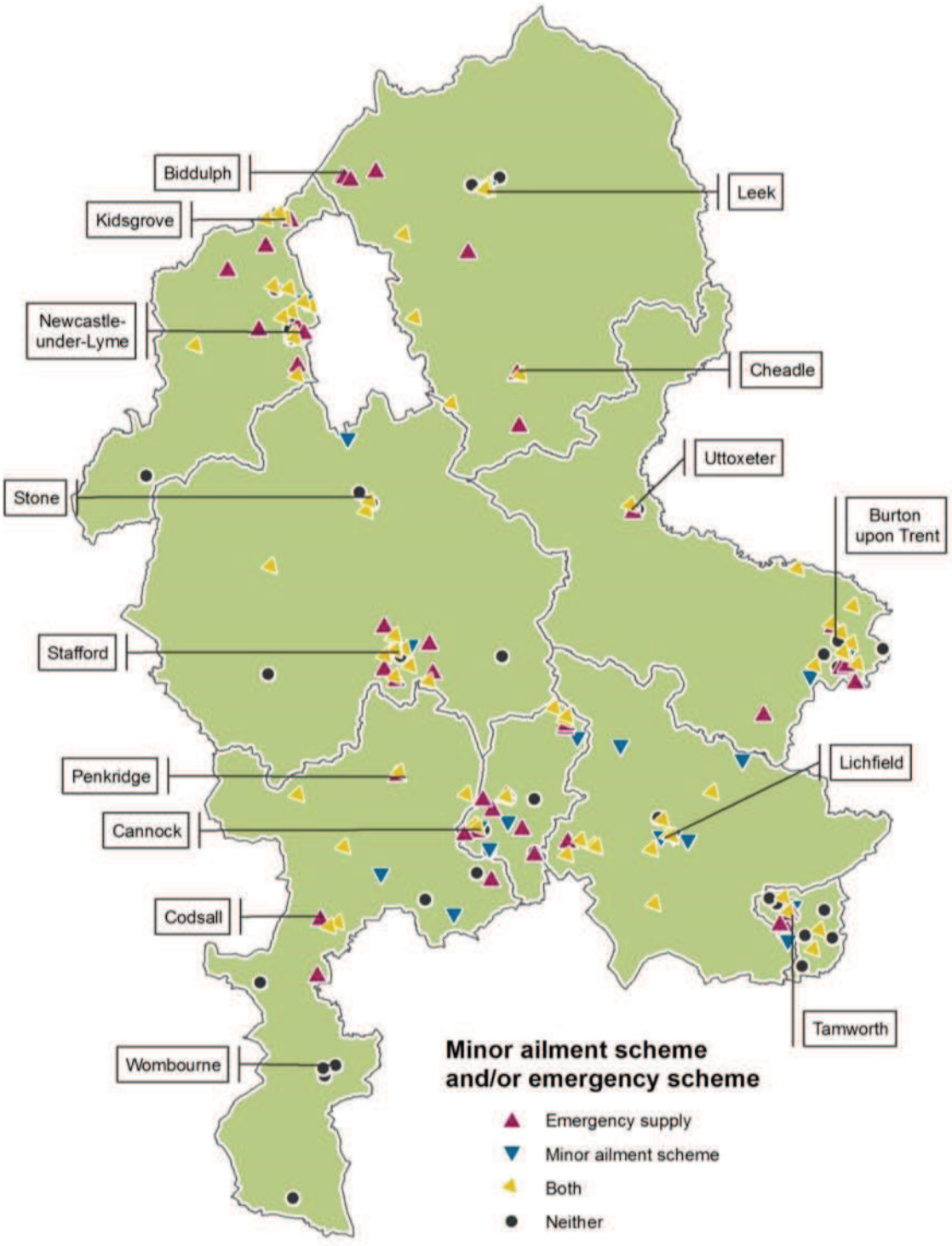
- **Pivotell pill automated dispenser box** - supply of preloaded medicine dispensers by pharmacist to allow for correct medication at correct times during the day especially for older and vulnerable populations, e.g. dementia patients.

- **Minor ailment scheme (South Staffordshire CCGs only)** - minor ailments scheme for treating urinary tract infections (UTI) in women and impetigo in adults and children following accreditation of pharmacists under a PGD. *Note: This is different to the pilot scheme run during the winter.*

- **Needle and syringe exchange service** - access to sterile needles and syringes, and sharps containers for return of used equipment. Pharmacies will also promote safe injecting practice and reduce transmission of infections by substance misusers through associated materials, for example condoms, citric acid and swabs. This service is commissioned by Staffordshire County Council from Addaction who have placed needle exchange services in the venues which they have found reach the most clients (Map 15).

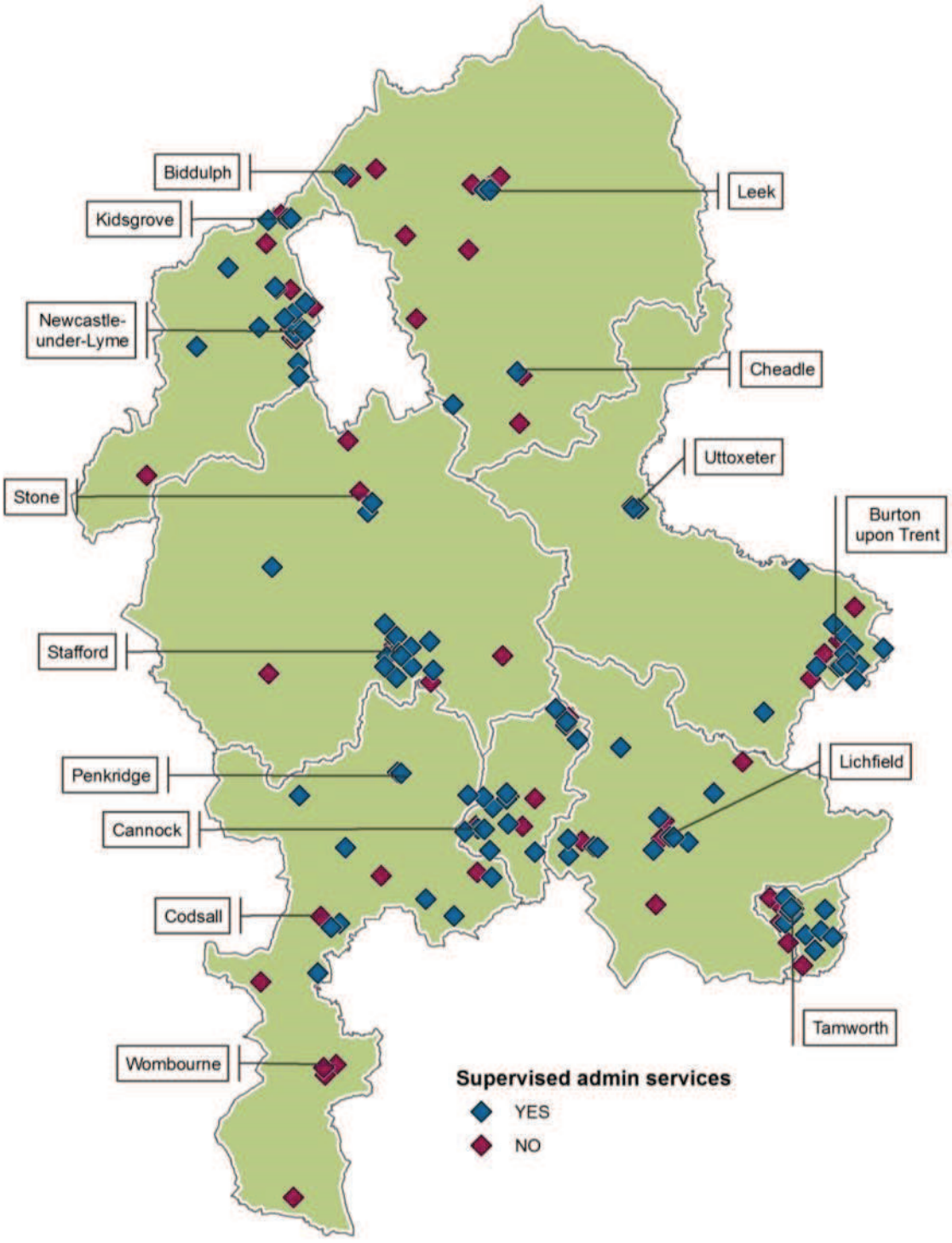
Both maps and Table 13 shows the wide variation in the provision of services across Staffordshire. In addition there is inequity in provision of services between the two LPC areas: North Staffordshire and South Staffordshire.

Map 10: Emergency supply and minor ailment pilot schemes (winter pressures campaign), January to June 2014



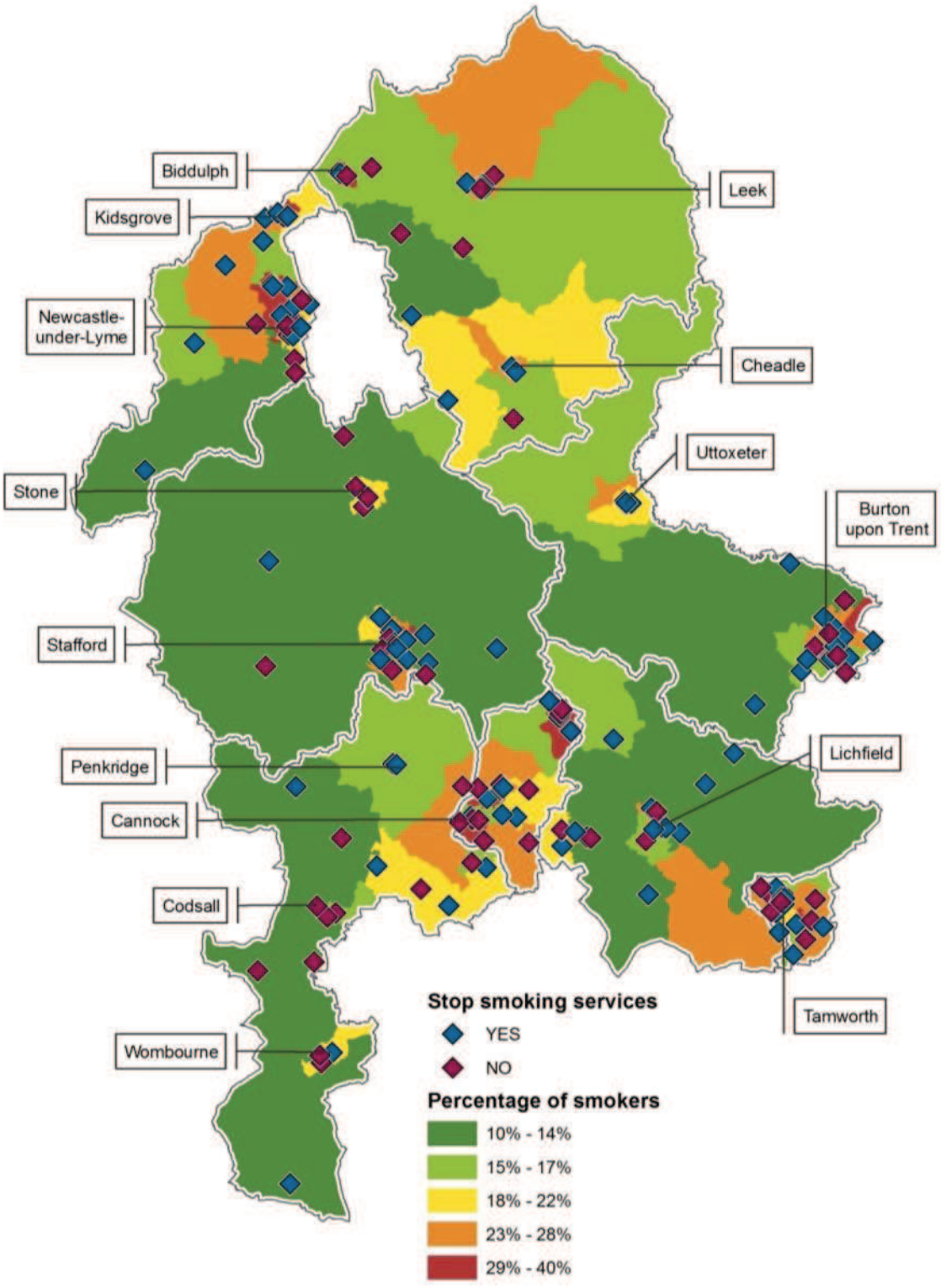
Source: NHS England Shropshire and Staffordshire Area Team

Map 11: Supervised administration service



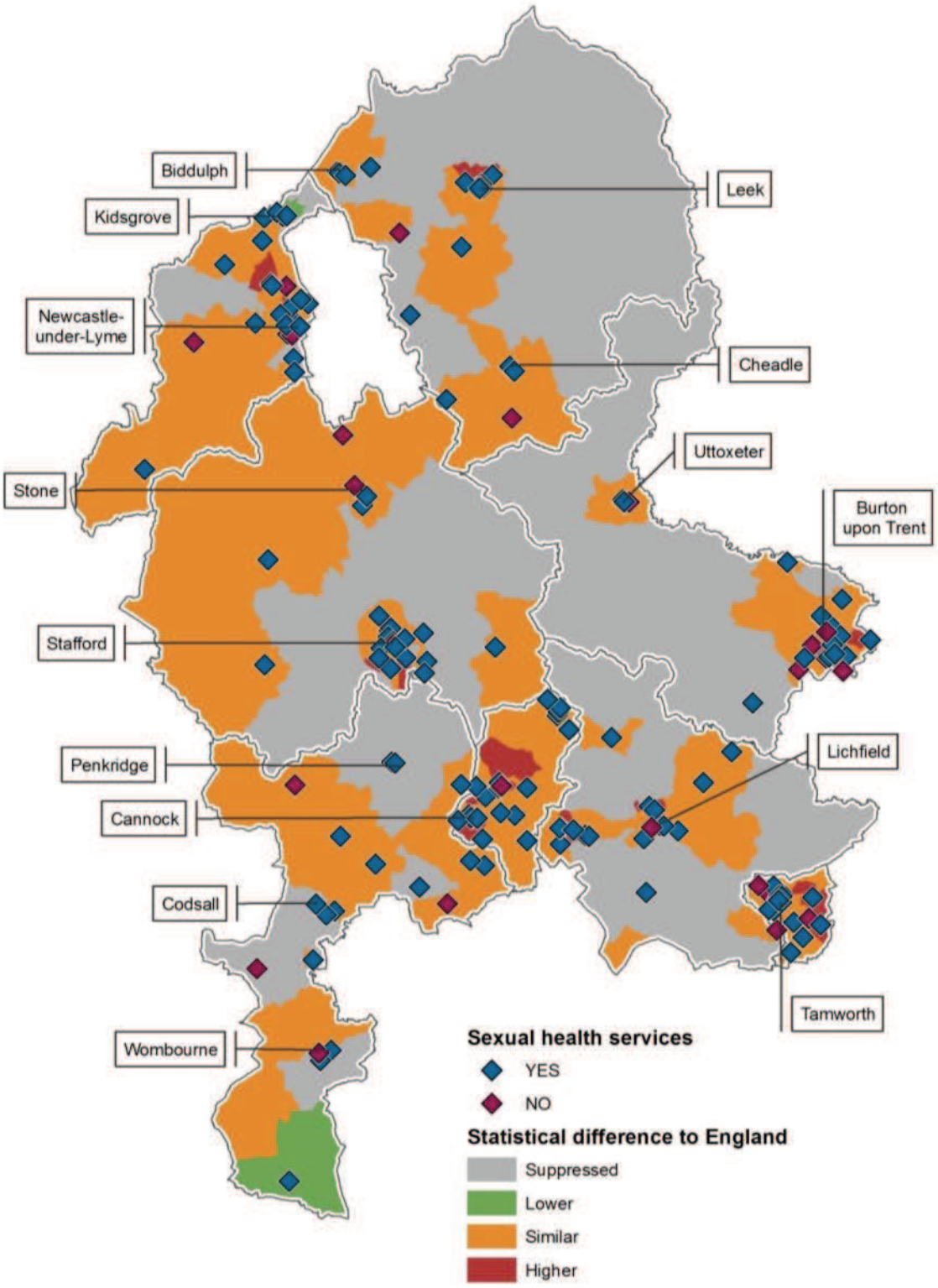
Source: Staffordshire County Council

Map 12: Smoking prevalence and stop smoking services



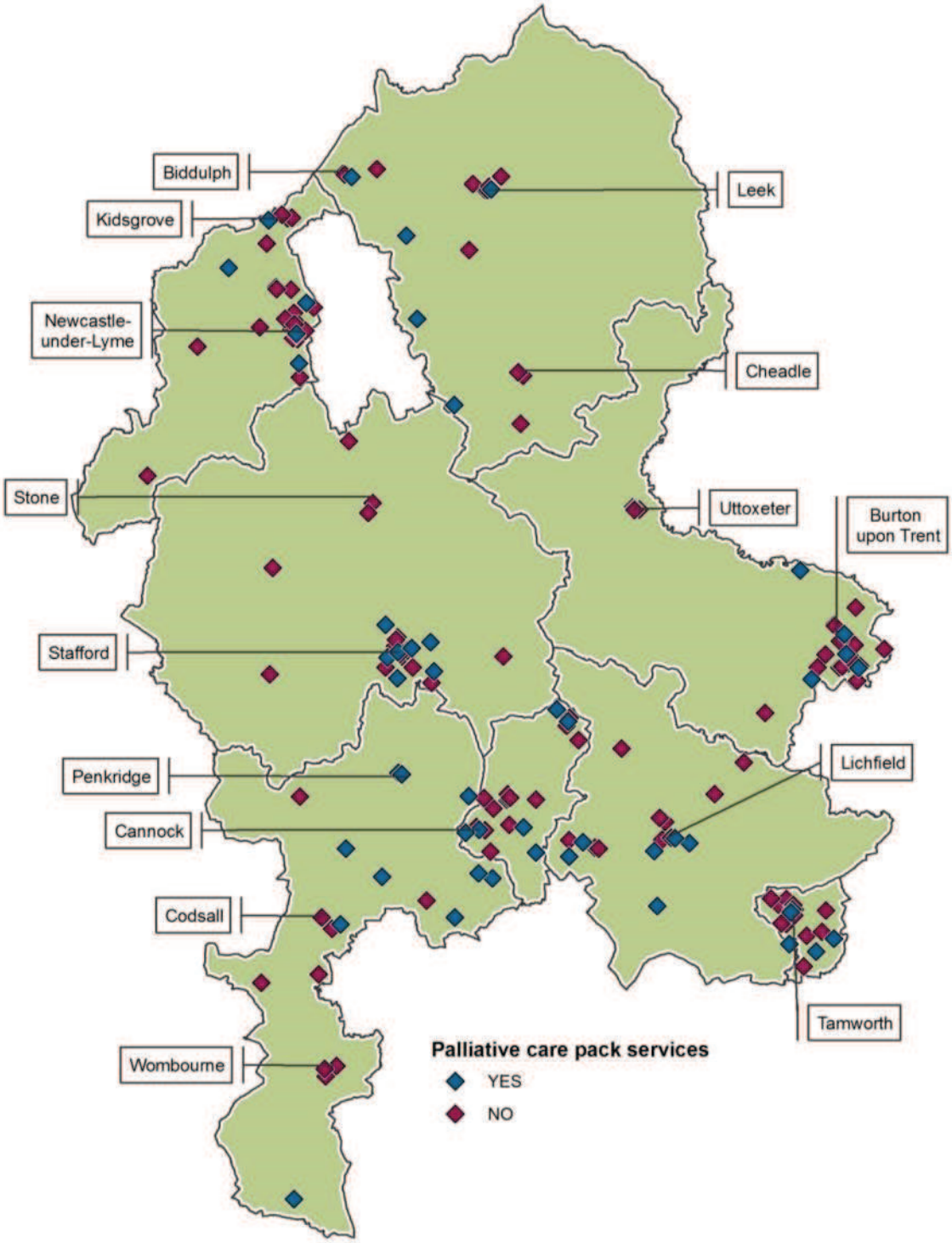
Source: Estimates of adults' health and lifestyles, Public Health England, Staffordshire County Council and Staffordshire and Stoke-on-Trent Partnership Trust

Map 13: Teenage pregnancy and sexual health services



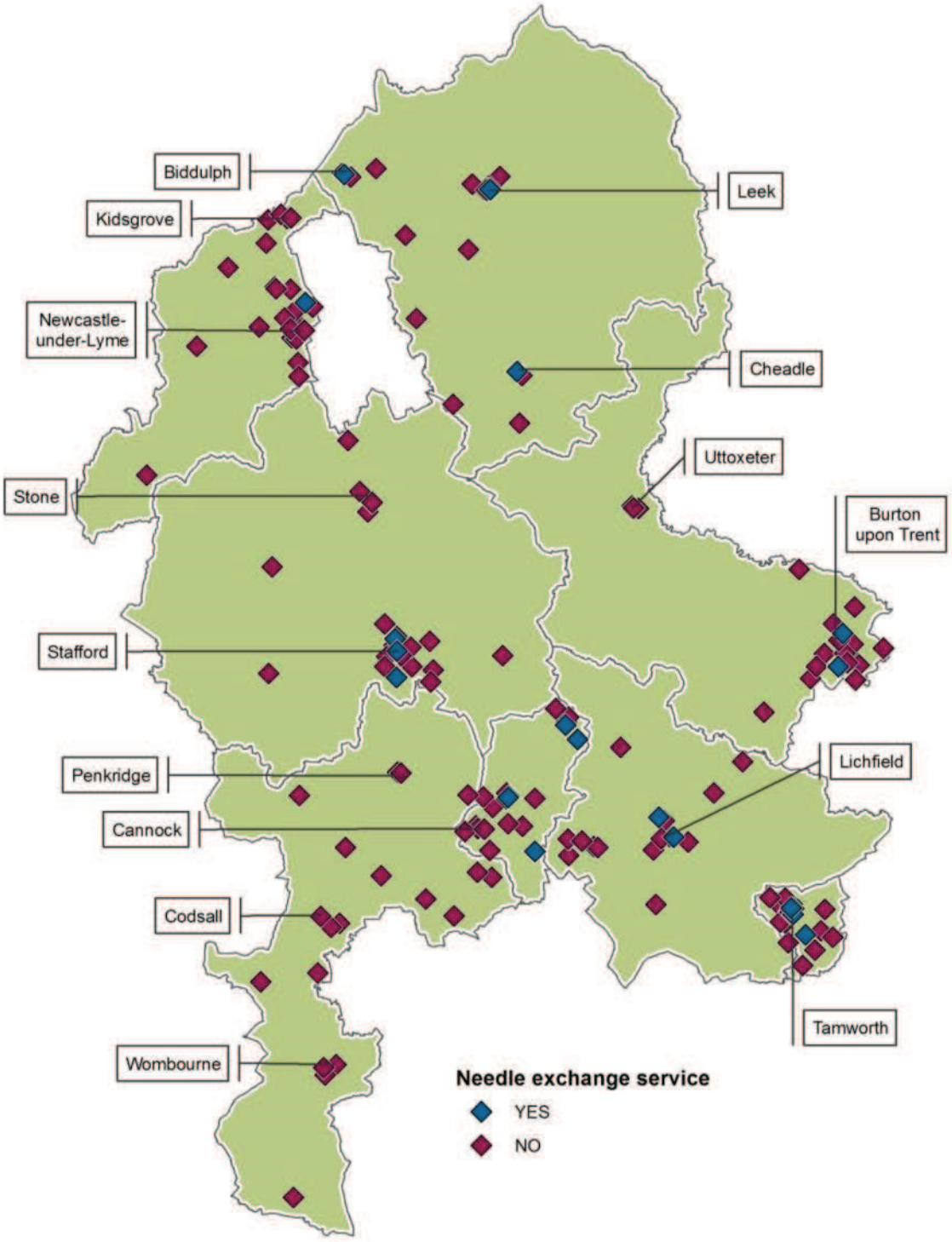
Source: Office for National Statistics and Staffordshire County Council

Map 14: Provision of palliative care services



Source: Staffordshire and Stoke-on-Trent Partnership Trust, North Staffordshire LPC and South Staffordshire LPC

Map 15: Provision of needle exchange services



Source: Staffordshire County Council, North Staffordshire LPC and South Staffordshire LPC

Given the current low uptake of flu vaccination within Staffordshire, the NHS England's area team have also commissioned an NHS pharmacy flu jab service for the 2014/15 season which commenced on 1 November 2014. The outcomes from this scheme should be evaluated.

There are also a number of other services that are provided as developmental pilots, for example MUR plus service for asthma and alcohol. Further details of these pilots are available from LPCs.

There are also a range of non-commissioned services that pharmacies provide. These are either privately arranged or are provided free of charge to their communities and include: home delivery service (not appliances), care home service, contraceptive service, sharps disposal service, medicines assessment and compliance support service, on demand availability of specialist drugs service, language access service, gluten free food supply service, anti-viral distribution service, allergies, travel vaccines, obesity management and prescriber support service.

4.5 Healthy living pharmacies

The healthy living pharmacy (HLP) framework is a tiered commissioning framework which allows community pharmacies to provide a broad range of services to meet local need, improve population health and wellbeing and reduce health inequalities.

HLPs are required to deliver a range of commissioned services based on local need and promote a healthy living environment to the communities they serve.

There are currently 57 accredited HLPs in Staffordshire and 40 who are working towards accreditation. The distribution by district varies although the two districts with highest proportions of people living in deprived areas also have the highest rates per 100,000 population (Table 16).

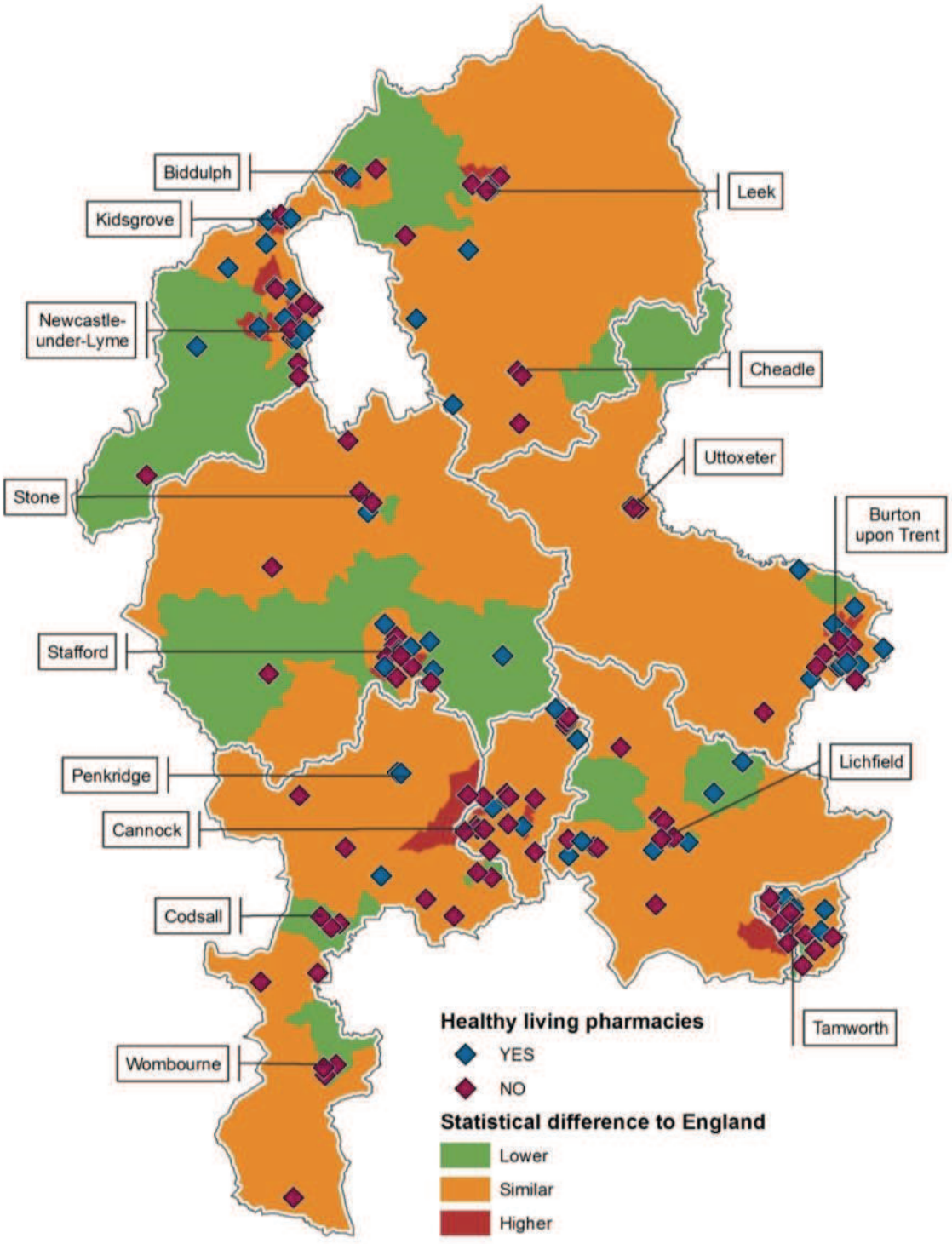
Table 16: Accredited healthy living pharmacies in Staffordshire

	Number of HLPs	Rate per 100,000 population	Index of Multiple Deprivation Score 2010	Percentage of population in most deprived IMD 2010 quintile
Cannock Chase	6	6.1	20.6	11.7%
East Staffordshire	11	9.6	19.1	20.4%
Lichfield	6	5.9	12.7	3.7%
Newcastle-under-Lyme	12	9.6	18.9	15.0%
South Staffordshire	3	2.7	11.9	0.0%
Stafford	9	6.8	13.1	6.0%
Staffordshire Moorlands	4	4.1	16.0	4.5%
Tamworth	6	7.8	19.7	13.7%
Staffordshire	**57**	**6.7**	**16.4**	**9.4%**

Source: North Staffordshire LPC, South Staffordshire LPC, Indices of Deprivation 2010, Communities and Local Government, Crown Copyright 2010 and 2012 mid-year population estimates, Office for National Statistics, Crown Copyright

The distribution of HLPs alongside preventable mortality is shown in Map 16. This shows there are some areas in Staffordshire were there are high levels of preventable mortality but no healthy living pharmacies.

Map 16: Accredited healthy living pharmacies and preventable mortality



Source: North Staffordshire LPC and South Staffordshire LPC, Primary Care Mortality Database and Death extracts, Office for National Statistics, Mid-year population estimates, Office for National Statistics, Crown copyright and Vital statistics Table 3, Office for National Statistics, Crown copyright

5 Access to pharmaceutical services

5.1 Geographical access

Large numbers of Staffordshire residents are disadvantaged in terms of geographical access to key services and around one in five people do not have access to a car meaning they are reliant on others or good accessible public transport to get around (Table 17).

Table 17: Number and proportion of households with no car or van, 2011

	Number	Percentage	Statistical difference to England
Cannock Chase	8,213	20.2%	Lower
East Staffordshire	10,123	21.4%	Lower
Lichfield	5,594	13.6%	Lower
Newcastle-under-Lyme	11,632	22.1%	Lower
South Staffordshire	5,879	13.2%	Lower
Stafford	9,742	17.5%	Lower
Staffordshire Moorlands	6,196	14.8%	Lower
Tamworth	6,514	20.6%	Lower
Staffordshire	**63,893**	**18.0%**	**Lower**
West Midlands	**566,621**	**24.7%**	**Lower**
England	**5,691,251**	**25.8%**	

Source: 2011 Census, Office for National Statistics, Crown copyright

However there is good geographical access to pharmaceutical services in Staffordshire:

- 40% of residents are within a 10 minute walk to their nearest pharmacy and 83% are within a 20 minute walk
- Around 90% of residents are within a five minute drive from their nearest pharmacy and 98% within 10 minutes
- Almost 80% are within 10 minutes of their nearest pharmacy if using public transport and almost 92% within 20 minutes (Table 18).

Table 18: Access to nearest pharmacy by mode of transport for Staffordshire residents, 2013

	Walking	Driving	Public transport
0-5 minutes	10.3%	90.0%	31.0%
6-10 minutes	30.0%	8.4%	48.7%
11-15 minutes	26.4%	1.3%	10.1%
16-20 minutes	16.3%	0.2%	1.9%
21 minutes and over	17.0%	< 0.1%	1.8%
No access			6.5%
Good access (i.e. under 11 minutes	40.3%	98.4%	79.8%
Poor access (i.e. 21 minutes or over OR no access)	17.0%	< 0.1%	8.2%

Note: Numbers may not add up due to rounding

Source: Staffordshire County Council and Experian Public © 2014 Experian. All rights reserved

The method for calculating drive time, walking time and public transport along with maps are shown in Appendix 3.

5.2 Opening hours

There are 15 '100 hour' pharmacies across Staffordshire, with all residents in the County with the exception of South Staffordshire, having access to a community pharmacy for at least 100 hours during the week.

Community pharmacies in Staffordshire open from 7am on Monday mornings and from 6:30 am on Tuesday to Fridays. The majority are open by 9am when there is likely to be an increase in demand for dispensing of prescriptions generated by GP services. On a weekday most pharmacies close by 6.30pm in the evening and around a fifth of pharmacies across the County are open during the week until at least 10pm.

Around four in five pharmacies are also open on Saturdays, the times ranging from 6.30am in the morning to on average around 4-5pm in the evening and 20 pharmacies are open until at least 10pm (Map 17).

Around a fifth of pharmacies are also open on Sunday from around 10am but tend to close by around 4pm (Map 18). There are four pharmacies across the County that are open after 5pm. Some of this is due to trading regulations which restricts opening hours for pharmacies located in supermarkets and shopping centres to six hours.

Demand for dispensing services is much lower at weekends as GP surgeries are usually closed. In addition residents do have access to dispensing services on Sundays from alternative provision, for example walk-in-centres, minor injury units or from pharmacies in bordering areas.

