Staffordshire Health and Wellbeing Board

3.00 pm Thursday, 8 December 2016
Trentham 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 (anticipated timings 10 minutes)**

   Chair

   - Apologies
   - Declarations of Interest
   - Minutes of Previous Meeting (Pages 1 - 6)

2. **Questions from the public (10 minutes)**

3. **Health and Wellbeing Board Intelligence Group Update (10 minutes)** (Pages 7 - 54)

   a) The Story of Staffordshire
   b) Locality Plans

4. **Staffordshire Transformation Plan (STP) Update**

   Oral Update by Penny Harris – Staffordshire Transformation Director

5. **Developing the Health & Wellbeing Board Agenda (15 minutes)** (Pages 55 - 60)

   Alan White – Cabinet Member for Health, Care and Wellbeing, Staffordshire County Council and
   Charles Pidsley – East Staffs CCG

6. **Health and Wellbeing Board Review of Strategies (10 minutes)** (Pages 61 - 76)

   Richard Harling – Director for Health and Care, Staffordshire County Council

7. **Update on the work of Staffordshire Families Strategic Partnership Board (10 minutes)** (Pages 77 - 114)

   Helen Riley - Chair of the Families Strategic Partnership Board (FSPB) and Deputy Chief Executive and Director for Families and Communities, Staffordshire County Council

8. **Pharmaceutical Needs Assessment (15 minutes)** (Pages 115 - 122)

   Richard Harling – Director for Health and Care, Staffordshire County Council

   Speaker - Andrew Pickard (Pharmacy Advisor - NHS England)

9. **Annual Report of Staffordshire and Stoke on Trent Adult Safeguarding Partnership 2015/16 (15 minutes)** (Pages 123 - 168)

   Richard Harling – Director for Health and Care, Staffordshire County Council

10. **Forward Plan** (Pages 169 - 174)

11. **Date of next meeting**

    The next Health and Wellbeing Board meeting is scheduled for Thursday 9 March, 3.00pm, Sp1, Stafford.

    There are two dates reserved for development/workshop sessions before the March meeting, these being Thursday 12 January and Thursday 16 February 2017, commencing at 3.00pm.

Membership	
Fiona Hamill	NHS England
Dr Alison Bradley	North Staffs CCG
Dr Charles Pidsley (Co-Chair)	East Staffordshire 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)
Frank Finlay	District Borough Council Representative (North)
Dr. Tony Goodwin	District & Borough Council CEO Representative
Dr John James	South East Staffordshire and Seisdon Peninsula CCG
Roger Lees	District Borough Council Representative (South)
Chief Constable Jane Sawyers	Staffordshire Police
Jan Sensier	Healthwatch Staffordshire
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Dr. Paddy Hannigan	Stafford and Surrounds CCG
Dr. Mo Huda	Cannock Chase CCG
Glynn Luznyj	Staffordshire Fire and Rescue Service
Penny Harris	Staffordshire Sustainability and Transformation Plan

Contact Officer: Jon Topham, (01785 854628),
Email: StaffsHWBB@staffordshire.gov.uk

Note for Members of the Press and Public

Filming of Meetings

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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 September 2016

Attendance:

Dr. Charles Pidsley	East Staffordshire CCG
Alan White	Staffordshire County Council (Cabinet Member for Health, Care and Wellbeing)
Ben Adams	Staffordshire County Council (Cabinet Member for Learning and Skills)
Frank Finlay	District Borough Council Representative (North)
Dr. John James	South East Staffordshire and Seisdon Peninsula CCG
Roger Lees	District Borough Council Representative (South)
Chief Constable Jane Sawyers	Staffordshire Police
Jan Sensier	Healthwatch Staffordshire
Penny Harris	Staffordshire Sustainability and Transformation Plan
Dr Richard Harling	Staffordshire County Council (Director of Public Health)
Rob Barnes	Tamworth Borough Council

Also in attendance: Dr Bill Gowans – Staffordshire Transformation Programme, Chris Weiner – Consultant in Public Health, and Jon Topham – Locality Public Health Partnerships and Commissioning Lead,

Apologies: Dr Alison Bradley (Chair, North Staffs CCG), Dr. Tony Goodwin (Chief Executive) (District & Borough Council CEO Representative) and Dr Mo Huda (Chair, Cannock Chase CCG) (Cannock Chase CCG)

11. Declarations of Interest

There were none at this meeting.

12. Minutes of Previous Meeting held on 9 June 2016

RESOLVED - That the minutes of the Health and Wellbeing Board meeting held on 9 June 2016 be confirmed and signed by the Co-Chair.

13. Questions from the public

There were no questions from the public.

14. Staffordshire Sustainability and Transformation Plan

Penny Harris, Transformation Programme Lead, updated the Board on progress with developing the five year Staffordshire Sustainability and Transformation Plan (STP). The Board was reminded that the Health and Care Transformation Board of the Together We're Better Programme had taken on oversight of the STP. Workstreams had been developed and the Board had previously received details of priorities for action based on outcomes of analysis across all workstreams. The priorities were confirmed as:

a) focussed prevention
b) enhanced primary and community care;
c) effective and efficient planned care;
d) simplification of urgent and emergency care systems; and
e) reduce service costs.

All elements of each programme would address mental health issues within their plan.

The Board noted the following developments:

- introduction of the Health and Care Collaborative to address social care impacts and challenges within the plan, ensuring Health and Care is considered system-wide across Staffordshire and Stoke-on-Trent;
- formal Health and Care Chief Executive meetings to ensure continued system-wide working together in support of STP;
- a Clinical Design Authority to ensure planned changes accord with best practice and are clinically and/or professionally deliverable;
- an engagement plan at system level; and
- clarification of the role for the Directors of Finance meeting across the system in ensuring system wide agreements, planning and assuring the delivery of core financial targets, especially Cost Improvement Plan (CIP) and Quality Innovation Productivity and Prevention (QIPP).

The STP was due to be submitted for national review at the end of October 2016 at which time both CCG Commissioning intentions and provider operating plans would be required to be consistent with the STP, with details of change impacts on each organisation.

During the discussion that followed the Board heard that:

- queries were just starting to be made by members of the public seeking details of the STP. There was a danger in sharing detail at this stage as elements may change. A public facing document would be available at the end of October;
- a public meeting was being arranged for the Autumn using Healthwatch resources to help explain the case for change;
- there tended to be a mismatch between the public acceptance in general terms of the case for change as opposed to specific local impacts;
- the need to ensure the value of any engagement undertaken, being clear about the reasons change is required whilst considering a number of options for delivering that change; and

- the timescale for the STP, reinforcing that there will be incremental implementation across the five years of the programme.

RESOLVED - That:

a) the report be noted;
b) the Board assures itself there is adequate engagement in the planning process through updates on workstream membership and the engagement programme; and,
c) further updates be brought to the Board following the next STP submission in October 2016.

15. Better Care Fund (BCF) Update

The CCGs had been unable to commit additional funding to protect adult social care in 2016/17 and beyond. This left Staffordshire County Council (SCC) with a financial gap of £15m against planned assumptions for 2016/17. Having therefore been unable to agree funding the plan had entered a national escalation process.

Following the 17 May 2016 escalation meeting two independent experts had been appointed with a view to securing a greater understanding of the financial arrangements over 2015-16 and 2016-17. SCC was considering the contents of the review in the context of a continuing underlying disagreement with key findings. However it was accepted that both parties should look again at Out-of-Hospital Care expenditure in the BCF pool to consider if there was scope for a rebalancing of investment between health and social care.

During the discussion that followed Members commented that:

- SCC's funding had reduced by 40% over a seven year period;
- it was estimated that the introduction of the national living wage would have a £30m impact on adult social care;
- it was imperative that adequate impact assessments were undertaken in respect of any savings to understand the consequences of changes made and that mitigation processes were in place;
- there was a need to ensure that costs lay with the appropriate organisation;
- it was anticipated that the STP would help find solutions to some of these issues;
- the importance of prevention and personal responsibility with regard to health and wellbeing, as well as the need to understand what level of motivation a patient may have to change and how best to support this; and
- the importance of focusing on key messages.

RESOLVED – That the Board note SCC and the CCGs have not yet agreed the funding and that this is now with the national escalation process.

16. Health and Wellbeing Board Intelligence Group Update

The performance and outcomes report brought together key outcome measures from the national frameworks for the NHS, adult social care and public health to support monitoring of the Living Well Strategy. The Board agreed to receive an update summary on a quarterly basis and had requested details on trends and place based analysis for poorly performing indicators.

Highlights this quarter included:

- childhood immunisation rates continuing to be above average;
- reduction in the number of young people who were Not in Education, Employment or Training (NEET);
- slightly more people being physically active;
- less people smoking than average;
- reductions in fuel poverty;
- an improvement in pneumococcal vaccination although rates remained below average.

Challenges for Staffordshire within this quarter included:

- lower than average breastfeeding rates;
- lower than expected diagnoses of chlamydia amongst young people;
- uptake of NHS health checks remaining below average;
- numbers of delayed transfers of care continuing to increase; and
- end of life care measures by the proportion of people dying at home below the England average.

In the discussion that followed the following points were made:

- NHS England had the responsibility for immunisations; take-up could be encouraged by the CCGs; immunisation could be undertaken by acute trusts with high risk patients;.
- There was a House of Lords consultation on the Licensing Act;
- a concern that there may now be a less joined up approach between Public Health and the NHS since Public Health moved to be part of SCC;
- underlying issues affecting alcohol consumption and misuse; and
- the effectiveness of current health checks and whether the data supported expenditure, recognising that these were a mandated service expected to be funded from the Public Health Ring Fenced Grant.

RESOLVED – That:

a) the Board continue to receive quarterly updates from the Health and Wellbeing Intelligence Group including additional data on exception indicators; and
b) the detailed report, including trend and place analysis, continues to be published quarterly on the Staffordshire Observatory website as part of the Joint Strategic Needs Assessment for the Health and Wellbeing Board.

17. Developing the Health and Wellbeing Board Agenda

Following the 7 June 2016 development session core themes had emerged around the role of the Board to:

a) oversee implementation of the Joint Health and Wellbeing Strategy, as well as other key strategies, and ensure coordinated action to improve health and independence;
b) be a proactive force for change, facilitating discussion and consensus on key issues;
c) maximising the contribution of the public to Health and Care; and
d) have a clear focus on a small number of key issues.

The Board wished to change the way it worked by recognising and focusing on where it was able to make most difference. In future it was proposed that the Public Board meetings be confined to key issues that required debate, approval and oversight by the Board, whilst other issues be dealt with virtually, circulated to Members for their information, consideration and comment.

Key issues for the Public Board meetings could include:

- development of policy, guidance and support on issues such as: alcohol licensing/saturation zones; fast food and hot takeaways as a lever for the reduction of obesity; housing policy with a focus on an ageing population.
- oversight, consideration of updates on the joint health and wellbeing and other key strategies, as well as system issues where the Board debate could add value and/or where approval was required.

It was proposed that development sessions continued and that a new initiative to hold regular debates on key issues to raise public awareness and gauge public opinion be introduced.

Members noted:

- the importance of an effective communications strategy and asked that this be included for debate at the next Board meeting;
- the suggestion that Public Board meetings are not reduced to any less than four meetings a year;
- Healthwatch being able to help and support public involvement in the work of the Board, and specifically in the proposed debates; and,
- future development sessions may take place after the Public Board Meetings, in private session.

RESOLVED – That:

a) the Board accept the proposed new approaches outlined above and include the introduction of public debates, continuation of private development sessions and a more focused agenda for Public Board Meetings;
b) frequency of Public Board Meetings being no less than 2 and no more than 6 per year, with 4 being per year being preferable; and,
c) consideration of a communications strategy be included on the 8 December Public Board Meeting agenda.

18. Update on Board Membership

Richard Harling, Director of Health and Care, informed the Board there were no membership updates to report.

19. Forward Plan

The Co-Chair informed the Board that this was Chris Weiner's last Board meeting and wished to put on record his thanks for his support for the work of the Board.

In considering the Forward Plan and requests for items from this meeting it was **RESOLVED** – that the following items be included on the 8 December Public Board Meeting:

- Annual Report of Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership 2015/16 (information item);
- Annual reports of Staffordshire Safeguarding Children Board 2014/15 and 2015/16 (information item);
- Health and Wellbeing Board Annual Report and Plan for 2016/17;
- Health and Wellbeing Board Intelligence Group Update;
- Annual Report of the Director for Public Health;
- Update on the work of Staffordshire Families Strategic Partnership Board; and
- development of a Communications Strategy.

20. Date of next meeting

RESOLVED - That the next Health and Wellbeing Board Meeting be scheduled for 8 December 2016, 3.00pm, Trentham Room, No.1 Staffordshire Place, Stafford.