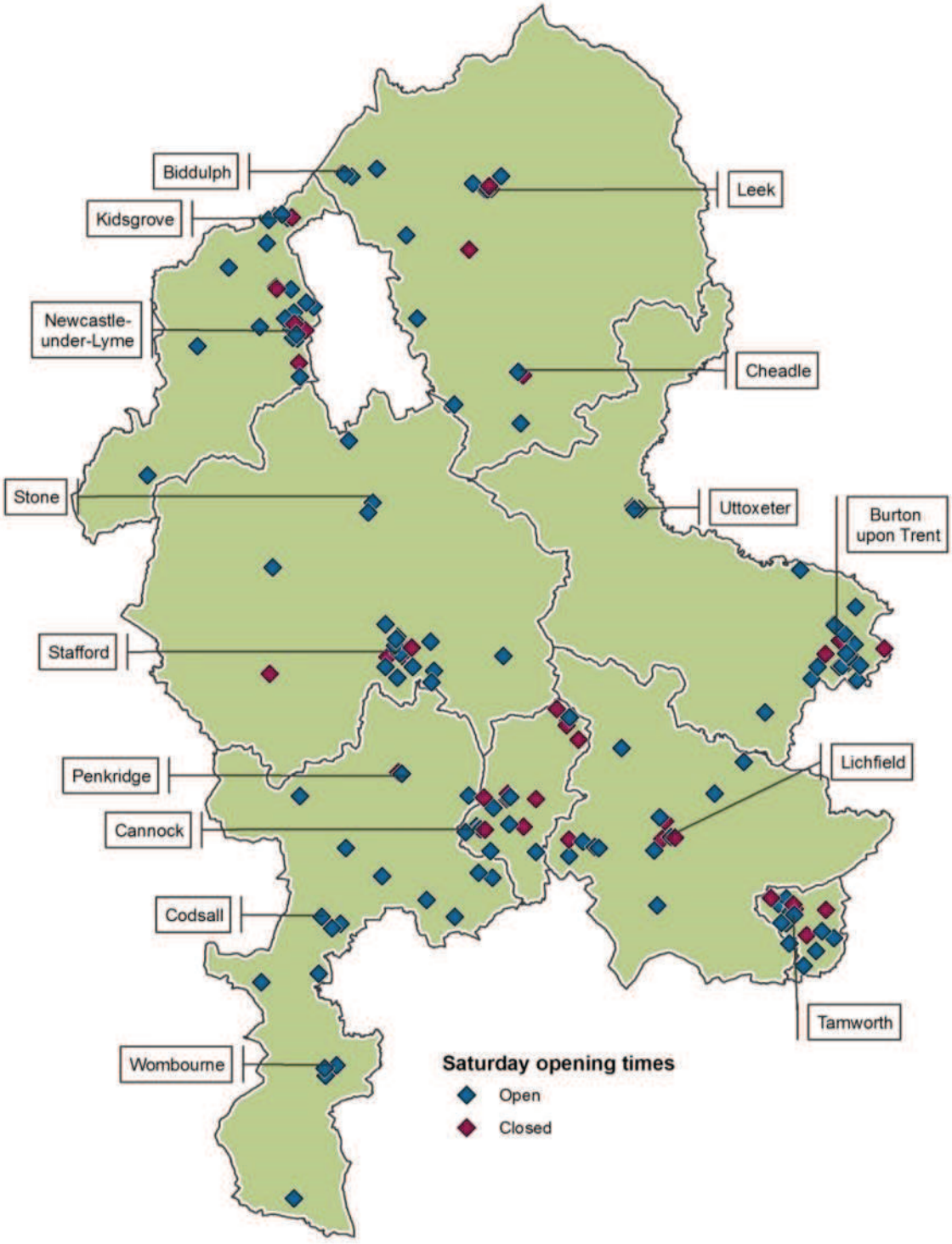
At a locality level there are no pharmacies open on Sundays in South Staffordshire district although some of these patients have nearby access to pharmacies across the border in Wolverhampton.

The PNA consultation found that respondents on the whole were satisfied with opening hours; however a couple of respondents did feel that out-of-hours and weekend cover still needed addressing. This may be done by NHS England's area team simply advertising which pharmacies are open. Other suggestions around access included GP surgeries displaying a list of local pharmacies.

A number of pharmacies are also open on Bank Holidays and NHS England's area team work with community pharmacies to ensure there are adequate pharmaceutical services available on the two days where pharmacies are still traditionally closed, i.e. Christmas Day and Easter Sunday.

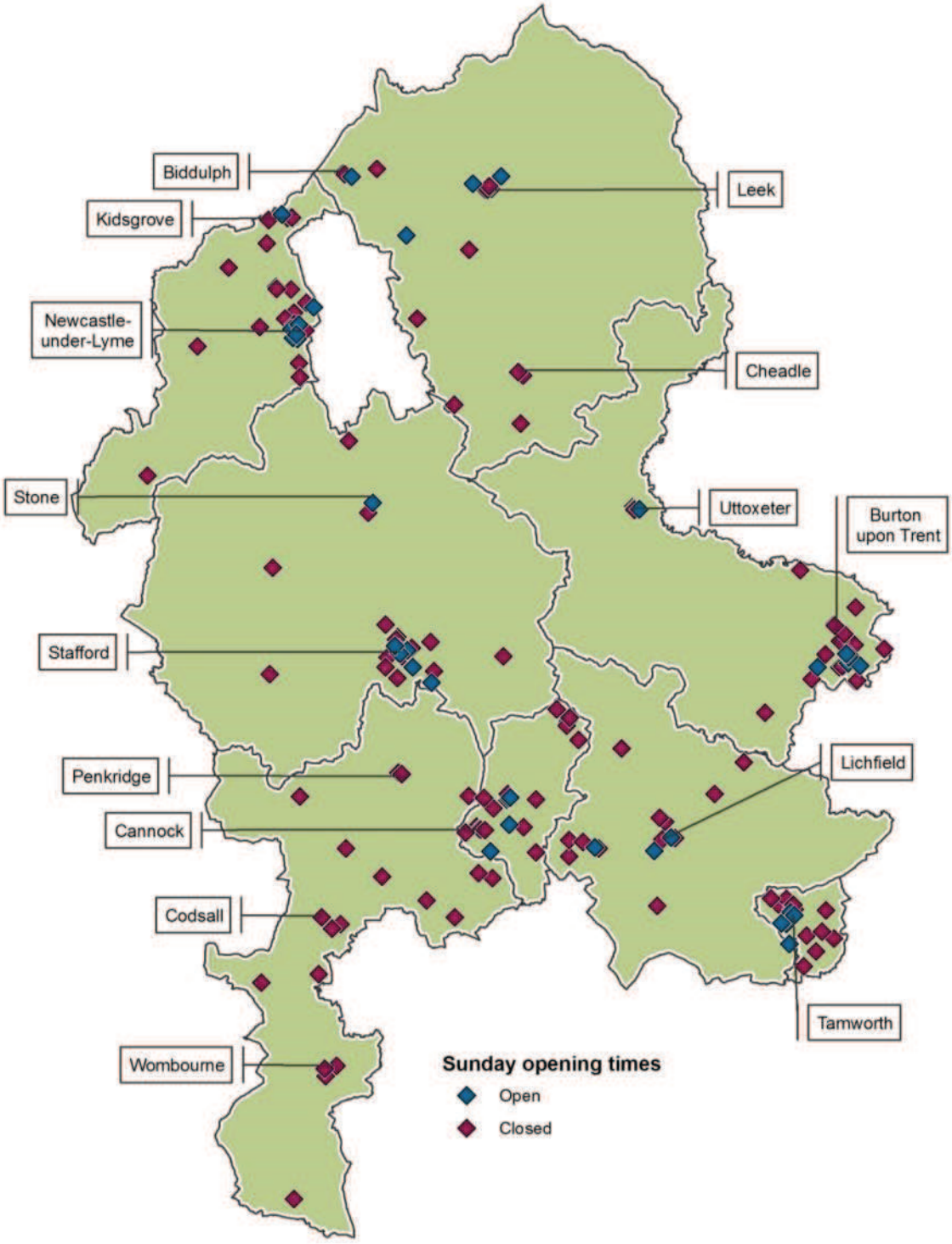
Information on the latest opening hours for every pharmacy is available at NHS Choices. http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10. Pharmaceutical providers are encouraged to check their details and update it where necessary.

Map 17: Pharmacies that are open on Saturdays



Source: NHS England Shropshire and Staffordshire Area Team and NHS Choices

Map 18: Pharmacies that are open on Sundays



Source: NHS England Shropshire and Staffordshire Area Team and NHS Choices

5.3 Access to pharmaceutical services for protected groups

The Equality Act (2010) protects people on the basis of nine protected characteristics. The equality duty covers the following nine protected characteristics: age, disability, gender (sex), gender reassignment, marriage and civil partnership, pregnancy and maternity, race (this includes ethnic or national origins, colour or nationality), religion or belief (this includes lack of belief) and sexual orientation.

The PNA regulations require that the HWB considers the different needs of people who share protected characteristics. This section of the PNA summarises how these have been considered and addressed for each of the protected characteristics.

In addition all pharmacies are expected to comply with the provisions of the Equality Act 2010.

Age

The protected characteristic of age means a person belonging to a particular age or age-group (for example, 32 years) or being within an age group (for example, 30-39 years). This covers all ages, including children and young people.

It is important that pharmaceutical services meet the needs of all ages. National data suggests that families with young children and older people are more frequent users of pharmacy services. The ageing population has implications for the future demand for all health and care services, including those provided by community pharmacies, for example there may be an increased demand for pharmaceutical services in terms of dispensing of medicines and also additional need for supporting older people living independently for longer.

The age profile for Staffordshire residents has been described in Section 2.

Examples of where Staffordshire pharmacies are already supporting residents of all ages are:

- access to sexual health services such as emergency hormonal contraception and chlamydia screening for young people
- raising disease awareness, e.g. through cancer and dementia awareness campaigns
- supporting adults and in particular older populations through MURs and NMS in the management of long-term conditions.
- treatment of minor ailments for families with young people and older people

Disability

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Disabilities can have an impact on people of all ages and from all communities, and can be present from birth or acquired through accident, illness or as a consequence of ageing. Many people who are disabled may have more than one disability. Adults with learning disabilities or dementia and are most likely to have repeat adult protection referrals, as are those in a permanent care home and those in a mental health inpatient setting.

There is no complete dataset that contains the numbers of people with disabilities. Therefore a number of measures are presented to estimate levels of disability within Staffordshire.

- **Census data** - the 2011 Census collected information on self-reported limiting long-term illness that can be used as a proxy for overall disease and disability. Based on these data around 162,600 Staffordshire residents (19%) have a limiting long-term illness which is higher than the average in England (as would be expected given the higher number of older people).

- **Disability benefit statistics** - these provide a proxy for numbers of people who are disabled. Disability Living Allowance (DLA) is payable to people who are disabled and who have personal care needs, mobility needs or both, although it is not available for children under three. In Staffordshire 43,585 people claimed DLA (May 2014), which represents 5.1% of the population which is slightly higher than the national average of 5%. DLA is a discretionary payment and claimants will typically experience significant barriers to full participation in local life.

- **GP disease registers** - these provide the number of patients on clinical registers in general practice, which can then be used to calculate disease prevalence. The data are captured as part of the Quality and Outcomes Framework (QOF) which was introduced as part of the General Medical Services (GMS). In most cases GPs are only required to capture 80% of the population to achieve payment with some practices seeking to identify all patients who will benefit, and others stopping once the target level is achieved. Based on 2013/14 data over 5,000 people were on dementia registers in Staffordshire making up 0.6% of the population. This is similar to the national average but considerably lower than the expected numbers of 10,820. Around 2,960 people were on learning disability registers making up 0.4% of the population aged 18 and over. Again this is significantly less than the expected prevalence of 2.1%. In addition, around 5,350 people were on mental health registers (schizophrenia, bipolar disorder and other psychoses) which is 0.6% of Staffordshire's population and is lower than the average for England.

- **Adult social care service data** - a number of people who have a disability will use adult social care services. The extent to which services are used by people with disabilities could give further insight into the level of need of a particularly vulnerable group. The data reflect a sub-set of people who have a disability, but the definitions used to describe different conditions and to allocate records to districts may be different to other sources.

Table 19: The number of adults in Staffordshire who used social care services as at 31st March 2014

	18-64	65+	18 and over
Physical disability	2,425	8,575	11,000
Mental health	1,075	750	1,820
Learning disability	1,430	130	1,560
Substance misuse	50	15	60
Other vulnerable people	90	175	260
Total	**5,060**	**9,640**	**14,700**

Note: Numbers may not add up due to rounding

Source: Based on Table P2S, National Adult Social Care Intelligence Service (NASCIS)

- **Estimates of people with sensory impairments** - Data on the number of people who have a sensory impairment at a local level are limited, although information is available from local registers held by social care. Registration of sensory impairment is voluntary and therefore these figures do not provide a complete picture of the numbers of people in Staffordshire who have a visual or hearing impairment and have therefore been also supplemented with local estimates from national prevalence surveys:

    - There were 2,030 people on the blind register in Staffordshire and a further 2,110 on the partially sighted register (as at 1 June 2014).

    - Around 1,390 people were on the deaf register and a further 2,610 on the hard of hearing register (as at 1 June 2014).

    - Based on national prevalence surveys it is estimated that in 2014, there are around 333 adults aged 18-64 with a serious visual impairment, 15,100 adults aged 65 and over with a moderate or severe visual impairment and 4,915 adults aged 75 and over with registerable eye conditions.

    - Based on national estimates, there are around 2,055 Staffordshire adults with profound hearing loss and a further 93,340 adults with moderate or severe hearing loss.

    - People with hearing and vision impairment are more likely to be older (aged 75 and over).

    - Many people who are disabled may have more than one disability; for example around 47% of people in Staffordshire who are registered as blind or partially sighted had other disabilities (including physical disabilities, learning disabilities and/or a hearing impairment).

People with disabilities are however a high risk group and may require additional support in terms of services meeting their pharmaceutical needs. Some of the adjustments that pharmacies currently make include easy open containers and / or large print labels. Some pharmacies also have facilities to provide labels printed with Braille (and many original packs provided by manufacturers are now embossed with Braille). Pharmacies also need to continue to link in with carers where appropriate to enable vulnerable groups to meet their service needs.

Around 43 (24%) pharmacies provide the pivotell pill dispenser service which is a supply of preloaded medicine dispensers by pharmacist to allow for correct medication at correct times during the day especially for older and vulnerable populations, e.g. dementia patients. However there are none in Lichfield and only two in East Staffordshire. Commissioners may therefore want to explore extending this provision further across Staffordshire.

The community pharmacy questionnaires survey included a question asking if any consultation facilities existed on site and if they included wheelchair access. The results showed that 84% of pharmacies (127 of 151 respondents to this question) have a consultation area with wheelchair access whilst 19 did not have wheelchair access and five did not have a consultation room.

Gender (sex)

Gender is being male or female. The wider social roles and relationships that structure men's and women's lives change over time and vary between cultures.

There are some services that are currently provided for women, e.g. EHC. National research indicates that men may be less frequent visitors of pharmacies and therefore some additional marketing may be required to ensure that men's pharmaceutical needs are met.

Gender reassignment

Gender dysphoria is a condition in which an individual's psychological experience of themselves as a man or woman is incongruent with their external bodily sexual characteristics. The individual's physical sex is not aligned to their gender identity. Sometimes, the distress/discomfort is sufficiently intense that an individual undergoes transition from one point on a notional gender continuum to another; this is most commonly from male-to-female or female-to-male. This typically involves changes to social role and presentation and may necessitate treatment with cross-sex hormones and/or having gender-related surgery. As a national service patients may be referred to a gender identity clinic for initial assessment and treatment before potentially being referred for sex reassignment surgery, although there is no specialist centre in the West Midlands providing these services.

Protection is provided where someone has proposed, started or completed a process to change their sex and this is referred to as gender reassignment in the legislation. It is estimated nationally that one in four thousand people are receiving medical help for gender dysphoria, which equates to around 210 people in Staffordshire. Reports suggest that there has been a growth in the number of people who have presented for treatment in the UK, although the West Midlands appears to have a low prevalence.

Pharmacies may be part of the care pathway for people who undergo gender reassignment. Their role is typically to ensure that medicines (e.g. hormone therapy) which form part of the treatment are available. Furthermore, pharmacies may offer MURs and NMS to help with adherence and to identify any medication-related issues as appropriate.

Marriage and civil partnership

Marriage is the legal union between a man and a woman, whilst civil partnership has the legal recognition of a same-sex couple's relationship. Civil partners must be treated the same as married couples on a range of legal matters.

Protection from discrimination for being married or in a civil partnership is provided in employment and vocational training only.

Data from the 2011 Census provide information on marital and civil partnership status at a local level. Around 51% of Staffordshire's population are married (Table 20). An additional 1,000 people are in a registered same-sex civil partnership making up around 0.1% of the population.

Table 20: Population by marital and civil partnership, 2011

	Staffordshire	West Midlands	England
Single (never married or never registered a same-sex civil partnership)	206,742 (29.6%)	1,517,613 (33.7%)	14,889,928 (34.6%)
Married	359,238 (51.4%)	2,141,698 (47.5%)	20,029,369 (46.6%)
In a registered same-sex civil partnership	1,000 (0.1%)	7,242 (0.2%)	100,288 (0.2%)
Separated (but still legally married or still legally in a same-sex civil partnership)	16,018 (2.3%)	117,396 (2.6%)	1,141,196 (2.7%)
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	63,061 (9.0%)	393,163 (8.7%)	3,857,137 (9.0%)
Widowed or surviving partner from a same-sex civil partnership	52,364 (7.5%)	330,293 (7.3%)	2,971,702 (6.9%)
All residents aged 16 and over	**698,423 (100.0%)**	**4,507,405 (100.0%)**	**42,989,620 (100.0%)**

Source: 2011 Census, Office for National Statistics, Crown copyright

There are no additional needs that have been identified by the PNA with respect to marriage and civil partnership.

Pregnancy and maternity

Maternity is defined as the period after giving birth. It is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, including as a result of breastfeeding. For all areas covered by the Act, a woman is protected from unfavourable treatment because of pregnancy or because she has given birth.

The protected status primarily applies to staff currently employed at pharmacies within Staffordshire.

There were 8,580 live births in Staffordshire in 2013. Community pharmacies are ideally placed to provide health promotion advice to women who are pregnant or planning on becoming pregnant. They are also ideally placed to provide information on antenatal care at the point of sale of pregnancy tests. They can also provide advice around diet and nutrition including vitamins; some already provide Healthy Start vouchers.

Pharmacists also provide advice to women who are pregnant or breastfeeding about which medicines can be taken and those to avoid as they may be potentially harmful to their foetus or breast-fed baby.

Race and ethnicity

Race refers to a group of people defined by their colour, nationality, ethnic or national origins. A racial group can also be made up of two or more distinct racial groups.

People from some ethnic minority groups often experience poorer health outcomes. This may be as a result of multiple factors including genetic predisposition to certain diseases (e.g. diabetes, coronary heart disease and mental health), poor access to services, language barriers and cultural differences.

The ethnic profile of Staffordshire has been described in Section 2.4. In terms of main language spoken, findings from the 2011 Census found that around 98% of Staffordshire residents stated English as their main language. Other common main languages spoken in Staffordshire were:

- Polish (0.6%)
- Punjabi (0.2%)
- Urdu (0.2%)

In those areas where there are higher proportions of people from minority ethnic groups (mainly Burton), pharmacies may need to consider how they communicate health messages effectively, and particular for those communities where English is not the first spoken language. The most commonly spoken languages in Burton are Urdu, Polish and Punjabi.

The languages spoken by staff were collected through the community pharmacy questionnaire and shows that 46 (25%) of Staffordshire pharmacies have staff members who speak a variety of languages including Punjabi (31 pharmacies), Urdu (22 pharmacies), Hindi (12 pharmacies), Gujarati (eight pharmacies) and Cantonese (three pharmacies) spread across the County. However Polish was only spoken at two pharmacies in Newcastle.

Religion or belief

This area includes any religious or philosophical belief and includes a lack of belief, for example Humanism and Atheism. A belief need not include faith or worship of a God or Gods, but must affect how a person lives their life or perceives the world.

The 2011 Census found Christianity to be the majority religious affiliation in Staffordshire (Table 21). Over the last decade this proportion has dropped, with significant increases in people stating they had no religious affiliation over the same time period. Muslims are the next largest group in the County.

In terms of pharmaceutical needs, pharmacies should be able to provide additional medicine-related support, for example advice on whether an individual's medicines include ingredients from animals and/or during certain times of the year, e.g. during Ramadan.

Table 21: Population by religion, 2011

	Staffordshire	West Midlands	England
Christian	578,352 (68.2%)	3,373,450 (60.2%)	31,479,876 (59.4%)
Buddhist	2,017 (0.2%)	16,649 (0.3%)	238,626 (0.5%)
Hindu	2,773 (0.3%)	72,247 (1.3%)	806,199 (1.5%)
Jewish	299 (0.0%)	4,621 (0.1%)	261,282 (0.5%)
Muslim	10,817 (1.3%)	376,152 (6.7%)	2,660,116 (5.0%)
Sikh	3,086 (0.4%)	133,681 (2.4%)	420,196 (0.8%)
Other religion	2,783 (0.3%)	25,654 (0.5%)	227,825 (0.4%)
No religion	193,662 (22.8%)	1,230,910 (22.0%)	13,114,232 (24.7%)
Religion not stated	54,700 (6.4%)	368,483 (6.6%)	3,804,104 (7.2%)
Total	**848,489 (100.0%)**	**5,601,847 (100.0%)**	**53,012,456 (100.0%)**

Source: 2011 Census, Office for National Statistics, Crown copyright

Sexual orientation

Sexual orientation is whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

There is no hard data on the number of lesbians, gay men and bisexuals in the UK as no national census has ever asked people to define their sexuality. The official government figure is 5-7% of the population which Stonewall, a lesbian, gay and bisexual charity, feels is a reasonable estimate. HM Treasury and the Department of Trade and Industry completed a survey to help the Government analyse the financial implications of the Civil Partnerships Act (such as pensions, inheritance and tax benefits). They concluded that there were 3.6 million gay people in Britain - around 6% of the total population or one in 17 people.

The 2013 Integrated Household Survey estimates 1.7% of England's population aged 18 and over identified themselves as gay, lesbian or bisexual. The GP patient survey also asks about sexual orientation. From respondents who replied to the question on sexual orientation during 2013/14, around 1.1% of Staffordshire's population are gay, lesbian or bisexual which is lower than the national average of 2.1% (Table 22) and equates to around 9,460 people in the County.

Both estimates are considerably lower than government estimates of 6%. This indicates that whilst there is a visible community of lesbian, gay and bisexual people in the County there will also be a significant invisible community which may need to be considered by both commissioners and pharmaceutical providers.

During the training for the provision of sexual health services awareness amongst pharmacists is raised with respect to the need to provide services irrespective of the sexuality or sexual orientation of service users.

There are no additional needs that have been identified by the PNA with respect to sexual orientation.

Table 22: Population by sexual orientation, 2013/14

	Total responses	Heterosexual / straight	Gay / Lesbian	Bisexual	Other	Prefer not to say
Staffordshire	13,559	95.8%	0.8%	0.3%	0.3%	2.8%
West Midlands	90,871	93.0%	1.2%	0.6%	0.6%	4.7%
England	**866,062**	**92.8%**	**1.5%**	**0.6%**	**0.6%**	**4.5%**

Source: Ipsos MORI, NHS GP Patient Survey 2013/14, Copyright

6 Are there any pharmaceutical gaps in Staffordshire?

Staffordshire has a relatively older population which is growing at a faster rate than the national average. It is a relatively affluent area but has notable pockets of high deprivation in some urban areas. However some of the remote rural areas in Staffordshire do have issues with hidden deprivation, and in particular around access to services.

Overall Staffordshire has shown large improvements in life expectancy and made significant progress in reducing overall mortality and preventable mortality over the last decade. However both men and women spend more time in poor health than the average retirement age and there remain large health inequalities across Staffordshire as evidenced by life expectancy and early death rates.

Numbers of people smoking continue to reduce and more people quit smoking than average. However some areas and vulnerable groups have high smoking prevalence and poorer quit rates. Alcohol admissions in Staffordshire are high and continue to rise although provisional data for 2013/14 indicates a very slight reduction.

More children in Staffordshire have excess weight (overweight and obesity combined) in Reception (aged four to five) than average. The proportion of children who are obese almost doubles from 10% for children in Reception to 18% in Year 6 (ages 10-11). Around two in three adults in Staffordshire are overweight or obese which is higher than average. This is coupled with fewer people in Staffordshire eating healthily than average and around three in 10 adults being physically inactive.

More people in Staffordshire report having a limiting long-term illness. Around one in four people in Staffordshire have a registered disease with one tenth of the population having more than one condition. By the time people reach 65 they will have developed at least one chronic condition and large proportions will also have developed two or three conditions. Admission rates in Staffordshire for both acute and chronic conditions that could be managed effectively in primary care or outpatient settings are increasing more rapidly than average.

Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. Pharmacies are well used and based on national estimates around seven million visits are made to a community pharmacy for health-related reasons annually in Staffordshire which equates to around 10 visits per person every year.

Staffordshire has 181 community pharmacies and in rural areas there are 27 GP practices who can dispense to patients registered with their practice. The rate of community pharmacies and dispensing practices is 24 per 100,000 population which is similar to the national average but ranges between districts from 19 per 100,000 in South Staffordshire to 27 per 100,000 population in Tamworth although districts with low rates do also have nearby access to pharmacies in neighbouring areas such as Wolverhampton and Stoke-on-Trent. There are however two essential small pharmacies whose contracts are due to end on the 31 March 2015. These two pharmacies will need to apply to NHS England's area team for continued funding.

A national patient survey indicated that the public value a variety of types of pharmacy. In terms of ownership around 40% of pharmacies in Staffordshire are owned by independent contractors whilst 60% are owned by multiple contractors.

Overall there are sufficient numbers and a good choice of pharmacy contractors to meet Staffordshire's pharmaceutical needs.

The consultation identified a gap as to the clarity of controlled localities and reserved locations. It is therefore proposed that NHS England's area team undertake further mapping of controlled localities, dispensing practice areas and reserved locations to provide assurance on the patients who fall into dispensing and prescribing groups for these practices, and clarity on the status of these areas, to support applications for new pharmacies or those considering relocations.

On average in Staffordshire more items are dispensed per pharmacy than the national average and dispensing rates have increased over the last seven years by 14% which is lower than average. Reasons for increases in dispensing include ageing populations, improvements in diagnosis leading to earlier recognition of conditions, increased prevalence of some long-term conditions and increases in prescribing for prevention or reducing risk of serious events (e.g. statins).

Based on data from the latest "*Feeling the Difference"* survey, the majority of Staffordshire residents are satisfied with current pharmacy provision. The majority of respondents from the PNA consultation also felt that community pharmacies met their needs and were generally satisfied with provision with the main reasons being cited as opening hours, convenience and staff friendliness and knowledge. National research also indicates that more than eight in ten people would trust advice from pharmacies on how to stay healthy.

There is good geographical coverage across the County for pharmaceutical services and the majority of Staffordshire residents (98%) live within a 10 minute drive of their local pharmacy. Around four in five residents can also access their local pharmacy within a 20 minute walk or within 10 minutes using public transport.
In terms of opening hours, there are 15 '100 hour' pharmacies and most residents have good access to a pharmacy during weekdays and Saturdays. However there appears to be less provision and choice on Sundays and in particular on Sunday evenings. There are no pharmacies open on Sundays in South Staffordshire district. Some of the restricted provision is due to trading regulations which restricts opening hours for pharmacies located in supermarkets and shopping centres to six hours. However Staffordshire residents do have access to dispensing services on Sundays from alternative provision, for example walk-in-centres, minor injury units or from pharmacies in bordering areas.

A number of pharmacies also now open on Bank Holidays. NHS England's area team also work with community pharmacies to ensure there are adequate pharmaceutical services available on Christmas Day and Easter Sunday as the two days where pharmacies are still traditionally closed.

Whilst there appears to be a gap in service provision on Sundays the demand for dispensing services is much lower at weekends compared to weekdays as GP surgeries are usually closed. However NHS England and / or CCGs may want to consider commissioning extended pharmaceutical services on Sundays as one of the potential solutions to reducing A&E attendances.

In terms of the protected characteristics, pharmacies have a positive impact in meeting the needs of all people. Examples of this include:

- Use of automated pill dispenser for dementia and other vulnerable patients
- Antenatal and postnatal support to pregnant women and mothers. This includes a range of medicinal advice and provision of Healthy Start vouchers
- Around 25% of pharmacies have staff members who speak a number of languages that are amongst the frequent main languages across the County.
- Adjustments to medicines for disabled people as appropriate, for example large print labels. Most pharmacies also have a separate consultation room with wheelchair access.
- Delivery of dispensed medicines to an individual's home

National evidence suggests that between 5-8% of unplanned emergency admissions in adults are due to avoidable issues related to medicines. Overall there is good provision of advanced pharmacy services such as the Medication Use Review (MUR) and New Medicine Service (NMS) across Staffordshire that help to deal with adherence to medicines and the management of people with long-term conditions.

However in terms of MURs, there is variation between pharmacies and some fall considerably below both the Staffordshire and national average. Provision of NMS also varies by district and pharmacy although this is dependent on the number of patients that start new medicines during the year.

Coverage of appliance user reviews and stoma appliance customisation services are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance contractor located in another area, for example Stoke-on-Trent.

Pharmacies falling considerably below the average number of MURs should be supported to increase the numbers of MURs, particularly in areas where there is an identified need, to help with the management of long-term conditions and reducing emergency admissions.

This may be done by promoting the concept of MURs to the public so that they understand the differences between reviews done by GP and pharmacies. GP practices are also ideally placed to work with their local pharmacies to identify and refer on patients who require a MUR or NMS.

In terms of locally commissioned services there are a number of services that are currently provided by pharmacies alongside other providers helping to meet Staffordshire's health needs. These include stop smoking services, supervised administration, sexual health services which includes emergency hormonal contraception and chlamydia screening, needle exchange service and palliative care. However provision, and access, to some of these services is variable across Staffordshire.

Findings from the consultation showed there was general awareness of essential pharmacy services such as dispensing, repeat prescriptions, disposal of unwanted medicines and general health and lifestyle advice. There was reasonable knowledge about provision of stop smoking services and medicines use review/specialist advice on new medicines. However respondents were less familiar with locally commissioned services such as sexual health services and substance misuse services.

NHS England's area team and other local commissioners need to ensure there is equitable provision of locally commissioned services across Staffordshire. Commissioners also need to ensure that residents are made aware of locally available services.

A flu vaccination service was introduced during the winter of 2014/15 to improve the low uptake of flu vaccination across Staffordshire. There are also a number of other services that are provided as developmental pilots, for example MUR plus service for asthma and alcohol.

There are opportunities to expand the reach of locally commissioned services to meet the health needs of Staffordshire residents. Where current provision is low, commissioners should consider how pharmacies may be able to support meeting identified gaps.

Early findings from the local evaluation of both the minor ailments and emergency supply schemes have shown good outcomes with local pharmacies providing an alternative to GP services, walk-in-centres, out-of-hours services and A&E departments. Respondents to the consultation also found that these were the two most popular services that residents wanted to see in their local pharmacy.

The pilot schemes around minor ailments and emergency supply have shown good outcomes and NHS England and CCG commissioners should consider the re-commissioning of this service for 2015/16 to alleviate winter pressures on GPs and the acute sector.

The healthy living pharmacy (HLP) framework is a tiered commissioning framework which allows community pharmacies to provide a broad range of services to meet local need, improve population health and wellbeing and reduce health inequalities. Almost a third of pharmacies are accredited as a HLP and a further quarter are working towards accreditation. There are however areas of high preventable mortality where there are no HLPs.

The HLPs in Staffordshire are currently funded by the two Local Pharmaceutical Committees (LPCs). The way in which HLPs are commissioned needs to be considered by key stakeholders. These could be further supported with funding to deliver services which will improve the general health of the population of Staffordshire and reduce health inequalities.

The Health and Wellbeing Board should act as an advocate for healthy living pharmacies and support and encourage increases in the number of HLPs that are accredited particularly amongst deprived communities to reduce health inequalities and in areas where there are high rates of preventable mortality.

Local commissioners, providers and key stakeholders such as LPCs and Local Medical Committees should continue to explore new ways in which community pharmacies could complement other primary and secondary care services and play a part in improving health and reducing inequalities, particularly around health and wellbeing strategic priorities. There is also a willingness from most community pharmacies to extend their roles to further support Staffordshire people to live healthier, self-care or live independently to meet local need. There is also ample national evidence to suggest that this could help alleviate current financial pressures on the NHS.

Commissioners should consider the wider role of pharmacies in commissioning strategies (e.g. primary care) so that opportunities to provide effective services are maximised locally.

The HWB will continue to monitor any major developments (e.g. planned housing developments) and in line with regulations produce supplementary statements to the PNA where deemed necessary. They will also monitor any proposed changes to Government policy that could have an effect on the provision of pharmaceutical provision, for example extended opening of GP services.

The HWB will continue to monitor any local or national policy development that impact on the provision of pharmaceutical services in the County and publish supplementary statements where needed.

Appendix 1: Findings from the PNA consultation

Introduction to the consultation process

The Regulations set out that when making an assessment for the purposes of publishing a pharmaceutical needs assessment each Health and Wellbeing Board must consult on the contents of the assessment for a minimum period of 60 days. The statutory consultation for Staffordshire's PNA took place between 13 October 2013 and 14 December 2014 (63 days).

The Regulations set out a list of key stakeholders that must be consulted with. These are listed in Appendix A and were contacted via email or letter asking for their feedback on the content of the PNA. In addition Staffordshire residents were also consulted to have their say on pharmaceutical services.

In addition Staffordshire residents were also invited to have their say on pharmaceutical services. The consultation was made available on Staffordshire County Council's consultation website and promoted through social media channels and a press release. Healthwatch Staffordshire also promoted the consultation on their website and posters were designed and distributed for display within local pharmacies and GP surgeries. Stakeholders were reminded about the consultation towards the end of the consultation period.

Feedback was encouraged through the feedback portal which contained an electronic survey. However, feedback was also taken via email and in written form. A copy of the letter and questionnaire used as part of the consultation are shown in Appendices B and C respectively.

Summary findings from the consultation

In total there were 35 responses to the consultation document.

The number of respondents to the public facing section was relatively small to get a robust overview of pharmacy services in Staffordshire (24 responses). However based on these respondents:

- There was general awareness of essential pharmacy services such as dispensing, repeat prescriptions, disposal of unwanted medicines and general health and lifestyle advice. There was reasonable knowledge about provision of stop smoking services and medicines use review/specialist advice on new medicines. However respondents were less familiar with locally commissioned services such as sexual health services and substance misuse services.

- The majority of respondents felt that community pharmacies met their needs and were generally satisfied with provision with the main reasons being cited as opening hours, convenience and staff friendliness and knowledge. However where respondents were less satisfied it was generally around opening hours.

- Additional services that respondents felt they would like to see at their local pharmacy were emergency supply service (to allow patients who run out of prescription medicines to have an emergency supply), treatment on the NHS for minor ailments such as colds, back pain and indigestion and NHS health checks (e.g. assessment of heart disease risk).

There were 20 respondents from either individuals or organisation about the PNA consultation document itself.

- Overall most respondents felt that the PNA accurately reflected both the needs and current provision of services with the main gaps felt to be around out-of-hours cover required by residents and access particularly for patients living in the more remote areas of the County. There were also some very simple solutions proposed such as having "*a list of local pharmacies displayed in GP surgeries.*"

- The common themes around additional services that community pharmacies could provide were around provision of vaccination services (in particular flu vaccinations), regular provision of emergency supply and minor ailments schemes and extending the scope of healthy living pharmacies. It was also felt that community pharmacies had potential to undertake a wider range of services and relieve pressures on GP practices and A&E, particularly at weekends and Bank Holidays.

- There were also calls for the role of community pharmacies to be further considered during the development and re-design of patient and treatment pathways.

About your pharmacy services

There were 24 people who responded to the public facing "about pharmacy services" section of the consultation.

Q2) On average, how often do you use your local pharmacy?

At least once a week - 1 (4%)
At least once a month - 14 (58%)
Several times a year - 8 (33%)
Rarely - 1 (4%)

Q3) What are the main reasons for choosing your local pharmacy? (select all that apply)

As a percentage of total respondents to this question (i.e. 24)

Near to home - 13 (54%)
Near to my GP - 11 (46%)
Happy with the range of services offered - 9 (38%)
In my local supermarket- 3 (13%)
Near to my work - 2 (8%)
Long opening hours - 1 (4%)

Q4) Are you aware of the following services provided at pharmacies?

	Yes	No	Don't know	Total responses
Dispensing prescriptions	24 (100%)	0 (0%)	0 (0%)	24 (100%)
Repeat prescriptions	23 (96%)	1 (4%)	0 (0%)	24 (100%)
Home delivery of medicines	21 (88%)	1 (4%)	2 (8%)	24 (100%)
Disposal of unwanted medicines	22 (92%)	1 (4%)	1 (4%)	24 (100%)
Advice about general health and lifestyle	21 (88%)	2 (8%)	1 (4%)	24 (100%)
Morning after pill	8 (35%)	8 (35%)	7 (30%)	23 (100%)
Stop smoking support	15 (65%)	3 (13%)	5 (22%)	23 (100%)
Chlamydia testing and treatment	6 (26%)	7 (30%)	10 (43%)	23 (100%)
Medicines use review/specialist advice on new medicines	14 (58%)	7 (29%)	3 (13%)	24 (100%)
Supervised consumption (for treatment of substance misuse clients)	4 (17%)	11 (46%)	9 (38%)	24 (100%)
Needle exchange service (for treatment of substance misuse clients)	6 (25%)	10 (42%)	8 (33%)	24 (100%)

Q5) How often, if at all, have you used the following services provided at pharmacies?

	At least once a week	At least once a month	Several times a year	Once a year	Rarely	Never
Dispensing prescriptions	1 (4%)	12 (50%)	10 (42%)	0 (0%)	1 (4%)	0 (0%)
Repeat prescriptions	1 (4%)	13 (54%)	5 (21%)	1 (4%)	0 (0%)	4 (17%)
Home delivery of medicines	0 (0%)	4 (18%)	0 (0%)	0 (0%)	5 (23%)	13 (59%)
Disposal of unwanted medicines	0 (0%)	1 (4%)	2 (9%)	2 (9%)	8 (35%)	10 (43%)
Advice about general health and lifestyle	0 (0%)	2 (9%)	1 (4%)	2 (9%)	8 (35%)	10 (43%)
Morning after pill	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (4%)	22 (96%)
Stop smoking support	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	22 (100%)
Chlamydia testing and treatment	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	22 (100%)
Medicines use review/specialist advice on new medicines	0 (0%)	1 (4%)	2 (9%)	2 (9%)	5 (22%)	13 (57%)
Supervised consumption (for treatment of substance misuse clients)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	23 (100%)
Needle exchange service (for treatment of substance misuse clients)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	23 (100%)

Q6) Are there any other services you use at your local pharmacy?

- A cheerful, non-judgemental, patient attitude from staff always helpful
- Blood pressure check at one to one medicine review
- Buy goods that are offered occasionally
- General purchases, i.e. proprietary medicines, tissues, wipes, etc.
- I had a diabetes test
- Purchase of over the counter products, such as antacid products.

Q7) To what extent does your pharmacy meet your needs?

A great deal - 21 (88%)
A fair amount - 1 (4%)
Not very much - 2 (8%)
Not at all - 0 (0%)
Don't know - 0 (0%)

Q8) ***Please*** *tell us why*

For the respondents who replied a great deal 15 commented on why:

"Able to re-order repeat prescriptions by telephone. Delivered to my door by arrangement"
"Always helpful"
"Convenient and well stocked"
"Convenient, helpful when needed, always friendly"
"For what I use it for it has everything that I need"
"Friendly approachable staff"
"Friendly knowledgeable staff"
"I'm able to engage with the pharmacy on services"
"I get a very good service. The staff are all extremely helpful and pleasant"
"It carries good value proprietary goods The Pharmacists are VERY informative & supportive"
"It does what we need, takes prescriptions to surgery for us & offers advice when needed"
"It is based in doctors surgery"
"It's next to my GP practice and on occasions can pick up the prescription to dispense for my collection"
"Regular check by telephone on supply/timing of medication Regular prompt delivery service Friendly and helpful staff when needed"
"They are local, knowledgeable and helpful"
"Used almost exclusively for regular repeat prescriptions and the staff are always helpful and friendly"
"We are able to order repeat prescriptions and delivery is also included"

For the two respondents who replied "Not very much"

"Congested working and waiting area: sometimes they do not have my medication in stock. Different pharmacists on duty who seem unfamiliar with the shop routine. No privacy at counter"
"Lack of essential medicines necessitating return visits. Erratic liaison with GPs when trying to track 'lost' prescriptions. Staff unhelpful attitudes. Wrong interpretations of prescriptions (quantities, etc). This has happened over several years"

Q9) Which of the following services, if any, would you like to see made available at your local pharmacy? (Please select your TOP THREE)

As a percentage of total respondents to this question (i.e. 22)

- Emergency Supply Service (to allow patients who run out of prescription medicines to have an emergency supply) - 15 (68%)
- Treatment on the NHS for minor ailments such as colds, back pain and indigestion - 14 (64%)
- NHS health checks (e.g. assessment of heart disease risk) - 11 (50%)
- Vaccination services (variety of vaccines) - 5 (23%)
- Anti-blood clotting services - 4 (18%)
- COPD (lung disease such as bronchitis and emphysema screening) - 3 (14%)
- Weight management - 2 (9%)
- Special diet services e.g. Gluten free - 1 (5%)

Q10) What, if anything, prevents you from using your local pharmacy services and how can this be improved?

> *Five of the respondents said nothing prevented them from using their local pharmacy.*

For those who had some issues

> *"Have to use it too much and need confidence / trust / empathy with service providers. Harsh words / GP dissatisfaction / group threats of e-petitions should not be part of vocabulary re pharmacy services, should it?"*
>
> *"Out of normal hours service is pretty much non-existent in Stafford! If I need antibiotics urgently after an out of hours appointment at Stafford Hospital it is incredibly difficult to obtain them!"*
>
> *"The premises are too cramped and lack privacy, also I would question the ability of unprofessional shop assistants to carry out the checks efficiently, if it was a pharmacist doing the checks then I would consider the service"*

Q11) How satisfied are you with the opening hours at your pharmacy? (Please select one only)

> Dissatisfied - 2 (8%)
> Neither satisfied nor dissatisfied - 4 (17%)
> Satisfied - 18 (75%)

*Q12) **Please** tell us why*

Satisfied

"Leaflet was issued to me with opening hours printed on"
"As I am retired I can attend the pharmacy virtually at any time"
"Daily opening including Saturday morning"
"I am largely satisfied with the pharmacy attached to my go practice but do feel that they could increase their opening times"
"I have never had an issue with times they are open"
"If I need help during 'silent hours' I can contact emergency or NHS services by telephone and request help"
"It's always open at the times I need it"
"It's open when my GP practice is open"
"Open all hours during the day"
"Particularly the supermarket pharmacies. My partner's inhaler ran out and it was 9pm so it was good that we could go to a supermarket and get another one because he would have spent the evening panicking without it"
"Runs alongside my Doctors surgery hours"
"Satisfied with my pharmacy, but need to have somewhere in Stafford that is open 24/7 on a rota basis obviously. I don't find it acceptable in this day and age that you can be given a prescription but have to wait a long time until you can find somewhere that is open, especially night time and weekends."
"They are open when I go to collect my prescriptions"
"We moved from a local pharmacy to an in Store pharmacy because of the better availability."

Neither satisfied nor dissatisfied

"There could be improved opening hours at weekends and bank holidays. (This would reduce pressures on A&E and doctors)"
"They tend to meet my current needs"

Dissatisfied

"They still work old fashioned shop hours, e.g. nine until six most days"
"Working members of the community have minimal time to go to pharmacy"
"When they have to wait extended time for prescription to be made up or have to return due to non-availability of medicines, a negative, annoyed approach is quickly seen"

Q13) Would you like your pharmacy to open at other hours? (Please select one only)

Yes - 8 (33%)
No - 16 (67%)

Q14) If yes, please state when you would like it to be open. (Please select all that apply)

As a percentage of total respondents to this question (i.e. 24)

Before 9am Mon-Fri - 5 (21%)
Before 9am Sat - 3 (13%)
Before 9am Sun - 3 (13%)
9am -1pm Mon-Fri - 2 (8%)
9am -1pm Sat - 4 (17%)
9am - 1pm Sun - 5 (21%)
1pm - 6pm Mon-Fri - 2 (8%)
1pm - 6pm Sat - 5 (21%)
1pm - 6pm Sun - 3 (13%)
After 6pm Mon-Fri - 5 (21%)
After 6pm Sat - 3 (13%)
After 6pm Sun - 3 (13%)

Q15) Do you have any other comments about your local pharmacy and the services it provides?

There were generally very positive comments such as

"It's excellent"
"Very good service which I think cannot be improved"
"Very happy with my pharmacy that I use"
"My pharmacy based in Weston Road Stafford has served me well and without complaint since 1982 and is an excellent and essential link in the three way connection with my GP"

However some had ideas for improvement:

"*Could liaise better with local GP practices"*
"Could pharmacies undertake routine tests i.e. blood pressure, weight etc. Could they provide a range of services for babies and children i.e. baby clinics?"
"Sometimes waiting times can be long. Staff at times seem to busy, but not attending to customers"

Summary of comments on the PNA consultation report

There were 20 respondents to this part of the consultation report. Organisations replying to this section were:

- Browning Street - Patient Participation Group
- Coop Pharmacy (Head Office)
- Cornwells Chemist
- Coven Pharmacy
- Eccleshall Pharmacy Ltd
- Northwood Dispensing Chemists
- North Staffordshire Local Medical Committee
- North Staffordshire Local Pharmaceutical Committee
- South Staffordshire Local Medical Committee
- South Staffordshire Local Pharmaceutical Committee
- Walsall Local Pharmaceutical Committee

In addition one elected member/MP and eight members of the public replied to this section.

Do you think the PNA accurately reflects the pharmacy needs of local people in Staffordshire?

The majority of respondents felt the PNA reflected the pharmacy needs of Staffordshire residents.

"Seems to cover most things"

"It is very broad spectrum yet complicated in design"

"It appears to define the needs from my perspective"

"A very extensive report has been done and is similar to the national scale when compared. There is an adequate spread of pharmacies offering a range of services with ease of access across Staffordshire."

"There are overall sufficient numbers and choice of pharmacies in the area. There is sufficient cover over the week even on weekends when it's quieter."

"The Chemists and Pharmacists could probably undertake a wider range of services and relieve pressures on A&E and Doctors. NB Weekends and Bank Holidays in particular."

"…..considers to the best of its knowledge that the PNA accurately reflects the pharmacy needs of local people in Staffordshire. This is because pharmaceutical services are available where most people need them – near GP practices, close to where they live, work, or shop and open at times when they are needed."

"We feel the PNA accurately reflects the pharmacy needs of local people in Staffordshire. The pharmacy network provides adequate geographical access for patients. Pharmacy is currently delivering all commissioned services."

Some respondents however felt that there were some gaps:

"Stoke-on-Trent is not covered in this PNA and yet it is located within the county of Staffordshire. Many patients, like myself, living in Newcastle-under-Lyme, Staffordshire Moorlands and even Stone, will access services in the Stoke-on-Trent area and yet this has not been included. Of particular relevance is the fact that many of the 100 hour pharmacies located in the North of the county are in fact within Stoke-on-Trent. I think this needs to be better reflected in the PNA and cannot understand why a separate one has been done for Stoke-on-Trent."

"I don't think it covers the out of hours cover required by residents."

"There are people with greater needs than mine."

"Disjointed services"

"There is then a statement that nationally people trust their pharmacies. This is irrelevant. This is a pharmaceutical needs assessment for Staffordshire; not a national needs assessment."

Do you think the PNA accurately reflects the current range of pharmacy services available to local people in Staffordshire?

The majority of respondents also felt that the PNA accurately reflected the current range of pharmacy services available to local people in Staffordshire.

"…..considers that the PNA does accurately reflect the current range of pharmacy services available in Staffordshire."

"The PNA accurately reflects the current range of pharmacy services available in Staffordshire"

Some respondents however felt that there were some gaps.

"Exclusion of Stoke-on-Trent services"

"Advanced peripatetic pharmacy services for the elderly, not just medication but other ancillary services provided for them in the home where necessary"

Some pharmacies also identified services they were either delivering or had now stopped delivering particularly in terms of enhanced or locally commissioned services. These amendments are included within the final PNA.

Do you think there are any gaps in the services pharmacies currently provide to local people in Staffordshire?

Some respondents felt there were no gaps.

"There are no gaps"

"Not in Audley"

However some felt that there were some gaps or that services could be improved.

"Out of hours and weekend cover need to be sorted and made available in Stafford."

"Weekends and Bank Holidays"

"One Saturday could not get urgent medicines."

"Many rural areas and people with mobility issues in towns experience difficulty in accessing pharmacies."

"There are some gaps in service provision, and these are accurately reflected in the PNA document. However the best way to ensure that there is improved availability of services both geographically and across opening hours is to support and encourage existing pharmacies to provide services, or to commission directly rather than seeking recourse to inviting applications to fill identified gaps. An example of this is the apparent gap in Essential Services provided after 5pm on Sundays; this gap might be filled by seeking either voluntary opening by pharmacies, by changes to supplementary hours, or by commissioning extended opening hours."

"There are no gaps but services can always be extended and improved. It would be lovely to visit all of our housebound patients and check they are taking their medicines correctly but there is limited funding at the moment and where there is a scheme in Rugeley, a problem or issue has to occur first before intervention can occur. Sometimes prevention would be less costly the reacting after a fall or hospital admission and community pharmacists are well placed to prevent such events by being able to check such a vulnerable group."

"The gaps are the lack of pharmacy capacity to treat minor ailments or be the first port of call for minor infections, EHC, chlamydia, etc"

"Minor injuries assessments"

"There are some gaps in service delivery, with some pharmacies not maximising their opportunity through provision of all services, although it must be ensured these services have been accurately documented in the first instance."

"...feedback from pharmacies to patients would be good so that it would be known where a certain drug or dressing can be obtained when needed."

Do you think there are other services that could be provided by pharmacies in the future to local people in Staffordshire?

- Vaccination and in particular flu vaccinations to ease the burden on GP surgeries was a common theme.
- Another common theme was the regular provision of emergency supply and minor ailments scheme.
- Another theme that came across was that community pharmacies could probably undertake a wider range of services and relieve pressures on GP practices and A&E, particularly at weekends and Bank Holidays.
- Another suggestion was around the scope of the healthy living pharmacies.

Some quotes are provided in the box below.

"Formative advice."

Whilst nothing specific in this climate of austerity I am sure that some services may be combined.

A wider range of PGDs and minor ailments.

"Better advertising, the GP does not stand alone as is public perception."

"Pharmacies could be used as a wellman / wellwoman clinic to reduce the doctors waiting rooms."

"Some audio / visual assistance for elderly people with mobility problems who find difficulty with journeying to the pharmacies."

"Mobile dispensary"

"Weight management on a one to one basis, alcohol advice schemes, sleep management, mental health medicine use review plus."

"Community pharmacies do have the knowledge, skills and opportunity to contribute to improving outcomes both within the priority areas identified in the PNA, and beyond."

"The HWB has expressed support for the Healthy living pharmacy (HLP) concept, and this could be further supported with funding to deliver services which will improve the general health of the population of Staffordshire, and reduce health inequalities."

"supply of Healthy Start vitamins; information and support to encourage breast-feeding; better signposting to local parent support services to improve activity and diet in families"

"Drugs and alcohol are identified as a priority within the PNA document with increased availability of an alcohol identification and brief advice service through HLPs this would help to address long term health problems caused or aggravated by excessive alcohol consumption. In addition, integration with community pharmacy could be used to provide motivational support in the community to those undergoing medical treatment for alcohol misuse."

"All pharmacies could be commissioned to provide NHS Health Checks to aid early identification of cardiovascular disease and diabetes. Further priorities are identified in the PNA as frail elderly including dementia, support to live at home and support for carers – we believe these groups could benefit from a new concept of the Self Care Pharmacy which has just been launched in North-East London."

"Patients suffering with mental health problems (another identified priority area) may benefit from better targeting of Medicines Use Reviews; as mental health is not one of the national target groups for MURs, this would need to be done locally through limited funding to achieve additional outcomes on support for these patients, for example by providing direct referrals to other services where appropriate or giving more in-depth information about making the best use of their medication."

"We feel there are services that could be provided by pharmacy in the future to help deliver better health outcomes in what is a diverse population, these could include an alcohol dependency service, weight management service, asthma and COPD service and cancer screening service. In addition to this more support could be provided for the higher proportion of elderly patients in Staffordshire e.g. home provision of services"

Note: Some of the suggestions provided in this section have been incorporated into the main PNA document as ideas to explore in more detail by key stakeholders.

Is there any other information that you would like to see included in the PNA?

There were a couple of requests for a map to show the geographical overlay of GP surgeries in relation to pharmacies in improving collaboration and cooperation between pharmacies and GPs. This has been incorporated into the main PNA.

There was also a request to include the opening hours per pharmacy. This information has not been included as it may change from time to time and therefore may not be reflective of the current position. Information on the latest opening hours for every pharmacy is however available at NHS Choices.
http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10

There was also a request that accurate mapping of controlled localities, dispensing practice areas and reserved locations were available to provide assurance on the patients who fall into dispensing and prescribing groups for these practices, and clarity on the status of these areas for those potentially making applications for new pharmacies or considering relocations. This has been identified in the PNA as a piece of work that needs undertaking.

Do you have any other comments to make on the draft PNA or more generally about pharmacy services available in Staffordshire?

Comments generally fell into key themes as shown below.

Access

"Cover 24/7 all days of the week so that those that need a prescription urgently can obtain it. The amount of times I've been to the out of hours clinic and been prescribed drugs I need but have to wait hours before finding anywhere open is ridiculous!"

"Pharmacies are closed on Christmas day and Easter Sunday. Pharmacies are businesses that are contractors to the NHS, so they have to make money. A pharmacy will not open if it is not profitable to do so…….staff expect a premium to work on these days; particularly Christmas day and Easter Sunday. Will you pay them this? If you were to pay for Sunday and bank holiday opening, I am sure more pharmacies would open."

"If receiving a doctor's prescription and the sale price is cheaper off the shelf this should be made clear to the patient"

"A list of local pharmacies displayed in GP surgeries"

"Like most NHS services, you appear to assume that most people have access to, and can adequately use the Internet. This is still a minor part of people's lives. Don't forget it or you will exclude a vast number of people who need pharmacy support!"

"You cannot look at pharmaceutical provision on a county-wide scale. Someone living in the north-eastern corner of Staffordshire is not reasonably going to travel to the south-western corner to seek a pharmacy. Pharmacies are not evenly distributed. There are many towns that have two pharmacies but both are owned by Lloyds or Coop. This does not give the public choice when both pharmacies are owned by the same company and sell the same products, at the same prices, and offer the same services."

"Why can we not have a centralised out-of-hours pharmacy based at Cannock Hospital, which is close to public transport and in a fixed location?""

Current or development of services

"Underutilised –we (pharmacies) could unload the GPs of more minor conditions"

"We applaud acknowledgment in the PNA of capacity in community pharmacy to reduce pressure in secondary care"

"…..commissioners to include community pharmacy in treatment pathways for long-term conditions (LTCs), particularly in making best use of nationally commissioned services such as Medicines Use Reviews and the New Medicine Service"

"I agree with the concept that pharmacies should have funding identified to enable healthy living roles to be promoted within pharmacy. Minor ailments scheme has worked well and to avoid confusion should be in place permanently with strict rules on who is allowed to have prescriptions through pharmacy."

"Particular information could be useful for pregnancies, babies and young children. Could there be better liaison with schools and play groups i.e. teeth cleaning, general health education?

"More use should be made of involving community pharmacy on discharge of a patient home from hospital to ensure re-admission can be reduced as much as possible. Long-term conditions once diagnosed should then be assigned their community pharmacist to help manage their condition."

"It is ridiculous to imply that all pharmacies should be conducting 400 MURs per year. Very busy pharmacies will dispense more prescriptions to more patients, so you would expect them to complete more MURs than a smaller, quieter, pharmacy. In areas where there is poor health, poor education, or illiteracy, you might expect more MURs than in areas of good health and better education as the former are more likely not to understand how and why to take their medicines."

General development of community pharmacy role

"Fundamental changes are taking place with hospitals and GPs. I often feel that pharmacies could perform a wider range of services - with improved liaison with GPs and Care in the Community"

"The need for local politicians, public servants, commissioners, third sector providers and other stakeholders to better understand the skills, knowledge and opportunity for pharmacies to better help and support not just people who are ill, but also those who are not ill or suffering from LTCs, or do not regularly utilise other healthcare services. Community pharmacies do attract many people who are not regular users of GPs and other healthcare services (for example, men in general, young people, ethnic minorities)."

"better use could be made of the contractual requirements of community pharmacies with respect to supporting self-care, promoting better health and signposting to other services…."

"…willingness to seek to achieve positive outcomes for Staffordshire residents by commissioning novel services or in different ways. For example, the availability of bursary funding made available through the Local Professional Network for Pharmacy (LPN) to encourage pharmacists and their teams to identify and support people at risk from poor nutrition by providing advice about ways to improve nutritional state through choice of foods, frequency of eating and fortifying meals is aimed at improving both quality of service ……..and reducing costs associated with prescribing of sip-feeds."

".. willingness to ensure engagement with community pharmacy at all levels - improving communications and cooperation between pharmacists and other healthcare professionals, both on a local level and between representative bodies"

"Where gaps in service provision are identified, commissioners should first seek engagement from existing contractors, before considering applications for new pharmacies."

"……LPCs exist to protect their members' interests. They will always say that no new pharmacies are required because they do not want any competition for their members. The only applications they support are ones made by their members!"

"Pharmacy is the only industry that operates monopolistically. A monopoly is not good for the public. Opening more pharmacies would cause competition between pharmacies and promote innovation, which can only be good for the public. Where an area cannot support a particular number of pharmacies, the weaker pharmacy will close. We should allow market forces to determine this…."

"Moving towards accreditation of pharmacists (or technicians where appropriate) to provide services through Declaration of Competence rather than specific processes will enable more pharmacists (or technicians) to engage with service provision and increase the availability of services across the county. In addition, because community pharmacy has a fluid workforce, specific accreditation is a barrier to new entrants to the local workforce being able to provide services quickly and effectively"

"Pharmacies should be subject to the same standard of clinical governance regulations as GP surgeries - as they now do minor injuries and flu clinics…."

"Pharmacies should be CQC registered in the same way as dentists and GPs are required to be - with the premises checks and governance checks"

General comments on the PNA

"The draft PNA could be more succinct and direct, easier to access and all to read"

"The length of the document will deter people from reading it. The salient points were condensed into the six page summary"

"More information on local needs and providers"

"….to ensure the PNA continues to be contemporary and relevant that health profile data linked to JSNA should be updated regularly. In addition, the relative outcomes for Staffordshire residents compared to regional or national averages do not necessarily reflect that outcomes are good locally and consideration should be given to improving absolute rather than relative performance in outcomes for these areas."

Appendix A: Stakeholders that were consulted

As well as Staffordshire residents a list of stakeholders who were sent a formal letter to participate in the consultation is listed below.

Staffordshire Health and Wellbeing Board members	**Patient and community organisations**
Pharmaceutical stakeholders	Healthwatch Staffordshire
Pharmacies	**Local authorities**
All dispensing practices	Cannock Chase District Council
North Staffordshire LPC	East Staffordshire District Council
South Staffordshire LPC	Lichfield District Council
The Staffordshire and Shropshire LPN for pharmacy	Newcastle-under-Lyme Borough Council
Other NHS stakeholders	South Staffordshire District Council
GP practices (including patient groups)	Stafford Borough Council
North Staffordshire Local Medical Committee	Staffordshire Moorlands District Council
South Staffordshire Local Medical Committee	Tamworth Borough Council
Cannock Chase CCG	Staffordshire County Council
East Staffordshire CCG	Stoke-on-Trent City Council
North Staffordshire CCG	**Neighbouring HWBs**
South East Staffordshire and Seisdon Peninsula CCG	Birmingham HWB
Stafford and Surrounds CCG	Cheshire HWB
NHS England Shropshire and Staffordshire Area Team	Derbyshire HWB
Burton Hospitals NHS Foundation Trust	Leicestershire HWB
Mid Staffordshire NHS Foundation Trust	Shropshire HWB
North Staffordshire Combined Healthcare	Stoke on Trent HWB
South Staffordshire and Shropshire Healthcare	Walsall HWB
Staffordshire and Stoke Partnership NHS Trust	Warwickshire HWB
University Hospital of North Staffordshire NHS Trust	Wolverhampton HWB
West Midlands Ambulance Service NHS Trust	Worcestershire HWB

Appendix B: Letter to stakeholders

Staffordshire Strategic Partnership

What Do You Think..? The Staffordshire Pharmacy Needs Assessment
The Health and Wellbeing Board in Staffordshire have produced a draft local Pharmaceutical Needs Assessment (PNA), which will help ensure residents have good access to local pharmacy services. The last PNA was produced in 2011 and by law, all local authority Health and Wellbeing Boards in England must publish a new PNA by 1st April 2015.

The PNA looks at the current provision of pharmaceutical services across Staffordshire and whether this meets the needs of the population and identifies any potential gaps to service delivery. The PNA will also be used by NHS England to consider applications to open a new pharmacy, or to commission additional services from pharmacy.

Key stakeholders are requested to comment on the contents of the assessment before they are finalised and published. We would like to invite you to participate in this consultation, which will run from 13th October to 14th December 2014.

The draft PNA, further information and a link to the online feedback form can be found on the following website: www.staffordshire.gov.uk/pharmacyconsultation

You can make your views known in a number of ways:

- Online – by completing a feedback form online at www.staffordshire.gov.uk/pharmacyconsultation
- By post – by handwriting a feedback form and returning to:
  PNA Consultation
  Staffordshire County Council
  Tipping Street
  Stafford
  ST16 2DH
- By e-mail – by sending your views to pharmacyconsultation@staffordshire.gov.uk

To limit the environmental impact of this consultation we would prefer that the document is read electronically, however, if you do require a paper copy of the form or have any queries, please call 0300 111 8000

All feedback will be considered and a consultation report will be included within the final PNA documents. This will give an overview of the feedback received and set out how this has impacted the final document.

We look forward to receiving your feedback on the draft PNA.

Yours faithfully,

Councillor Alan White
Co-Chair of the Health and Wellbeing Board

Johnny McMahon
Co-Chair of the Health and Wellbeing Board

Appendix C: Pharmaceutical Needs Assessment Survey 2014

Have your say on local pharmacy services

This survey wants to know all about your experiences and satisfaction with the main pharmacy you use and whether there is anything you would wish to change. Your answers will feed into your local 'Pharmaceutical Needs Assessment' which is used to inform decision making about where to site pharmacies, opening hours and what services are provided.

Please fill in the answers to the questions that you feel are relevant to you.

Section 1: About you

If you are responding to Q1 as a pharmacist, CCG, partner organisation, Health & Wellbeing Board or other health and social care professional you will automatically be directed to Section 4 in order to answer those questions most relevant to you.

Q1 Are you responding to this survey as...? (Please select the option best suited to you)

- ☐ A member of the public
- ☐ A local pharmacist
- ☐ A dispensing practice
- ☐ A non-dispensing practice
- ☐ A local CCG
- ☐ A local council
- ☐ Other partner organisation
- ☐ Health & Wellbeing Board
- ☐ Healthwatch Staffordshire
- ☐ Elected Member/MP
- ☐ Voluntary organisation/community group
- ☐ Other

If you are responding as an Elected Member, voluntary organisation/community group or 'other' please state the name and provide contact details: _____

_____

_____

Section 2: About your pharmacy services

Please answer the following questions most appropriate to you. When answering please consider the pharmacy or pharmacies you use most often. This may be near to your doctor's surgeries, home or place of work.

Q2 On average, how often do you use your local pharmacy? (please select one only)

- ☐ At least once a week
- ☐ At least once a month
- ☐ Several times a year
- ☐ Once a year
- ☐ Rarely

Q3 What are the main reasons for choosing your local pharmacy? (please select all that apply)

- ☐ Near to home
- ☐ Near to my work
- ☐ Near to my GP
- ☐ Happy with the range of services offered
- ☐ Long opening hours
- ☐ Other

Other, please state: _____

_____

Q4 Are you aware of the following services provided at pharmacies? (Please select one per row)

	Yes	No	Don't know
Dispensing prescriptions	❑	❑	❑
Repeat prescriptions	❑	❑	❑
Home delivery of medicines	❑	❑	❑
Disposal of unwanted medicines	❑	❑	❑
Advice about general health and lifestyle	❑	❑	❑
Morning after pill	❑	❑	❑
Stop smoking support	❑	❑	❑

Chlamydia testing and treatment	❑	❑	❑
Medicines use review/specialist advice on new medicines	❑	❑	❑
Supervised consumption (for treatment of substance misuse clients)	❑	❑	❑
Needle exchange service (for treatment of substance misuse clients)	❑	❑	❑

Q5 How often, if at all, have you used the following services provided at pharmacies? (please select one per row)

	At least once a week	At least once a month	Several times a year	Once a year	Rarely	Never
Dispensing prescriptions	❑	❑	❑	❑	❑	❑
Repeat prescriptions	❑	❑	❑	❑	❑	❑
Home delivery of medicines	❑	❑	❑	❑	❑	❑
Disposal of unwanted medicines	❑	❑	❑	❑	❑	❑
Advice about general health and lifestyle	❑	❑	❑	❑	❑	❑
Morning after pill	❑	❑	❑	❑	❑	❑
Stop smoking support	❑	❑	❑	❑	❑	❑
Chlamydia testing and treatment	❑	❑	❑	❑	❑	❑
Medicines use review/specialist advice on new medicines	❑	❑	❑	❑	❑	❑
Supervised consumption (for treatment of substance misuse clients)	❑	❑	❑	❑	❑	❑
Needle exchange service (for treatment of substance misuse clients)	❑	❑	❑	❑	❑	❑

Q6 **Are there any other services you use at your local pharmacy?**

_____

_____

_____

Q7 **To what extent does your pharmacy meet your needs? (Please select one only)**

☐ A great deal ☐ A fair amount ☐ Not very much ☐ Not at all ☐ Don't know

Q8 **Please tell us why**

_____

_____

_____

Q9 **Which of the following services, if any, would you like to see made available at your local pharmacy? (Please select your TOP THREE)**

☐ Treatment on the NHS for minor ailments such as colds, back pain and indigestion

☐ NHS health checks (e.g. assessment of heart disease risk)

☐ Anti-blood clotting services

☐ COPD (lung disease such as bronchitis and emphysema screening)

☐ Special diet services e.g. Gluten free

☐ Weight management

☐ Alcohol awareness and advice

☐ HIV and Hep B testing

☐ Vaccination services (variety of vaccines)

☐ Medicines Assessment and support

☐ Emergency Supply Service (to allow patients who run out of prescription medicines to have an emergency supply)

☐ Care homes services

Q10 **What, if anything, prevents you from using your local pharmacy services and how can this be improved?**

_____

_____

_____

Q11 **How satisfied are you with the opening hours at your pharmacy? (please select one only)**

☐ Satisfied ☐ Neither satisfied nor dissatisfied ☐ Dissatisfied ☐ Don't know

Q12 **Please tell us why**

_____

_____

_____

Q13 **Would you like your pharmacy to open at other hours? (please select one only)**

☐ Yes ☐ No

Q14 **If yes, please state when you would like it to be open. (please select all that apply)**

☐ Before 9am Mon-Fri	☐ 9am -1pm Mon-Fri	☐ 1pm - 6pm Mon-Fri	☐ After 6pm Mon-Fri
☐ Before 9am Sat	☐ 9am -1pm Sat	☐ 1pm - 6pm Sat	☐ After 6pm Sat
☐ Before 9am Sun	☐ 9am - 1pm Sun	☐ 1pm - 6pm Sun	☐ After 6pm Sun

Q15 **Do you have any other comments about your local pharmacy and the services it provides?**

_____

_____

_____

_____

_____

Section 3: About you

The answers to the following questions will allow us to compare results across areas, ages and genders. All results will be grouped together for reporting so no individual is identifiable. You do not have to fill this section in if you do not want to, but if you do your details will be kept confidential and not passed on to anyone else.

Q16 **Please tell us your home postcode. This will help us to get a broad spread of responses from across the county and help to identify pharmacy needs in your local area - it will not identify your house.**

_____

Q17 **Are you...? (please select one only)**

☐ Male ☐ Female

Q18 **How old are you? (please select one only)**

☐ Under 18 ☐ 25-34 ☐ 45-54 ☐ 65+
☐ 18-24 ☐ 35-44 ☐ 55-64

Q19 Do you consider yourself to have a disability? (please select one only)

☐ Yes ☐ No

Q20 If you consider yourself to have a disability, which of the below do you consider yourself to have...? (Please select all that apply)

☐ Social/communications impairment, such as Asperger's or autism
☐ Deaf or hearing impairment
☐ Blind or serious visual impairment
☐ Long-standing illness or health condition, e.g. leukaemia or epilepsy
☐ Mental health condition, e.g. depression, anxiety or schizophrenia
☐ Learning difficulty, such as dyslexia
☐ Physical impairment or mobility issue
☐ Other

Other, please tell us: _____

_____

Q21 Which of these activities best describes what you do? (please select one only)

☐ Working (either full or part time)
☐ Full time education at school, college or university
☐ Self employed
☐ Unemployed and available for work
☐ Looking after home or family
☐ Retired
☐ Long term sick/disabled and unable to work
☐ Other

Other, please tell us: _____

_____

Q22 I would describe myself as….. (please select one only)

- ☐ White (British, Irish, Other)
- ☐ Mixed / Multiple Ethnic Group
- ☐ Asian / Asian British
- ☐ Black / African / Caribbean / Black British
- ☐ Other ethnic group
- ☐ Prefer not to say

Other ethnic group, please tell us: _____

Q23 If you would like to be kept informed about the consultation, please provide your email address. If you do not have access to email please provide your postal address.

_____

_____

_____

_____

_____

Section 4: About the draft Pharmaceutical Needs Assessment (PNA)

The following questions relate to the draft Pharmaceutical Needs Assessment (PNA) which looks at current pharmaceutical services across Staffordshire and whether this meets the needs of the local population. If you would like to give your views on the draft PNA please read the document and/or executive summary then answer the following questions.