Chairman

Topic:	**Health and Wellbeing Board Intelligence Group**
Date:	**8 December 2016**
Board Member:	**Richard Harling**
Author:	**Kate Waterhouse**
Report Type	**For information / discussion**

1. Purpose of the report

a. The attached reports cover 3 items, two of which are for discussion at the Board and one which is for information

b. They are:

i. The Story of Staffordshire

ii. Staffordshire Profile

iii. The performance and outcomes report brings together key outcome measures from the national outcome frameworks for the NHS, adult social care and public health to support monitoring of a range of indicators and delivery of the Living Well strategy. These can be found at (http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx)

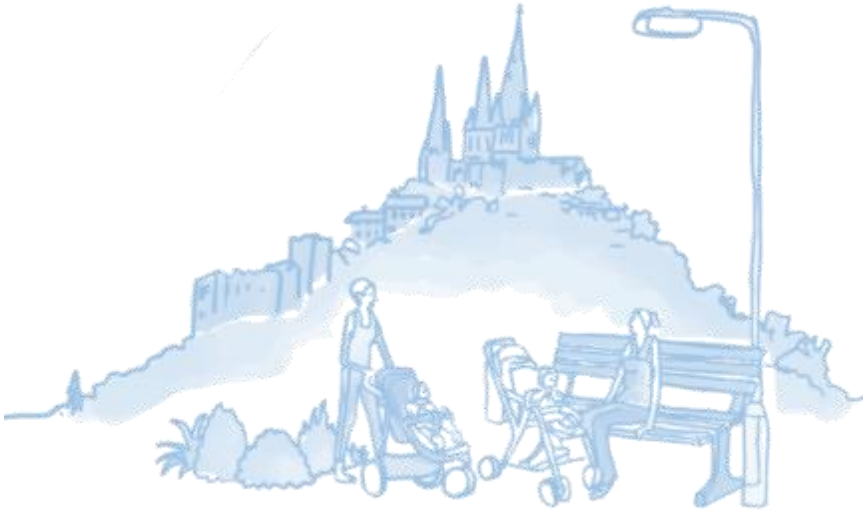
2. Recommendations

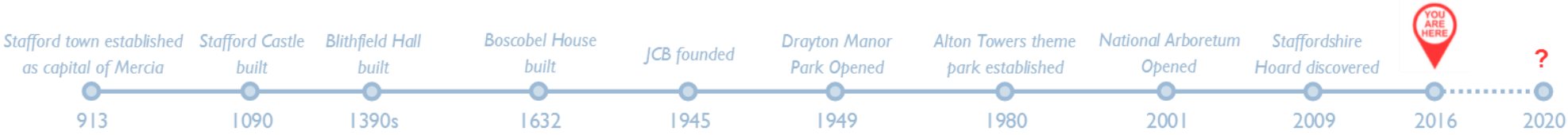
a. That the Board consider and discuss the key issues raised in this report.

The Story of Staffordshire

2016

Executive Summary





Staffordshire County Council

Title	The Story of Staffordshire – Executive Summary
Description	The Story of Staffordshire explores our progress against our vision for becoming a county where everyone can prosper, be healthy and happy. It seeks to consider our challenges and opportunities, and what the future may look like for a number of key measures.
Date created	25th October 2016 (version 3.0)
Produced by	Insight, Planning & Performance Team, Staffordshire County Council Additional copies of this report and relevant companion and supporting literature can be obtained from: http://www.staffordshireobservatory.org.uk
Contact	Stuart Nicholls | Senior Research Officer Tel: 01785 278409 Email: stuart.nicholls@staffordshire.gov.uk
Usage statement	If you wish to reproduce this document either in whole, or in part, please acknowledge the source and the author(s).

Foreword

Welcome to "The Story of Staffordshire 2016". Staffordshire is a great place to live, work and invest in and has a proud history which makes us confident about our future. We have terrific opportunities for people to enjoy a good quality of life in safe and strong communities with low unemployment and better pay.

We are better placed in 2017 to weather any storm and take advantage of any opportunity. Last June Staffordshire voted to leave the EU in the referendum and we must take heed of that vote. There will be many changes in the years ahead and we must ensure the skills are in place for those future needs. We are an exporting county with links across the globe with bright hopes for the future. We must look at what we need here in Staffordshire, working with the local communities to ensure all have the opportunity to prosper, to be healthy and enjoy life to the full.

We want to see every child in Staffordshire attending a good or outstanding school, providing the opportunity to gain skills needed to land a high quality job and every family encouraged to live healthy, happy and productive lives.

We want to continue to see more people than ever in work with better paid jobs leading to an ever improving quality of life for local people through major investment programmes securing future growth and new better jobs.

We want to see Staffordshire's residents able to enjoy extended healthy years of life, in line with the improvements that medical science is making in life expectancy. We can only achieve this through partnership working across health, local authorities, the voluntary sector and the public at large.

The only way to achieve this is through community responsibility, working with public and private sector partners and our local communities, sharing and supporting each other to live fulfilling lives, with maximum independence and personal choice. Only then can we ensure that Staffordshire continues to have affordable, relevant and sensible public services in the future.

We all want to see a prosperous Staffordshire with a thriving economy creating wealth for all which enables us to all pay the taxes that we need for public services and those who really need our help.

Philip Atkins OBE

Leader, Staffordshire County Council

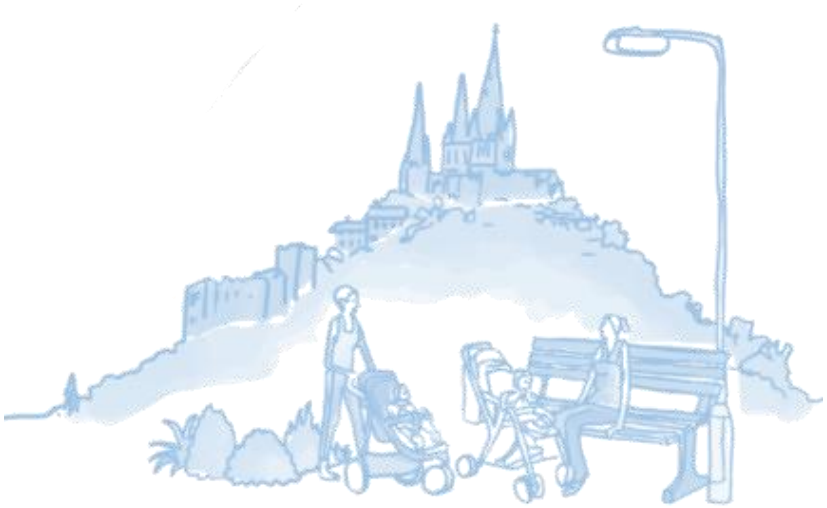
This year's edition of "The Story of Staffordshire" has a Brexit theme running through it, which reflects its place as the biggest story of the year. It combines the high level of analysis and insight on the social and economic health of Staffordshire that regular readers will expect, with a measure of additional analysis on what life outside the European Union may hold for our citizens.

As such, this publication represents the latest steps in Staffordshire County Council's efforts to keep up with, and, where possible, lead the debate on Brexit, making the most of the opportunities and avoiding the threats.

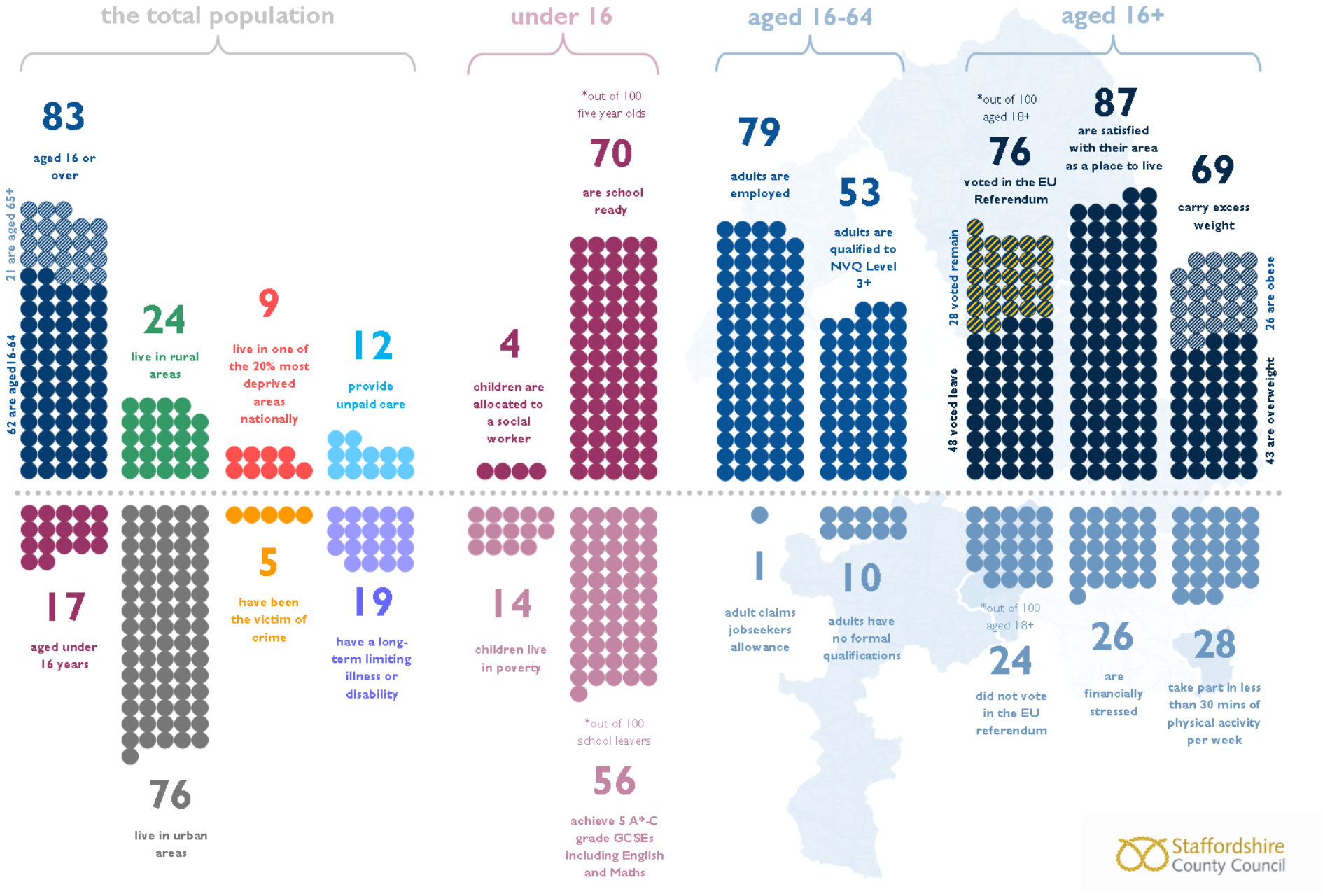
This year's publication is therefore deliberately aimed at a wider audience than previous editions. I hope that first time readers, particularly in sectors where we have not previously reached, will find it as useful as our more habitual audience have in planning their activities. I would certainly appreciate any feedback on your impressions and where you think that 2017's edition should focus.

John Henderson CB

Chief Executive, Staffordshire County Council



Out of 100 people in Staffordshire...



Introduction

Each year the Story of Staffordshire explores our progress against our vision for becoming a county where everyone can prosper, be healthy and happy. It seeks to consider our challenges and opportunities, and what the future may look like for a number of key measures.

Arguably the most significant national change we have seen in the last 12 months is the result of the EU referendum. In this report we start to consider what the impact of 'Brexit' might be on Staffordshire, and ask some of the questions that we think will matter most to our county as we leave Europe.

The Story of Staffordshire focusses on the county as a whole. To accompany this report we have also produced Locality Profiles which provide detail at a district/borough level, presenting data at ward level to allow prioritisation and evidence-based business planning.

Key messages

- **The impact of Brexit:** The current position shows that the local economy has not been significantly affected by Brexit and we are largely seeing 'business as usual' in Staffordshire post-EU referendum. This may change once Article 50 is triggered, although given the timescales required to negotiate exit arrangements, we are unlikely to see any significant impact until at least 2020.
- **Supporting place-based planning:** There are a number of geographical locations in Staffordshire where families and communities face multiple issues, such as: unemployment or low incomes, low qualifications, poor housing, social isolation, ill-health (physical and/or mental) and poor quality of life. These areas require particular focus and an integrated partnership response.
- **Community resilience:** The demand on public sector funded services has increased considerably over the last decade. An ageing population means that these demands are likely to grow and become unsustainable in their present forms of delivery within the next 10 years. The relationship between citizen and state needs to change.
- **Education and employment:** Education and employment rates have improved but this has not been universal, especially amongst our most vulnerable communities. There are gaps in levels of adult skills and qualifications, and post-recession we are starting to see the proportion of our workforce employed in lower-paid industries increase.
- **Healthy ageing:** Life expectancy has increased but the number of years spent in good health has not. The number of years people spend in poor health towards the end of life in Staffordshire is 16 years for men and 21 for women. There is a 12 year gap in healthy life expectancy between the most deprived and least deprived communities.
- **Safer, happier and more supported:** While there are some geographical areas which experience above average levels of crime, the likelihood of being a victim of crime in Staffordshire remains low. Overall, residents report a good level of personal wellbeing and happiness. The number of children coming into contact with Children's Safeguarding services has seen a gradual increase with forecasts suggesting that this trend is likely to continue.