Name _____

Organisation (if appropriate) _____

Contact address (including full postcode) _____

Email (if not already given) _____

Q24 **Do you think the PNA accurately reflects the pharmacy needs of local people in Staffordshire? (please select one only)**

☐ Yes ☐ No

Q25 **Please give reasons for your answer.**

_____

_____

_____

_____

Q26 **Do you think the PNA accurately reflects the current range of pharmacy services available to local people in Staffordshire? (please select one only)**

☐ Yes ☐ No

Q27 **If no, please tell us why and what additional services need to be included.**

_____

_____

_____

_____

Q28 **Do you think there are any gaps in the services pharmacies currently provide to local people in Staffordshire? (please select one only)**

☐ Yes ☐ No

Q29 **If no, please tell us what these gaps are and where they exist.**

_____

_____

_____

_____

Q30 **Do you think there are other services that could be provided by pharmacies in the future to local people in Staffordshire? (please select one only)**

☐ Yes ☐ No

Q31 **If yes, please tell us what other services should be provided.**

_____

_____

_____

_____

Q32 **Is there any other information that you would like to see included in the PNA? (please select one only)**

☐ Yes ☐ No

Q33 **If yes, please tell us what information you would like to see.**

_____

_____

_____

_____

Q34 **Do you have any other comments to make on the draft PNA or more generally about pharmacy services available in Staffordshire?**

_____

_____

_____

_____

_____

_____

_____

Thank you very much for taking the time to complete this survey.

Appendix 2: Summary of health and wellbeing issues for districts

The information in the following matrices are mainly benchmarked against England and colour coded using a similar approach to that used in the Public Health Outcomes Framework tool (http://www.phoutcomes.info/).

It is important to remember that a green box may still indicate an important health and wellbeing problem, for example rates of teenage conceptions are already high across England so even if an area does not have a significantly high rate this does not mean that it is not a public health issue.

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher	Suppressed or not available	Not compared

Indicator	Year	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Population characteristics												
Mid-year population estimate	2013	98,119	114,922	101,768	125,239	110,295	132,092	97,415	77,157	857,007	5,674,712	53,865,817
Percentage under 16	2013	18.4%	19.2%	17.3%	16.7%	15.8%	16.8%	16.3%	19.8%	17.4%	19.5%	19.0%
Percentage aged 16-64	2013	64.3%	62.8%	60.6%	63.9%	62.0%	62.5%	60.9%	64.1%	62.6%	62.7%	63.8%
Percentage aged 65 and over	2013	17.3%	18.0%	22.1%	19.3%	22.1%	20.7%	22.8%	16.2%	19.9%	17.7%	17.3%
Population change between 2013 and 2023	2013-2023	3.5%	6.7%	5.2%	2.4%	2.1%	3.9%	1.7%	4.2%	3.7%	5.6%	7.2%
Population change between 2013 and 2023 - under 16s	2013-2023	-0.4%	6.4%	1.4%	2.5%	0.7%	0.2%	0.6%	1.7%	1.8%	6.9%	9.1%
Population change between 2013 and 2023 - ages 16-64	2013-2023	-1.4%	1.3%	-0.7%	-2.7%	-5.3%	-1.7%	-5.7%	-2.6%	-2.3%	1.2%	2.7%
Population change between 2013 and 2023 - 65 and over	2013-2023	26.0%	25.6%	24.4%	18.9%	23.5%	23.6%	22.0%	34.0%	24.0%	19.5%	21.7%
Proportion of population living in rural areas	2013	9.3%	21.9%	29.5%	20.4%	39.9%	31.9%	30.3%	0.0%	24.0%	14.8%	17.1%
Proportion of population from minority ethnic groups	2011	3.5%	13.8%	5.4%	6.7%	5.4%	7.4%	2.5%	5.0%	6.4%	20.8%	20.2%
Index of multiple deprivation (IMD) 2010 weighted score	2010	20.6	19.1	12.7	18.9	11.9	13.1	16.0	19.7	16.4	25.0	21.5
Percentage in most deprived IMD 2010 quintile	2013	11.7%	20.4%	3.7%	15.0%	0.0%	6.0%	4.5%	13.7%	9.4%	28.9%	20.4%
Percentage in second most deprived IMD 2010 quintile	2013	30.5%	18.7%	7.9%	23.7%	13.1%	10.5%	16.6%	19.1%	17.3%	18.8%	20.2%
General health indicators												
Life expectancy - males (years)	2011-2013	79.2	79.2	80.0	78.6	80.4	80.4	79.9	79.8	79.7	78.8	79.4

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher	Suppressed or not available	Not compared

Indicator	Year	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Life expectancy - females (years)	2011-2013	83.2	82.6	83.5	82.6	83.3	83.5	83.2	82.6	83.1	82.8	83.1
Slope index of inequality in life expectancy - males (years)	2010-2012	4.8	8.8	5.4	8.3	5.2	7.7	5.2	7.9	7.1	n/a	9.2
Slope index of inequality in life expectancy - females (years)	2010-2012	4.6	7.6	8.5	7.2	7.5	6.9	3.1	4.5	5.8	n/a	6.8
All-age, all cause mortality (ASR per 100,000)	2011-2013	993	1,017	965	1,056	967	924	976	1,003	986	1,001	978
Mortality rate from causes considered preventable (ASR per 100,000)	2011-2013	194	190	168	194	159	152	169	190	175	192	184
Under 75 mortality rate from cancer (ASR per 100,000)	2011-2013	152	149	127	130	143	127	134	140	137	148	144
Under 75 mortality rate from all cardiovascular diseases (ASR per 100,000)	2011-2013	86	77	66	83	56	64	71	68	71	82	78
Under 75 mortality rate from respiratory disease (ASR per 100,000)	2011-2013	26.8	27.5	21.8	37.7	23.0	23.7	27.7	31.2	27.2	34.1	33.2
Under 75 mortality rate from liver disease (ASR per 100,000)	2011-2013	18.7	15.7	13.5	17.6	14.4	14.1	13.8	20.2	15.8	19.1	17.9
Mortality from communicable diseases (ASR per 100,000)	2011-2013	51.8	55.6	49.2	80.7	46.9	52.7	66.4	62.6	58.2	60.7	62.2
Children and young people												
Child poverty	2011	18.9%	16.3%	13.3%	17.7%	12.3%	12.6%	11.8%	19.7%	15.4%	23.2%	20.6%
School readiness	2014	63.8%	58.4%	63.9%	60.6%	70.4%	69.2%	60.5%	64.5%	63.8%	58.4%	60.0%
General fertility rates per 1,000 women aged 15-44	2013	62.2	65.8	55.3	49.3	53.1	54.7	51.4	61.2	56.5	64.9	62.4
Infant mortality rate per 1,000 live births	2011-2013 provisional	4.9	5.2	3.8	6.2	3.2	6.0	3.9	5.8	5.0	5.6	4.1
Smoking in pregnancy	2012/13	15.1%	15.1%	15.1%	15.3%	15.1%	15.1%	15.6%	15.1%	15.2%	14.2%	12.7%
Low birthweight babies	2011-2013	7.2%	8.3%	8.2%	7.7%	5.8%	6.3%	6.7%	8.0%	7.3%	8.3%	7.4%
Breastfeeding initiation rates	2013/14	67.7%	72.1%	76.5%	44.0%	69.0%	52.5%	50.1%	65.6%	62.5%	66.6%	73.9%
Breastfeeding prevalence rates at six to eight weeks	2013/14	26.3%	31.6%	38.3%	30.4%	32.0%	38.6%	31.6%	25.3%	31.5%	39.4%	45.8%
Diphtheria, tetanus, polio, pertussis, haemophilus influenza type b at 12 months	2013/14	96.8%	96.8%	98.1%	99.4%	97.1%	97.5%	99.6%	97.1%	97.7%	95.2%	94.3%

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher	Suppressed or not available	Not compared

Indicator	Year	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Measles, mumps and rubella at 24 months	2013/14	98.2%	96.6%	98.1%	99.1%	96.8%	97.2%	99.3%	97.5%	97.8%	93.6%	92.7%
Measles, mumps and rubella (first and second doses) at five years	2013/14	88.5%	90.2%	91.5%	96.9%	88.5%	88.0%	96.0%	91.6%	91.3%	90.1%	88.3%
Children aged three with tooth decay	2012/13	S	11.4%	0.0%	2.2%	2.3%	9.0%	4.8%	0.0%	4.0%	10.1%	11.7%
Children aged five with tooth decay	2011/12	26.2%	21.8%	18.0%	29.0%	13.7%	25.5%	17.1%	19.7%	21.6%	26.0%	27.9%
GCSE attainment (five or more A*-C GCSEs including English and Mathematics)	2013	56.5%	61.8%	63.1%	61.2%	58.6%	64.7%	59.9%	50.9%	59.9%	59.9%	60.6%
Young people not in education, employment or training (NEET) (compared to Staffordshire)	Mar-13	6.1%	3.0%	5.4%	3.4%	3.2%	2.9%	3.0%	3.6%	3.7%	n/a	n/a
Unplanned hospital admissions due to alcohol-specific conditions (under 18) (rate per 100,000)	2010/11-2012/13	100.8	38.9	48.1	32.0	37.5	73.9	50.8	57.6	54.7	45.4	44.9
Excess weight (children aged four to five)	2013/14	24.5%	25.0%	22.3%	22.6%	24.4%	21.4%	25.2%	24.5%	23.6%	23.5%	22.5%
Excess weight (children aged 10-11)	2013/14	34.6%	33.0%	30.0%	34.8%	32.6%	29.5%	32.9%	36.1%	32.8%	35.8%	33.5%
Under-18 conception rates (rate per 1,000 girls aged 15-17)	2012	31.6	24.5	33.5	29.9	15.2	26.1	32.1	44.0	28.9	32.0	27.7
Under-16 conception rates (rate per 1,000 girls aged 13-15)	2010-2012	7.4	8.6	6.1	5.7	2.6	3.8	7.4	10.4	6.3	6.9	6.1
Chlamydia screening rates (15-24 years)	2013	30.2%	25.1%	31.6%	28.9%	19.7%	25.4%	27.8%	29.9%	27.2%	22.0%	24.9%
Chlamydia diagnosis (15-24 years) (rate per 100,000)	2013	2,102	1,698	1,946	1,548	1,628	1,427	1,293	2,156	1,697	1,917	2,016
Hospital admissions caused by unintentional and deliberate injuries in children under five (rate per 10,000)	2012/13	248	170	131	132	135	259	106	110	166	144	135
Hospital admissions caused by unintentional and deliberate injuries in children under 15 (rate per 10,000)	2012/13	158	109	103	106	91	162	89	84	115	106	104

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher	Suppressed or not available	Not compared

Indicator	Year	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 (rate per 10,000)	2012/13	123	162	134	110	107	143	156	106	130	124	131
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (ASR per 100,000)	2012/13	578	397	295	414	424	593	561	282	447	435	341
Hospital admissions - lower respiratory tract in under 19s (ASR per 100,000)	2012/13	104	S	S	127	S	133	96	S	S	S	99
Adults of working age												
People in employment (aged 16-64)	2013/14	69.1%	82.8%	73.7%	71.9%	74.0%	76.8%	70.5%	72.0%	74.1%	69.3%	71.9%
Estimated households failing to meet decent homes standard	2009	29.6%	38.7%	31.6%	35.9%	32.2%	33.0%	41.5%	25.9%	34.1%	36.7%	36.0%
Households with no cars or vans	2011	20.2%	21.4%	13.6%	22.1%	13.2%	17.5%	14.8%	20.6%	18.0%	24.7%	25.8%
Breast cancer screening	2014	78.3%	78.2%	79.1%	80.6%	79.7%	80.3%	81.8%	75.3%	79.4%	76.5%	75.9%
Cervical screening	2014	74.4%	74.1%	77.3%	75.7%	77.8%	75.3%	77.2%	76.9%	76.0%	73.0%	74.2%
Bowel cancer screening	2013	58.5%	59.6%	63.7%	60.5%	64.3%	62.2%	65.5%	60.6%	61.9%	58.5%	58.8%
NHS health checks offered (as a proportion of those eligible)	2013/14	19.8%	17.6%	22.4%	19.8%	12.1%	14.6%	25.0%	38.0%	21.1%	22.1%	18.5%
NHS health checks received (as a proportion of those offered)	2013/14	54.5%	51.1%	44.4%	46.2%	52.5%	32.6%	41.3%	18.8%	41.3%	44.7%	49.0%
NHS health checks received (as a proportion of those eligible)	2013/14	10.8%	9.0%	9.9%	9.1%	6.3%	4.8%	10.3%	7.1%	8.7%	9.9%	9.0%
Depression prevalence (ages 18+)	2013/14	7.0%	6.0%	5.8%	7.6%	5.0%	6.3%	6.8%	8.4%	6.6%	6.7%	6.5%
Mental health prevalence	2013/14	0.6%	0.6%	0.7%	0.7%	0.5%	0.7%	0.8%	0.7%	0.6%	0.8%	0.9%
Suicides (ASR per 100,000)	2011-2013	10.2	8.1	9.3	10.6	8.1	11.1	8.3	6.9	9.2	8.3	8.8
Self-harm admissions (ASR per 100,000)	2012/13	166.4	211.0	147.6	262.6	110.5	215.9	200.2	169.9	187.4	199.8	188.0
Learning disabilities prevalence (ages 18+)	2013/14	0.5%	0.5%	0.4%	0.4%	0.3%	0.3%	0.5%	0.5%	0.4%	0.5%	0.5%

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher	Suppressed or not available	Not compared

Indicator	Year	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Proportion of disability living allowance claimants	May-14	6.6%	4.3%	4.5%	5.8%	4.4%	4.3%	5.1%	6.1%	5.1%	5.5%	5.0%
Smoking prevalence	2013	20.0%	16.9%	15.7%	21.1%	17.3%	13.3%	9.5%	10.0%	15.8%	17.8%	18.4%
Smoking prevalence in manual workers	2013	22.2%	20.3%	28.3%	31.4%	21.9%	26.5%	6.6%	15.1%	22.1%	26.4%	28.6%
Smoking attributable mortality (ASR per 100,000)	2011-2013	346	277	229	324	251	242	253	273	272	283	289
Access to stop smoking services (rate per 1,000 smokers)	2013/14	82.2	101.5	68.3	47.6	70.6	110.5	86.9	172.2	87.3	86.5	75.0
Quit rates at four weeks	2013/14	56.1%	56.2%	60.0%	61.7%	46.6%	52.1%	56.7%	54.7%	55.4%	52.6%	51.3%
Alcohol-related admissions (narrow definition) (ASR per 100,000)	2013/14	704	716	602	901	650	699	657	590	697	669	634
Alcohol-related admissions (broad definition) (ASR per 100,000)	2013/14	2,125	1,974	1,773	2,254	1,888	1,851	1,755	1,928	1,943	2,108	2,073
Estimated problem drug users (PDUs) using crack and/or opiates (rate per 1,000)	2010/11	8.7	7.8	3.1	6.6	2.6	3.9	5.4	5.9	5.5	9.6	8.6
Number of PDUs in effective treatment	2012/13	57.9%	65.6%	70.4%	66.4%	57.2%	71.7%	64.8%	62.9%	64.0%	60.5%	60.9%
Adults with excess weight	2012	62.5%	71.6%	66.7%	63.4%	69.5%	69.6%	70.0%	70.7%	67.9%	65.7%	63.8%
Adults who are obese	2012	30.3%	31.0%	23.5%	18.0%	23.2%	21.4%	24.1%	27.4%	24.4%	24.5%	23.0%
Healthy eating (synthetic estimates)	2006-2008	22.5%	27.1%	28.4%	25.5%	26.7%	29.1%	25.5%	21.9%	26.1%	25.7%	28.7%
Physical activity in adults	2013	44.5%	52.2%	60.9%	58.5%	60.5%	57.1%	52.3%	47.9%	54.8%	53.2%	55.6%
Physical inactivity in adults	2013	33.7%	32.1%	21.2%	28.3%	26.2%	24.0%	29.0%	36.4%	28.5%	31.3%	28.9%
All acute sexually transmitted infections (rate per 1,000)	2013	687	707	546	473	486	544	328	675	552	724	805
Older people												
Lone pensioner households	2011	11.4%	12.4%	12.2%	13.5%	13.3%	12.8%	13.5%	10.9%	12.6%	12.6%	12.4%
Seasonal flu - people aged 65 and over	2013/14	68.1%	70.8%	69.7%	73.7%	71.3%	69.3%	70.1%	73.8%	70.8%	72.4%	73.2%
Seasonal flu - people aged under 65 at risk	2013/14	48.3%	49.9%	48.1%	55.1%	50.7%	46.7%	52.8%	50.9%	50.4%	52.8%	52.3%
Pneumococcal vaccine in people aged 65 and over	2013/14	63.2%	67.3%	69.8%	62.6%	63.1%	64.4%	60.4%	72.1%	65.1%	68.1%	69.1%

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher	Suppressed or not available	Not compared

Indicator	Year	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Limiting long-term illness	2011	20.7%	17.7%	18.1%	20.8%	18.7%	18.2%	21.1%	17.9%	19.2%	19.0%	17.6%
Asthma prevalence	2013/14	5.9%	5.9%	5.9%	6.2%	5.8%	5.7%	6.5%	6.3%	6.0%	6.1%	5.9%
Atrial fibrillation prevalence	2013/14	1.7%	1.6%	1.8%	1.9%	2.0%	1.9%	2.2%	1.5%	1.8%	1.6%	1.6%
Cancer prevalence	2013/14	2.3%	2.4%	2.5%	2.3%	2.7%	2.7%	2.5%	2.4%	2.5%	2.1%	2.1%
Chronic kidney disease prevalence (ages 18+)	2013/14	4.1%	4.5%	3.6%	4.0%	4.6%	4.0%	4.4%	3.7%	4.1%	4.6%	4.0%
Chronic obstructive pulmonary disease prevalence	2013/14	2.2%	1.7%	1.7%	2.3%	1.5%	1.4%	1.9%	2.0%	1.8%	1.8%	1.8%
Coronary heart disease prevalence	2013/14	4.1%	3.3%	3.8%	3.8%	3.9%	3.7%	4.3%	3.4%	3.8%	3.4%	3.3%
Diabetes prevalence (ages 17+)	2013/14	6.9%	6.6%	6.5%	7.0%	6.6%	6.2%	7.2%	6.6%	6.7%	7.1%	6.2%
Epilepsy prevalence (ages 18+)	2013/14	1.0%	0.9%	0.8%	0.9%	0.8%	0.9%	0.9%	0.8%	0.9%	0.9%	0.8%
Heart failure prevalence	2013/14	0.8%	0.8%	0.8%	0.8%	0.8%	0.7%	0.8%	0.7%	0.8%	0.8%	0.7%
Hypertension prevalence	2013/14	14.9%	13.9%	15.3%	15.8%	16.7%	15.2%	18.3%	13.6%	15.4%	14.8%	13.7%
Hypothyroidism prevalence	2013/14	4.1%	3.6%	3.6%	3.1%	3.9%	3.9%	3.6%	3.3%	3.6%	3.4%	3.3%
Obesity prevalence (ages 16+)	2013/14	13.6%	10.5%	10.5%	10.8%	9.5%	8.6%	11.4%	12.4%	10.8%	10.3%	9.4%
Osteoporosis prevalence	2013/14	0.3%	0.5%	0.3%	0.4%	0.3%	0.4%	0.4%	0.3%	0.4%	0.4%	0.4%
Palliative care prevalence	2013/14	0.7%	0.6%	0.7%	0.7%	0.6%	0.7%	0.7%	0.6%	0.7%	0.7%	0.6%
Peripheral arterial disease prevalence	2013/14	0.3%	0.1%	0.2%	0.3%	0.2%	0.2%	0.3%	0.2%	0.2%	0.3%	0.3%
Rheumatoid arthritis prevalence (ages 16+)	2013/14	1.0%	0.8%	0.9%	0.8%	1.0%	0.9%	0.9%	0.9%	0.9%	0.8%	0.7%
Stroke or transient ischaemic attacks prevalence	2013/14	1.9%	1.7%	1.9%	2.3%	2.0%	2.0%	2.5%	1.8%	2.0%	1.8%	1.7%
Dementia prevalence	2013/14	0.6%	0.6%	0.5%	0.8%	0.6%	0.6%	0.6%	0.5%	0.6%	0.6%	0.6%
Dementia diagnosis rate	2013/14	50.2%	51.2%	40.6%	50.8%	42.9%	47.0%	38.6%	48.1%	46.4%	50.6%	51.9%
Acute ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2012/13	1,520	1,391	1,198	1,739	1,248	1,605	1,308	1,316	1,431	1,393	1,204
Chronic ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2012/13	1,016	913	778	955	670	830	764	938	850	893	821

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher	Suppressed or not available	Not compared

Indicator	Year	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Accidental mortality (ASR per 100,000)	2011-2013	27.7	32.8	28.8	32.8	21.7	24.0	24.4	33.7	27.7	24.2	21.5
Falls admissions in people aged 65 and over (ASR per 100,000)	2012/13	1,868	2,330	2,095	2,304	1,747	2,012	1,959	2,417	2,071	1,951	2,011
End of life: proportion dying at home or usual place of residence	2013	42.6%	38.8%	45.9%	42.6%	43.8%	45.2%	44.4%	39.4%	43.1%	39.5%	41.3%
End of life: proportion dying at hospital	2013	50.3%	56.2%	46.9%	49.4%	48.9%	46.8%	47.4%	53.8%	49.6%	53.2%	50.9%
End of life: proportion dying at hospice	2013	5.8%	3.3%	4.9%	6.2%	5.8%	7.0%	6.5%	5.5%	5.7%	5.4%	5.6%

Appendix 3: Access to pharmaceutical providers in Staffordshire by mode of transport

Methodology for accessibility

Visography TRACC accessibility planning software supersedes Accession which was developed by Basemap for the Department for Transport to enable local authorities to measure and monitor local accessibility as part of the accessibility strategy in their local transport plans. Visography TRACC calculates journey times based upon public transport timetable data, road network information and a range of user-defined parameters.

The results for the accessibility calculations for each mode are shown as travel time contours. The data represents the shortest travel time that can be made from each origin point to any pharmacy within the destination set.

In addition to all pharmacies within Staffordshire, all pharmacies within a buffer of one mile were included in the analysis.

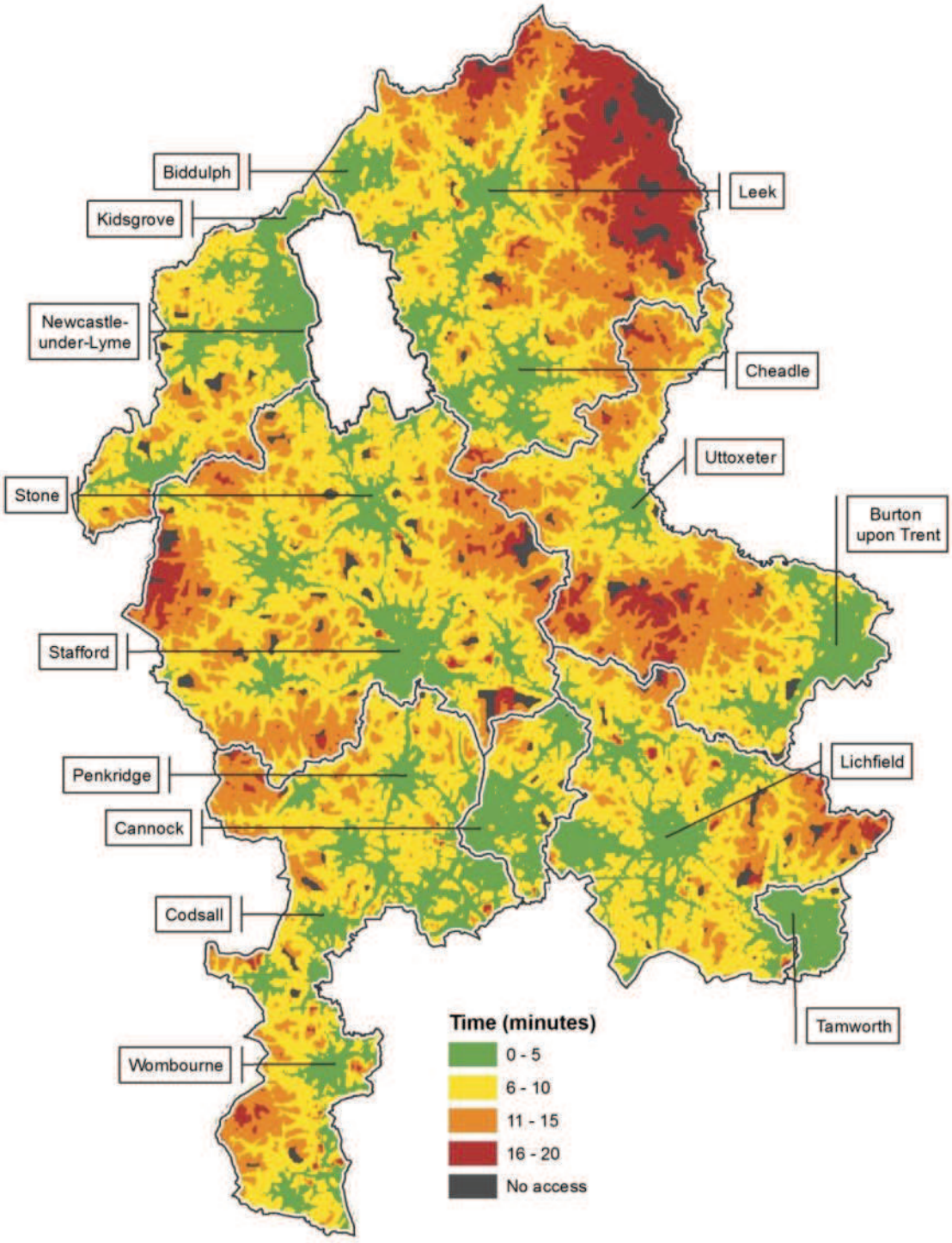
Car accessibility - Car based calculations utilise the Ordnance Survey ITN data and use the speed distribution for the various road classifications that is provided as a default in the software. This is a national average distribution not associated with a particular time period. The maximum connection distance to the road network is 350m; if the road network cannot be reached within this distance then a result of "no access" is returned. The maximum travel time was set at 20 minutes.

Walk accessibility - Walking calculations make use of the Ordnance Survey Integrated Transport Network (ITN) and Urban Paths data which in combination provide the entire road network, off road footpaths and pedestrians shortcuts. Parameters have been set to define the maximum walk distance to access the walking network as 350m. If the network cannot be reached within this distance then a result of "no access" is returned. Walking speed has been defined as 4.8kph. The maximum travel time was set at 20 minutes.

Public transport accessibility - Public transport accessibility included bus and/ or rail services. The timetables used were dated August 2014 and May 2014 for bus and rail respectively. When calculating accessibility for public transport, the software takes into account walk time to a bus stop/station, wait time for the service, in vehicle travelling time and walk time to the destination. It also allows for interchange between services and modes such as bus and rail. The software includes a five minute interval between changes of services to model passenger acceptance of service interchange. Calculations were made for the time period 0800 to 1000 on an average Wednesday. Parameters have been set to define the maximum walk distance to access a public transport stop as 350m. Access to the bus stops is calculated on a crow-flies basis with a correctional factor to acknowledge that this is not possible. If a public transport stop cannot be reached within this distance then a result of "no access" is returned. The maximum travel time was 60 minutes in total.

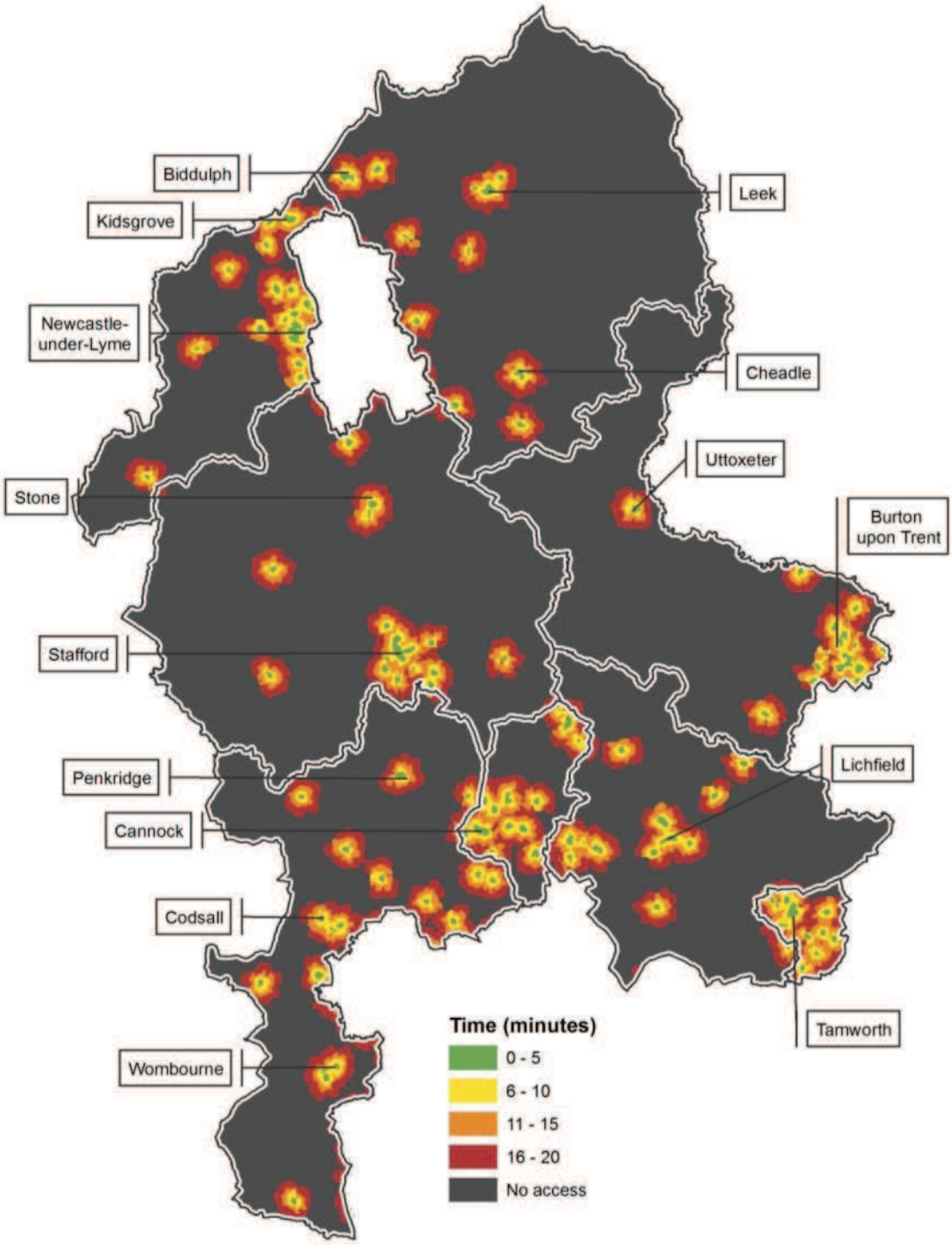
For public transport, the average speed of walking will vary between individuals (the assumption used within the analysis is a pace of 4.8km per hour).

Map 19: Access to community pharmacies – car



Source: Staffordshire County Council and NHS England Shropshire and Staffordshire Area Team

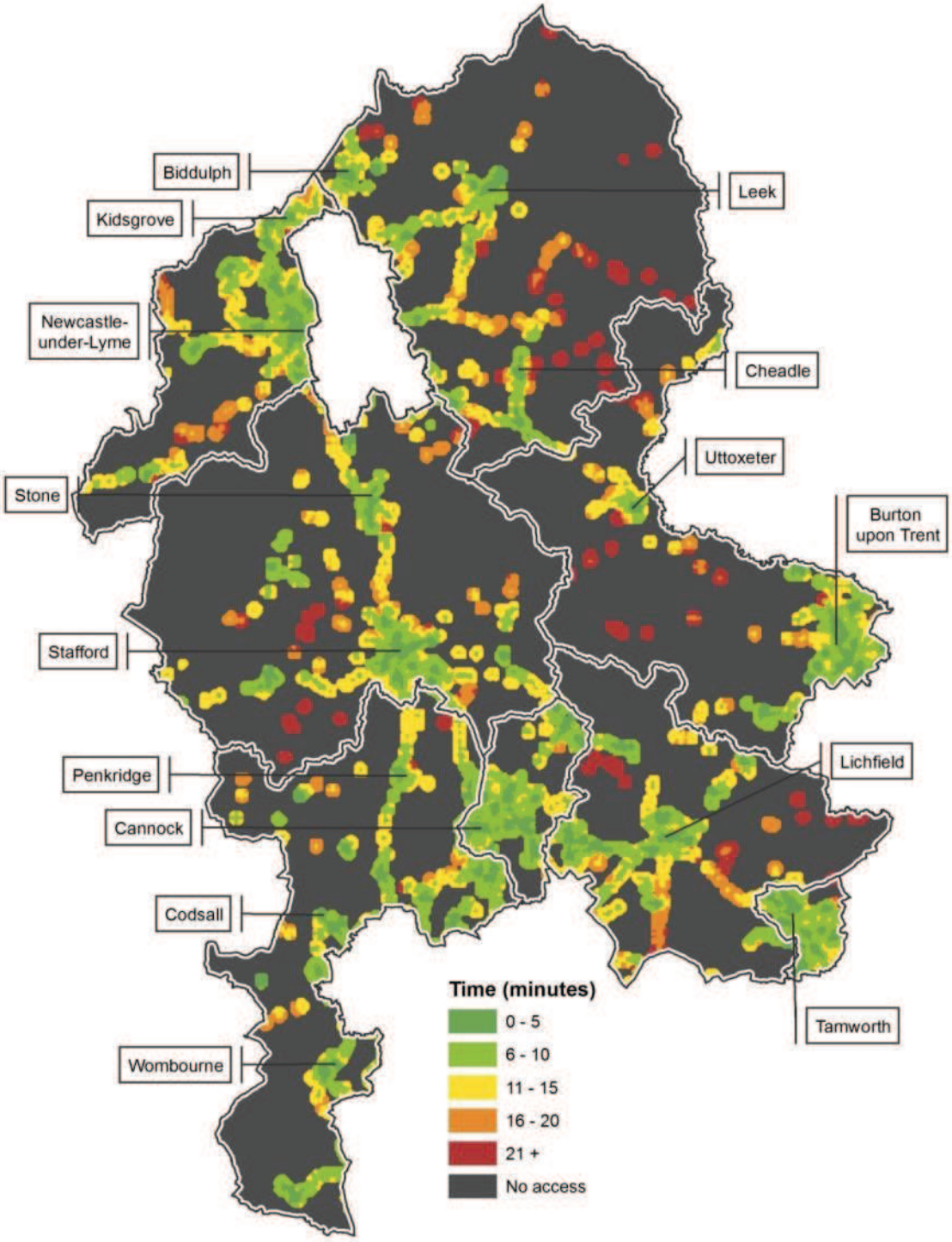
Map 20: Access to community pharmacies – walking



Source: Staffordshire County Council and NHS England Shropshire and Staffordshire Area Team

Note: Calculations include those origins which are in unpopulated areas and where there are no roads, footpaths or bus services, these will therefore result in there being 'areas of no access'. The calculations carried out are at a very strategic level and should only be used to give an indication of areas of accessibility; any areas of concern would need to be looked at in greater detail.

Map 21: Access to community pharmacies – public transport



Source: Staffordshire County Council and NHS England Shropshire and Staffordshire Area Team

Note: Calculations include those origins which are in unpopulated areas and where there are no roads, footpaths or bus services, these will therefore result in there being 'areas of no access'. The calculations carried out are at a very strategic level and should only be used to give an indication of areas of accessibility; any areas of concern would need to be looked at in greater detail.

Appendix 4: Individual pharmacy tables

Pharmacy name	Address	Medicines Use Review service	New Medicine Service	Appliance Use Review service	Stoma Appliance Customisation service	Emergency supply pilot scheme	Minor ailment pilot scheme	Supervised administration service	Stop Smoking Service	Sexual health services	Palliative care box	Pivotell pill dispenser box	Minor ailment scheme (SS CCGs only)	Needle exchange service	Healthy living pharmacy
Cannock Chase															
Bains Pharmacy Healthcare Ltd	160-162 Hednesford Road, Heath Hayes, Cannock, WS12 3DZ	✓	✓			✓			✓	✓	✓				✓
Boots The Chemist	5 Brook Square, Rugeley, WS15 2DT	✓	✓			✓	✓	✓	✓	✓	✓	✓			✓
Boots The Chemist	Unit 9, Orbital Retail Park, Cannock, Staffs, WS11 8XP	✓	✓				✓	✓	✓	✓					
Boots The Chemist	1 Church Street, Cannock, Staffs, WS11 1DE	✓	✓				✓	✓	✓	✓					
Boots The Chemist	1-7 Park Road, Cannock, WS11 1JN	✓	✓			✓	✓		✓	✓					
Brereton Pharmacy	88 Main Road, Brereton, Rugeley, Staffs, WS15 1DU	✓	✓				✓	✓	✓	✓			✓	✓	✓
Cornwell's Chemists Ltd	235 Cannock Road, Chadsmoor, Cannock, Staffs, WS11 5DD	✓	✓			✓		✓	✓	✓					✓
Hednesford	Co-op Supermarket, Anglesey Road, Hednesford, WS12 1AS	✓	✓			✓	✓	✓	✓	✓			✓		
Lloyds Pharmacy	Sandy Lane Health Centre, Sandy Lane, Rugeley, WS15 2LB	✓	✓			✓		✓	✓	✓				✓	
Lloyds Pharmacy	11 Upper Brook Street, Rugeley, Staffs, WS15 2DP	✓	✓	✓	✓	✓		✓		✓					
Lloyds Pharmacy	Unit 2B, Victoria Shopping Centre, Victoria Street, Hednesford, Staffordshire, WS121DU	✓	✓			✓	✓			✓				✓	
Lloyds Pharmacy	Hednesford Valley Health Centre, Station Road, Hednesford, WS12 4DH	✓	✓			✓		✓		✓					
Minster Pharmacy	29 Market Hall Street, Cannock, Staffs, WS11 1EB	✓	✓			✓	✓		✓				✓		✓
Morrisons Pharmacy	Market Street, Rugeley, Staffs, WS15 2JJ	✓	✓			✓	✓			✓		✓			
Northwood Pharmacy	Springfields Health & Wellbeing Centre, Lovett Court, Rugeley, WS15 2QD	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓		✓
Nucare Pharmacy	3 Hamilton Lea, Brownhills Road, Norton Canes, Cannock, WS11 9SY	✓	✓					✓		✓	✓			✓	
Rawnsley Surgery Limited	Rawnsley Road, Rawnsley, Cannock, WS12 1JF	✓								✓					
Sainsburys Pharmacy	Orbital Retail Centre, Cannock, WS11 8XP	✓	✓							✓					
Tesco Pharmacy	Heath Way, Hawkes Green, Heath Hayes, Cannock, WS12 3YY	✓	✓				✓	✓	✓	✓			✓		
Tesco Pharmacy	Victoria Shopping Park, Victoria Street, Hednesford, Staffordshire, WS12 1BT	✓	✓						✓						
The Co-operative Pharmacy	Brownhills Road, Norton Canes, Cannock, WS11 9RE	✓	✓		✓	✓		✓		✓		✓			
The Co-operative Pharmacy	57-59 High Green, Market Place, Cannock, WS11 1BP	✓	✓		✓	✓		✓		✓	✓				
The Co-operative Pharmacy	7 Devon Court, Bideford Way, Cannock, WS11 1NP	✓	✓		✓	✓		✓		✓	✓	✓			
The Co-operative Pharmacy	2 Festival Court, Pye Green Road, Hednesford, Staffs, WS11 5RP	✓	✓		✓	✓		✓		✓					
The Co-operative Pharmacy	62 Hednesford Street, Cannock, Staffs, WS11 1DJ	✓	✓		✓			✓		✓					
East Staffordshire															
All Saints Pharmacy	Unit 1, 27 All Saints Road, Burton On Trent, Staffs, DE14 3LS	✓			✓			✓	✓					✓	
Asda Pharmacy	The Octagon Centre, Orchard Street, Burton On Trent, DE14 3TN	✓				✓	✓	✓	✓	✓			✓		

Pharmacy name	Address	Medicines Use Review service	New Medicine Service	Appliance Use Review service	Stoma Appliance Customisation service	Emergency supply pilot scheme	Minor ailment pilot scheme	Supervised administration service	Stop Smoking Service	Sexual health services	Palliative care box	Pivotell pill dispenser box	Minor ailment scheme (SS CCGs only)	Needle exchange service	Healthy living pharmacy
Balance Street Pharmacy	Balance Street Health Centre, Balance Street, Uttoxeter, ST14 8JG	✓				✓		✓	✓	✓		✓	✓		✓
Boots The Chemist	6 High Street, Uttoxeter, Staffs, ST14 7HT	✓	✓	✓		✓	✓	✓	✓	✓					✓
Boots The Chemist	1 Coopers Square, Burton On Trent, Staffordshire, DE14 1DG	✓	✓				✓	✓	✓	✓					
Branston Pharmacy	Main Street, Branston, Burton On Trent, DE14 3EY	✓					✓		✓		✓				✓
Carlton Pharmacy	118 Calais Road, Burton On Trent, Staffs, DE13 0UW	✓	✓			✓	✓	✓	✓						
Dean & Smedley Ltd	Unit 1 Main Street, Stretton, Burton On Trent, DE13 0DZ	✓	✓			✓	✓			✓			✓		✓
Dean & Smedley Ltd	65-67 Horninglow Road, Burton On Trent, DE14 2PP	✓	✓			✓	✓	✓	✓	✓	✓			✓	✓
Dean & Smedley Ltd	16 High Street, Tutbury, Burton On Trent, DE13 9LP	✓	✓			✓	✓	✓	✓	✓	✓		✓		✓
Healthcare at Home	Fifth Avenue, Centrum 100, Burton On Trent, DE14 2WS														
Manor Pharmacy	Unit 7 Clarke Industrial Estate, Wetmore Road, Burton On Trent, Staffs, DE14 1QT	✓	✓			✓	✓	✓	✓	✓					
Manor Pharmacy	171 Calais Road, Burton On Trent, D13 0UN	✓	✓			✓		✓	✓	✓		✓	✓		✓
Manor Pharmacy	251 Branston Road, Burton On Trent, Staffs, DE14 3BT	✓	✓			✓		✓	✓	✓					✓
Morrisons Pharmacy	Morrisons Supermarket, Wellington Road, Burton On Trent, DE14 2AR	✓	✓			✓	✓	✓	✓	✓					
Sainsburys Pharmacy	Sainsburys Supermarket, Union Street, Burton On Trent, DE14 1AA	✓	✓			✓	✓	✓	✓	✓	✓				
Stapenhill Pharmacy	35-36 St Peters Street, Stapenhill, Burton On Trent, DE15 9AW	✓	✓			✓	✓	✓	✓	✓			✓		✓
Tesco Pharmacy	St Peters Bridge, Burton On Trent, DE14 3RJ	✓	✓			✓		✓		✓					✓
Tesco Pharmacy	Brookside, Uttoxeter, ST148AU	✓	✓					✓	✓						
The Co-operative Pharmacy	Fyfield Road, Stapenhill, Burton On Trent, DE15 9QD	✓	✓		✓	✓		✓							
The Co-operative Pharmacy	52-54 Main Street, Barton Under Needwood, Burton On Trent, DE13 8AA	✓	✓		✓	✓		✓	✓	✓					
The Co-operative Pharmacy	44 Market Place, Uttoxeter, Staffs, ST14 8HP	✓	✓		✓			✓	✓	✓					
Waterloo Pharmacy	172 Waterloo Pharmacy, Burton On Trent, DE14 2NQ														
Winshill Pharmacy	Melbourne Avenue, Winshill, Burton On Trent, DE15 0EP	✓	✓		✓			✓	✓	✓					✓
Lichfield															
Alliance Boots	c/o Waitrose Store, Stonnyland Drive, Lichfield, WS13 6RX	✓	✓		✓	✓	✓	✓		✓	✓				✓
Alrewas Pharmacy Ltd	Main Street, Alrewas, Burton On Trent, DE13 7AE	✓	✓				✓		✓	✓					✓
Boots The Chemist	4-8 Tamworth Street, Lichfield, WS13 6JJ	✓	✓			✓	✓	✓	✓	✓					
Boots The Chemist	67 New Road, Armitage, Rugeley, WS15 4AA	✓	✓				✓	✓	✓	✓					
Boots The Chemist	Langton Health Centre, Eastern Avenue, Lichfield, WS13 7FA	✓	✓					✓	✓	✓				✓	
Chasetown Pharmacy	23 High Street, Chasetown, Walsall, WS7 3XE	✓	✓			✓	✓	✓	✓	✓	✓		✓		✓
Day Night Pharmacy	Unit 4, Swan Island Precinct, Chase Road, Burntwood, WS7 0DW	✓	✓			✓	✓	✓	✓	✓					
Fazeley Pharmacy	11 Coleshill Street, Fazeley, Tamworth, B78 3RB	✓					✓		✓		✓				
Fradley Pharmacy	Unit 6 The Stirling Court, Tye Lane, Fradley, Lichfield, WS13 8ST	✓	✓			✓	✓	✓	✓	✓			✓		✓
Jhoots Pharmacy	St Chads Health Centre, Dimbles Lane, Lichfield, Staffs, WS13 7HT	✓	✓			✓	✓			✓					
Lloyds Pharmacy	4 Rugeley Road, Chase Terrace, Walsall, WS7 1AQ	✓	✓			✓				✓					

Pharmacy name	Address	Medicines Use Review service	New Medicine Service	Appliance Use Review service	Stoma Appliance Customisation service	Emergency supply pilot scheme	Minor ailment pilot scheme	Supervised administration service	Stop Smoking Service	Sexual health services	Palliative care box	Pivotell pill dispenser box	Minor ailment scheme (SS CCGs only)	Needle exchange service	Healthy living pharmacy
Lloyds Pharmacy	Unit 3 Burntwood Shopping Centre, Chase Terrace, Walsall, Staffordshire, WS7 8JR	✓	✓			✓		✓		✓					
Lloyds Pharmacy	7 Lichfield Road, Burntwood, Walsall, WS7 0HH	✓	✓			✓	✓	✓		✓					
N&J's Chemist	Unit 9-10 Morley Road Shopping Centre, Burntwood, Walsall, WS7 9AZ	✓	✓			✓	✓		✓	✓	✓				✓
Shenstone Pharmacy	33B Main Street, Shenstone, Lichfield, WS14 0LZ	✓				✓	✓		✓	✓	✓				
Tesco Pharmacy	Tesco Superstore, Church Street, Lichfield, WS13 6JL	✓	✓			✓	✓	✓	✓					✓	
The Co-operative Pharmacy	3 Boley Park Shopping Centre, Ryknild Street, Lichfield, WS14 9XU	✓	✓				✓	✓	✓	✓	✓				✓
The Co-operative Pharmacy	Greenhill Health Centre, Church Street, Lichfield, WS13 6JL	✓	✓				✓	✓	✓	✓	✓		✓	✓	
Whittington Pharmacy	13B Main Street, Whittington, Lichfield, WS13 6JZ	✓	✓				✓		✓						
Newcastle-under-Lyme															
Asda Pharmacy	Wolstanton Retail Park, Wolstanton, Newcastle-Under-Lyme, ST5 0AY	✓				✓	✓		✓	✓					
Boots The Chemist	60-62 High Street, Newcastle Under Lyme, Staffordshire, ST5 1QL	✓	✓			✓	✓	✓	✓	✓					
Bradwell Pharmacy	111 Hanbridge Avenue, Bradwell, Newcastle Under Lyme, ST5 8HX	✓				✓	✓		✓			✓			✓
Butt Lane Pharmacy	147 Congleton Road, Butt Lane, Kidsgrove, ST7 1LL	✓				✓	✓	✓	✓	✓	✓	✓			✓
Cornwell's Chemists Ltd	11 High Street, Newcastle Under Lyme, ST5 1RB	✓	✓			✓		✓		✓	✓	✓			✓
Cornwell's Chemists Ltd	5 The Parade, Silverdale, Newcastle Under Lyme, ST5 6LQ	✓	✓			✓		✓		✓		✓			✓
Higherland Pharmacy	3 Orme Road, Poolfields, Newcastle Under Lyme, ST5 2UE	✓	✓												
Hollowood Chemists	Kingsbridge House, Kingsbridge Avenue, Clayton, Newcastle Under Lyme, ST5 3HP	✓	✓		✓	✓		✓		✓	✓	✓			
Inspire Pharmacy	Unit 10, Croft Road Industrial Estate, Newcastle Under Lyme, ST5 0TW	✓				✓				✓					
Lloyds Pharmacy	117/119 High Street, Wolstanton, Newcastle Under Lyme, ST5 0EP	✓	✓			✓	✓	✓		✓	✓			✓	
Lloyds Pharmacy	42 Market Street, Kidsgrove, Stoke On Trent, ST7 4AB	✓	✓			✓	✓	✓		✓					
Lloyds Pharmacy	Unit 1& 2 High Street, Wolstanton, Newcastle Under Lyme, ST5 9ER	✓	✓					✓		✓					
Lloyds Pharmacy	7 The Westbury Centre, Westybury Road, Clayton, Newcastle Under Lyme, ST5 4LY	✓	✓			✓	✓	✓		✓					
Loggerheads Pharmacy	Loggerhead Pharmacy, 9, Eccleshall Road, Loggerheads, Market Drayton, TF9 4NX	✓	✓						✓	✓					
Millers Chemist	Newcastle Road, Middle Madeley, Nr Crewe, CW3 9JP	✓	✓			✓	✓	✓	✓			✓			✓
Milwards Chemist	65 Milehouse Lane, Cross Heath, Newcastle Under Lyme, ST5 9JZ	✓				✓	✓	✓	✓	✓		✓			
Morrells Pharmacy	Milehouse Primary Care Centre, Millrise Village, Lymebrook Way, Milehouse, Newcastle-Under-Lyme, ST5 9GA	✓	✓			✓	✓	✓	✓	✓		✓			✓
Morrisons Pharmacy	Goose Street, Off Brook Lane, Newcastle Under Lyme, ST5 3HY	✓	✓			✓	✓		✓						✓
Sainsburys Pharmacy	Liverpool Road, Newcastle Under Lyme, ST5 2SJ	✓	✓							✓					
Tesco Pharmacy	Liverpool Road East, Kidgrove, Staffordshire, ST7 1DX	✓	✓			✓	✓		✓	✓					
The Co-operative Pharmacy	21-23 London Road, Chesterton, Newcastle Uner Lyme, ST5 7EA	✓	✓		✓	✓	✓	✓	✓	✓					✓
The Co-operative Pharmacy	Unit 12 Freeport, Jamage Road, Talke, Stoke On Trent, ST7 1QD	✓	✓		✓	✓			✓	✓		✓			✓
The Co-operative Pharmacy	25 London Road, Chesterton, Newcastle Under Lyme, ST5 7DY	✓	✓		✓				✓	✓					
The Co-operative Pharmacy	Mount Road, Kidsgrove, Stoke On Trent, ST7 4AY	✓	✓		✓	✓		✓	✓	✓					✓

Pharmacy name	Address	Medicines Use Review service	New Medicine Service	Appliance Use Review service	Stoma Appliance Customisation service	Emergency supply pilot scheme	Minor ailment pilot scheme	Supervised administration service	Stop Smoking Service	Sexual health services	Palliative care box	Pivotell pill dispenser box	Minor ailment scheme (SS CCGs only)	Needle exchange service	Healthy living pharmacy
The Co-operative Pharmacy	58-F260 King Street, Newcastle Under Lyme, ST5 1HX	✓	✓		✓	✓		✓	✓	✓		✓			✓
The Co-operative Pharmacy	Audley Health Centre, Church Street, Audley, Staffordshire, ST7 8DE	✓	✓		✓	✓		✓	✓	✓	✓	✓			✓
W S Low Pharmacy	101 High Street, Wolstanton, Newcastle Under Lyme, ST5 0EP	✓					✓	✓		✓					
South Staffordshire															
Bills Pharmacy	29 High Street, Kinver, Stourbridge, DY7 6HF	✓	✓						✓	✓	✓	✓			
Boots The Chemist	High Street, Wombourne, Wolverhampton, WV5 9DP	✓	✓						✓	✓					
Boots The Chemist	5&6 Giggetty Lane, Wombourne, Wolverhampton, WV5 0AW	✓	✓							✓					
Colliery Pharmacy	Colliers Way, Huntington, Cannock, WS12 4UD	✓	✓	✓	✓	✓	✓	✓		✓	✓				
Cornwell's Chemists Ltd	126 Wardles Lane, Great Wyrley, Walsall, WS6 6DZ	✓	✓			✓		✓	✓	✓	✓				
Coven Pharmacy	25 Brewood Road, Coven, Wolverhampton, WV9 5BX	✓					✓		✓	✓	✓	✓			✓
Hawthorne Chemist	Essington Community Centre, Hobnock Road, Essington, Staffs, WV11 2RF	✓					✓	✓	✓		✓				
Lloyds Pharmacy	Broadgate House, 6 Market Place, Brewood, Staffs, ST19 9BS	✓	✓			✓	✓	✓		✓	✓				
Lloyds Pharmacy	8 Bilbrook Road, Codsall, Wolverhampton, WV8 1EZ	✓	✓			✓	✓	✓		✓	✓				
Lloyds Pharmacy	2-3 Anders Square, Perton, Wolverhampton, WV6 7QH	✓	✓			✓		✓		✓					
Lloyds Pharmacy	86 Wolverhampton Road, Codsall, Nr Wolverhampton, WV8 1PE	✓	✓			✓	✓	✓		✓			✓		
Lloyds Pharmacy	Irvine House, 9-11 Church Road, Codsall, Wolverhampton, WV8 1EA	✓	✓	✓	✓	✓				✓					
Medicare Pharmacy	1 Meadow View, High Street, Pattingham, Wolverhampton, WV6 7BD														
Millstream Pharmacy	The Avenue, Featherstone, Wolverhampton, WV10 7AX	✓	✓					✓		✓					
Northwood Pharmacy	Pinfold Lane, Penkridge, Stafford, ST19 5AP	✓	✓			✓		✓	✓	✓	✓	✓	✓		✓
Stevensons Chemist	3 High Street, Cheslyn Hay, Walsall, WS6 7AB	✓	✓							✓	✓				
Wheaton Aston Pharmacy	39 High Street, Wheaton Aston, Staffordshire, ST199NP	✓	✓			✓	✓	✓	✓			✓			
Whitehouse Pharmacy	Market Street, Penkridge, Stafford, ST19 5DH	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓		✓
Wombourne Pharmacy	45A Planks Lane, Wombourne, Wolverhampton, WV5 8DX	✓													
Stafford															
Asda Pharmacy	Asda Superstore, Queensway, Stafford, ST16 3TA	✓	✓			✓	✓	✓	✓	✓					
Birchill and Watson	16 High Street, Stone, Staffs, ST15 8AW	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓		✓
Birchill and Watson	46 Eccleshall Road, Walton, Stone, Staffs, ST15 0HN	✓		✓	✓	✓	✓	✓		✓		✓	✓		✓
Boots The Chemist	Queens Retail Park, Silkmore Lane, Stafford, ST17 4SU	✓	✓			✓	✓	✓	✓	✓		✓	✓		
Boots The Chemist	10-14 Market Square, Stafford, ST16 2BD	✓	✓			✓	✓	✓		✓					
Boots The Chemist	18-22 High Street, Stone, Staffs, ST15 8AW	✓	✓			✓	✓	✓	✓	✓		✓	✓		
Browning Street Pharmacy	43 Browning Street, Stafford, Staffs, ST16 3AT	✓				✓	✓	✓						✓	
Cornwell's Chemists Ltd	Holmcroft Pharmacy, Holmcroft Road, Stafford, ST16 1JG	✓	✓			✓		✓	✓	✓	✓	✓	✓		✓
Cornwell's Chemists Ltd	51-53 Bodmin Avenue, Weeping Cross, Stafford, ST17 0EF	✓	✓			✓		✓	✓	✓	✓	✓	✓		✓
Cornwell's Chemists Ltd	Weston Road, Stafford, Staffshire, ST18 0BF	✓	✓			✓		✓	✓	✓	✓		✓		✓

Pharmacy name	Address	Medicines Use Review service	New Medicine Service	Appliance Use Review service	Stoma Appliance Customisation service	Emergency supply pilot scheme	Minor ailment pilot scheme	Supervised administration service	Stop Smoking Service	Sexual health services	Palliative care box	Pivotell pill dispenser box	Minor ailment scheme (SS CCGs only)	Needle exchange service	Healthy living pharmacy
Eccleshall Pharmacy Ltd.	8 High Street, Eccleshall, Stafford, ST21 6BZ	✓	✓			✓	✓	✓	✓	✓					
Gnosall Pharmacy	Gnosall Health Centre, Brookhouse Road, Gnosall, Stafford, ST20 0GP	✓								✓					
Haywood Pharmacy Ltd	3 Trent Close, Great Haywood, Stafford, ST18 0SS	✓	✓						✓	✓		✓			✓
Kitsons Chemist	8 Orchard Place, Barlaston, Stoke On Trent, Staffs, ST12 9DL						✓								
Lloyds Pharmacy	9-10 Burton Square, Rising Brook, Stafford, ST17 9LT	✓	✓			✓		✓		✓	✓			✓	
Lloyds Pharmacy	Mill Bank Surgery, Mill Bank, Stafford, ST16 2AG	✓	✓			✓	✓	✓		✓	✓			✓	
Medscene Pharmacy	Unit 19 Whitebridge Industrial Estate, Whitebridge Lane, Stone, Staffordshire, ST15 8LQ														
Rowlands Pharmacy	161 Marston Road, Stafford, ST16 3BS	✓	✓			✓	✓	✓	✓	✓		✓			
Sainsburys Pharmacy	Chell Road, Stafford, ST16 2TF	✓	✓			✓				✓					
Stone Pharmacy	5-7 High Street, Stone, Staffs, ST15 8AJ	✓	✓	✓				✓		✓					
Superdrug Pharmacy	18 Greengate Street, Stafford, ST16 2HS	✓	✓							✓					✓
Tesco Pharmacy	Newport Road, Stafford, ST162HE	✓	✓					✓							
The Co-operative Pharmacy	Castle Way, Newport Road, Stafford, ST16 1BS	✓	✓		✓	✓	✓	✓		✓	✓				
The Co-operative Pharmacy	Merry Road, Burton Square, Rising Brook, Stafford, ST17 9LT	✓	✓		✓	✓	✓	✓		✓					
The Co-operative Pharmacy	128 West Way, Highfields, Stafford, ST17 9YF	✓	✓		✓	✓		✓	✓	✓		✓	✓		✓
Weston Road Pharmacy	65 Weston Road, Stafford, ST16 3RL	✓	✓				✓	✓	✓	✓	✓	✓			✓
Wildwood Pharmacy	The Co-Operative Centre, Cannock Road, Wildwood, Stafford, ST17 4RA	✓	✓	✓	✓	✓	✓			✓		✓			
Wolverhampton Road Pharmacy	112 Wolverhampton Road, Stafford, ST17 4AH	✓	✓					✓	✓	✓		✓			
Staffordshire Moorlands															
Blythe Bridge Pharmacy	240 Uttoxeter Road, Blythe Bridge, Staffordshire, ST11 9LY	✓				✓	✓	✓	✓	✓	✓	✓			✓
Boots The Chemist	47 High Street, Cheadle, Staffordshire, ST10 1AR	✓	✓			✓		✓		✓				✓	
Boots The Chemist	13 Derby Street, Leek, Staffordshire, ST13 7DA	✓	✓	✓	✓	✓	✓	✓	✓	✓					
D Mcmullen Pharmacy	Alder House, Station Road, Stoke-On-Trent, ST9 9DR	✓				✓	✓				✓				
Imaan Pharmacy	55, Queens Drive, Leek, ST13 6QF	✓	✓							✓					
Lloyds Pharmacy	15-15A Fountain Street, Leek, Staffordshire, ST13 6JS	✓	✓			✓	✓	✓		✓	✓			✓	
Lloyds Pharmacy	2/4 Rose Bank, Leek, Staffordshire, ST13 6AG	✓	✓			✓	✓			✓					
Millers Chemist	Millers Chemist, 165, Cheadle Road, Cheddleton, Leek, ST13 7HN	✓	✓			✓				✓					✓
J C Ratcliffe Ltd	44A High Street, Cheadle, Staffordshire, ST10 1AF	✓	✓			✓			✓	✓					
J C Ratcliffe Ltd	42 Ashbourne Road, Cheadle, Staffordshire, ST10 1HQ	✓				✓	✓		✓	✓		✓			
Sainsburys Pharmacy	Churnet Works, Macclesfield Road, Leek, Staffordshire, ST13 8YG	✓							✓	✓					
Tean Pharmacy Ltd	19 High Street, Tean, Staffordshire, ST10 4DY			✓	✓	✓									
The Co-operative Pharmacy	16-20 Ball Haye Street, Leek, Staffordshire, ST13 6JW	✓	✓		✓		✓			✓					
The Co-operative Pharmacy	Biddulph Primary Care Centre, Wharf Road, Biddulph, Stoke On Trent, ST8 6AG	✓	✓		✓	✓		✓	✓	✓					
The Co-operative Pharmacy	62 High Street, Biddulph, Stoke On Trent, ST8 6AS	✓	✓		✓	✓		✓	✓	✓		✓		✓	

Pharmacy name	Address	Medicines Use Review service	New Medicine Service	Appliance Use Review service	Stoma Appliance Customisation service	Emergency supply pilot scheme	Minor ailment pilot scheme	Supervised administration service	Stop Smoking Service	Sexual health services	Palliative care box	Pivotell pill dispenser box	Minor ailment scheme (SS CCGs only)	Needle exchange service	Healthy living pharmacy
The Co-operative Pharmacy	46-48, Derby Street, Leek, ST13 5AJ	✓	✓		✓	✓	✓			✓		✓			
The Co-operative Pharmacy	Co-Operative Chemist, 396, New Street, Biddulph Moor, Stoke-On-Trent, ST8 7LR	✓	✓		✓	✓				✓					
Trent Health Pharmacy	339 Ash Bank Road, Werrington, Stoke-On-Trent, ST9 0JS					✓	✓		✓	✓	✓	✓			✓
Well Street Late Night Pharmacy	Well Street Pharmacy, Well Street, Biddulph, Stoke On Trent, ST8 6EZ	✓				✓				✓	✓	✓			✓
Tamworth															
Aldergate Pharmacy	75 Upper Gungate, Tamworth, B79 8AX														
Asda Pharmacy	Asda Supermarket, Ventura Retail Park, Tamworth, B78 3HB	✓				✓		✓	✓	✓					
Boots The Chemist	Unit A, Ventura Retail Park, Tamworth, B77 3JD	✓	✓				✓	✓	✓	✓			✓		✓
Boots The Chemist	18-24 Ankerside, Tamworth, B78 1BS	✓	✓					✓	✓	✓		✓		✓	
Click2Chemist	Unit 14 Sovereign Centre, Neander, Lichfield Road, Tamworth, B79 7XA	✓	✓									✓			
D. Siswick	146 Masefield Drive, Leyfields, Tamworth, B79 8JA	✓	✓			✓	✓	✓	✓	✓			✓		✓
Dosthill Pharmacy	57 High Street, Dosthill, Tamworth, B77 1LG	✓	✓						✓	✓					
Easons' Pharmacy	215A Watling Street, Wilnecote, Tamworth, B77 5BB	✓	✓			✓	✓	✓		✓	✓		✓		
Exley Pharmacy	Unit 4, Exley Centre, Belgrave, Tamworth, B77 2LA							✓	✓	✓				✓	
Magrath Pharmacy	68 Caledonian, Glascote Heath, Tamworth, B77 2ED	✓	✓			✓	✓	✓							✓
Pcpdirect	30 Hospital Street, Tamworth, B79 7EB	✓	✓	✓	✓	✓				✓	✓				
Peel Court Pharmacy	2 Aldergate, Tamworth, B79 7DJ	✓	✓			✓		✓			✓				
Primary Care Pharmacy	30 Hospital Street, Tamworth, B79 7EB	✓	✓	✓	✓		✓	✓	✓	✓				✓	✓
Quantum Direct Pharmacy	Mariner House, Lichfield Road Industrial Estate, Tamworth, B79 7UL	✓													
Quantum Pharmacy Solutions Limited	Mariner House, Lichfield Road Industrial Estate, Tamworth, B79 7UL	✓													
Rowlands Pharmacy	54 Albert Road, Tamworth, B79 7JN	✓	✓				✓		✓	✓					✓
Sainsburys Pharmacy	Bonehill Road, Tamworth, B78 3HD	✓	✓			✓				✓					
Stonydelph Pharmacy	29 Ellerback, Stonydelph, Tamworth, B77 4JA	✓						✓	✓	✓	✓	✓	✓		
Taylors Pharmacy	266 Tamworth Road, Amington, Tamworth, B77 3DQ	✓	✓		✓			✓		✓		✓			✓
The Co-operative Pharmacy	1-5 Church Street, Tamworth, Staffs, B79 7DH	✓	✓		✓	✓	✓			✓					

Topic:	**Staffordshire and Stoke on Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2013/14**
Date:	**12 February 2015**
Author:	**Helen Jones: Staffordshire and Stoke on Trent Adult Safeguarding Partnership Board Manager.**
Report Type	**For Information**

Purpose of the Report

1. The Staffordshire and Stoke on Trent Adult Safeguarding Partnership Board (SSASPB) underwent a significant transformation during the reporting period and the reasoning and process by which this took place is fully documented in the Annual Report. The Annual Report is presented to the Board for information and to enable Board members to identify themes relevant to its prevention priorities.

Background

2. In January 2013 the Board appointed Jackie Carnell as its independent chair. She is currently also the independent chair of the Staffordshire Safeguarding Children Board and Stoke on Trent Safeguarding Children Board. This facilitated a fresh look at the structure and function of the SSASPB. The Care Bill was gaining momentum towards receiving Royal Assent and new statutory footing for Safeguarding Adult Boards; both of these drivers lead to a full review of the core functions and governance of the Board resulting in a new Constitution, Structure and Governance arrangements.

Role and Function of the SSASPB

The role of the SSASPB is currently to:

a) be the decision making body for multi agency adult safeguarding policies and procedures,
b) ensure the effectiveness of what each of its members does, and
c) lead a commitment to improve outcomes for vulnerable adults at risk of harm from others.

The core functions of the SSASPB are to

- Play a strategic role in holding organisations to account where practice leads to abuse.
- Ensure policies and procedures promote engagement with vulnerable adults throughout the investigation process.
- Ensure staff are competent in working with people and have the authority, skills and knowledge to use the full range of interventions/legal powers.
- Collect hard data, qualitative data and the views of service users, carers and family members to inform commissioners of service requirements and to improve practice.
- Conduct multi agency Safeguarding Adult Reviews where:-
  - An adult in the area covered by the Board (whether or not the local authority was meeting any of these needs) was, or the Board suspects, that the adult was, experiencing abuse or neglect, and
  - The adult dies or there is reasonable cause for concern about how the SASPB, a member of it, or some other person involved in the adult's case acted.
- Ensure lessons are learnt to improve practice.
- Be accountable to the public by publishing an Annual Report on its achievements, members' activity and the findings from any Safeguarding Adult Reviews.
- Communicate the importance of adult safeguarding widely to communities and all those delivering services with guidance on how to seek help and support.

3. The core functions of the SSASPB are to be delivered through five sub-groups (District sub-group, Learning and Development sub-group, Policies and Procedures sub-group, Performance, Monitoring and Evaluation sub-group and Safeguarding Adult Review sub-group) and an Executive Sub-group each of which produces an annual business plan. The plans are driven by the Executive Sub-group and overseen by the Board itself whose responsibility it is to monitor progress and unblock inhibitors to progress.

4. The strategic priorities for the reporting period and continuing into the following year (2014/15) were: a) to embed the revised structure, constitution and governance of the SSASPB, through establishing strong partner relationships, clear accountability and transparency of operation and purpose. b) to prepare the SSASPB for a smooth transition into the statutory footing created by the Care Act 2014. c) To consider and monitor

the SSASPB response to National Publications and Reviews. d) To ensure that the prevention of adult abuse is evident within the work plans of the SSASPB sub-groups and e) To develop and deliver an SSASPB Communication Plan.

Terms of reference and membership

5. During the reporting period the Board and its sub-groups have developed agreed terms of reference and a consistent membership which reflects the broadness of the partner agencies. Together with the (soon to be) statutory partners (Local Authorities, Health and Police) there are representatives from Healthwatch, Staffordshire Fire and Rescue Service, West Midlands Ambulance Service, Staffordshire and West Midlands Probation Trust, District Councils, VAST, Staffordshire Association of Registered Care Providers, Staffordshire Safeguarding Children Board, Stoke on Trent Safeguarding Children Board, Domestic Abuse and Hate Crime fora.

Budget

6. The SSASPB is reliant on the contributions it receives from member agencies and the SSASPB is funded through a multi-agency budget. The agreed budget allocation for 2013/14 was £96,668. Staffordshire County Council makes a contribution equivalent to £51,776 through the provision of multi-agency Adult Protection training.

Next Challenges

7. Forthcoming challenges include a) to respond to the Care Act 2014. National Guidance was published on 15th October 2014 which has lead to a complete review of current Inter-Agency Policies and Procedures. b) to ensure that partner agencies continue to support the SSASPB through appropriate levels of funding. c) to produce strategic priorities which will have focus on the prevention of adult abuse.