We have a number of pressing, known challenges in the county which are having an immediate impact on our families and communities. Therefore it is essential that we are able to create a balance, where we can consider and prepare ourselves for the future post-EU Staffordshire, whilst still retaining focus on the issues that matter most to our residents so that everyone has the opportunity to prosper, be healthy and happy.

How Staffordshire voted in the EU referendum:

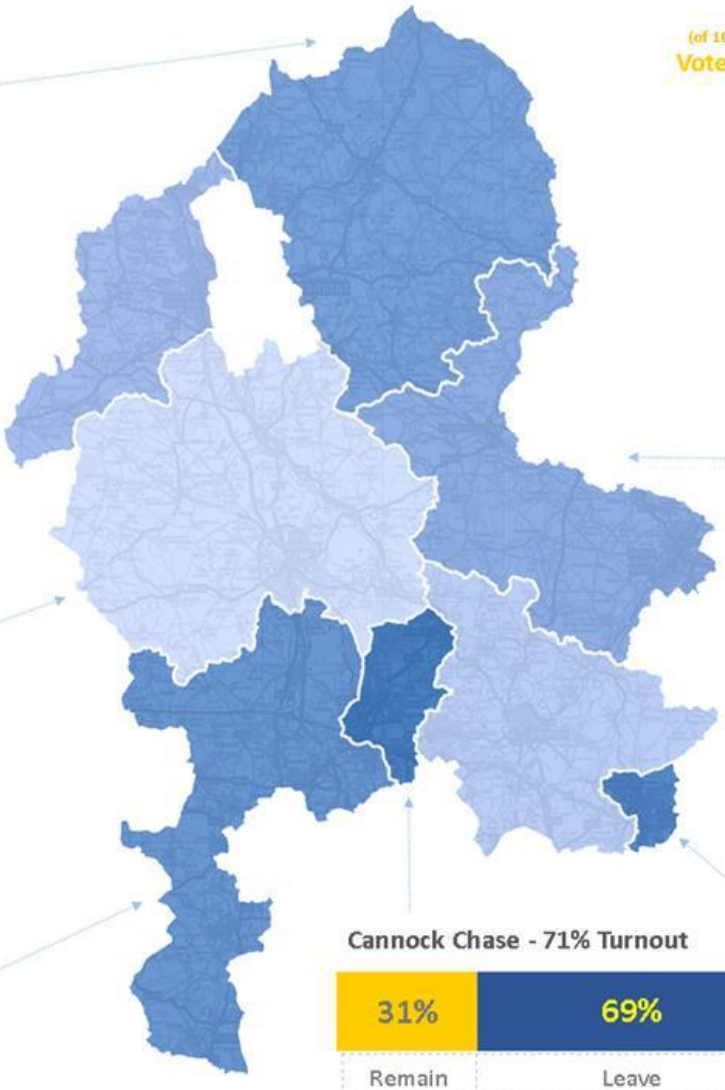
Electorate: 653,314 Verified Ballots: 494,266 Turnout: 76%

Source: The Electoral Commission, EU referendum results

County Results

37
(of 100 who voted)
Voted Remain

63
(of 100 who voted)
Voted Leave



Staffordshire Moorlands - 75% Turnout

Remain	Leave
31%	69%

Newcastle-under-Lyme - 74% Turnout

Remain	Leave
37%	63%

Stafford Borough - 78% Turnout

Remain	Leave
44%	56%

South Staffordshire - 78% Turnout

Remain	Leave
35%	65%

East Staffordshire - 74% Turnout

Remain	Leave
37%	63%

Lichfield District - 79% Turnout

Remain	Leave
41%	59%

Cannock Chase - 71% Turnout

Remain	Leave
31%	69%

Tamworth - 74% Turnout

Remain	Leave
33%	67%

Brexit and Staffordshire

On 23rd June 2016 the United Kingdom electorate voted in favour of ending its membership of the European Union (EU). Staffordshire residents also voted in favour of leaving the EU. Of the 76% turnout, **63% voted leave, 37% remain.**

While the UK saw a short-term impact on the national economy in the immediate wake of the EU referendum, this calmed fairly quickly, and we are largely seeing **'business as usual'** in Staffordshire.

Given the Government's signalled intention to trigger Article 50[1] by March 2017, we are unlikely to see the impact of any major changes until 2020, though there remains a risk of market volatility during this time ("*Brexit turbulence*").

There are however a number of key questions we need to keep in view as the impact of Brexit nationally becomes better understood;

- Which geographies and key public service areas are likely to be affected by Brexit as an additional factor, and which will not be such a concern?
- Will re-negotiated trade deals and migration controls have any impact on the local workforce and economy?
- How can we ensure that our research and industry is able to thrive after EU grants end?
- What might be the result of a loss of investor confidence or slowing of the national or local economy?
- Will an end to some areas of EU legislation open up new opportunities for Staffordshire?

While it **might be possible to estimate** what some of the **impact of Brexit** might look like, it is important to remember that **this is entirely new territory**. The **UK will be the first** country to leave the EU and there will be **many unknowns** ahead.

In this section, we consider what some of the likely impacts of EU departure might be.

Economy - departure from the EU is likely to cause fluctuations in interest rates, inflation, and as a result, the cost of living. Early data suggests that while there has been a change in the value of the pound against some currencies, there has been little effect on the overall economy so far. However, once Article 50 is triggered, we may see a similar economic reaction to the referendum, and this is something we need to prepare for by studying post-referendum data as it becomes available.

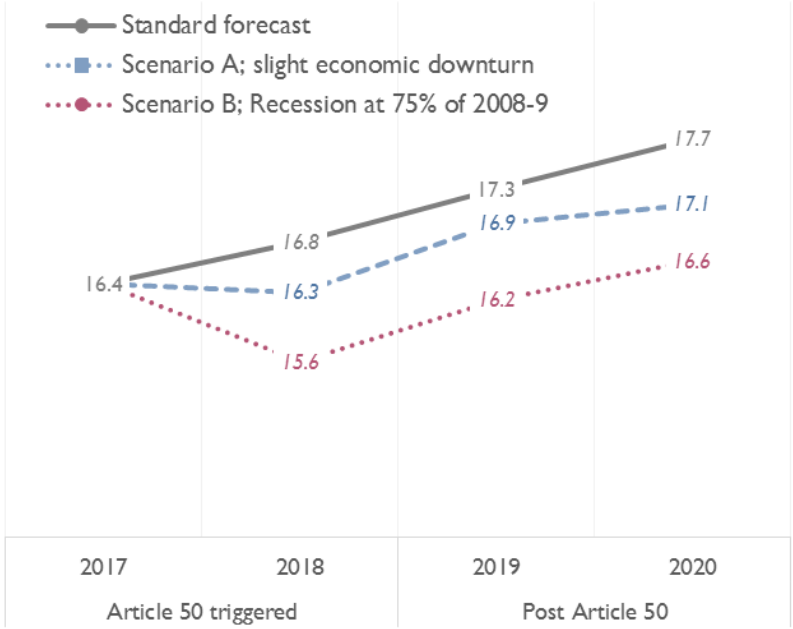
At present we do not know precisely what effect Brexit and any fall in the value of sterling might have on Gross Domestic Product (GDP) and Gross Value Added (GVA). Recent economic projections published by KPMG (based on early data post-referendum) have revised GDP forecasts to reflect an expected 1.7% growth in GDP between 2015 and 2016, and 0.8% growth between 2016 and 2017.[2]

A local model has been developed to look at GVA through different scenarios based on data from the last recession. This shows that we may see a 3-7% reduction (equating to £0.6 to £1.1 billion) in our projected GVA between 2017 and 2020 (Figure 1).

[1] Article 50 is the provision within the Lisbon Treaty which outlines the legal framework for a member state to terminate its membership of the European Union.

[2] https://home.kpmg.com/uk/en/home/insights/2016/09/economic-outlook-september-2016.html

Figure 1: Staffordshire GVA forecasts pre and post-Brexit (figure in £ billions)



Model developed by Insight, Planning and Performance, Staffordshire County Council

Source, Office for National Statistics

Workforce - based on data from the 2011 Census around 13,700 Staffordshire residents were born in other EU nations – equating to 1.6% of the population - lower than West Midlands (2.4%) and England (3.7%).

The Census data also tells us that around 9,100 residents from other EU countries were in employment in Staffordshire, equivalent to 2.5% of our workforce, a lower proportion than both regionally (3.1%) and nationally (4.9%). Of the workforce, from other EU countries nationally 25% were working in 'distribution, hotels and restaurants', 20% in 'financial, real estate, professional and administrative activities', 19% in 'public administration, education and health' and 12% in 'manufacturing'. However since then we have seen an increase in the number of migrants from other EU countries coming to Staffordshire.

During 2015/16 the total number of national insurance number (NINo)[3] registrations to adult overseas nationals in Staffordshire was 4,900, which is an 18% increase from the previous year. The majority of these migrants were from other EU countries (4,300 people) and mainly from EU8 and EU2 countries.[4] Around 40% of these migrants were resident in East Staffordshire where NINo registration rates during this period were higher than the England average.

Although a smaller proportion of the Staffordshire workforce are from other EU countries it is important that we start to gain an understanding of the skills that workers from other EU countries provide to each industry locally. We also need to consider how these skills gaps could be filled if the UK decides to opt out of free movement of labour within the EU.

Housing - While housing in Staffordshire tends to be overall more affordable than housing in the UK, if a recession or economic downturn follows Brexit, it is likely that construction will be one of the first industries to be affected. If this is a case, we might see a shortage in supply of new housing stock.

Crime - In the immediate aftermath of the EU membership referendum the UK saw an increase in some racially-motivated crimes. Locally Staffordshire Police also reported very small increases in numbers of hate crime. In order to maintain community cohesion, this is something that will need to be monitored and responded to rapidly throughout EU exit talks.

[3] A national insurance number (NINo) is generally required by any overseas national (including students working part-time) looking to legally work or claim benefits or tax credits in the UK. This information therefore provides us with a proxy measure of migration for adult overseas nationals registering for a NINo.

[4] EU8 countries: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia; EU2 countries: Romania and Bulgaria

Staffordshire's population

Staffordshire has a resident population of 862,600.

There are 62,700 more people aged 65 now than 20 years ago. This trend is predicted to continue with Staffordshire seeing its older population grow faster than average (Figure 2).

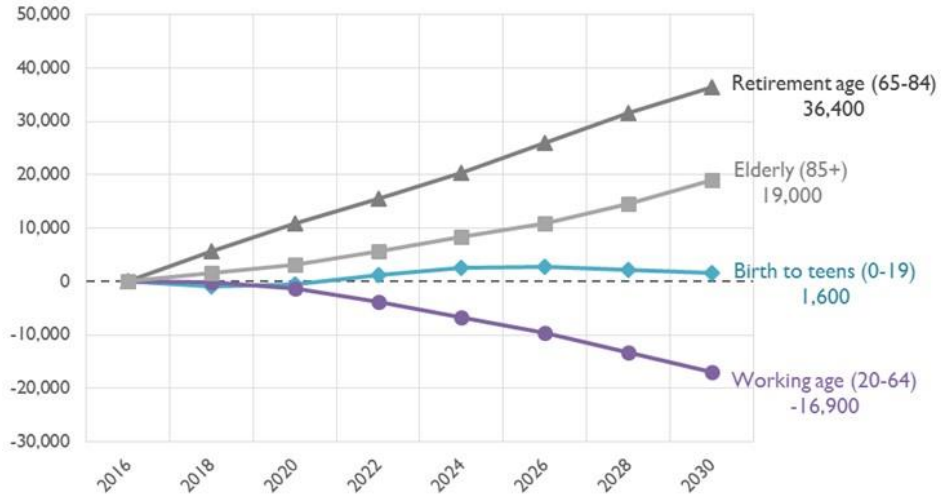
The **increase in older populations** is thought to be the **most significant factor** in the increasing **prevalence of rural isolation**.

These demographic changes mean there will be a reduction in the ratio of working age people to older people across Staffordshire which has implications for the economy and workforce as well as health and care services.

At present, there are approximately three working age adults to one pension age adult in Staffordshire, compared to four to one across England overall. This ratio has fallen from over five in 1985 to three in 2015 and is predicted to continue to fall to two by 2030.

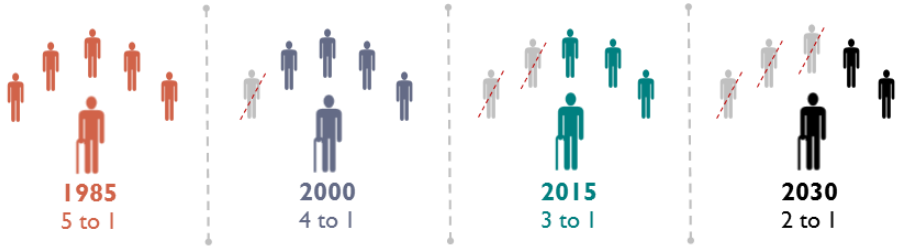
Staffordshire is a relatively affluent area but has notable pockets of high deprivation, particularly in urban areas and some hidden deprivation in remote rural areas.

Figure 2: Population projections in Staffordshire



Source: 2014-based population projections, Office for National Statistics, Crown copyright

Figure 3: Trends in dependency ratios for older people in Staffordshire



Source: Mid-year population estimates, Office for National Statistics, Crown copyright and 2014-based population projections, Office for National Statistics, Crown copyright

Supporting place-based planning

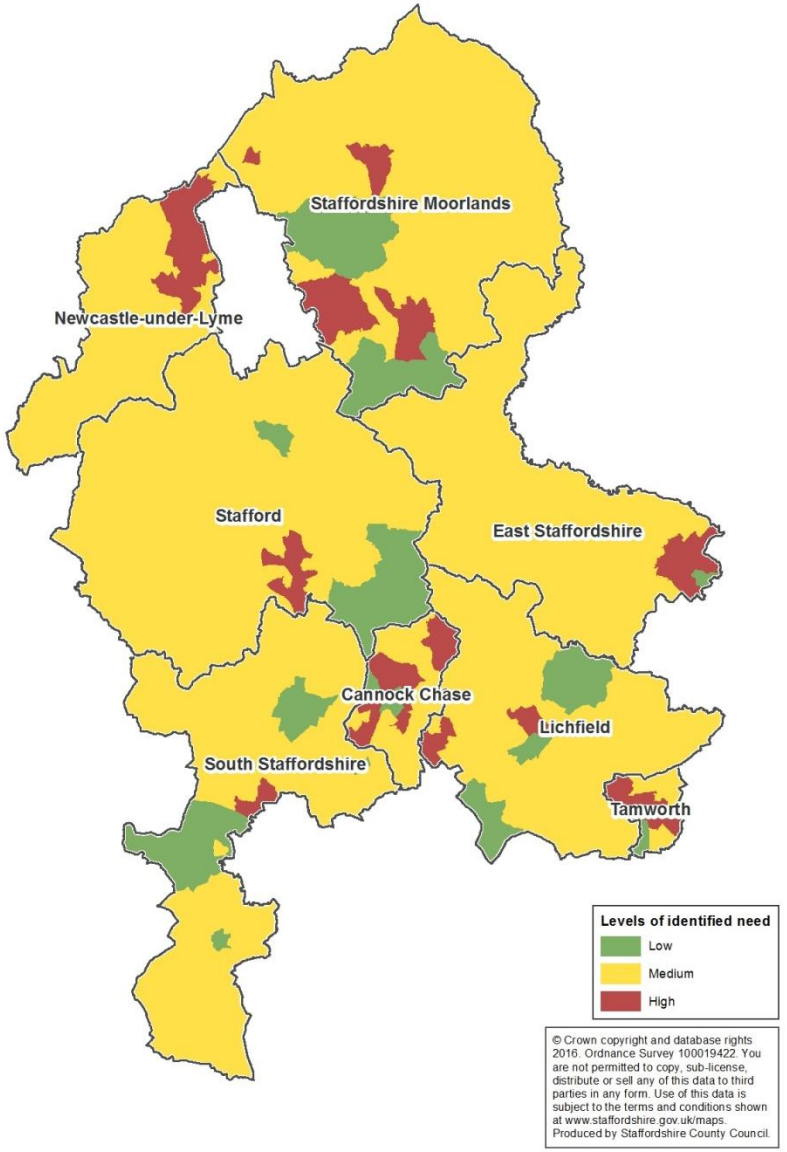
All of our **outcomes for our residents**, families and communities are **affected by a wide range** of social, demographic, environmental and economic **factors which are inextricably linked** (Figure 4). It is often the **same families and communities** that have poor outcomes.

Figure 4: Wider determinants of health and wellbeing

Dahlgren and Whitehead (modified)

For us **to achieve our vision** for Staffordshire, particularly within the current financial climate, **we need to target** our efforts in a holistic way towards **those who experience the greatest levels of inequality and** who demonstrate the **highest levels of vulnerability**. Using a more evidence-based approach to planning interventions and support will have the greatest impact. In Staffordshire we have developed a ward level 'risk' index to identify areas which are most likely to be experiencing multiple inequalities and needs to support effective targeting of resources (Figure 5).

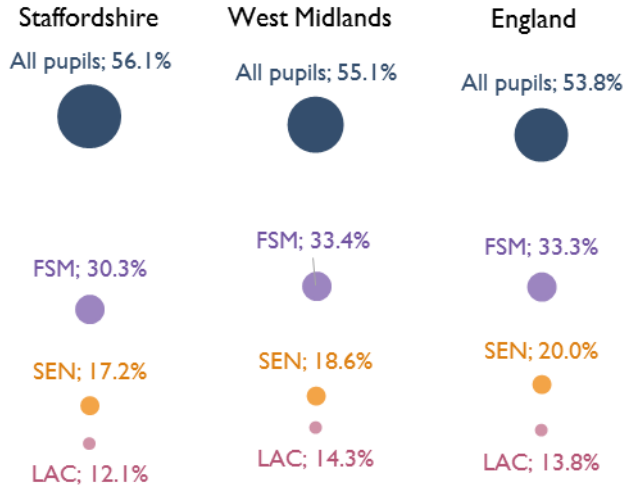
Figure 5: Levels of needs for Staffordshire wards



Bridging the skills and employment gap

Educational attainment has continued to improve in Staffordshire. However there remain key inequalities in academic attainment and levels of qualification, which are determined largely by socio-economic factors and the environment in which we live in.

Figure 6: The education gap in Staffordshire: achieving at least five GCSEs at grade A*-C incl. English and maths, 2014/15



Key: FSM – Children eligible for free school meals; SEN – children with special educational needs; LAC - children who are looked after

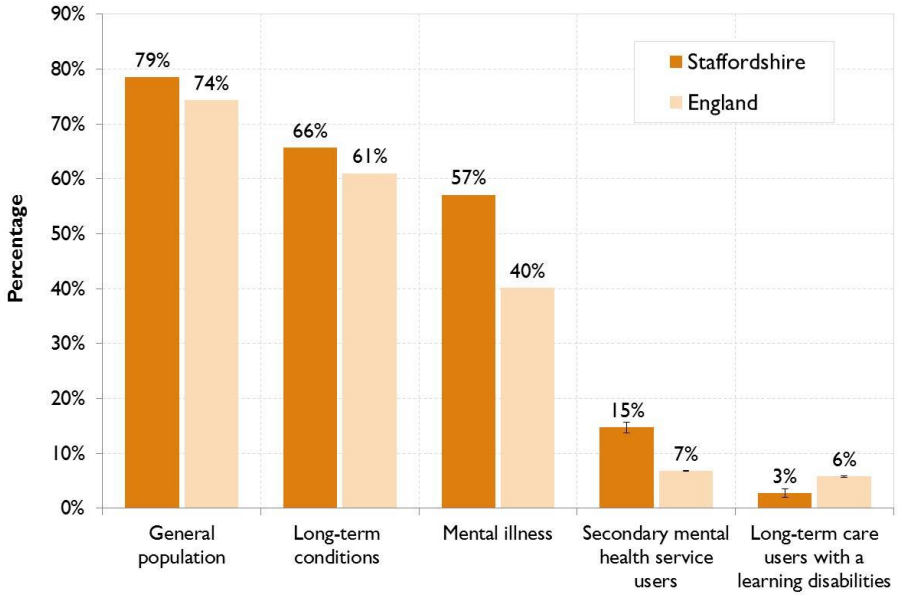
Source: Department for Education

The proportion of **adults** of working age who are **qualified to at least NVQ level 3** (equivalent of A-levels) is **lower than the national level** and projections show that the gap between Staffordshire and England will widen over time. To enable our working-age population to upskill we need to consider how our digital and community capacity enablers may support residents with low levels of qualifications to easily access online or community learning opportunities.

Staffordshire has **made a good recovery** from the recession with **employment rates improving** and Jobseeker Allowance (JSA) claimant counts falling. This recovery has not been universal and some communities in Staffordshire still face barriers accessing employment - these will need to be tackled to reduce the impact of financial stress for families and residents within these areas.

only 3% of adults in Staffordshire **with learning disabilities** are **in paid employment**.

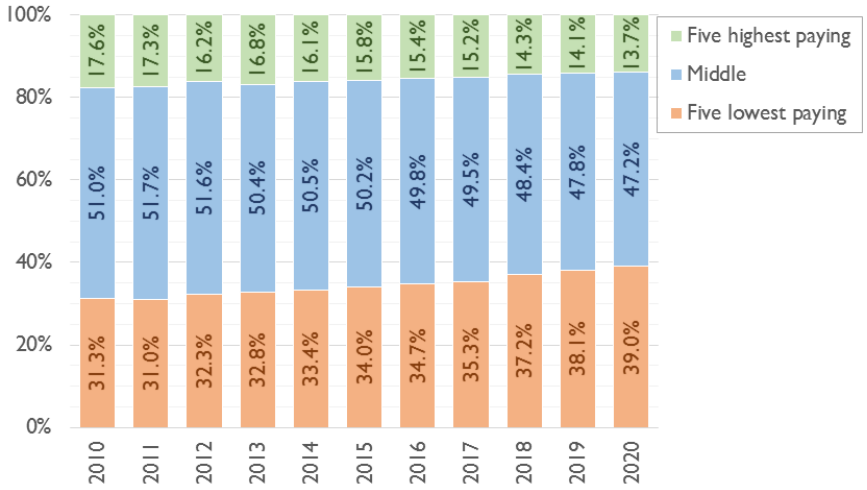
Figure 7: Comparison of employment rates. 2015/16



Source: NHS Digital Indicator Portal (https://indicators.hscic.gov.uk/webview), Copyright © 2016, Health and Social Care Information Centre and Adult Social Care Outcomes Framework (ASCOF), England 2015-16, Copyright © 2016, Health and Social Care Information Centre.

Employment - There was a steady growth in the number of jobs between 2008 and 2014 mainly in wholesale and retail, manufacturing and health and social work. If this continues through to 2020, there will be around 38,000 additional jobs in Staffordshire. However, these **projected increases** are likely to be **in lower-paying industries**. There is therefore a **need to upskill our residents** to both counter this shift in the workforce towards lower skilled, lower paying industries, and to attract new businesses within identified priority sectors to Staffordshire.

Figure 8: Distribution of employment based on median industry pay in Staffordshire



Source: Business Register and Employment Survey, Office for National Statistics (figures may not add due to rounding)

Many local businesses continue to report that the skills of our residents do not meet their needs. There is a therefore a need to support the development of the range of skills to meet current and future business requirements.

Productivity - Staffordshire's £15.3 billion of Gross Value Added (GVA) in 2014 accounted for just over 13% of the total West Midlands regional GVA. This is the second highest proportion (behind Birmingham) amongst all 14 areas within the West Midlands Region, and more than one billion than the GVA generated by any other 'Shire' county in the West Midlands. However the 2014 GVA per head in Staffordshire was £17,787 which is lower than both the West Midlands average of £20,086 and the England average of £25,367.

Around **a third** of all **GVA in Staffordshire** is **generated by two industries** out of eighteen; **Wholesale and Retail**, and **Manufacturing**

The creation and survival of new businesses is of crucial importance to the longer term sustainability and viability of the economy. The overall number of business start-ups in Staffordshire dipped sharply during the economic downturn. The rate has increased in recent years but remains below regional and national levels. Business survival rates in Staffordshire are similar to the national average.

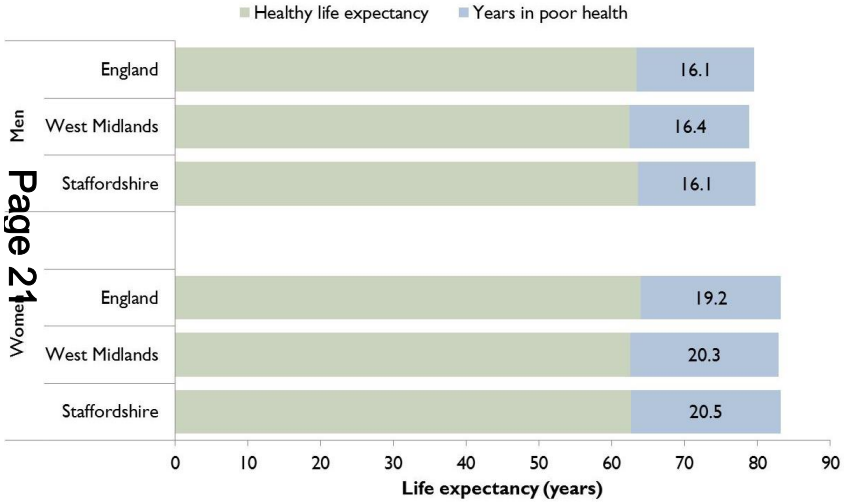
only 4%
of businesses in the county employ **50 or more** people…

…however, **these 4%** of businesses provide
53%
of **all employment**.