Adult Protection data

8. Owing to the transfer to a new case management IT system in October 2013 the data produced in the Annual Report covers the six month period from 1st April 2013 to September 30th 2013. The data shows that the number of referrals has stopped increasing and has levelled out. This is unexpected as the historical trend has been for a consistent rise in the number of referrals. We will look at the trend next year to see if this is a temporary position, or one effected by only having 6 months of data. Referrals continue to come predominantly from professionals (86%). Of

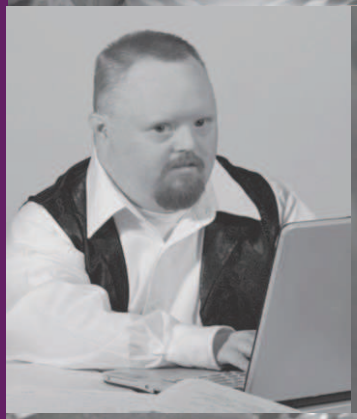
the referrals made 48% relate to vulnerable adults with a physical disability, a 15% increase on the previous reporting period and 14% relate to vulnerable adults with dementia compared to 18% in 2012/13. If you separate the vulnerable adults by age: over 65s tend to have a physical disability, frailty and dementia whilst those under 65 have a learning disability or issue with substance misuse. Physical abuse still tends to be the main reason for a referral, however Neglect referrals are increasing with a steady 16% increase since 2009/10 figures. This could be as a result of raising the awareness of neglect and will be monitored through the Performance, Monitoring and Evaluation sub-group. 54% of alleged abusers are non- professionals (e.g. family/other service users) and 40% are professionals (e.g. carers). 42% of alleged abuse took place in a care home whilst 38% took place in the vulnerable adult's own home. This is very similar to the figures reported in the previous year.

Contact Officers:

Helen Jones: Staffordshire and Stoke on Trent Adult Safeguarding Partnership Board Manager.
Telephone: 07887 822003
email: helen.jones4@staffordshire.gov.uk
Wedgwood Building Floor 3, Tipping Street, Stafford

1. **Appendices/Background Papers**
   Appendix 1 – The Annual Report of the Staffordshire and Stoke on Trent Adult Safeguarding Partnership Board 2013/14

The Staffordshire and Stoke-on-Trent
Adult Safeguarding Partnership
Abuse must stop



Annual Report

2013 - 2014

www.stopabuse.info

city of stoke on trent

NHS

Staffordshire County Council

Contents

If you suspect abuse

•Phone 0845 604 2719 if the vulnerable adult lives in Staffordshire

or

•Phone 0800 5610015 if the vulnerable adult lives in Stoke-on-Trent

www.stopabuse.info

1: Foreword by Jackie Carnell, Independent Chair SSASPB

For the Adult Safeguarding Board Partnership, 2013/14 has been a year of significant change. Following on from our externally facilitated work shop on 19th April 2013, we made the decision to halt the work of the Board and form a multi-agency task group to reconstitute its structure and governance. This would be influenced by the Care Bill (which in Summer 2013 was going through its committee stage), so that when it finally becomes fully enacted in April 2015 the Board will be ready to fulfill the functions it identifies. It seems a brave decision now but we could do so with the confidence that the work of Safeguarding Adults would continue across the two local authorities and that the work would prepare the Partnership Board for its future within the new statutory framework.

I chaired the Task Group which met every two weeks. It was represented by members from all Health Organisations, the Police and both Local Authorities. They were asked to consult on all proposals along the way and to send a deputy if they could not attend themselves. It was one of the best groups I have worked with and their commitment, energy and expertise produced our current structure and Governance framework which can be accessed by going to the Board website www.stopabuse.info The members of the March workshop were recalled in early September 2013, the proposals were agreed and the inaugural Board meeting was held on October 17th 2013.

Another extremely positive action for the Board was to appoint our Business Manager, Detective Chief Inspector Helen Jones and we are grateful to Staffordshire Police for encouraging her application and agreeing to her secondment. We have also been able to appoint Stephanie Kincaid-Banks as our Board Administrator and we welcome her to the team. We have only been able to appoint both on a one year fixed term contract but I am confident that, with the continued contributions from our Partners, these will become permanent posts. In my experience as the Chair of the two Staffordshire and Stoke-on-Trent Safeguarding Children Boards, an Independent Partnership can only develop and be effective if it is driven forward by a strong Business Manager, a placement that is funded by Partners.

A major priority for next year is to consolidate the working of the newly constituted Board, secure funding for the future and to start demonstrating our core function of challenging service providers over the quality of safeguarding practices and to seek assurance that Vulnerable Adults are being safeguarded effectively. I have been impressed with the enthusiasm and commitment of Partners and I am confident that our Board will go from strength to strength in the coming year.

I would like to give particular thanks to Partners who have volunteered to Chair our subgroups and Executive Group. These colleagues will be key to us delivering our Business Plan for 2014/15 and I am confident that our next Annual Report will be an account of a positive and productive year.

April 2013

J. E. Carnell

Jackie Carnell

2: Welcome to the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB)

i. Purpose

The Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) was jointly established by Staffordshire County Council and Stoke-on-Trent City Council. The Board is a broad partnership of statutory, voluntary and independent sector organisations, who work effectively together to prevent the abuse of vulnerable adults.

The newly formed SSASPB has an agreed Constitution which is reviewed annually to ensure that it is fit for purpose. Within that document the objectives, roles, functions, scope and governance arrangements of the SSASPB are clearly defined.

The core functions of the SSASPB; The Board will:

- Play a strategic role in holding organisations to account where practice leads to abuse;
- Ensure policies and procedures promote engagement with vulnerable adults throughout the investigation process (led by Policies and Procedures Sub-group);
- Ensure staff are competent in working with people and have the authority, skills and knowledge to use the full range of interventions/legal powers (led by Learning & Development Sub-group);
- Collect hard data (statistics), qualitative data (audits) and the views of service users, carers and family members' to inform commissioners of service requirements and to improve practice (led by Performance Monitoring and Evaluation Sub-group);
- Conduct multi agency Safeguarding Adult Reviews (led by Safeguarding Adult Review Sub-group) where:-
    - An adult with needs for care and support in the area covered by the Board (whether or not the local authority was meeting any of these needs) was, or the Board suspects, that the adult was, experiencing abuse or neglect;

    And

    - the adult dies or there is reasonable cause for concern about how the Board, a member of it, or some other person involved in the adult's case acted;
- Ensure lessons are learnt to improve practice;
- Be accountable to the public by publishing an Annual Report on its achievements, members' activity and the findings from any Safeguarding Adult Reviews;
- Communicate the importance of adult safeguarding widely to communities and all those delivering services with guidance on how to seek help and support.

ii. Local Context

The SSASPB has partnership relationships with our two Local Authorities, Staffordshire County Council and Stoke-on-Trent City Council, Staffordshire Police and the 6 NHS Clinical Commissioning Groups (CCGs). It is expected, once the Care Act is fully enacted, that the organisations above will have mandated membership on the Board. The relationships and partnerships are much wider than those mandated organisations and the membership of the SSASPB is comprehensive (page 32).

The two Local Authorities have a total population of 1,097,700 (848,700 living in Staffordshire and 249,000 living in Stoke-on-Trent; ref Census 2011) with Staffordshire Police and health organisations providing services across both Authorities.

The projections for population growth estimate that by 2021 our population will have increased to 896,300 in Staffordshire and 261,000 in Stoke-on-Trent (ref The Staffordshire and Stoke-on-Trent Story; An insight into our County 2013/14 produced by Insight, Planning and Performance Team, Staffordshire County Council).

The largest growth will be in the over 65s age group with a projected increase of 28.4% (Staffordshire) and 17.1% (Stoke-on-Trent) with one of our Borough Councils (Tamworth) projected increase estimated at 40.4%. The national average over this time frame is estimated at 23.6% (ref The Staffordshire and Stoke-on-Trent Story; An insight into our County 2013/14 produced by Insight, Planning and Performance Team, Staffordshire County Council).

This increase in our ageing population will inevitably result in an increased demand for health and social care services and will have a considerable impact and implications for public services and other care providers. The predicted increase in the 85 years and over age group is 46% in Staffordshire.

There will be an increased incidence of age related conditions such as dementia with a predicted increase of a third in cases between 2012 and 2020. The organisations will require a workforce with the necessary skills and training.

Health and social care organisations are key to this with health currently employing around 67, 000 people. Further growth in these sectors is to be expected to enable the organisations to meet the demand for services and funding for care is a serious concern for future demands (ref The Staffordshire and Stoke-on-Trent Story; An insight into our County 2013/14 produced by Insight, Planning and Performance Team, Staffordshire County Council).

iii. Core Objectives and Strategic Priorities

Core Objectives of the Board

	Objective	Lead Sub-Committee
1	To develop a performance framework with multi-agency contributions from which to monitor the effectiveness of safeguarding services and with emphasis upon outcomes.	Performance, Monitoring and Evaluation Sub-group
2	To review the Inter-Agency Adult Protection Procedures and, once complete, ensure that they are readily accessible for anyone to us.	Policies and Procedures Sub-group
3	To deliver quality assured Adult Protection training to SSASPB partners, including care providers.	Learning and Development Sub-group
4	To develop a Safeguarding Adult Review procedure which will meet the requirements of the Care Bill and maximises the opportunities for all partners to learn from the process.	Safeguarding Adult Review Sub-group
5	To engage with District Councils to raise awareness and recognition of Adult Protection processes with their workforce.	District Council Sub-group

Strategic Priorities of the Board

	Objective	Lead Sub-Committee
1	To embed the revised structure, constitution and governance of the SSASPB, through establishing strong partner relationships, clear accountability and transparency of operation and purpose.	Executive Sub-group
2	To prepare the SSASPB for a smooth transition into the anticipated statutory footing created by the Care Bill 2013/14.	Executive Sub-group
3	To consider and monitor the SSASPB response to National Publications and Reviews.	Executive Sub-group
4	To ensure that the prevention of adult abuse is evident within the work plans of the SSASPB Sub-groups.	All SSASPB Sub-groups
5	To develop and deliver an SSASPB Communication Plan	Executive Sub-group

3. Work achieved and progressed between 1st April 2013 and 31st March 2014

i. Review of the SSASPB

Early in 2013 the progress of the Care Bill (now Act) gathered momentum and it became clear that it was timely for the SSASPB to take a critical look at its response to the challenges that the Act was likely to pose.

As a result; on Friday 19th April 2013 the SSASPB held a well attended development event and the Board were delighted that Gary Fitzgerald, Chief Executive of Action on Elder Abuse (AEA), agreed to facilitate a full day programme. The task for the day was to critically evaluate the current structure, governance and constitution of the Board and to enable reflection and challenge, resulting in a proposition for change.

The group work and discussions led the Independent Chair, Jackie Carnell, to make what has since been described as a brave decision to suspend the work of the Board so that there could be a work programme undertaken by a Task and Finish group. This group were charged with completely reviewing the Constitution of the Board, including its structure, and a refresh of the Terms of Reference for the proposed Sub-groups.

The work undertaken by the attendees at the development day highlighted the need for a SSASPB Manager who would perform a role similar to that of the two Local Safeguarding Children Boards Managers. It was agreed that the recruitment to a temporary post would begin as soon as possible so that the future post holder could support the proposed changes in the constitution and structure of the Board.

Between 12th June and 11th September 2013 seven task and finish meetings were held. The meetings had a consistent membership which reflected the Partnership and much hard work went into the production of a proposal with which to take the SSASPB forward. The drivers for change included the need to meet the legislative demands for a statutory Safeguarding Adult Board as a result of the Care Act, and also the aspiration to change the structure of the SSASPB to more closely mirror that of the two Local Safeguarding Children Boards. Fundamentally, this entailed the formation of an Executive Sub-group to the Board which would drive delivery of the Business Plan and make the Board itself much more strategic in nature.

During the period of review of the Board it must be noted that the Policies and Procedures Sub-group continued to meet so that an operational review of practice could be maintained.

The proposal was taken to the SSASPB Meeting held on 17th October 2013 and those present approved the changes being made with immediate effect.

An interim SSASP Board Manager was appointed on 9th September 2014 and a part time administrative post holder was appointed on 21st October 2014.

ii. Sub-group progress

As previously mentioned, other than the Policies and Procedures Sub-group, the work of the SSASPB was suspended in June 2013 allowing for a period of intense work through the Task and Finish group between June and September 2013. The proposals were accepted and immediately adopted following the Board meeting held on 17th October 2013. The newly appointed chairs then approached members of the Board for them to nominate appropriate staff to sit on the Sub-groups so that they may contribute to the formulation and delivery of their individual Business Plans. These Business Plans were delivered to and approved by the SSASPB on Thursday 3rd April 2014. The Business Plans can be accessed on the website at www.stopabuse.info.

In next year's Annual Report (2014/15) progress towards these plans will be reported upon in detail, but for now a synopsis of activity between October 2013 and 3rd April 2014 is included in this report.

Executive Sub-group:

This Sub-group calls the others to account through monitoring of their progress towards their individual business plans. It also has its own work-streams, which includes 'internal' communication (between SSASPB partner organisations) and external communication to the wider public.

Some examples of the work driven by this Sub-group includes:-

- Review of the summary of recommendations from both the Cavendish and Francis Reports. This resulted in the Board requesting key partner agencies to present upon work undertaken to meet the requirements of both reviews. At the July 2014 Board Meeting the member for the Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP) will be presenting their progress against key questions.

- Review of the recommendations that came from the Winterbourne Review; which led to a presentation by the Learning Disabilities Commissioner for Staffordshire County Council to the Executive Sub-group members in January 2014.

- Review of the action plan that was a result of the Stoke-on-Trent City Council Adult Safeguarding Peer Review; undertaken by Dudley Metropolitan Borough Council in February 2014. Progress against the action plan by Stoke-on-Trent City Council will continue to be monitored by the Executive Sub-group and Board; and it will drive those actions specifically given to the SSASPB.

The District Council Sub-group:

This Sub-group reports to both the SSASPB and the Staffordshire Safeguarding Children Board (SSCB). Its members represent the eight District or Borough Councils of Staffordshire.

With reference to the adult Safeguarding element of its work; it has started to roll out a training programme to be accessed by relevant District/Borough Council employees. It has identified that the District/Borough Councils have a role to play in the prevention of harm to Vulnerable Adults through hoarding; links are to be made with Housing providers to raise awareness of this risk and how to refer people for assessment.

Learning and Development Sub-group

This was previously known as the Training Sub-group. A Task and Finish group was set up and has reviewed the current training material provided throughout the partnership. This has been done to ensure that the content is standardised and quality assured.

Approval was sought and given by the Board in April 2014 for 500 e-learning licences, each of which could be used 4 times. Licences are available to the private sector, but have also been used to good effect with General Practitioners (GPs) and the Fire Service.

Performance Monitoring and Evaluation Sub-group

This Sub-group has focussed its energies on the production of a performance framework, and a hierarchy of audit processes and tools.

The performance framework is a particularly exciting piece of work and the Board is looking forward to making good use of it throughout the year.

Four audit tiers have been recognised:-

1. Audit of the Board itself
2. Audit of partner's engagement
3. Multi-agency case file audits
4. Single agency audits

All work streams are ongoing and will feature strongly in next year's Annual report.

Policies and Procedures Sub-group

The Policies and Procedures Sub-group was the only group to continue throughout the suspension of Board activity. In this reporting period it has reviewed the Large Scale Investigation (LSI) content within the Staffordshire and Stoke-on-Trent Inter-Agency Procedures and set up two task to finish groups. One of the groups is producing financial abuse guidance and the second self-neglect guidance for use by front line staff and supervisors/managers. Both groups were set up following concerns raised by members of the Partnership and the end products will form appendices to the Inter-Agency Procedures.

Safeguarding Adult Reviews Sub-group

This Sub-group is completely new and one of its earliest priorities for the SSASPB was the formulation of a revised Safeguarding Adult Review process. It was clear that the Care Act would make such a process statutory and it was important that the Board was prepared to meet the challenges this posed. The Safeguarding Adult Review (SAR) Sub-group developed a Safeguarding Adult Review Protocol which, at the end of this reporting period, was still in draft and ready for consultation and feedback.

The Sub-group identified that stronger links needed to be made with both Coroners who have jurisdiction in Staffordshire and Stoke-on-Trent. This was to facilitate improved communication during any Safeguarding Adult Reviews and to offer support to the Coroners with responses to their Prevent Future Deaths reports (previously Rule 43 notices). The Independent Chair met with the South Staffordshire Coroner on 11th May 2014 and the North Staffordshire Coroner on 11th June 2014.

Through their individual business plan the Sub-group undertook to learn from the experience of other Safeguarding Adult Boards and, following the production of a document by the Hull Safeguarding Adult Board Manager, three Serious Case Reviews (now called Safeguarding Adult Reviews or SARs) were selected from a list of fifty national SARs for a task and finish group to review and match against local policies and procedures. This work is ongoing and any actions resulting from the review will be reported upon in next year's Annual Report.

iii. Safeguarding Adult Reviews (SAR)

Three cases were forwarded for consideration by the Safeguarding Adult Review Sub-group. It was agreed that the new process would be used even though it was in draft as it mirrored the process used by both Local Safeguarding Children Boards. Regional and national networking revealed that other Safeguarding Adult Boards were also following the general principles of Children's Serious Case Review processes.

By 31st March 2014 none of the cases had been concluded. One case has not been scoped yet due to an ongoing police investigation; one case was commenced and then suspended to allow the police investigation to take place without compromise. A third case went to scoping after the 31st March 2014 and therefore an update will be provided in the SSASPB Annual Report 2014/15; together with a synopsis of any learning resulting from the reviews.

NB. Examples of good multi-agency working appear throughout this document such as the one below;

A Social Worker within the Staffordshire and Stoke on Trent Partnership Trust (SSOTP) received a call from a bailiff who had been asked to evict Jean, an occupant from a privately rented house, for non-payment of rent. He advised that Jean who was in her 80s was very confused and distressed; therefore, the eviction order had not been followed through but he planned to go back the following day to complete the eviction if alternative accommodation could not be accessed.

The Social Worker located Jean's daughter and, when it became clear that there was nothing in place to ensure that her elderly mother was going to be looked after, she was asked to take her mother to the Council Offices and present as homeless following eviction. The Social Worker then met with Jean, her daughter and a Local Authority housing representative to explore the options. In absence of any suitable available accommodation the Social Services provided a residential placement at a care home in the interim.

Following the meeting with the daughter and the social workers it became apparent that there was potential financial abuse by her daughter which needed investigating further. A joint investigation was commenced which was led by the police in close partnership with social services and other family members. There was a successful conviction of the daughter on all four counts of theft totalling £100,000.

iv. Multi-Agency Safeguarding Hub (MASH)

This period in scope was April 2013 to March 2014; the second full year that MASH was operating. However some agencies that participate within the MASH, specifically in relation to Adult Protection have not been present for the full year.

Information sharing is undertaken by Staffordshire County Council, Stoke-on-Trent City Council, Staffordshire and Stoke-on-Trent NHS Partnership Trust, North Staffordshire Combined Mental Health Trust, South Staffordshire & Shropshire NHS Foundation Trust, Staffordshire Police and Staffordshire and West Midlands Probation Trust.

During this year added value has been seen with the inclusion of the mental health services as well as the temporary inclusion of a tissue viability nurse within the County Council investigation team. This latter addition of a clinical professional has ensured that cases are assessed in a different way meaning that many cases are not directed towards investigations from the outset. Providing guidance and assessment at this early stage has been very helpful in cases where clinical knowledge is required. The County Council is working with Health colleagues to see if the post can be made permanent.

The Adult Protection area makes up 14% of overall information sharing demand. MASH undertook approximately 13,500 formal sharing activities in the year covered with most demand arising from domestic violence.

Adult Protection information sharing (formally recorded) amounted to 1868 events. In addition to this statistic there are clear benefits derived from working in a multi-agency setting, also noted by the Chief Inspector of Social Care from CQC in a recent visit where he favourably supported this approach.

Mabel, an elderly woman appeared in her local health centre in a dishevelled state saying that she had run away from her son's house where she was mistreated. She was being made to do all domestic tasks, share her bed with the dogs and give her money to her son and his family. She was frightened to return, saying she had also experienced some physical abuse. She was not known to or in receipt of any services and had the mental capacity to make decisions regarding her care, treatment and housing.

The case was referred into the Multi-Agency Safeguarding Hub (MASH) and, following full information sharing Police and social workers met with Mabel at the health centre. She was supported to return to her own home, her belongings and money were collected from her son's house and her care needs were assessed. She did not wish for criminal action to be taken against family members but Police have monitored her home and some care support has been offered.
The MASH greatly facilitated an early joint assessment of the risks to Mabel through information sharing and a prompt multi-agency response.

v. Deprivation of Liberty Safeguards (DoLS)/ Mental Capacity Act (MCA)

Following the enactment of the Health and Social Care Act 2012 Primary Care Trusts (PCTs) were abolished and duties previously held by them under DoLS were transferred to local authorities.

From April 1st 2013 Staffordshire County Council and Stoke-on-Trent City Council became the only Supervisory Bodies authorising Deprivations of Liberty outside the Court of Protection. The local authority is also the sole body appointing and commissioning the necessary statutory assessments.

Across the year both authorities have seen an increase in applications. Recent Case Law has resulted in significant increases which are expected to continue to rise during this coming year.

Supreme Court

On March 19th 2014 the Supreme Court issued a long awaited Judgment in the cases of P v Cheshire West and Chester Council and another; P and Q v Surrey County Council;

The outcome being that the threshold for what is considered a Deprivation of Liberty has been significantly lowered. The test for a Deprivation of Liberty is now been referred to as the "acid test". The judge in the Supreme Court said:

"Looked at overall, is the person (who lacks capacity to consent) under the complete supervision and control of those caring for him/her and not free to leave the place where they live? It is no longer relevant whether the person is compliant with the care arrangements or whether there is a lack of objection. If the person lacks capacity to consent, it cannot be regarded as acceptance, no matter how good the care is. The focus is not on the person's ability to express a desire to leave, but on what those with control over their care arrangements would do if they sought to leave. The purpose or the quality of the placement (care arrangements) is not relevant. It is the constraints imposed on a person that matter".

The test is an objective one and as the Supreme Court puts it *"a gilded cage is still a cage".*

What does this mean? It is clear already that there will be significantly more applications for DoLS authorisations and that Local Authorities as identified by the Department of Health (DoH) and ADASS will need to reconsider the resources allocated to DoLS. Secondly the decision is clear that the setting of the deprivation is not relevant and that local authorities will need to review individuals and consider making significant numbers of applications to the Court of Protection (CoP) for individuals in adult placement, foster care and supported living as these settings do not have the protection of the DoLS statutory process.

Local developments

Staffordshire notes: Staffordshire County Council increased the number of Best Interests Assessors (BIA) available to the BIA rota over the year based on previously estimated increased demand.

Staffordshire County Council has taken an active role with the west midlands regional DoLS Leads group. This has led to a mandatory annual training session for all BIA's and Mental Health Assessors and cross region bespoke training events to support and develop good practice. A peer review of assessments was completed across the region and the feedback for Staffordshire gave an overall good rating.

A national review of MCA and DoLS legislation took place during 2013/2014 with several recommendations made to the government in March 2014. During this year the SSASPB will be seeking assurance from all partners that recommendations arising from the review are being considered. A key area for the SSASPB to focus on this year is developing ways to secure a change in attitudes and practice across health and social care ensuring improved implementation of the Act. This will be achieved through a series of short term task groups and working with the four sub groups to monitor and audit progress. A short term pilot project has also commenced across the health economy aimed at improving access to appropriate assessment for people who lack capacity to make some decisions.

Deprivation of Liberty Safeguards (DoLS) Data

Staffordshire

1 April 2013 – 31 March 2014			
	Number of applications (% of total)	**Authorisation granted** (% of total)	**Authorisation not granted** (% of total)
Care homes	233 (81%)	136 (58%)	97 (42%)
Hospital	56 (19%)	30 (54%)	26 (46%)
Total	289	166 (57%)	123 (43%)

1 April 2012 – 31 March 2013			
	Number of applications (% of total)	**Authorisation granted** (% of total)	**Authorisation not granted** (% of total)
Care homes	172 (83%)	93 (54%)	79 (46%)
Hospitals	36 (17%)	18 (50%)	18 (50%)
Total	208	111 (53%)	97 (47%)

	Number of applications	**Authorisation granted**
Care Home	(+) 51 (30%)	(+) 43 increase of 4% from 54-58%
Hospital	(+) 20 (56%)	(+) 12 increase of 4% from 50-54%
TOTALS	(+) 71 (34%)	(+) 55 increase of 4% from 53-57%

Stoke-on-Trent Notes and Trends:

- Minimal impact of Cheshire judgement in the period 2013-2014 as the judgement was not published until March 2014
- 29% reduction in the overall number of applications year-on-year
- 12% increase in the number of authorised DoLS year-on-year; authorised DoLS involves significantly greater level of administration as compared to unauthorised DoLS
- Number of applications from hospitals has fallen significantly (both actual numbers and percentage terms)
- Of the 6 hospital referrals in 2013/2014, 3 were from University Hospital of North Staffordshire (UHNS) while 2 were from Longton Cottage Hospital
- A significant minority of DoLS relate to the same individuals, i.e.: these individuals have been subject to consecutive referrals made during the year, and therefore the total number of individuals subject to DoLS applications is lower than the total number of DoLS applications made
- The lowest number of applications in a month occurred in May 2013, in which 1 DoLS application was received. Conversely, the highest number of applications - 8 - was received in November 2013.
- The longest period authorised DoLS – based on a single assessment - was 6 months; the shortest period was 3 weeks.

Deprivation of Liberty Safeguards (DoLS) Data

Stoke-on-Trent

1 April 2013 – 31 March 2014			
	Number of applications	**Authorisation granted**	**Authorisation not granted**
Care Homes	51 (89%)	31 (54%)	20 (35%)
Hospitals	6 (11%)	2 (4%)	4 (7%)
Total	57	33 (58%)	24 (42%)

1 April 2012 – 31 March 2013			
	Number of applications	**Authorisation granted**	**Authorisation not granted**
Care Homes	66 (83%)	29 (36%)	37 (46%)
Hospitals	14 (17%)	8 (10%)	6 (8%)
Total	80	37 (46%)	43 (54%)

Change between 2012/2013 and 2013/2014 (expressed as percentage)			
	Number of applications	**Authorisation granted**	**Authorisation not granted**
Care Homes	(+) 6%	(+) 18%	(-) 11%
Hospitals	(-) 6%	(-) 6%	(-) 1%
Total	(-) 29%	(+) 12%	(-) 12%

vi. Stoke-on-Trent Peer Review

The Peer Challenge approach has replaced the traditional, more formal inspections of Adult Social Care. A programme of peer challenges has been commenced within the West Midlands Region.

The Director of People in Stoke-on-Trent City Council, Tony Oakman, identified adult protection as the area for review in Stoke. This constituted a four day review conducted by the *Peer Challenge Team* from Dudley Metropolitan Borough Council.

Positive Findings

- A strong Safeguarding Adults Board (SAB) with very effective leadership from the independent chair
- Positive contributions from partners
- The partnerships and relationships were strong and healthy across all agencies
- The Multi Agency Safeguarding Hub (MASH) impressed with excellent information sharing across organisations
- The adult safeguarding structures and processes are robust, clearly understood, and applied well by practitioners with strong support from Practice Leads and the Safeguarding Team

Further areas of work

- The wider safeguarding agenda, e.g. forced marriage and hate crime, could be owned and promoted further by the Board
- The promotion and profile of adult safeguarding, and the function of the Board, needs greater emphasis from the Board to all stakeholders
- There should be a greater focus on and monitoring of outcomes from safeguarding
- Stoke's adult safeguarding profile in the region has grown and should be sustained
- The SSASPB should take a greater oversight of the action plans for Francis and Winterbourne View
- The role of adult safeguarding across the Health and Wellbeing Board, Health Overview and Scrutiny could be clarified further
- Mental Capacity Act (MCA)/Deprivation of Liberty Safeguards (DoLS)/Best Interest Assessment (BIA) activity to be reviewed

Many of the items included in the feedback were present in the business plans and had already been placed on the agenda for the SSASPB meeting which took place on 3rd April 2014.

vii. Prevention of Adult Abuse

Partners attended a Prevention of Adult Abuse Seminar on Friday 31st January 2014. As a result of this event, work has begun on the development of a Prevention of Abuse Commissioner Plan to focus our attention on preventing the abuse of vulnerable adults occurring. Areas of work include reducing repeat referrals, particularly for 85+ women in care and adult males with learning disability under 45. All partners are being engaged.

viii. Hate Crime

A multi-agency Hate Crime 'Think tank' session was held on Friday 14th February 2014. This was to explore what we already knew about hate crime both locally and nationally and to identify opportunities to work together better and to build upon and develop shared knowledge and expertise.

Work has begun on the development of a Hate Crime Commissioner Plan to focus attention on raising awareness about hate crime and responding effectively to it. The Hate Crime Partnership is helping to develop this work along with other partners. The focus will be on increasing reporting, reducing repeat referrals, engaging with people with disabilities and/or their representatives, engaging with schools and sexual orientation hate crime.

Emma, a vulnerable adult with complex mental and physical health needs, lived alone and socially isolated. She depended on her neighbour for help with practical and financial matters, including withdrawal of her benefits from her bank account. Emma could not get to the shops without support and needed help to clean her home. Concern was raised by her care team that the neighbour/carer was potentially exploiting this situation by 'charging' Emma for completing certain tasks around the home, some of which were potentially un-necessary. The neighbour was paid £5 each time she collected the benefits and £10 for weekly cleaning. She also 'offered' to do other jobs such as moving furniture for an amount of money. Emma was unaware of how much money she was entitled to and therefore unclear whether she received all of this from her neighbour.

Following an Adult Protection Referral, multi-agency information sharing took place in the MASH and the risk was heightened as a result.

Later that day a Police Community Support Officer (PCSO) and a social worker visited Emma at home and the financial situation clarified. It was agreed with her that the PCSO would check in on her during their patrols of the area. It was felt that this joint working approach to the situation would promote Emma's feelings of safety and reduce the risk of potential abuse.

ix. Training Activity

Course Title	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Induction and other signposting presentations	5,616	103	46	682						2140			250	187
Adult Protection awareness	94	121	150	678	393	39	1719	486	178	1092				13
Learning from AP* & MCA* cases		N/A	N/A					2	17					
Investigating Adult Abuse		5	41			33			18					
Multi agency investigation & video interview cases			2			33								
Adult Protection and the Law		N/A						3	6	1			3	
Chairing AP* Meetings			16						2					
Minute taking in AP* Meetings		1	8						8					
Court Skills		N/A							15					
MCA* Awareness	214	61	28	229	342		485	279	114	74	525			
DoLS* Awareness	214	61	28	229	342		485	279	114	74	476			
Assessing Capacity and making Best Interest Decisions		N/A						82	25					
Implementing DoLS*		76	49			33		69	29					
Abuse Awareness & Prevention		N/A				367					632	406	2105	
Safeguarding Vulnerable Adults for Providers and Registered Managers		N/A						35	3				3	
Safer Recruitment and Selection		N/A	8										3	
TOTALS														

1. UNIVERSITY HOSPITAL of NORTH STAFFORDSHIRE
2. PIV STOKE*
3. STOKE ON TRENT CITY COUNCIL
4. BURTON HOSPITALS NHS FOUNDATION TRUST
5. SOUTH STAFFORDHIRE & SHROPSHIRE FOUNDATION TRUST
6. STAFFORDSHIRE POLICE
7. STAFFORDSHIRE & SoT PARTNERSHIP NHS TRUST
8. STAFFORDSHIRE PIV*
9. STAFFORDSHIRE COUNTY COUNCIL
10. MID STAFFORDSHIRE NHS FOUNDATION TRUST
11. NORTH STAFFORDSHIRE COMBINED HEALTHCARE TRUST
12. STAFFORDSHIRE FIRE AND RECUE SERVICE
13. WEST MIDLANDS AMBULANCE SERVICE
14. DISTRICT COUNCILS

*
AP*; Adult Protection
MCA*; Mental Capacity Act
DoLS*; Deprivation of Liberty Safeguards
PIV*; training delivered to Private, Independent and Voluntary Sector attendees

ADULT PROTECTION REFERRALS

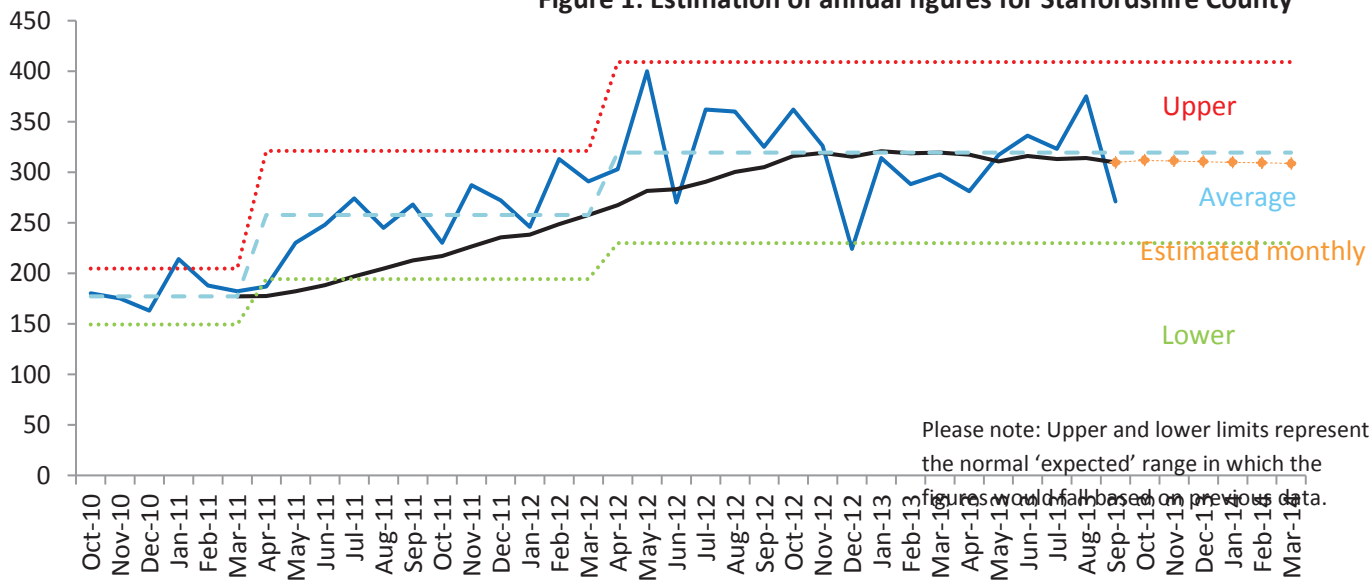
This section of analysis provides a summary of the activity in the services and the service users seen during 2013/14 across Staffordshire and Stoke-on-Trent as well as drawing comparisons with figures from the last three or four years and highlighting any trends or areas of exception.