Healthy ageing

We have seen **increases in life expectancy** but these have not been matched by similar declines in ill-health. **Women live longer than men but they spend more of their lives in poor health.** There are also large inequalities in life expectancy (six year gap) and healthy life expectancy (twelve year gap) across Staffordshire

Figure 9: Life expectancy and healthy life expectancy, 2012-2014

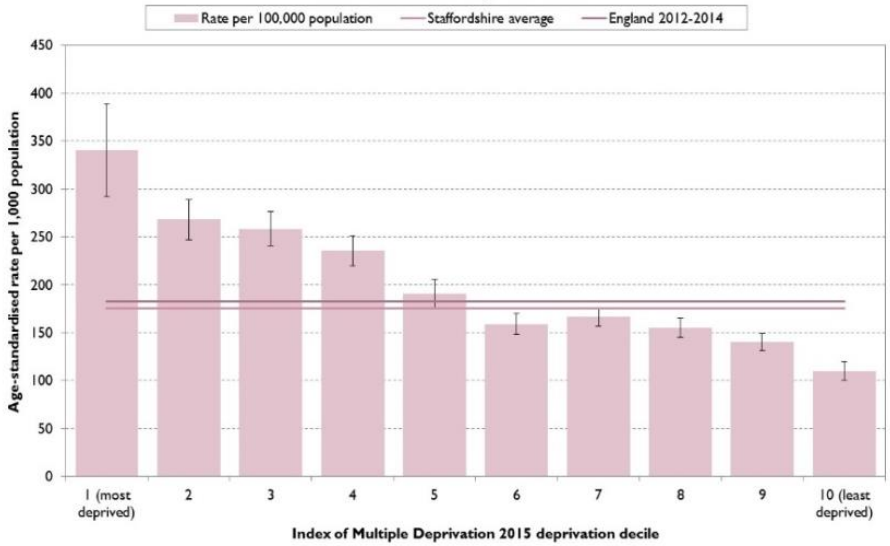


Source: Office for National Statistics, Crown copyright

Unhealthy lifestyles are a large contributor to **preventable ill-health**. Large numbers of our residents have excess weight, eat unhealthily and are inactive. Unhealthy lifestyles (such as smoking and childhood obesity) are more prevalent amongst our most vulnerable communities.

Preventable deaths rates in Staffordshire have fallen and are lower than England. However, not everyone is benefiting from these improvements with **people living in the most deprived communities twice as likely to die early** than those in the least deprived communities (Figure 10).

Figure 10: The preventable mortality gap in Staffordshire, 2010-2014



Source: Primary Care Mortality Database, Office for National Statistics, Mid-year population estimates, Office for National Statistics, Crown copyright, Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/ and Indices of Deprivation 2015, Communities and Local Government, Crown Copyright 2015

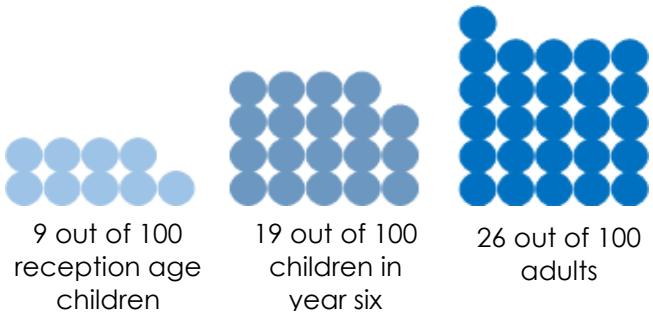
40%

of ill-health

is preventable with healthier lifestyles.

People with the unhealthiest lifestyles tend to live in more deprived communities. Whilst the burden of ill-health from smoking appears to be improving the impact of poor diets, inactive lifestyles and excessive drinking remains considerable.

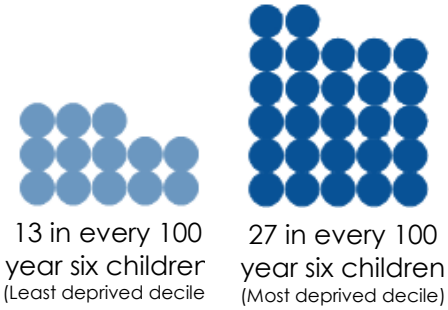
Figure 11: Obesity in the Staffordshire population



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

- Staffordshire has higher alcohol-related admission rates than England
- Around seven in ten Staffordshire adults have excess weight and 26% are obese, both higher than England
- About three out of ten Staffordshire adults are physically inactive
- The proportion of children who are obese doubles between Reception (9%) and Year Six (19%) and increases further into adulthood (26%)
- Children from poorer families tend to have more obesity and excess weight and this is predominately due to the food they eat but also insufficient levels of physical activity (Figure 12)

Figure 12: Obesity by deprivation decile in Staffordshire, 2014/15



Source: National Child Measurement Programme data extracts

Staffordshire has a **high number of unpaid carers** which is predicted to increase. This will likely result in a significant **'care gap'** and a possible different approach will need to be taken to support current and future carers who are often older, in poor health and isolated themselves.

3,300
more people in Staffordshire will need to be **providing unpaid care** by **the year 2020** in order maintain current proportions of unpaid care provision.

An enhanced role of community capacity, and innovative use of technology could help to support those who provide care to improve their lives and maintain the independence of the person they care for, for longer.

Around **50%** of **mental health** problems are **established by age 14**, and **75% by age 24**.

Good mental health and wellbeing is important for our physical health, relationships, education, training, work and in achieving our potential. However **poor mental health is one of the biggest challenges** we face today with around one in four people experiencing a mental health problem during their life time and one in six during the year. There are some stark differences in outcomes between those with a mental illness and the general population in Staffordshire. Some of the inequalities include;

- **People with a severe mental illness** in Staffordshire are over **three times more likely to die early** than the general population.
- Around **two-fifths** of Staffordshire residents **with a serious mental illness smoke**. This is more than double rates seen in the general population.

- Around **one in four** (26%) people who are **admitted to hospital** unexpectedly **have a mental health condition** and stay there longer than people without a mental health condition

Lack of social connections can be **very damaging to our health** and social connectivity can reduce the risk of mortality and the development of, or delay the onset of, certain diseases such as dementia. Lone pensioners are particularly at risk of loneliness and social isolation and the ageing population will see the number and percentage of lone pensioner households in Staffordshire increase.

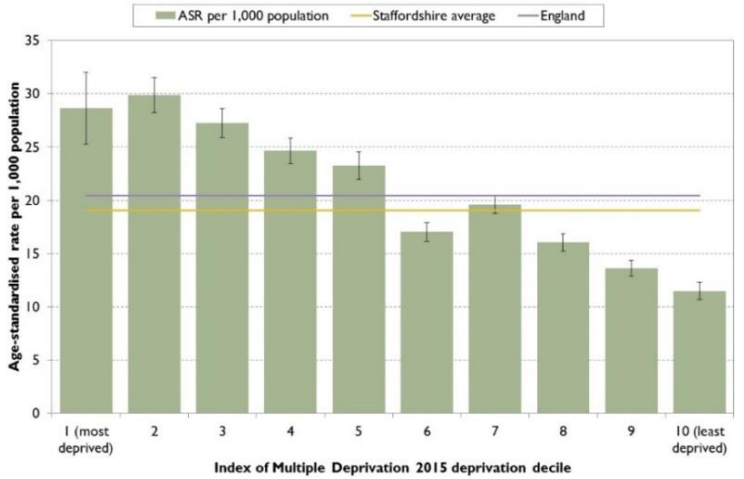
Health and social care services will be under increasing strain due to rising numbers of older people with poor mental health, mild cognitive illness and dementia. **The increase in dementia** of 23% in Staffordshire **is the largest proportional increase** amongst any of our statistical neighbours.

There are estimated to be **2,700 more** people aged 65 and over **suffering from dementia by 2020** than there were in 2015.

The **ageing population**, particularly in the very old age groups and the proportion of life spent in poor health, will have a **significant impact on the requirement for adult social care** and will place our social care system under extreme pressure. People in the most deprived areas of Staffordshire have more multiple conditions and are much higher users of Council-funded social care services (Figure 13).

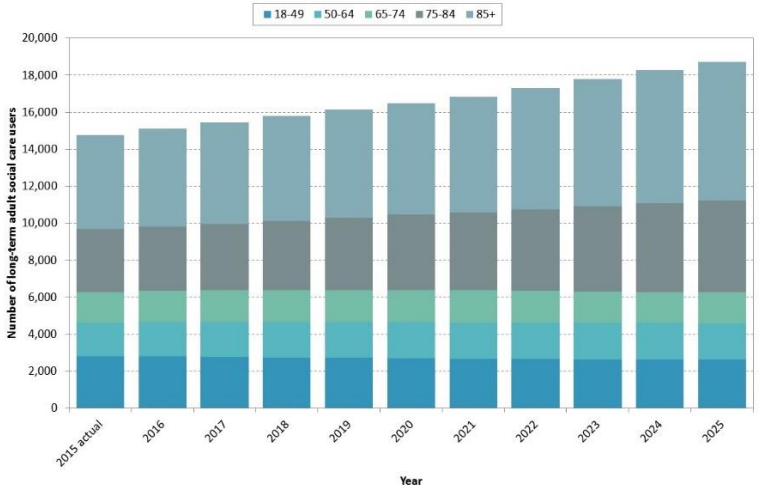
Based on population growth alone, the **number** of people **in Council-funded long-term care** in Staffordshire is expected to **increase by** around **1,700** by 2020. The **current model** for health and care is **not financially sustainable** to meet the predicted increase in older people with multiple long-term conditions or more complex needs.

Figure 13: Long-term adult social care by deprivation decile in Staffordshire, 2015/16



Source: Operational Intelligence and Performance Team, Staffordshire County Council, Office for National Statistics, Mid-year population estimates, Office for National Statistics, Crown copyright and Indices of Deprivation 2015, Communities and Local Government, Crown Copyright 2015

Figure 14: Projections for long-term adult social care in Staffordshire

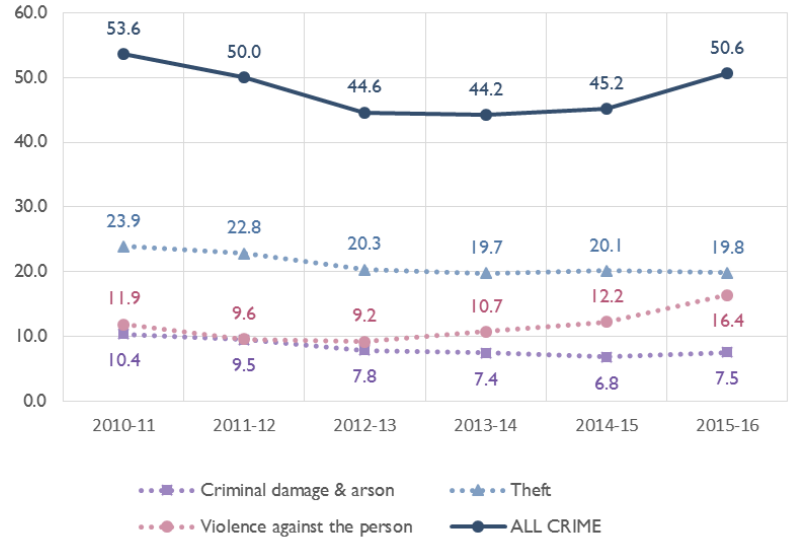


Source: Operational Intelligence and Performance Team, Staffordshire County Council and 2014-based population projections, Office for National Statistics, Crown copyright

Safer, happier and more supported

Safer communities - Staffordshire has **relatively low levels of crime** with residents generally **feeling safe.** During 2015/16 38,900 crimes were reported to Staffordshire Police, equating to a rate that is lower than the England average. However, when people become victims of crime it can have damaging and lasting impacts.

Figure 15: Trends in Staffordshire crime rates per 1,000 population



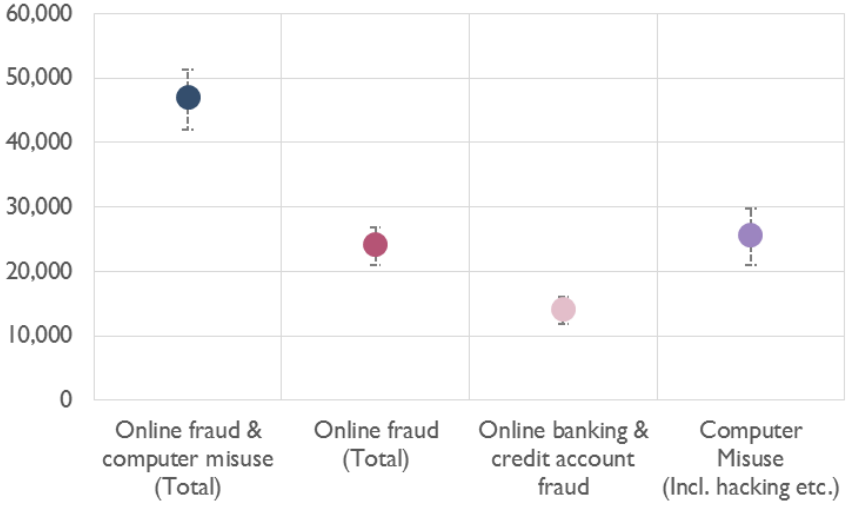
Source: Staffordshire Police

As well as ensuring we **support the victims** of crime it is **vital that we** get upstream to **tackle the root causes of criminal behaviour**. Analysis of the needs of offenders in Staffordshire has highlighted four key risk factors associated with offending behaviour; substance misuse, employment, education and training, mental health and accommodation. Targeting these risk factors offers us the best opportunity to **'break the cycle'** of offending behaviours.