Staffordshire County

Due to the introduction of new case management system part way through the year and the consequential teething problems, at the point of production of this report, validated data was only available for 6 months. When looking at overall referral figures and taking into consideration seasonal and annual trends it will be possible to provide an estimation of what the full year figure could be but for the purpose of the rest of the report the analysis will be based on the 6 month data (April - September 2013).

Figure 1 below indicates an estimated monthly figure for referrals for the remaining 6 months of 2013-4 which has been based on a 12-month rolling average using actual monthly figures from October 2010 onwards. Using these estimated monthly totals would give an annual figure of 3741 which would be a slight reduction on the total referrals received last year.

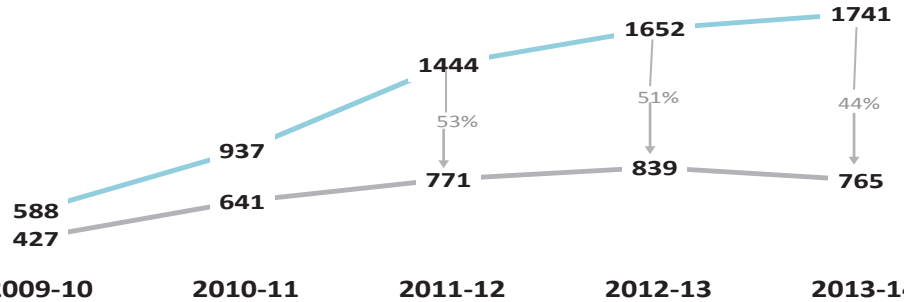
Figure 1: Estimation of annual figures for Staffordshire County



Stoke-on-Trent

In Stoke, referrals to the adult protection system have continued to increase although, at 5%, the increase is more marginal than has been seen in previous years. While the numbers of referrals are increasing, the proportion of those which meet the threshold for investigation continues to reduce. Figure 2 shows how the gap between the number of referrals received and the number investigated is widening quite dramatically.

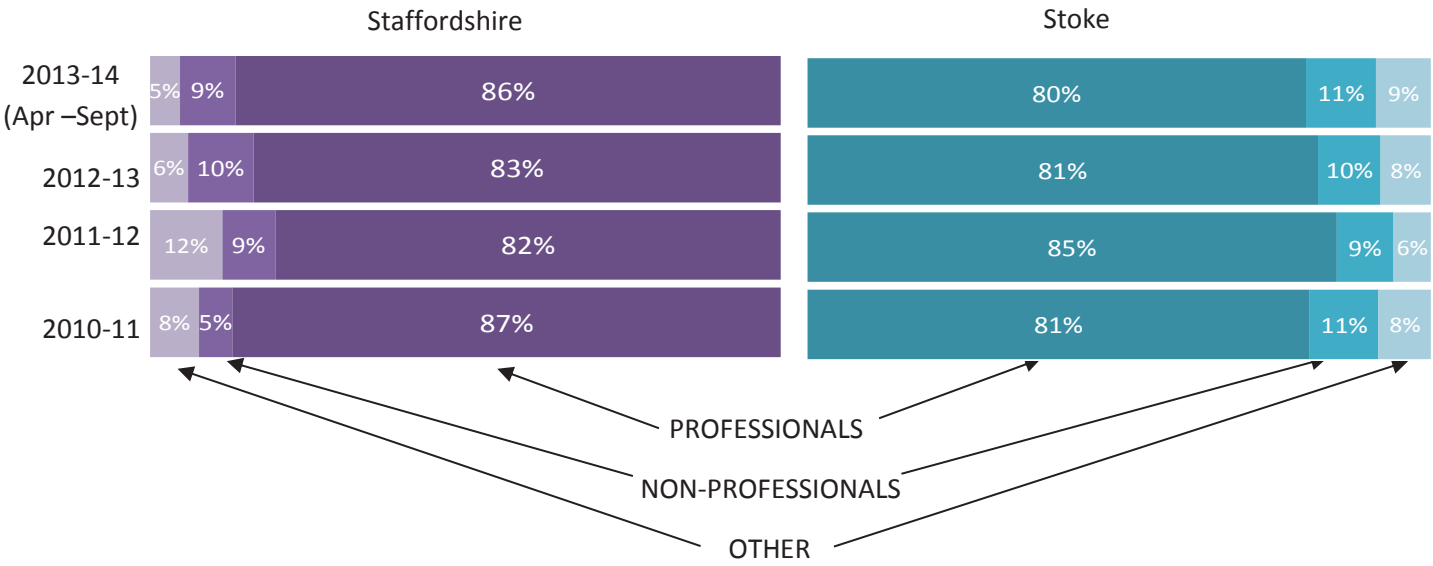
Figure 2: Referrals to adult protection services in Stoke which hit threshold for investigation



Referral Source

Referrals across both Staffordshire and Stoke have continued to come predominantly from professionals, as illustrated in figure 3. Looking at the figures for Staffordshire, there has been a small increase in the proportion of referrals from professionals but since we are comparing 6 months' worth of data against previous full-year data, this may well change when the full year data set becomes available.

Figure 3: Source of referral over last 4 years



Looking further into the detail of who has made the referrals, in Stoke there have been a third less referrals from residential care staff and half as many from mental health staff. However, 2013-14 has seen referrals recorded from voluntary organisations for the first time which could indicate increased knowledge across all sectors of the issues of adult protection and the services that are available out there. There has also been an increase in the number of referrals from non-professionals for the third year in a row.

In Staffordshire, despite the slight increase in proportion of referrals from professionals, the breakdown figures to date do not show any significant increases from one particular source and across the board there are similar proportions to those that were seen at the end of last year.

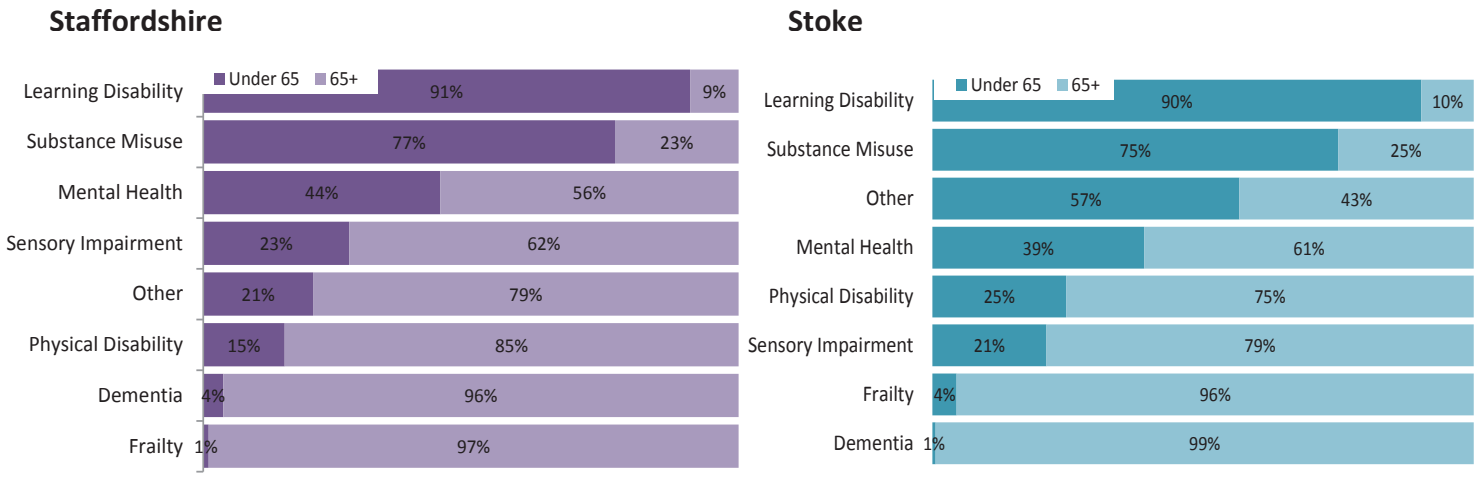
Ethnicity

In both Stoke and Staffordshire, more than 9 in 10 referrals were for vulnerable adults of White British ethnic origin with percentages of 94% and 97% respectively (where ethnicity had been stated). While still only very small in numbers, Stoke has seen an increase in referrals for vulnerable adults of Pakistani origin and numbers were double those recorded in 2012-13.

Service User Type

The number of referrals for vulnerable adults with a physical disability continued to rise across Stoke accounting for 35% of all referrals. Contrary to this, the number of referrals for vulnerable adults with dementia saw further reductions and now account for a fifth of all referrals compared to almost a third two years ago. Looking at the proportions half way through the year in Staffordshire the picture looks very similar with vulnerable adults with a physical disability accounting for 48% of all referrals (compared with a figure of 34% for 2012-13) and vulnerable adults with dementia accounting for 14% (compared with 18% for 2012-13)

Figure 4: Source of referral over last 4 years



Around two thirds of the service users referred into adult protection services are 65 and over, a proportion which is consistent across both areas and has been over the last few years,

However, when breaking the group down by age, specifically under 65 and over 65, there are some clear differences and this is demonstrated in figure 4.

Predominantly, the under 65 group are vulnerable adults with learning disabilities or issue with substance misuse, while the older group tend to be those with a physical disability as well as issues such as frailty and dementia which are more common within this age group.

ALLEGED ABUSE

Type of abuse

Figure 5: Type of alleged abuse; changes over the last 4 years

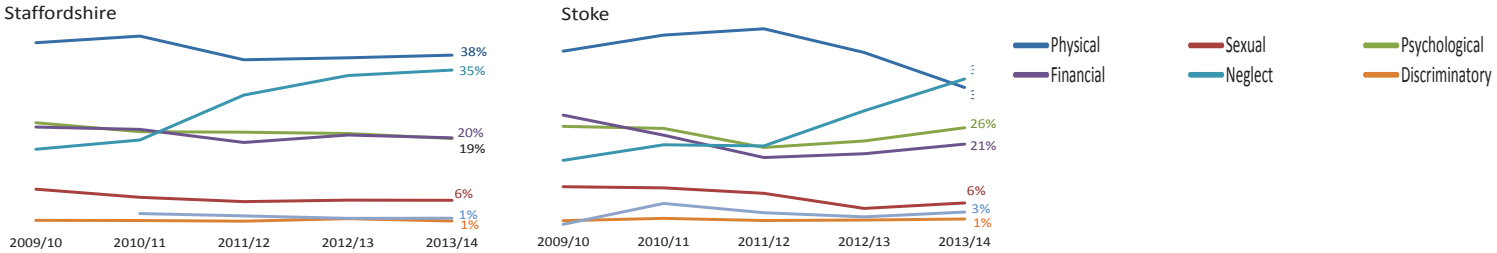


Figure 5 above shows how the proportion of referrals for alleged abuse by each type has changed over the last four years in Staffordshire and Stoke.

Allegations of physical abuse and neglect have remained the two most common reasons for referrals in both areas however there have been some changes in Stoke which have not been echoed in Staffordshire. Stoke has seen a continued reduction in referrals for physical abuse alongside an increase in referrals for neglect over the last couple of years which has now resulted in alleged cases of neglect being the most common reason for referral in 2013-14. Increases have also been recorded in cases of alleged psychological, financial and sexual abuse.

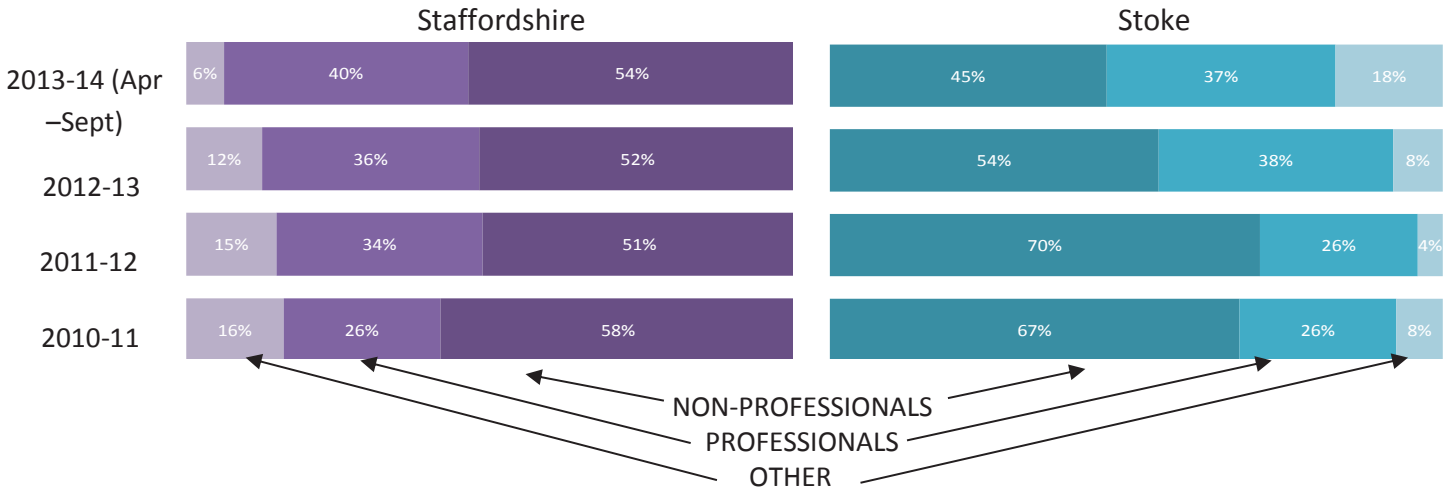
In Staffordshire, the proportion of cases of alleged psychological abuse have seen a slight reduction from last year but again it must be reiterated that this is the position half way through the year and therefore could be subject to change once the full year data is available.

Alleged perpetrator

Figure 6 below illustrates the proportions of alleged perpetrators of abuse who are categorised as professional, non-professional and other. Although non-professionals have remained the most common alleged perpetrator across both areas over the last four years, there has been a real change in the proportions of cases of abuse perpetrated by each category in Stoke. This does not necessarily indicate that the characteristics of the alleged perpetrators have changed dramatically within this time as it could simply be as a result of raised awareness and the increase in referrals. However it must be noted that in 2013-14 there has been a considerable reduction in the number of referrals for alleged abuse perpetrated by another vulnerable adult, in fact the figure has halved from that of 2012-13. Stoke has also seen a slight increase in cases against a family member and domiciliary care staff and cases where the alleged perpetrator is recorded as “other” has also seen an increase.

In Staffordshire, the proportions of referrals remained very similar to those of 2012-13.

Figure 6: Alleged perpetrator over last 4 years



Location of alleged abuse

Figure 7 below shows the proportions of referrals of alleged abuse by setting over the last four years and split by area. In 2013-14, Stoke has seen a considerable increase in the number of cases of alleged abuse occurring within a community setting, more specifically this relates to an increase in cases within the victim's own home. There have also been notable reductions in the number cases of alleged abuse within a social care and a health setting. All these changes relate closely to the changes seen within the group of alleged perpetrators discussed in the previous section.

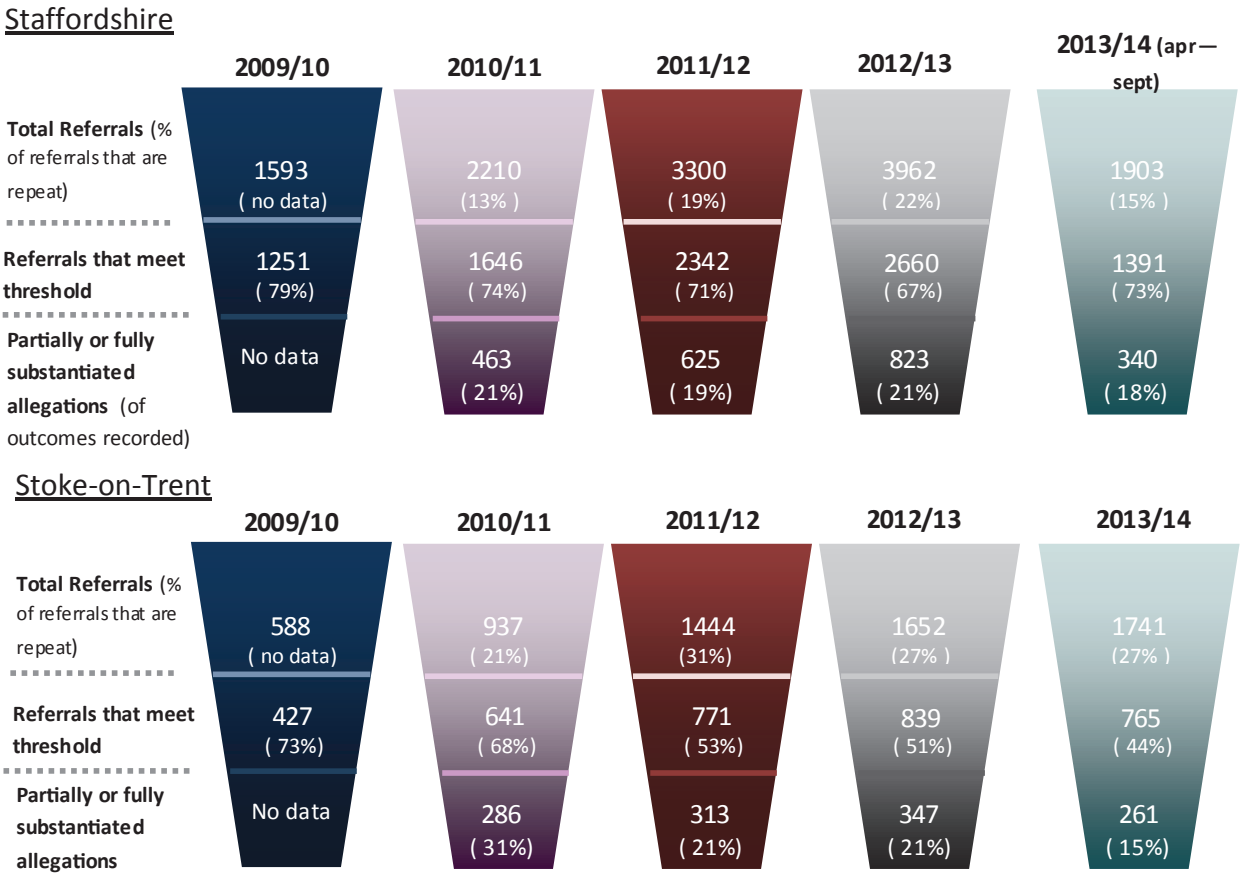
In Staffordshire, proportions have remained relatively similar to those seen at the end of 2012-13, although it must be noted that there has been an increase in cases referring to alleged abuse within a social care setting which relates specifically to incidents in care homes.

Figure 7: Location of alleged abuse

INVESTIGATION CONCLUSIONS AND OUTCOMES

Only a proportion of referrals reach the threshold for investigation and only a small proportion of those are ultimately substantiated (either partially or fully). Figure 8 overleaf illustrates these proportions and how they have changed over the last four years in each area. During 2012-13, Stoke received a higher volume of referrals yet a smaller percentage than in previous years hit the threshold and consequently were found to be substantiated (where an outcome had been recorded). Based on the latest figures available Staffordshire's repeat referrals for 2012-13 were 22% and Stoke-on-Trent are 27% for 2013-14. We are awaiting national benchmarking data for 2013-14 to identify whether these proportions are outside normal working range, in 2012-13 the national average was 18%. In the interim the first case file audits to be reviewed by the Performance Monitoring and Evaluation sub-group will focus on understanding repeat referrals. There will be some variation between Staffordshire and Stoke due to differences in how referrals are allocated. However just looking at the proportions in the rest of the data, the numbers of referrals that have met threshold have remained high and at that point of the year were higher than seen in 2012-13. The proportion of referrals which were subsequently found to be substantiated claims of abuse is slightly lower than last year but once again, this could well be subject to change once the full year's data is available.

Figure 8: Alleged perpetrator over last 4 years



While there are notable improvements over the last few years, capturing outcome data continues to remain an area to work on, as inconsistent and inaccurate recording and interpretation impacts on the quality of the data captured. The outcomes discussed in the following section do not relate solely to substantiated allegations as on occasion outcomes are recorded against referrals which are not found to be substantiated. As a result of this, it is difficult to be anything other than descriptive when looking at these figures, it is difficult to establish any trends or draw any conclusions without the certainty that the outcomes are attributed solely to substantiated cases. Equally without the full year dataset from Staffordshire it is difficult to make comment since the cases being investigated might not all have reached a conclusion and consequential outcomes.

The three main outcomes recorded for the vulnerable adults across both Staffordshire and Stoke are increased monitoring, no further action and Community Care Assessment and Services, although there are slight differences in proportions. Further details of the outcomes for alleged vulnerable adults can be found in the appendix.

Looking at the breakdown of outcomes for the alleged perpetrator for 2013/14; around a third of cases across Stoke and Staffordshire led to no further action being taken against the alleged perpetrator while there continues to be a higher proportion of cases where the perpetrator is exonerated in Stoke compared to Staffordshire. The Board undertakes to further review the consistently low number of prosecutions. Further details of the outcomes for alleged perpetrators can also be found in the appendix data tables on page 28.

APPENDIX: DATA TABLES

Referrals

	2009/10		2010/11		2011/12		2012/13		2013/14	
	Staffordshire	Stoke	Staffordshire	Stoke	Staffordshire	Stoke	Staffordshire	Stoke	Staffordshire	Stoke
Total referrals	1593	588	2210	937	3300	1444	3962	1652	1903	1741
Individuals affected			1929	739	2675	997		1213	1612	1272
No. meeting threshold	1251	427	1646	641	2342	771	2660	839	1391	765
% meeting threshold	79%	73%	74%	68%	71%	53%	67%	51%	73%	44%

Outcomes

	2010/11				2011/12				2012/13				2013/14			
	Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke	
Substantiated	322	20%	185	29%	454	19%	239	34%	635	24%	263	35%	259	10%	188	25%
Partly Substantiated	141	9%	101	16%	171	7%	74	11%	188	7%	84	11%	81	3%	73	10%
Not Determined/Inconclusive	191	12%	176	28%	299	13%	173	25%	419	16%	169	23%	171	6%	132	18%
Not Substantiated	295	18%	167	26%	522	22%	216	31%	691	26%	228	31%	372	14%	207	28%
Not recorded	697	42%	7	1%	896	38%	0		727	18%	0	0%		0%	165	22%
Totals	**1646**		**636**		**2342**		**702**		**2660**		**744**		**883**		**765**	

Referral Source

	2010/11				2011/12				2012/13				2013/14			
	Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke	
Ambulance Service															19	1%
Care Quality Commission	15	1%	4	0%	45	1%	4	0%	68	2%	44	3%	53	3%	26	1%
Education/Training/Work	28	1%	7	1%	20	1%	15	1%	19	0%	15	1%	5	0%	40	2%
Health - Mental Health Staff	209	9%	84	9%	257	8%	126	9%	266	7%	113	7%	108	6%	55	3%
Health - Primary/Community Staff	163	7%	72	8%	217	7%	109	8%	225	6%	143	9%	146	8%	169	10%
Health - Secondary Health Staff	123	6%	64	7%	288	9%	90	6%	291	7%	51	3%	124	7%	65	4%
Housing	86	4%	25	3%	94	3%	27	2%	151	4%	32	2%	45	2%	37	2%
Police	83	4%	36	4%	163	5%	52	4%	237	6%	59	4%	99	5%	62	4%
Probation Criminal Justice														0%	2	0%
Social Care - Day Care Staff	95	4%	45	5%	102	3%	72	5%	124	3%	60	4%	41	2%	67	4%
Social Care - Domiciliary Staff	193	9%	52	6%	373	11%	71	5%	489	12%	114	7%	261	14%	210	12%
Social Care - Other Staff	41	2%	20	2%	36	1%	69	5%	44	1%	5	0%	24	1%	108	6%
Social Care - Residential Care Staff	609	28%	263	28%	784	24%	523	36%	978	25%	523	32%	513	27%	367	21%
Social Care - Self Directed Care Staff	2	0%	2	0%	1	0%	4	0%	1	0%	14	1%		0%	2	0%
Social Care - Social Worker/Care Manager	274	12%	81	9%	335	10%	62	4%	406	10%	173	10%	226	12%	132	8%
Voluntary organisation														0%	31	2%
Referrals from professionals	**1921**	**87%**	**755**	**81%**	**2715**	**82%**	**1224**	**85%**	**3299**	**83%**	**1346**	**81%**	**1645**	**86%**	**1392**	**80%**
Family Member	81	4%	71	8%	216	7%	95	7%	330	8%	140	8%	137	7%	151	9%
Friend or Neighbour	23	1%	4	0%	38	1%	6	0%	45	1%	15	1%	25	1%	17	1%
Other service user	0			0%	0	0%	0	0%	1	0%	0	0%		0%	2	0%
Self Referral	13	1%	28	3%	32	1%	30	2%	34	1%	22	1%	5	0%	26	1%
Referrals from non-professionals	**117**	**5%**	**103**	**11%**	**286**	**9%**	**131**	**9%**	**410**	**10%**	**117**	**10%**	**167**	**9%**	**196**	**11%**
Other	47	2%	78	8%	90	3%	89	6%	123	3%	129	8%	90	5%	109	6%
Not Recorded	125	6%	1	0%	299	9%			130	3%	0	0%	1	0%	44	3%
Other/Not recorded	**172**	**8%**	**79**	**8%**	**389**	**12%**	**89**	**6%**	**253**	**6%**	**129**	**8%**	**91**	**5%**	**153**	**9%**
Totals	**2210**		**937**		**3300**		**1444**		**3962**		**1652**		**1903**		**1741**	

Service User Group

Staffordshire

	2010/11						2011/12						2012/13						2013/14					
	Under 65		Over 65		Total		Under 65		Over 65		Total		Under 65		Over 65		Total		Under 65		Over 65		Total	
Dementia	5	2%	218	97%	225	10%	17	4%	443	96%	460	14%	20	2%	705	28%	726	18%	10	2%	257	20%	268	14%
Frailty	0	0%	34	92%	37	2%	22	8%	247	92%	269	8%	8	1%	274	11%	283	7%	1	0%	99	8%	102	5%
Learning Disability	484	88%	61	11%	548	25%	604	91%	62	9%	666	20%	766	59%	70	3%	837	21%	341	58%	34	3%	375	20%
Mental Health	126	56%	97	43%	227	10%	212	48%	226	52%	438	13%	189	15%	224	9%	414	10%	70	12%	88	7%	158	8%
Physical Disability	150	15%	821	84%	972	44%	194	18%	897	82%	1091	33%	226	17%	1117	44%	1346	34%	140	24%	781	60%	922	48%
Sensory Impairment	4	44%	5	56%	9	0%	24	50%	24	50%	48	1%	9	1%	38	2%	47	1%	3	1%	8	1%	13	1%
Substance Misuse	11	85%	1	8%	13	1%	23	82%	5	18%	28	1%	29	2%	7	0%	36	1%	20	3%	6	0%	26	1%
Other	18	41%	25	57%	44	2%	44	40%	66	60%	110	3%	46	4%	93	4%	143	4%	8	1%	31	2%	39	2%
Not recorded	4	3%	7	5%	135	6%					190	6%					130	3%						0%
Totals	**802**		**1269**		**2210**						**3300**		**1293**		**2528**		**3962**		**593**		**1304**		**1903**	

Stoke

	2010/11						2011/12						2012/13						2012/14					
	Under 65		Over 65		Total		Under 65		Over 65		Total		Under 65		Over 65		Total		Under 66		Over 66		Total	
Dementia	7	3%	219	97%	226	24%	7	2%	445	98%	452	31%	11	2%	365	33%	376	23%	2	0%	342	31%	344	20%
Frailty	4	21%	15	79%	19	2%	8	16%	43	84%	51	4%	4	1%	83	7%	87	5%	5	1%	107	10%	112	6%
Learning Disability	188	88%	25	12%	213	23%	334	92%	30	8%	364	25%	318	59%	39	4%	357	22%	326	52%	35	3%	361	21%
Mental Health	30	27%	83	73%	113	12%	48	28%	122	72%	170	12%	71	13%	161	15%	232	14%	72	12%	112	10%	184	11%
Physical Disability	67	21%	247	79%	314	34%	87	25%	259	75%	346	24%	109	20%	414	37%	523	32%	151	24%	461	41%	612	35%
Sensory Impairment	2	20%	8	80%	10	1%	1	5%	21	95%	22	2%	2	0%	27	2%	29	2%	4	1%	15	1%	19	1%
Substance Misuse	2	67%	1	33%	3	0%	1	25%	3	75%	4	0%	7	1%	1	0%	8	0%	6	1%	2	0%	8	0%
Other	14	37%	24	63%	38	4%	17	49%	18	51%	35	2%	20	4%	20	2%	40	2%	38	6%	29	3%	67	4%
Not recorded	0	0%	0	0%	1	0%													17	3%	17	2%	34	2%
Totals	**314**		**622**		**937**		**503**		**941**		**1444**		**542**		**1110**		**1652**		**621**		**1120**		**1741**	

Ethnicity

	2010/11						2011/12						2012/13						2013/14					
	Staffordshire		% where ethnicity is recorded	Stoke		% where ethnicity is recorded	Staffordshire		% where ethnicity is recorded	Stoke		% where ethnicity is recorded	Staffordshire		% where ethnicity is recorded	Stoke		% where ethnicity is recorded	Staffordshire		% where ethnicity is recorded	Stoke		% where ethnicity is recorded
Bangladeshi		0%	0%		0%	n/a		0%	n/a		0%	n/a	3	0%	0%		0%	0%	1	0%	0%		0%	0%
Black African		0%	0%		0%	n/a		0%	n/a		0%	n/a	2	0%	0%		0%	0%	1	0%	0%	3	0%	0%
Black Caribbean	4	0%	0%	2	0%	n/a	7	0%	n/a	0	0%	n/a	12	0%	0%	8	0%	0%	9	0%	0%	6	0%	0%
Chinese		0%	0%		0%	n/a	4	0%	n/a	0	0%	n/a	2	0%	0%		0%	0%	1	0%	0%		0%	0%
Gypsy/Roma		0%	0%		0%	n/a	1	0%	n/a	0	0%	n/a	1	0%	0%		0%	0%		0%	0%	1	0%	0%
Indian	4	0%	0%	0	0%	n/a	6	0%	n/a	1	0%	n/a	9	0%	0%	4	0%	0%	6	0%	0%	3	0%	0%
Not Stated	134	6%	6%	37	4%	n/a	160	5%	n/a	14	1%	n/a	78	2%	2%	4	0%	0%	48	3%	3%	33	2%	2%
Other Asian Background	2	0%	0%	0	0%	n/a	2	0%	n/a	2	0%	n/a	10	0%	0%	2	0%	0%	2	0%	0%	2	0%	0%
Other Black Background	1	0%	0%	0	0%	n/a	2	0%	n/a	0	0%	n/a	3	0%	0%	2	0%	0%		0%	0%	1	0%	0%
Other Ethnic Group	2	0%	0%	7	1%	n/a	8	0%	n/a	5	0%	n/a	10	0%	0%	1	0%	0%	5	0%	0%		0%	0%
Other Mixed Background		0%	0%		0%	n/a	1	0%	n/a	0	0%	n/a	2	0%	0%	0	0%	0%		0%	0%		0%	0%
Pakistani	5	0%	0%	11	1%	n/a	7	0%	n/a	11	1%	n/a	14	0%	0%	7	0%	0%	5	0%	0%	12	1%	1%
Refused		0%	0%		0%	n/a		0%	n/a		0%	n/a	2	0%	0%		0%	0%		0%	0%	6	0%	0%
Traveller Irish Heritage		0%	0%		0%	n/a		0%	n/a		0%	n/a	1	0%	0%		0%	0%		0%	0%		0%	0%
White and Asian	2	0%	0%	0	0%	n/a	2	0%	n/a	3	0%	n/a	3	0%	0%		0%	0%	2	0%	0%		0%	0%
White and Black African		0%	0%		0%	n/a	1	0%	n/a	0	0%	n/a	2	0%	0%	1	0%	0%	2	0%	0%		0%	0%
White and Black Caribbean	4	0%	0%	1	0%	n/a	7	0%	n/a	3	0%	n/a	13	0%	0%	0	0%	0%	5	0%	0%	2	0%	0%
White British	1895	86%	91%	865	92%	n/a	2825	92%	n/a	1367	95%	n/a	3613	91%	94%	1551	94%	96%	1795	94%	97%	1603	92%	94%
White Irish	8	0%	0%	4	0%	n/a	18	1%	n/a	11	1%	n/a	20	1%	1%	15	1%	1%	11	1%	1%	11	1%	1%
White Other	17	1%	1%	10	1%	n/a	25	1%	n/a	27	2%	n/a	32	1%	1%	19	1%	1%	10	1%	1%	16	1%	1%
Not recorded	132	6%		0	0%	n/a							130	3%		38	2%			0%	0%	42	2%	2%
Total	**2210**			**937**			**3082**			**1444**			**3962**			**1652**			**1903**			**1741**		

Alleged Abuse

	2009/10		2010/11				2011/12				2012/13				2013/14			
	Staffordshire	Stoke	Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke	
Physical	41%	46%	939	42%	471	50%	1226	37%	750	52%	1441	38%	754	46%	727	38%	633	36%
Sexual	8%	10%	137	6%	91	10%	172	5%	119	8%	213	6%	70	4%	105	6%	99	6%
Psychological	23%	26%	463	21%	239	26%	688	21%	295	20%	787	21%	366	22%	370	19%	447	26%
Financial	22%	29%	475	21%	222	24%	612	19%	256	18%	775	20%	310	19%	373	20%	371	21%
Neglect	17%	17%	422	19%	198	21%	964	29%	301	21%	1288	34%	498	30%	663	35%	672	39%
Discriminatory	1%	1%	21	1%	15	2%	27	1%	15	1%	52	1%	19	1%	16	1%	25	1%
Institutional	N/A	N/A	56	3%	52	6%	66	2%	45	3%	55	1%	33	2%	28	1%	57	3%
Other	2%	0%	40	2%			50	2%	0	0%	48	1%	0			0%		
Self neglect															8	0%		
Not Recorded	0%	0%	0%	0%			209	6%	0	0%		0	0		7	0%		
Totals	**116%**	**129%**	**2553**		**1288**		**4014**		**1781**		**4659**		**2050**		**2297**		**2304**	
			2210		937		3300		1444		3832		1652		1903		1741	
No. of cases that included more than one type of abuse			**399**	**18%**	**260**	**28%**	**598**	**18%**	**280**	**19%**	**701**	**18%**	**332**	**20%**	**394**	**10%**	**563**	**34%**

Alleged Perpetrator

	2010/11				2011/12				2012/13				2013/14			
	Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke	
Health Care Worker	83	4%	32	3%	146	4%	61	4%	136	3%	102	6%	85	4%	84	5%
Social Care - Day Care Staff	15	1%	8	1%	14	0%	18	1%	9	0%	15	1%	7	0%	7	0%
Social Care - Domiciliary Staff	110	5%	44	5%	333	10%	65	5%	466	12%	165	10%	217	11%	210	12%
Social Care - Other	7	0%	2	0%	1	0%	4	0%	7	0%	6	0%	4	0%	8	0%
Social Care - Residential Staff	312	14%	126	13%	589	18%	177	12%	752	19%	296	18%	427	22%	292	17%
Social Care - Self Directed Care Staff	15	1%	3	0%	5	0%	5	0%	9	0%	5	0%	10	1%	1	0%
Social Care – Worker/Manager	0	0%	8	1%	6	0%	0	0%	9	0%	4	0%	2	0%	2	0%
Other Professional	20	1%	16	2%	17	1%	36	2%	11	0%	38	2%	8	0%	42	2%
Volunteer / Befriender	6	0%	1	0%	4	0%	6	0%	12	0%	1	0%	2	0%	4	0%
Professionals	**568**	**26%**	**240**	**26%**	**1115**	**34%**	**372**	**26%**	**1411**	**36%**	**632**	**38%**	**762**	**40%**	**650**	**37%**
																0%
Neighbour/Friend	141	6%	69	7%	204	6%	115	8%	255	6%	70	4%	99	5%	81	5%
Other Family Member	364	16%	168	18%	533	16%	191	13%	631	16%	209	13%	311	16%	306	18%
Other Vulnerable Adult	545	25%	303	32%	583	18%	587	41%	746	19%	507	31%	391	21%	284	16%
Partner	181	8%	62	7%	289	9%	67	5%	327	8%	65	4%	176	9%	94	5%
Stranger	58	3%	24	3%	87	3%	53	4%	99	2%	35	2%	46	2%	21	1%
Non-professionals	**1289**	**58%**	**626**	**67%**	**1696**	**51%**	**1013**	**70%**	**2058**	**52%**	**886**	**54%**	**1023**	**54%**	**786**	**45%**
																0%
Not recorded	198	9%	0	0%	209	6%	0	0%	143	4%	0	0%	13	1%	1	0%
Not Know n	126	6%	64	7%	187	6%	41	3%	246	6%	126	8%	102	5%	149	9%
Other	29	1%	7	1%	43	1%	18	1%	69	2%	8	0%	3	0%	155	9%
					50	2%			35	1%						0%
	353	**16%**	**71**	**8%**	**489**	**15%**	**59**	**4%**	**493**	**12%**	**134**	**8%**	**118**	**6%**	**305**	**18%**
Totals	**2210**		**937**		**3300**		**1444**		**3962**		**1652**		**1903**		**1741**	

Location of Alleged Abuse

	2010/11				2011/12				2012/13				2013/14			
	Staffordshire		**Stoke**		**Staffordshire**		**Stoke**		**Staffordshire**		**Stoke**		**Staffordshire**		**Stoke**	
Own Home	785	36%	304	32%	1282	39%	380	26%	1614	41%	495	30%	723	38%	692	40%
Relative's home															33	2%
Alleged Perpetrator's Home	28	1%	13	1%	37	1%	44	3%	54	1%	20	1%	27	1%	25	1%
Education/Training/Work	7	0%	5	1%	10	0%	22	2%	11	0%	12	1%	3	0%	20	1%
Public Place	40	2%	13	1%	43	1%	45	3%	38	1%	42	3%	31	2%	59	3%
Supported Accommodation	76	3%	42	4%	166	5%	44	3%	201	5%	51	3%	135	7%	54	3%
Community Setting	**936**	**42%**	**377**	**40%**	**1538**	**47%**	**535**	**37%**	**1918**	**48%**	**620**	**38%**	**919**	**48%**	**883**	**51%**
Mental Health Inpatient Setting	134	6%	59	6%	155	5%	119	8%	178	4%	76	5%	68	4%	34	2%
Acute Hospital	34	2%	21	2%	89	3%	49	3%	79	2%	75	5%	45	2%	84	5%
Community Hospital	29	1%	8	1%	17	1%	22	2%	21	1%	26	2%	16	1%	16	1%
Other Health Setting	2	0%	24	3%	1	0%	37	3%	2	0%	16	1%	3	0%	8	0%
Health Setting	**199**	**9%**	**112**	**12%**	**262**	**8%**	**227**	**16%**	**280**	**7%**	**193**	**12%**	**132**	**7%**	**142**	**8%**
Care Home	814	37%	361	39%	1154	35%	631	44%	1496	38%	764	46%	800	42%	591	34%
Day Centre/Service	45	2%	18	2%	39	1%	33	2%	50	1%	25	2%	16	1%	39	2%
Social Care Setting	**859**	**39%**	**379**	**40%**	**1193**	**36%**	**664**	**46%**	**1546**	**39%**	**789**	**48%**	**816**	**43%**	**630**	**36%**
Not Known	43	2%	13	1%	36	1%	11	1%	32	1%	20	1%	20	1%	35	2%
Not Provided	6	0%	0	0%	1	0%	0	0%	4	0%	0	0%		0%		0%
Other	23	1%	56	6%	11	0%	7	0%	4	0%	30	2%	11	1%	50	3%
Recorded as 'no abuse'	20	1%	N/A		50	2%	0	0%			0	0%				0%
Not Recorded	124	6%	0	0%	209	6%	0	0%	48	1%	0	0%	5	0%	1	0%
	216	**10%**	**69**	**7%**	**307**	**9%**	**18**	**1%**	**218**	**6%**	**50**	**3%**	**36**	**2%**	**86**	**5%**
Totals	**2210**		**937**		**3300**		**1444**		**3962**		**1652**		**1903**		**1741**	

Outcome for Vulnerable Adult

	2010/11				2011/12				2012/13				2013/14			
	Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke	
Action Refused	44	3%	0	0%	58	2%	0	0%	82	4%	0	0%	38	4%		0%
Application to Change Appointeeship	10	1%	9	1%	8	0%	12	1%	12	1%	18	1%	2	0%	9	1%
Application to Court of Protection	12	1%	15	1%	12	0%	14	1%	7	0%	13	1%	8	1%	3	0%
Civil Action	1	0%	4	0%	3	0%	3	0%	3	0%	3	0%	1	0%	3	0%
Community Care Assessment and Services	186	11%	127	12%	282	10%	183	16%	349	15%	187	15%	142	15%	140	14%
Guardianship/use of Mental Health Act	4	0%	1	0%	9	0%	3	0%	4	0%	7	1%	1	0%	2	0%
Increased Monitoring	404	25%	275	27%	616	22%	254	22%	664	29%	233	19%	302	31%	199	20%
Management of Person's Finances	35	2%	37	4%	29	1%	36	3%	48	2%	52	4%	16	2%	19	2%
Mental Capacity Act/Deprivation of Liberty Safeguard Authorisation	5	0%	1	0%	9	0%	0	0%	12	1%	0	0%	6	1%	4	0%
No Further Action	256	16%	218	21%	384	14%	315	27%	551	24%	363	30%	259	27%	308	31%
Other	98	6%	148	14%	142	5%	136	12%	209	9%	104	9%	90	9%	107	11%
Referral to Advocacy Scheme	20	1%	20	2%	28	1%	0	0%	17	1%	23	2%	11	1%	4	0%
Referral to Counselling/Training	15	1%	0	0%	23	1%	17	1%	18	1%	16	1%	11	1%	15	2%
Referral to Increased/Different Care	81	5%	41	4%	101	4%	55	5%	113	5%	60	5%			54	5%
Referral to MARAC	2	0%	48	5%	14	0%	2	0%	3	0%	6	0%	3	0%	14	1%
Restriction/Management of access to alleged perpetrator	134	8%	36	4%	87	3%	109	9%	79	3%	89	7%	30	3%	79	8%
Review of Self Directed Support	8	0%	4	0%	17	1%	2	0%	18	1%	2	0%	6	1%		0%
Person Removed from Property or Service	33	2%	40	4%	0	0%	27	2%	86	4%	35	3%	42	4%	35	4%
Not recorded	621	38%	0	0%	983	35%	0	0%			0	0%				0%
Totals	**1646**		**1024**		**2805**		**1168**		**2275**		**1211**		**968**		**995**	

Outcome for Perpetrator

	2010/11				2011/12				2012/13				2013/14			
	Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke		Staffordshire		Stoke	
Action by Contracting and Commissioning Officers	7	0%	20	2%	58	2%	17	1%	66	3%	75	5%	26	3%		0%
Action by Care Quality Commission	11	1%	19	2%	42	2%	17	1%	54	3%	32	2%	32	4%	44	4%
Action under the Mental Health Act	2	0%	14	1%	11	0%	8	1%	12	1%	4	0%	5	1%	1	0%
Community Care Assessment and Services for Perpetrator	51	3%	52	4%	105	4%	40	3%	114	6%	31	2%	47	5%	17	2%
Continued Monitoring of Alleged Perpetrator	193	11%	218	19%	198	7%	158	13%	251	12%	162	12%	119	13%	126	12%
Counselling/Training / Treatment	51	3%	106	9%	107	4%	84	7%	129	6%	119	9%	75	8%	82	8%
Criminal Prosecution / Formal Caution	10	1%	22	2%	15	1%	22	2%	24	1%	18	1%	13	1%	11	1%
Disciplinary Action	62	4%	57	5%	99	4%	81	6%	101	5%	117	8%	36	4%	65	6%
Exoneration	35	2%	116	10%	108	4%	186	15%	113	6%	176	13%	63	7%	163	16%
Management of Access to Person	94	5%	112	10%	108	4%	87	7%	88	4%	85	6%	40	4%	64	6%
No Further Action	380	22%	266	23%	564	21%	344	28%	861	42%	349	25%	354	39%	325	32%
Not Know n	44	3%	0	0%	46	2%	4	0%	51	3%	8	1%	21	2%		0%
Police Action	48	3%	54	5%	50	2%	52	4%	46	2%	48	3%	14	2%	40	4%
Removal of Alleged Perpetrator from property or service	69	4%	72	6%	100	4%	83	7%	80	4%	75	5%	34	4%	47	5%
Referral to Court Mandated Treatment	0	0%	1	0%	0	0%	0	0%	1	0%	1	0%	0	0%		0%
Referral to Multi Agency Public Protection Arrangements	3	0%	2	0%	2	0%	1	0%	0	0%	1	0%	0	0%		0%
Referral to PoVA List / ISA	20	1%	11	1%	29	1%	42	3%	12	1%	43	3%	6	1%	21	2%
Referral to Registration Body	13	1%	21	2%	24	1%	22	2%	26	1%	41	3%	15	2%	20	2%
Not recorded	661	38%	0	0%	1061	39%	45	4%		0%	0	0%		0%		0%
Totals	**1754**		**1163**		**2727**		**1248**		**2029**		**1385**		**900**		**1026**	

5: Governance

i. New Structure

One of the key changes in structure was the creation of an Executive Sub-group. This is made up of the Chairs of the Sub-groups together with two officers of the Board. This Sub-group is the 'engine' of the Board, where Sub-group Chairs report upon progress towards their Business Plans. To support the SSASPB there are six Sub-groups (including the Executive Sub-group), with membership drawn from the partner agencies. Each Sub-group will use its Business Plan to deliver the Strategic Priorities and Core Objectives of the Board which are outlined on page 6.

The revised Sub-groups are;

Executive Sub-group

District Council Sub-group

Learning and Development Sub-group

Performance, Monitoring and Evaluation Sub-group

Policy and Procedures Sub-group

Safeguarding Adult Review Sub-group

The review resulted in the dissolution of the following Sub-groups:-
Prevention Sub-Group,
Commissioning Sub-group
Mental Capacity Act (Deprivation of Liberty Safeguards) Sub-group

This was agreed as the work of the task to finish group proposed that the work of these Sub-groups could be threaded through the work streams of those that remained. Publicity and Communication matters form part of the Executive Sub-group business plan.

The Sub-groups are formally constituted arms of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board and the structure and Governance arrangements are presented in Figure 9 on the following page. The full details of the Constitution and the Terms of Reference for each of the six Sub-groups may be found on the SSASPB web pages at www.stopabuse.info, where you can also find the 2013-2014 Business Plans for the Board and its Sub-Groups that were signed off at the Board meeting held on 3rd April 2014.

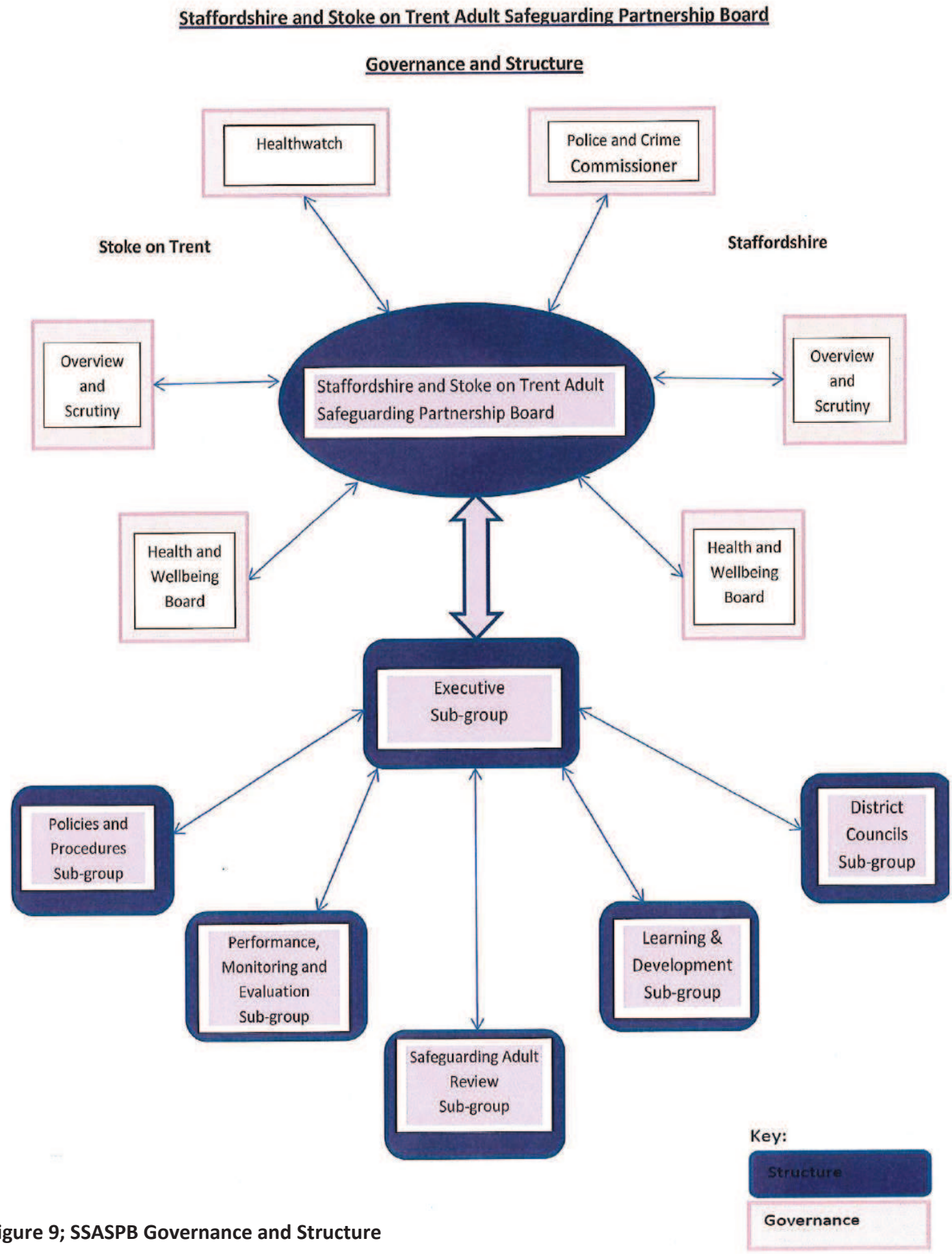


Figure 9; SSASPB Governance and Structure

ii. Cycle of Meetings

SSASP BOARD Chair; Jackie Carnell
Thursday 23rd January
Thursday 3rd April
Thursday 10th July
Thursday 9th October

Learning and Development Sub-Group Chair; Shirley Heath
Tuesday 4th February
Tuesday 8th April
Tuesday 3rd June
Tuesday 5th August
Tuesday 14th October
Tuesday 2nd December

Staffordshire District Sub-Group Chair; Stephanie Ivey
Thursday 13th February
Thursday 15th May
Tuesday 14th October
Thursday13th November

EXECUTIVE Sub-Group Chair; Kim Gunn
Tuesday 14th January
Wednesday 26th February
Wednesday 26th March
Wednesday 21st May
Wednesday 18th June
Wednesday 20th August
Wednesday 24th September
Wednesday 5th November
Wednesday 10th December

Safeguarding Adult Review (SAR) Sub-Group Chair; Mark Dean
Monday 6th January
Monday 31st March
Monday 19th May
Monday 14th July
Monday 15th September
Monday 17th November

Performance Monitoring & Evaluation Sub-Group Chair; Karen Capewell
Wednesday 19th February
Wednesday 12th March
Wednesday 7th May
Wednesday 17th June
Wednesday 6th August
Wednesday 10th September
Wednesday 22nd October
Wednesday 26th November

Policies and Procedures Sub-Group Chair; Steve Dale
Tuesday 28th January Task & Finish Group
Tuesday 11th February
Tuesday 22nd April
Tuesday 17th June
Tuesday 19th August
Tuesday 21st October
Tuesday 16th December

iii. Membership and Attendance

INDEPENDENT CHAIR PERSON		
NAME	**TITLE**	**BOARD MEETING DESIGNATION**
Jackie Carnell	SSASPB Independent Chairperson	Staffordshire & Stoke- on-Trent Adult Safeguarding Partnership (SSASPB)
BOARD MEMBERS		
Alan White	Cabinet Member for Care	Staffordshire County Council Councillor
Andrew Proctor	Safeguarding Manager	West Midlands Ambulance Service (WMAS)
Andrew Reece	Interim Modernisation Lead	Independent Futures (IF)
Angela Staplehurst	Head of Stoke-on-Trent Probation	Stoke-on-Trent Probation Delivery Unit
Brendan Brown	Director of Nursing	Burton Hospitals NHS Foundation Trust
Carole Preston	Stoke-on-Trent Safeguarding Children Board Manager	Stoke-on-Trent Children Safeguarding Board
Carrie Wain	Staffordshire Safeguarding Children Board Manager	Staffordshire Safeguarding Children Board (SSCB)
Christine Whitehead	Assistant Director of Adult Social Care & Protection	Stoke-on-Trent City Council
Dale Harrison	Strategic Partnership Officer	Staffordshire Fire & Rescue Service (SFARS)
David Benge	Strategic Liaison	VAST
Eric Robinson	Director for People and Deputy Chief Executive	Staffordshire County Council
Gwen Hassall	Cabinet Member for Social Care	Stoke-on-Trent City Council Councillor
Heather Johnstone	Chief Nurse	East Staffordshire CCG and South East Staffordshire & Seisdon Peninsula CCG & on behalf of Cannock Chase and Stafford Surrounds CCG
Helen Inwood	Deputy Chief Nurse	University Hospital of North Staffordshire (UHNS)
Helen Jones	SSASP Board Manager	Staffordshire & Stoke- on-Trent Adult Safeguarding Partnership (SSASPB)
Jan Sensier	Chief Executive	Healthwatch (Staffordshire)
Julie Griffin	Strategic Manager Landlord Services Stoke-on-Trent	Housing
Karen Wilson	Executive Director of Nursing & Quality	North Staffs Combined Healthcare NHS Trust (NSCHT)
Kim Gunn	Lead Nurse Adult Safeguarding	North Staffordshire and Stoke-on-Trent CCGs

Mandy Lee	Safeguarding Consultant Practitioner	South Staffordshire & Shropshire NHS Foundation Trust (SSSFT)
Mark Dean	Detective Superintendent/ Head of Protecting Vulnerable People Department	Staffordshire Police
Melanie Dunn	Strategic Manager/ Commissioner	Stoke-on-Trent City Council Commissioning Team
Mick Harrison	Commissioner for Community Safety	Staffordshire County Council Commissioning Team
Robbie Marshall	Cabinet Member for Health & Wellbeing	Staffordshire County Council Councillor
Siobhan Heafield	Director of Nursing and Quality	Staffordshire & Stoke-on-Trent Partnership NHS Trust (SSOTP)
Stephanie Ivey	Safeguarding Children & Families Officer Tamworth District Council	District Councils
Suzanne Banks	Director of Nursing	Mid Staffordshire Hospital NHS Trust
Tracey Shewan	Assistant Director of Nursing	Shropshire and Staffs Area Team NHS England
Val Lewis	Healthwatch Manager	Healthwatch (Stoke-on-Trent)

OFFICERS/ADVISORS TO THE BOARD

NAME	TITLE	BOARD MEETING DESIGNATION
Jo Corbett	Lead Nurse safeguarding Adults	East Staffordshire CCG and South East Staffordshire & Seisdon Peninsula CCG & on behalf of Cannock Chase and Stafford Surrounds CCG
Karen Capewell	Safeguarding Adult Board Manager	Stoke-on-Trent City Council
Kim Gunn	Lead Nurse Adult Safeguarding	North Staffordshire and Stoke-on-Trent CCGs
Sarah Hollinshead-Bland	County Commissioner Safeguarding	Staffordshire County Council

Attendance Register April 2013 – March 2014

Organisation	Board	Executive	Learning and Development	Performance Monitoring & Evaluation	Policies and Procedures	Safeguarding Adult Reviews
Staffordshire & Stoke-on-Trent Adult Safeguarding Partnership Independent Chair	2/2	3/4 1 Apology				
Staffordshire & Stoke- on-Trent Adult Safeguarding Partnership Board Manager	1/2 1 Apology	3/4 1 Apology	1/1	1/2 1 Apology	2/2	2/2
Staffordshire Police	2/2	4/4	1/1	1/2 1 Apology	0/2 2x Apology	2/2
North Staffordshire and Stoke-on-Trent CCGs	2/2	3/4 1 Apology	1/1	2/2	2/2	2/2
South East Staffordshire & Seisdon Peninsula CCG	2/2	4/4	1/1	1/2	2/2	2/2
Staffordshire County Council	2/2	2/4 2x Apology	1/1		2/2	2/2
Stoke-on-Trent City Council	1/2	2/4 2x Apology	1/1	2/2	2/2	1/2
University Hospital of North Staffordshire	2/2		1/1	1/2 1 Apology	1/2 1 Apology	2/2
North Staffs Combined Healthcare NHS Trust	1/2 1 Apology		0/1 1 Apology	1/2 1 Apology	1/2 1 Apology	1/2 1 Apology
South Staffordshire & Shropshire NHS Foundation Trust	2/2		0/1	2/2	1/2	1/2 1 Apology
Burton Hospitals NHS Foundation Trust	2/2		0/1 1 Apology	0/2 2x Apology	1/2 1 Apology	0/2 2x Apology
Mid Staffordshire Hospital NHS Trust	1/2 1 Apology		1/1	1/1**	0/2 2x Apology	2/2
Staffordshire & Stoke-on-Trent Partnership NHS Trust	2/2	4/4	1/1	0/2	1/2 1 Apology	1/2
Districts		4/4				
Staffordshire Fire and Rescue Service	2/2		1 Apology	1/2 1 Apology	0/2 2x Apology	1/2 1 Apology

West Midlands Ambulance Service	2/2		0/1	0/2 1 Apology		1/2
Shropshire and Staffs Area Team NHS England	2/2					
Staffordshire Children's Safeguarding Board	1/2 1 Apology					
Stoke-on-Trent Children's Safeguarding Board	1/2					
Probation Delivery Unit	2/2				0/2 1 Apology	
Staffordshire Councillor	**					
Stoke-on-Trent Councillor	0/1** 1 Apology					
Commissioners	1/1**					
Housing						
Independent Futures	**			**		
Healthwatch	**					
VAST	1/1**					
SARCP			1/1		1/1**	

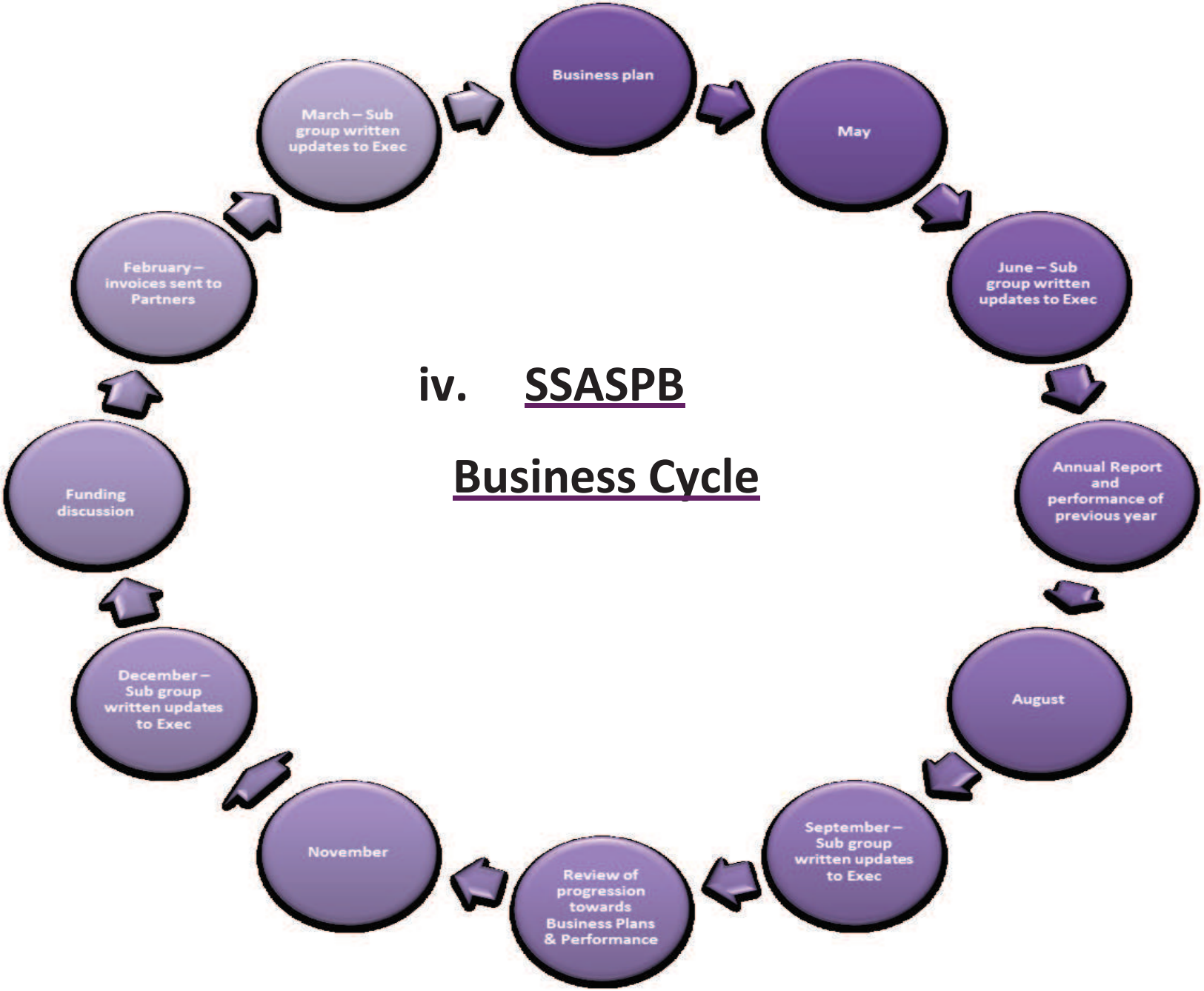
Key

	Non members
**	Organisation joined as members after one or more meetings had occurred

NB: District Sub-group members consist of representatives of each district rather than Partner organisations so cannot be recorded in this format. Good attendance and engagement is acknowledged within the District meetings.

iv. SSASPB

Business Cycle



v. Links with other Fora

The membership of the SSASPB is widely networked with relevant strategic and operational fora within Staffordshire and Stoke-on-Trent.

The Independent Chair, Jackie Carnell, attends the Safer Staffordshire Group which is chaired by the Staffordshire Police and Crime Commissioner. She has regular meetings with both Directors of People in the Local Authorities, and has an open invite to the Clinical Commissioning Group's Safeguarding Groups. Jackie is also a member of the West Midlands Regional Safeguarding Adult Board Chairs group meets with the Council members' portfolio leads and is invited to both Health and Well Being Boards. She chairs both Local Safeguarding Children's Boards (LSCBs) and ensures that there is synergy between them wherever possible.

The SSASP Board Manager deputises for the Independent Chair at any meetings that she is unable to attend and is a member of both LSCBs and Domestic Abuse Fora.

Local Authority Adult Protection Managers are well represented at the Multi-Agency Public Protection Arrangements (MAPPA) meetings and are able to report upon any issues relevant to the work of the SSASPB through the Executive Sub-group.

The chair of the Stoke-on-Trent Deprivation of Liberty Safeguards Board (attended by a Staffordshire DoLS manager) has presented to the SSASPB and are agendered to do so again at the October 2014 Board meeting.

The Staffordshire County Commissioner for Adult Safeguarding chairs a multi-agency strategic information sharing meeting about providers of Social Care with health partners where trends can be discussed and brought for the information to the SSASPB if required.

vi. End of Year Financial Report

The Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board maintain a pooled budget made up from contributions by all key partners.

The Core Team, funded by the partners, have clearly identified roles within the Partnership and undertake tasks that facilitate the work of the Board and sub-committees. The responsibility however remains with Board members to deliver the Business Plan so that ownership is retained at formal governance level.

Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board Team	
Jackie Carnell	Independent Chair
Helen Jones	Board Manager
Stephanie Kincaid-Banks	Board Administrator

INCOME

Actual Income for SSASPB 2013/2014

Contributor	Amount (£)
Burton Hospital NHS Trust	10,000
Mid Staffordshire NHS Foundation Trust	10,000
North Staffordshire Combined Healthcare Trust	10,000
North Staffordshire CCGs	13,334
South Staffordshire CCGs	10,000
Stoke-on-Trent CCGs	13,334
Staffordshire Police	10,000
South Staffordshire & Shropshire NHS Foundation Trust	10,000
University Hospital of North Staffordshire	10,000
TOTAL	**£96,668**

Other Income to SSASPB 2013/2014

Contributor	Amount (£)
Staffordshire County Council	51,766*
Stoke-on-Trent City Council	17,727*

(*) The two local authorities contribute through the provision of training to Partner agencies and it was the agreement of the Board that this remain the case for 2014/15. This arrangement will be reviewed at the January 2015 Board Meeting.

Other agencies make further contribution to the Board through access to resources free of charge such as meeting venues and hospitality. The majority of meeting are held at Local Authority venues but particular thanks goes to the additional support in resources from Staffordshire Fire & Rescue Service, SSOTP and Keele University throughout 2013/14.

EXPENDITURE

Actual Expenditure for SSASPB 2013/2014

Expenditure	Amount (£)
Employee Costs (Sept 2013 – March 2014)	29,475
Independent Chair	14,000
Professional Fees	1,911
Staffordshire County Council reclaim for Administrative/Chair duties between April 2013 and October 2013	5,184
Printing and Publications	10,475
I.T	19
Gross Expenditure Total	**£61,064**

SSASPB BUDGETS AT 31st March 2014		
	Planned	**Actual**
Contributions	£96,668.00	£96,668
Income		£96,668
Expenditure		£61,064
Total C/Fwd 2013/14		**£35,604**
C/Fwd 2012/13		£174,539
Total with C/Fwd		**£210,143**

2014/15 Projected Expenditure

Expenditure	Projected Cost (£)
Employee Costs	£79,600
Independent Chair	£14,000
Events	£ 250
Development Days	£ 2,500
Safeguarding Adult Reviews	£15,000 (min)
Printing and Publication Materials	£ 5,000
Website	£ 5,000
Publication of new Multi-Agency Procedures	£ 5,000
E-learning licences	£ 2,250
Total	**£129.600**

Large Scale Investigations – examples of good multi-agency working

A number of large scale investigations (LSIs) have been held in the Stoke-on -Trent and Staffordshire area during the reporting period.

One such investigation was undertaken in a medium sized, privately run residential home where most residents were privately funded but others were funded by the Local Authority.

In early 2013 it became apparent that there was a rapid deterioration with CQC Standards compliance. There were also four adult protection referrals raised about the home and a complaint received regarding a health and safety issue. Given the various investigations and concerns a Large Scale Investigation (LSI) Strategy Discussion was held.

Initially, discussions were held with the local authority safeguarding team, local authority commissioners/contract monitoring staff and social work practitioners. At this point the threshold was not met but it was agreed that a number of sample reviews would be undertaken within homes and the data reviewed upon completion.

A second strategy discussion was held and District Nurses invited. Information from the reviews, added to the information from the District Nurses and additional adult safeguarding referrals meant that the threshold for LSI was now met.

As the investigation unfolded professional input was drawn from the local Clinical Commissioning Group (CCG), a Local Authority Environmental Health Team, a Local Authority Contracting Team, Staffordshire and Stoke-on-Trent Partnership Trust (SSOTPT) Infection Prevention and Control Nurses, Tissue Viability Nurses, District Nurses, the Care Quality Commission (CQC) and Staffordshire Police. The NHS England Local Area Team were also invited. The CCG provided pharmacy technical support to assist with medicines management in the Home.

The focus of the LSI was around assistance and support. The proprietor commissioned an independent consultant who was fully engaged with the process. The multi-disciplinary team worked with the home to formulate and monitor the implementation of a service improvement action plan.

Through the intervention the picture at the home is a vastly improving one with the majority of the issues being addressed in whole or in part and as a consequence, the risks in the home are believed to be greatly reduced. The situation will continue to be monitored and the action plan reviewed at regular intervals until everyone is satisfied that all the concerns have been addressed and the action plan is complete.

This was an excellent example of Multi-Agency working. All of the professionals worked closely with the home to provide guidance and support to bring about the improvements required. This "assist and support" approach resulted in significant improvements in the quality of care which is sustained even though the professionals are steadily withdrawing.

6: Contact details

Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB)
C/O SSASPB Administration Team
Staffordshire County Council
Adult Protection Team
Staffordshire County Council
Wedgwood Building
Tipping Street
Stafford
ST16 2DH

Independent Chair: Jackie Carnell
SSASP Board Manager: Helen Jones
SSASP Board administrator: Stephanie Kincaid-Banks

All may be contacted via email at **SSASP.admin@staffordshire.gov.uk**

For more information about the SSASPB please visit **www.stopabuse.info**

The Staffordshire and Stoke-on-Trent
Adult Safeguarding Partnership

Abuse must stop

0845 604 2719
if you live in Staffordshire
0800 5610015
if you live in Stoke-on-Trent
70957/13
www.stopabuse.info

This Annual Report was compiled on behalf of the SSASPB by Helen Jones, Stephanie Kincaid-Banks and Jackie Carnell. It was endorsed by all Board Members on 10th July 2014 as a true reflection of the work undertaken by the Partnership.

Document is Restricted