Staffordshire, as in other parts of the country, faces the **emerging threats of modern slavery, child sexual exploitation, terrorism and serious organised crime.** Whilst the local frequency of these incidents may not be high, the potential impact and harm is great.

Cyber crime - as an ever growing number of people join the digital world, the risk of becoming the victim of online crime increases. Experimental figures from the 2016 national crime survey suggest that 51% of all fraud is committed digitally. Based on these estimates around **47,000 people in Staffordshire are at risk** of being the victim of either online fraud or a computer misuse related crime (such as hacking, ransomware and viruses).

Figure 16: Estimated number of cyber crime victims in Staffordshire



Source: 2016 Crime Survey for England and Wales, Office for National Statistics

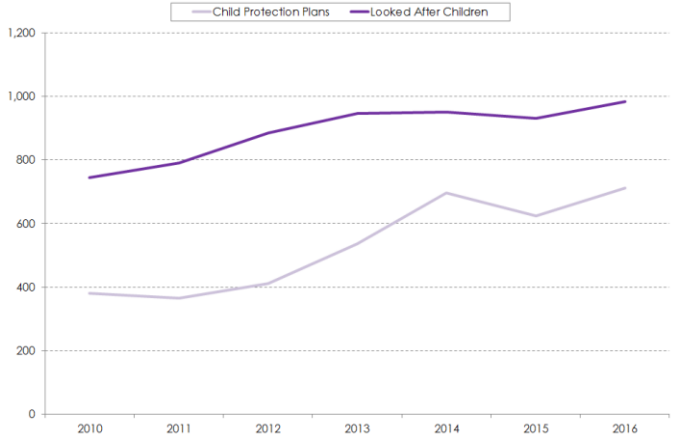
Domestic abuse is a key issue for our communities, due to its often hidden and long-term nature, which can lead to wide-ranging consequences. In 2015/16 there were 13,200 domestic crimes and incidents recorded in Staffordshire. Although rates of domestic abuse locally have increased it is nationally accepted that there is **significant under-reporting** of domestic abuse with the true scale of domestic abuse estimated as being as high as 44,000 cases per year. Analysis of data collected by domestic abuse support provided in Staffordshire highlights that **children were present** in the home for over three quarters of victims accessing their services.

Safeguarding children - Insight suggests that for every 100 children in Staffordshire the majority will be growing up in stable, loving households. However, out of 100 children:

- four would have been allocated a social worker; of these, one would be in care or be subject to a child protection plan.
- three would be receiving targeted, early help from Families First.
- 14 would be living in poverty
- 15 would have a disability or special educational needs
- two would experience living with parents where domestic abuse, substance misuse and mental health concerns impact on their daily lives.

Our safeguarding gateway (First Response) receives on average 750 calls per month. **Staffordshire has seen a gradual increase in children's safeguarding activity over recent years with forecasts suggesting that this trend is likely to continue** (Figure 17). Rates of children subject of a Child Protection Plan and Looked After Children are similar to the national averages. The most common reasons for a child becoming subject to a Child Protection Plan are neglect (around half of all cases per year) and/or emotional abuse (around a third of all cases per year).

Figure 17: Staffordshire children's safeguarding trends as at March (numbers)



Source: Local Authority Interactive Tool (LAIT) and Families First, Staffordshire County Council

Public perceptions of life in Staffordshire - Staffordshire is a **great place to live**, where most people enjoy a **good quality of life**. In March 2016, 87% of Staffordshire residents were **satisfied with their area as a place to live**. This is a slightly lower figure than in previous years but similar to the latest national average of 86%.

Data from the 2015/16 national wellbeing measures indicate that similar to England the majority of Staffordshire residents report **high levels of overall wellbeing:**

- 81% of people feel satisfied with their lives
- 75% of people feel happy
- 67% of people do not feel anxious
- 84% feel the things they do in their life are worthwhile

In conclusion …

For the majority of our residents, Staffordshire is a great and a safe place to live. The county recovered well from the recession, without seeing some of the negative long term effects experienced elsewhere in the West Midlands. Instead we have benefited from new investment in our infrastructure and have welcomed new employers, as well as supporting expansion from existing businesses.

However, while we can see that employment has grown since the recession, a lot of this growth has happened in lower paid industries. There are also gaps in levels of adult skills and qualifications, which need to be addressed if Staffordshire is to continue to prosper and build on its position within the West Midlands and the wider UK economy.

Improving the county's skill levels needs to start in our schools. While most children achieve well (and in line with England) at Key Stage 4 (GCSEs), some inequalities remain, particularly for our most vulnerable children. These gaps in attainment can create a barrier for those who are already at risk of experiencing poor outcomes later in life.

Our ageing population continues to be one of the most important considerations in our planning. The number of working age adults per older person has declined substantially since 1985 with the number of people aged 65 and older in Staffordshire increasing more quickly than across England and the West Midlands. This has profound implications for both unpaid care provision and current approaches to service delivery which are likely to become unsustainable.

While overall life expectancy has increased, the number of years of life spent in good health has not. In addition, there is a large gap in healthy life expectancy between the most deprived and least deprived communities. Currently too many of our residents have excess weight, eat unhealthily and are inactive - we need to turn this around to improve quality of life and reduce demand for services.

With the challenge of our rapidly ageing population and ongoing financial pressures we need to target our efforts towards those who experience the highest levels of vulnerability. In some localities, challenges such as unemployment, low income, low qualifications, poor housing, social isolation, ill-health (physical and/or mental) and poor quality of life all co-exist. These areas require particular focus and an integrated partnership response in order to improve outcomes and address inequalities.

It is expected that there will be a degree of early economic uncertainty when Article 50 is triggered in 2017. It is estimated that the county may see some decline in employment as a result, although this is unlikely to be of the scale seen at the time of the last recession. Given that provisions in Article 50 set out a two-year exit strategy, it is unlikely that residents of Staffordshire will see any impact of Brexit until after 2020.

While we may not see any true impact of Brexit until our EU membership ends, there are a number of questions which we need to answer between now and 2020. There will need to be consideration of the effect that renegotiated trade arrangements and migration controls might have on the Staffordshire workforce and economy, and whether an end to some areas of EU legislation might present new opportunities for the county.

Simultaneously, we have a number of pressing, known challenges in the county which are having an immediate impact on our families and communities. Therefore it is essential that we are able to create a balance, where we can consider and prepare ourselves for the future post-EU Staffordshire, whilst still retaining focus on the issues that matter most to our residents so that everyone has the opportunity to prosper, be healthy and happy.

For further information about anything in this report please contact:

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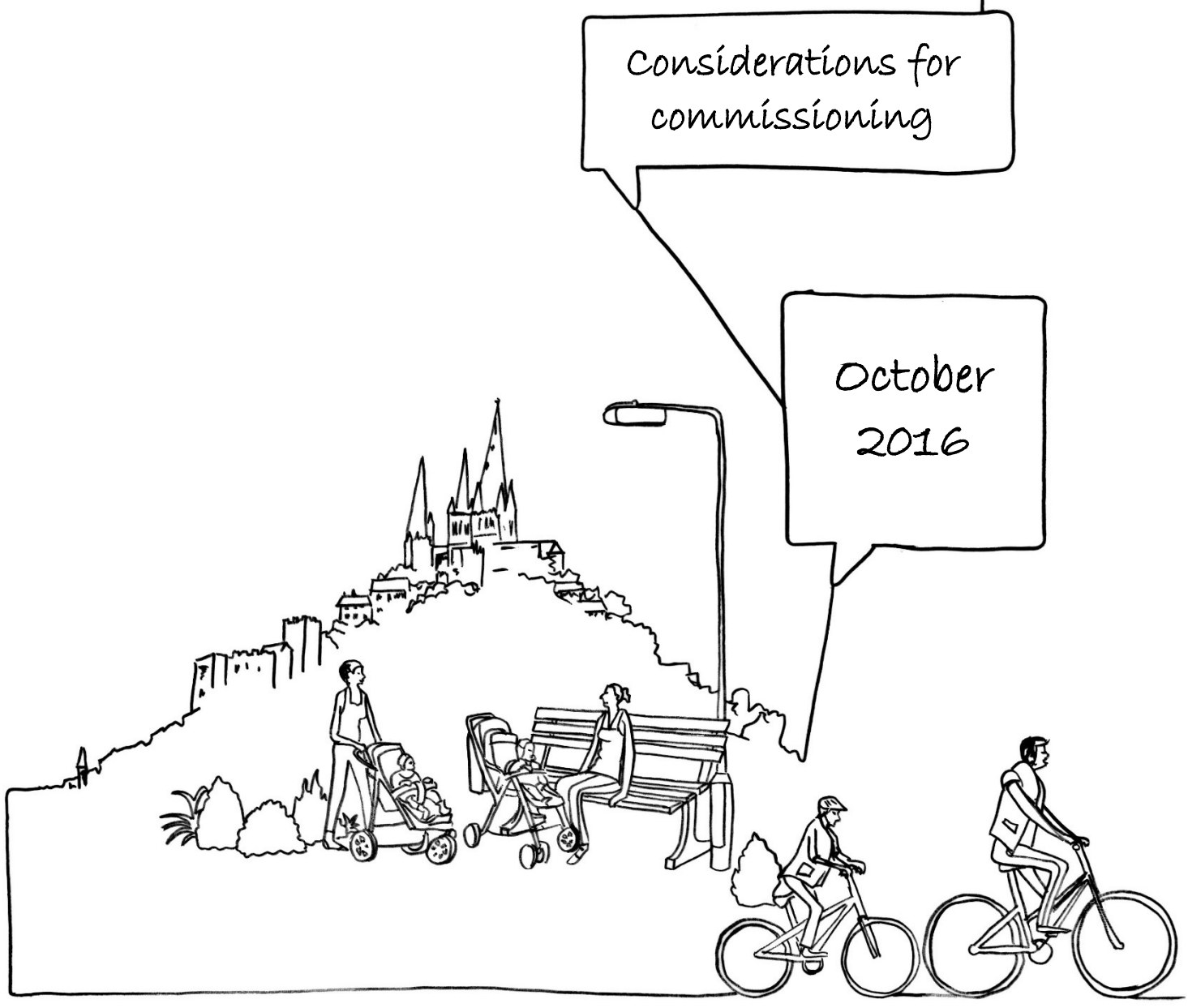
Rachel Caswell (rachel.caswell@staffordshire.gov.uk)

Staffordshire County Council

Staffordshire: Locality Profile

Insight, Planning & Performance Team



Staffordshire Observatory

Document Details

Title	Staffordshire Locality Profile
Date created	October 2016
Description	The purpose of the profile is to provide commissioners and practitioners with an evidence base to help understand residents' needs at a local level. It provides detail behind 'The Story of Staffordshire', links with the Community Safety Assessments and contributes to the Joint Strategic Needs Assessment.
Produced by	Insight, Planning & Performance Team Staffordshire County Council
Contact	Tel: 01785 276529 Email: phillip.steventon@staffordshire.gov.uk Insight, Planning and Performance Staffordshire County Council
Geographical coverage	Staffordshire
Copyright and disclaimer	This product is the property of Staffordshire County Council. If you wish to reproduce this document either in whole, or in part, please acknowledge the source and the author(s). Staffordshire County Council, while believing the information in this publication to be correct, does not guarantee its accuracy nor does the County Council accept any liability for any direct or indirect loss or damage or other consequences, however arising from the use of such information supplied.

Contents

1 Introduction

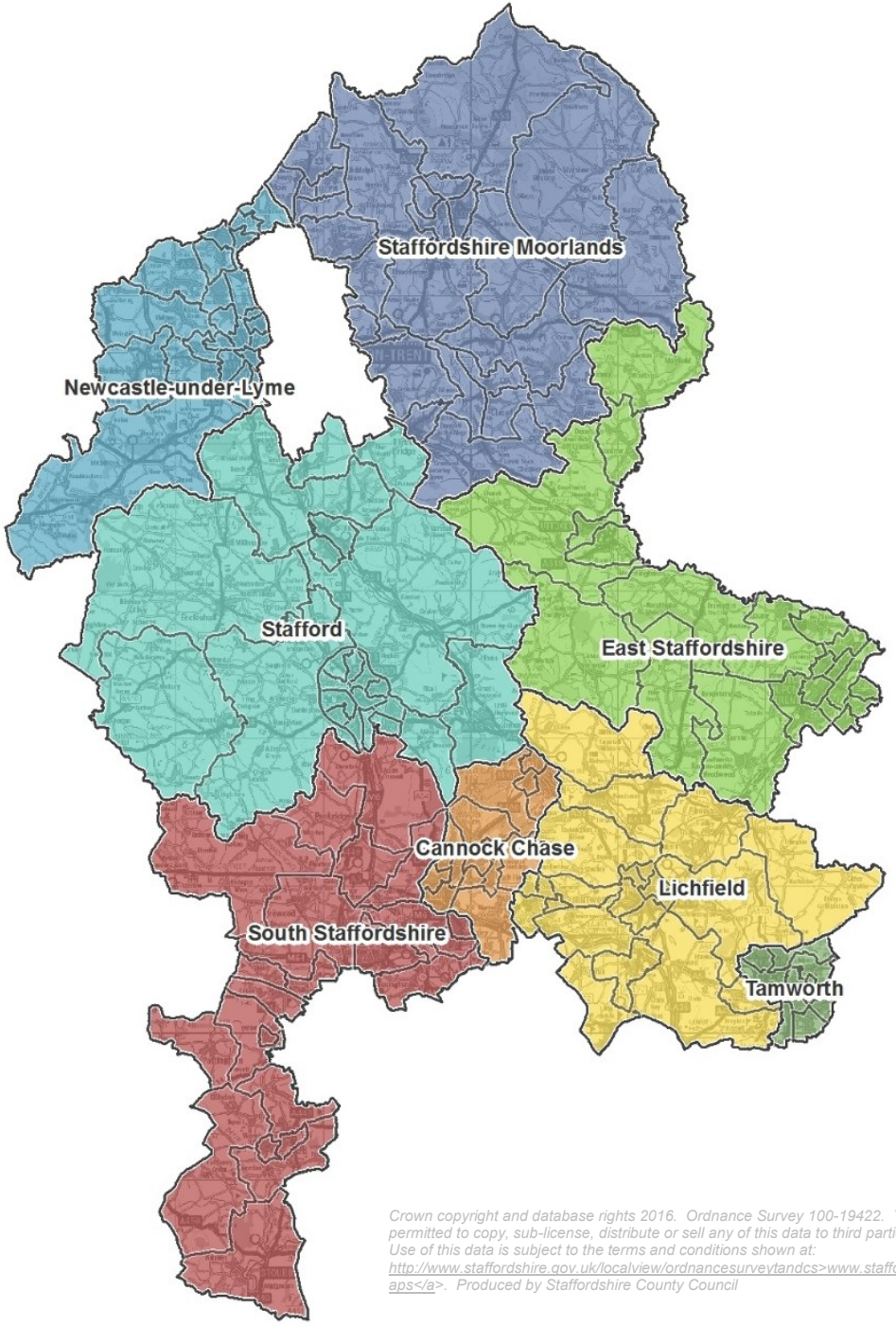
Welcome to the **2016 Locality Profile for Staffordshire**. This annually updated profile underpins **'The Story of Staffordshire'** by identifying priorities at district and ward level to support the effective targeting of resources. The profile is a robust intelligence base across a wide range of indicators which cover the three Staffordshire Partnership outcomes:

- Access more good jobs and feel the benefits of economic growth
- Be healthier and more independent
- Feel safer, happier and more supported in and by their community

All outcomes for our residents, families and communities are affected by a wide range of demographic, socio-economic and environmental factors which are inextricably linked. To make a real difference and to reduce inequalities, particularly within the current financial climate, we need to target our efforts towards those who experience the greatest levels of inequality and who demonstrate the highest levels of vulnerability.

It is often the same families and communities that experience multiple needs and have a range of poor outcomes. This profile helps to identify those communities and provide evidence to support a necessarily holistic approach to enable them to improve their outcomes and thrive. It also allows us to make comparisons between different communities with similar population characteristics to help us to identify where there are different outcomes and to consider protective as well as negative factors.

This Locality Profile is intended to be used alongside its companion interactive 'Dashboard', the 'Prezi' presentations and other resources produced by the Insight, Planning & Performance Team, such as the Community Safety Assessments and Joint Strategic Needs Assessments along with local intelligence and knowledge. Used together, these will create an enriched picture of residents, their families and their communities to support more effective evidence-based commissioning and support.



What's new?

Based on your feedback these profiles are always evolving and improving. The new elements that have been included this year are:

- **Brexit:** There are a lot of unknowns but we give consideration to the possible impact of the country's exit from the European Union.
- **Changes to the Indicator Matrices:** The matrices remain very popular but have this year been improved to include actual numbers as well as proportions and rates.
- **Interactive dashboard:** Dashboards allow users to have more immediate and flexible access to the latest available information for a selection of our key indicators. This will keep the profiles 'alive' and we will continue to develop these dashboards throughout the year. The dashboards can be found on the Staffordshire Observatory Website: http://www.staffordshireobservatory.org.uk/homepage.aspx
- **Improved benchmarking:** We have always recognised the importance of benchmarking so that users can see at a glance where there are significant or meaningful differences. Mostly we use England as the comparator and we have done so this time but we have also compared a selected number of indicators with Staffordshire's 'statistical neighbours' - a group of 16 districts that the Chartered Institute of Public Finance and Accountancy (CIPFA) assessed as being similar based on a range of population characteristics (Staffordshire's 'statistical' or 'nearest neighbours' are listed in Section 8). Comparing with similar districts gives us more information about our residents and helps to identify potential areas of improvement which could be missed when comparing only with the national average.
- **Key messages**: We always provide a list of key messages to draw attention to important issues and these are largely based on where an indicator is higher or lower than England or as is the case this time is in the upper or lower quartile when compared to the statistical neighbour group. But this time we have also summarised these key messages under the headings used in The Story of Staffordshire to make sure that the key messages described are translated as far as possible at district level and below.

Layout of this profile

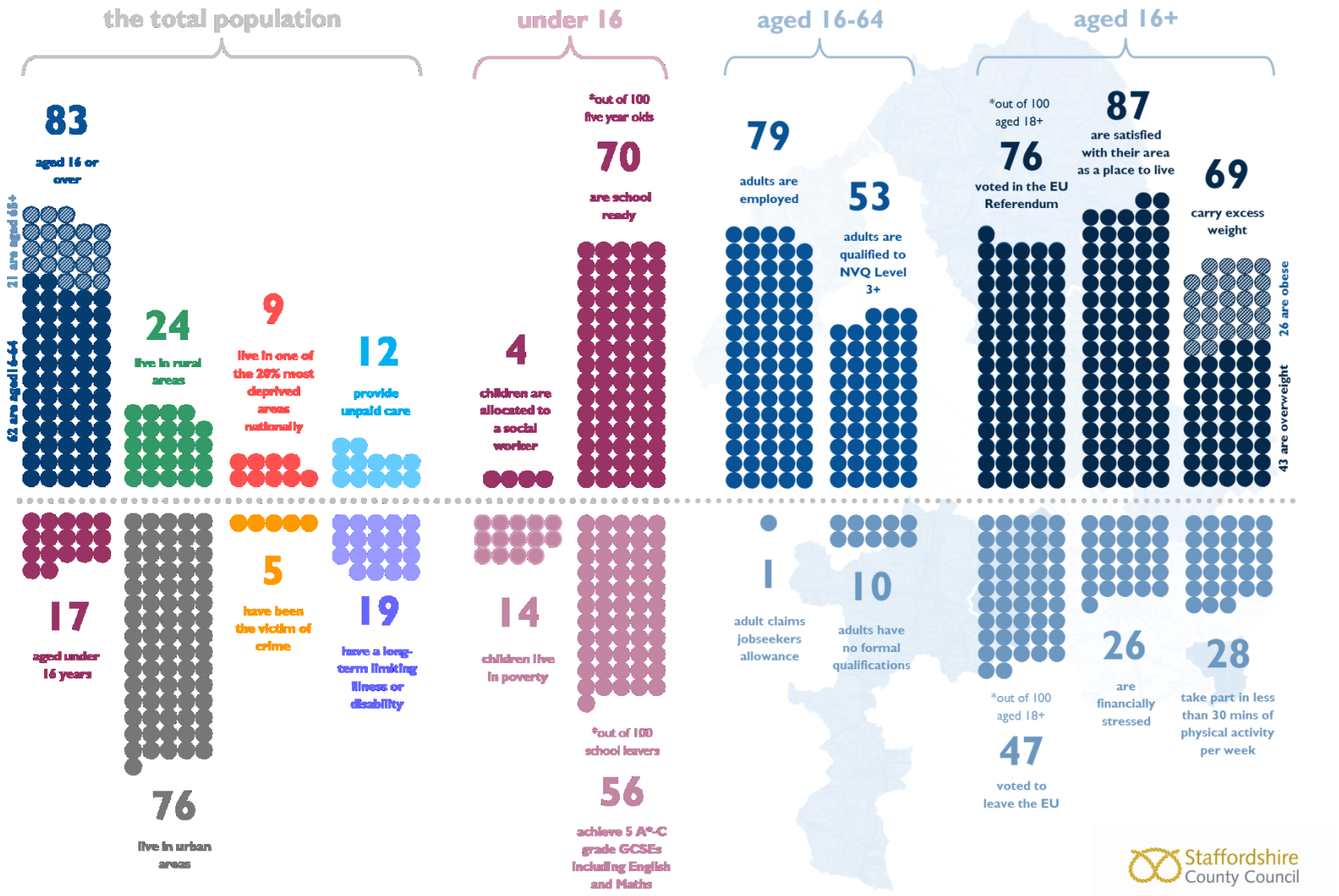
The profile presents the main messages which were highlighted in the 'Story of Staffordshire', from a district perspective before listing the key messages about Staffordshire from the indicator matrices. There is then a section on priorities at a district level before presenting information about the wards with the highest needs. The final three sections comprise of Indicator Matrices at district level, selected indicators compared with CIPFA nearest neighbour and finally the ward-level indicator matrix.

Feedback

As always we would welcome your feedback on these profiles so please contact:

- Phil Steventon phillip.steventon@staffordshire.gov.uk or
- insight.team@staffordshire.gov.uk

2 Out of 100 people in Staffordshire



Compiled by Insight, Planning and Performance Team, Staffordshire County Council

3 Key messages - Staffordshire

- **Population:** Around 862,600 people live in Staffordshire. There are relatively fewer children aged under 16 and working age people (16-64) compared to England and more people aged 65 and over. The population is projected to have a small increase overall by 2025 but a much larger growth in people aged 65 and over. There are also more single-pensioner households than average.
- **Community resilience:** The demand on public sector funded services has increased considerably over the last decade and a higher proportion of adults in Staffordshire use some health care services and more adults use long term social care services than our statistical neighbours. An ageing population means that these demands are likely to increase further and services in their present forms are set to become unsustainable. There is also a high number of people providing unpaid care who are often older, in poor health and isolated themselves. Therefore we need to continue to think differently about the community and partnership relationship.
- **Reducing inequalities:** There are a number of wards in Staffordshire where families and communities face multiple issues such as unemployment or low incomes, low qualifications, poor housing, social isolation, ill-health (physical and/or mental) and poor quality of life. Wards with some of the highest multiple needs include: Stapenhill, Leek North, Cannock North, Cross Heath and Knutton & Silverdale. These areas require particular focus and an integrated partnership response.
- **The impact of Brexit:** The current position shows that the local economy has not been significantly affected by Brexit and we are largely seeing 'business as usual' in Staffordshire post-EU referendum. This may change once Article 50 is triggered, although given the timescales required to negotiate exit arrangements, we are unlikely to see any significant impact until at least 2020.
- **Be able to access more good jobs and feel the benefits of economic growth:** Education and employment rates have improved in Staffordshire but this has not been universal - especially amongst some our most vulnerable communities. There are also gaps in levels of adult skills and qualifications with a high proportion of Staffordshire adults having no qualifications and there are also high levels of financial stress in some wards.
- **Be healthier and more independent:** Life expectancy has increased but the number of years spent in good health has not. More older people than average have a limiting long term illness and therefore the number of years people spend in poor health towards the end of life in Staffordshire is high. Men and women spend 16 and 21 years in poor health respectively. More people are admitted to hospital a result of self-harm or drinking too much alcohol and more Staffordshire women die from alcohol-related illnesses than average. Too many residents have excess weight, eat unhealthily and are inactive - we need to turn this around to improve quality of life and reduce demand for services.
- **Feel safer, happier and more supported:** Most Staffordshire residents are satisfied with the area they live in. Burton, Castle and Town are some of the wards that have higher than average levels of violent crime and anti-social behaviour and perception of crime is also high. Housing affordability is an issue for low earners in Staffordshire. There are more accidental deaths in Staffordshire, particularly in old people.

4 Brexit and Staffordshire

On 23rd June 2016 the United Kingdom electorate voted in favour of ending its membership of the European Union (EU). Staffordshire residents also voted in favour of leaving the EU. Of the 76% turnout, 63% voted leave and 37% voted to remain.

While the UK saw a short-term impact on the national economy in the immediate wake of the EU referendum, this calmed fairly quickly, and we are largely seeing 'business as usual' locally. Given the Government's signalled intention to trigger Article 50[1] by March 2017, we are unlikely to see the impact of any major changes until 2020, though there remains a risk of market volatility during this time ("*Brexit turbulence"*).

While it might be possible to estimate what some of the impact of Brexit might look like, it is important to remember that this is entirely new territory. The UK will be the first country to leave the EU and there will be many unknowns ahead.

- Based on data from the 2011 Census around 13,700 Staffordshire residents were born in other EU nations – equating to 1.6% of the population - lower than West Midlands (2.4%) and England (3.7%). The Census data also tells us that around 9,100 residents aged 16-74 from other EU countries were in employment in Staffordshire, equivalent to 2.5% of our workforce, again a lower proportion than both regionally (3.1%) and nationally (4.9%).

- However since then we have seen an increase in the number of migrants from other EU countries coming to Staffordshire. During 2015/16 the total number of national insurance number (NINo) [2] registrations to adult overseas nationals in Staffordshire was 4,900, which is an 18% increase from the previous year. The majority of these migrants were from other EU countries (4,300 people) and mainly from EU8 and EU2 countries.[3]

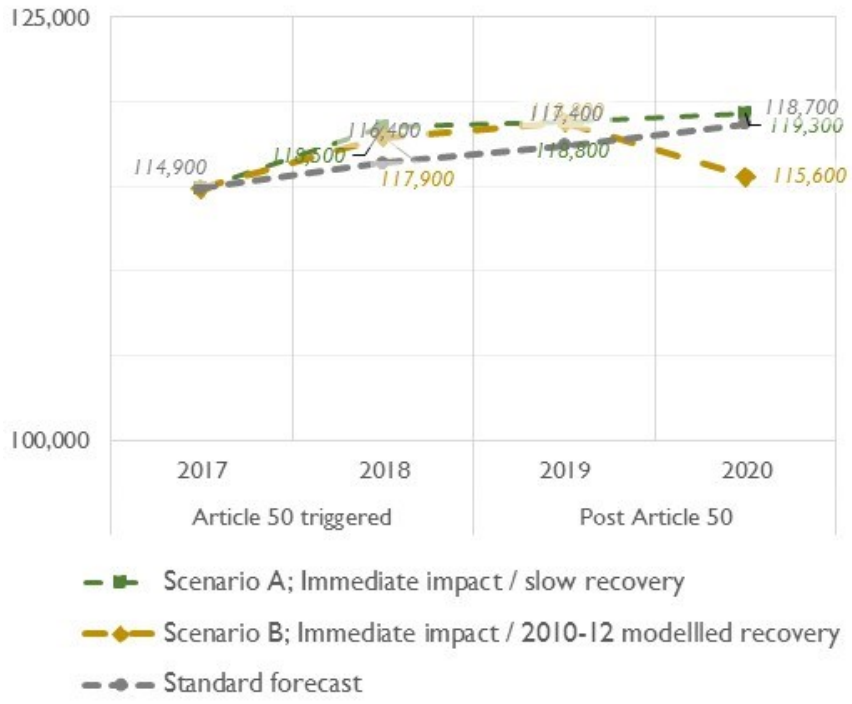
- A local model has been developed to look at employment numbers through different scenarios based on data from the last recession. This shows that we may see a 0-9% reduction (equating to 200 to 36,400 fewer jobs) than the current forecast number of jobs between 2017 and 2020 (**Error! Reference source not found.**).

[1] *Article 50 is the provision within the Lisbon Treaty which outlines the legal framework for a member state to terminate its membership of the European Union.*

[2] *A national insurance number (NINo) is generally required by any overseas national (including students working part-time) looking to legally work or claim benefits or tax credits in the UK. This information therefore provides us with a proxy measure of migration for adult overseas nationals registering for a NINo.*

[3] *EU8 countries: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia; EU2 countries: Romania and Bulgaria*

Figure 1: Staffordshire employment forecasts pre and post-Brexit (numbers)



Model developed by Insight, Planning and Performance, Staffordshire County Council

Source: Office for National Statistics

5 Key considerations for commissioning

5.1 The population of Staffordshire

- Staffordshire is resident to 862,600 people. The population has a lower proportion of people aged under five, under 16 and aged 16-64. There are more people aged 65 and over in Staffordshire compared to average.

- The overall population for Staffordshire is projected to increase between 2015 and 2025 by 4% and is projected to see significant growth in people aged 65 and over (20%) and aged 85 and over (49%). The rate of increase in the number of older people in Stafford is faster than the England average equating to 10,400 additional residents aged 85 and over by 2025.

- There is a higher proportion of population living in rural areas in Staffordshire compared to national average.

- There are 49 lower super output areas (LSOAs) that fall within the most deprived national quintile in Staffordshire, making up around 9% of the total population (78,600 people).

- The dependency ratio for older people in Staffordshire is 34 older people for every 100 people of working age which is higher than England.

- Aspiring homemakers is the most common Mosaic[4] group across Staffordshire and makes up 13% (110,300) of the population. Some wards have high proportions of their populations in a single segmentation group, for example, nearly all of the residents who live in Dane, Horton, Longdon and Manifold are in the "Country Living" group.

5.2 Be able to access more good jobs and feel the benefits of economic growth

- The proportion of children in Staffordshire who reach a good level of development at the age of five (70%) is better than the national average and performs well compared to its CIPFA[5] local authority comparators.

- Key Stage 2 (KS2) results for Staffordshire pupils are similar to the England average.

- Overall, GCSE attainment for Staffordshire pupils is significantly better than the England average. There are however inequalities within the county with attainment ranging from 23% in Anglesey ward to 88% in Ipstones ward.

- The percentage of adults aged 16-64 with NVQ level 2[6] or above is higher than the national average. However, overall Staffordshire also has more adults with no qualifications compared to the national average and it also performs poorly compared to its CIPFA local authority comparators. This may hinder economic growth in Staffordshire.

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[4] *Mosaic Public Sector by Experian classifies all households by allocating them to one of 15 summary groups and 66 detailed types. These paint a rich picture of residents in terms of their socio-economic and socio-cultural behaviour.*

[5] *The Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbours Model attempts to adopt a scientific approach to measuring the similarity between authorities.*

[6] *NVQ 2 = four or five GCSEs at grades A*–C, BTEC first diploma.*

- There are more people in employment, aged 16-64, in Staffordshire compared to national average.

- Unemployment and youth unemployment rates in Staffordshire (as at June 2016) were lower than the national average. When compared to CIPFA local authority comparators, for both unemployment and youth unemployment Staffordshire has some of the lowest rates. The proportion of people claiming out-of-work benefits is better than average (7.2% compared to 8.6%).

- Using the Mosaic variable "Financial Stress", 26% (220,600) of the population in Staffordshire find it difficult or very difficult to cope on current income. This is lower than the national average. There is variation across the district with financial stress ranging from 13% in Little Aston and Stonnall to 42% in Common.

- The proportion of Stafford residents aged 60 and over living in income deprived households is significantly better than the national average.

5.3 Be healthier and more independent

- Overall life expectancy at birth in Staffordshire is 80 years for men and 83 years for women, both similar to the national averages. However both men and women living in the most deprived areas of Staffordshire live six years less than those living in less deprived areas.

- Healthy life expectancy in Staffordshire is 64 years for men and 65 years for women which is longer than average. Women in Staffordshire spend more of their lives in poor health than men (18 years compared to 15). In addition, healthy life expectancy for men remains below retirement age which has significant long-term implications, for example, while men are expected to work later into their 60s many will not be healthy enough to do so.

- Teenage pregnancy rates in Staffordshire are similar to England. When compared to CIPFA local authority comparators, Staffordshire has one of the highest rates. Teenage pregnancy rates are particularly high in Chadsmead, Penkside and Summerfield.

- The chlamydia diagnosis rate for 15-24 year olds in Staffordshire (1,646 per 100,000) is lower than average (1,887 per 100,000) and falls below the Public Health England target of at least 2,300 per 100,000 population aged 15-24 years.

- Breastfeeding initiation and prevalence rates at six to eight weeks in Staffordshire remains lower than the England rate.

- Around one in four children aged four to five in Staffordshire have excess weight (overweight or obese) with rates being higher than average. When compared to CIPFA local authority comparators, Staffordshire has one of the highest rates. The prevalence is high in a number of wards across Staffordshire these include; Abbey, Stapenhill, Biddulph South, Caverswall and Churnet. Around a third of children aged 10-11 have excess weight with rates being similar to average but when compared to CIPFA local authority comparators Staffordshire has one of the highest rates. Prevalence is particularly high in a number of

wards and these include: Burton, Cheadle South East, Manifold, Porthill and Silverdale & Parksite.

- During 2014/15 around 1,700 children under 15 were admitted for unintentional and deliberate injuries, with rates higher than England. More work needs to be done to understand the numbers that are directly related to injuries and those that may have been prevented.

- Smoking prevalence for adults in Staffordshire is lower than the national average and performs well compared to its CIPFA local authority comparators. Smoking attributable mortality in Staffordshire is lower than the England average; alcohol-specific mortality for women is however higher than average and when compared to CIPFA local authority comparators Staffordshire has one of the highest rates.

- Around seven in ten adults have excess weight (either obese or overweight) which is higher than the national average. The proportion of people who are obese in Staffordshire is higher than the England average (more than one in four). For both adult excess weight and adult obesity, Staffordshire performs poorly compared to CIPFA local authority comparators.

- Nearly six out of ten Staffordshire adults meet the recommended levels of physical activity, this is similar to the national average. About three out of ten Staffordshire adults are physically inactive, similar to the England average (equating to around 202,200 people).

- There is a higher proportion of residents in Staffordshire with a limiting long-term illness compared to the national average, particularly amongst those aged 65 and over where Staffordshire also performs poorly compared to its CIPFA local authority comparators.

- Emergency admissions rate to hospitals in Staffordshire for acute ambulatory care sensitive conditions is higher than the England average.

- The number of people on depression, diabetes and hypertension registers in Staffordshire is higher than the national average.

- During 2014/15 the rate of hospital admissions caused by self-harm and alcohol were higher than the England averages. For alcohol-related hospital admissions when compared to CIPFA local authority comparators Staffordshire has one of the highest rates.

- Accidental deaths account for around 230 deaths per year in Staffordshire with rates being higher than the England average. Accidental death rates in older people aged 65 and over are also higher than England.

- The proportion of older people in Staffordshire who take up their offer of a seasonal flu vaccine is lower than average; for the pneumococcal vaccine it is also lower than average. When compared to CIPFA local authority comparators Staffordshire has some of the lowest rates.

- End of life care is a concern for Staffordshire with the proportion dying at home or usual place of residence worse (43%) than the national average (46%).

5.4 Feel safer, happier and more supported

- 'Feeling the Difference' is a long-standing, bi-annual, public opinion survey giving our local residents an opportunity to give their views on their area as a place to live, their safety and wellbeing and local public services. The latest round of results reveals that 91% of Staffordshire respondents were satisfied with the area as a place to live.

- Staffordshire has a higher proportion of lone pensioner households compared to the national average and CIPFA local authority comparators. A number of wards have higher proportions of households with lone pensioners in Staffordshire and these include: Biddulph South, Brewood & Coven, Clayton, Codsall North, Stowe and Wombourne South East.

- Based on data from the 2011 Census, more residents in Staffordshire provide unpaid care compared to the England average. This equates to around 98,830 people. In particular, 15% (23,450 people) of residents aged 65 and over provide unpaid care which is higher than the England average of 14%. When compared to CIPFA local authority comparators Staffordshire has some of the highest rates.

- More than one in ten Staffordshire households are living in fuel poverty, similar to the national average.

- The lowest quartile house price in Staffordshire was 6.1 times the lowest quartile income and lower than the England average of 6.5.

- Based on Feeling the Difference Survey, nearly twice as many people are fearful of being a victim of crime (13%) compared with those who have actually experienced crime (7%) in Staffordshire.

- Actual rates of crime and anti-social behaviour in Staffordshire are lower than the national average. Burton, Forebridge and Town are amongst those wards that have a significantly high rate of crime and a significantly high rate of anti-social behaviour. Levels of violent crime in Staffordshire are particularly high in Burton, Castle and Town wards.

6 Staffordshire ward level 'risk' index – to identify areas with the poorest outcomes

Throughout the report we have highlighted examples of the inequalities in quality of life across Staffordshire, with those in more deprived areas consistently experiencing poorer outcomes. For us to achieve our vision for Staffordshire, particularly within the current financial climate, we need to target our efforts towards those who experience the greatest levels of inequality and who demonstrate the highest levels of vulnerability.

A number of indicators have been selected across a range of themes to identify wards with higher levels of need so that resources can be targeted more effectively. The indicators used are:

- Income deprivation affecting older people index, 2015
- Eligibility for Free School Meals, 2016
- Key Stage 4 (5 A*-C incl. English & Maths), 2014/15
- Economic stress (Prevalence) [MOSAIC], 2016
- Out of work benefits, 2015
- Child excess weight (Year 6 or Reception age), 2014/15
- Long-term adult social care users, 2015/16
- Emergency admissions (all ages), 2015/16
- Long term limiting illness (all ages), 2011
- Preventable mortality, 2012-2014
- Lone parent households, 2011
- Lone pensioners, 2011
- Households affected by fuel poverty, 2014
- Rate of total recorded crime, 2015/16
- Anti-social behaviour, 2015/16

Wards were assessed based on how they compared with England for each of the indicators. Wards that **performed worse than the England average:**

- **for none of the indicators (low need)**
- **for one to three of the indicators (medium need)**
- **for four or more indicators (high need)**

The results are shown in Table 1 and Map 1 shows the location of wards on a map.

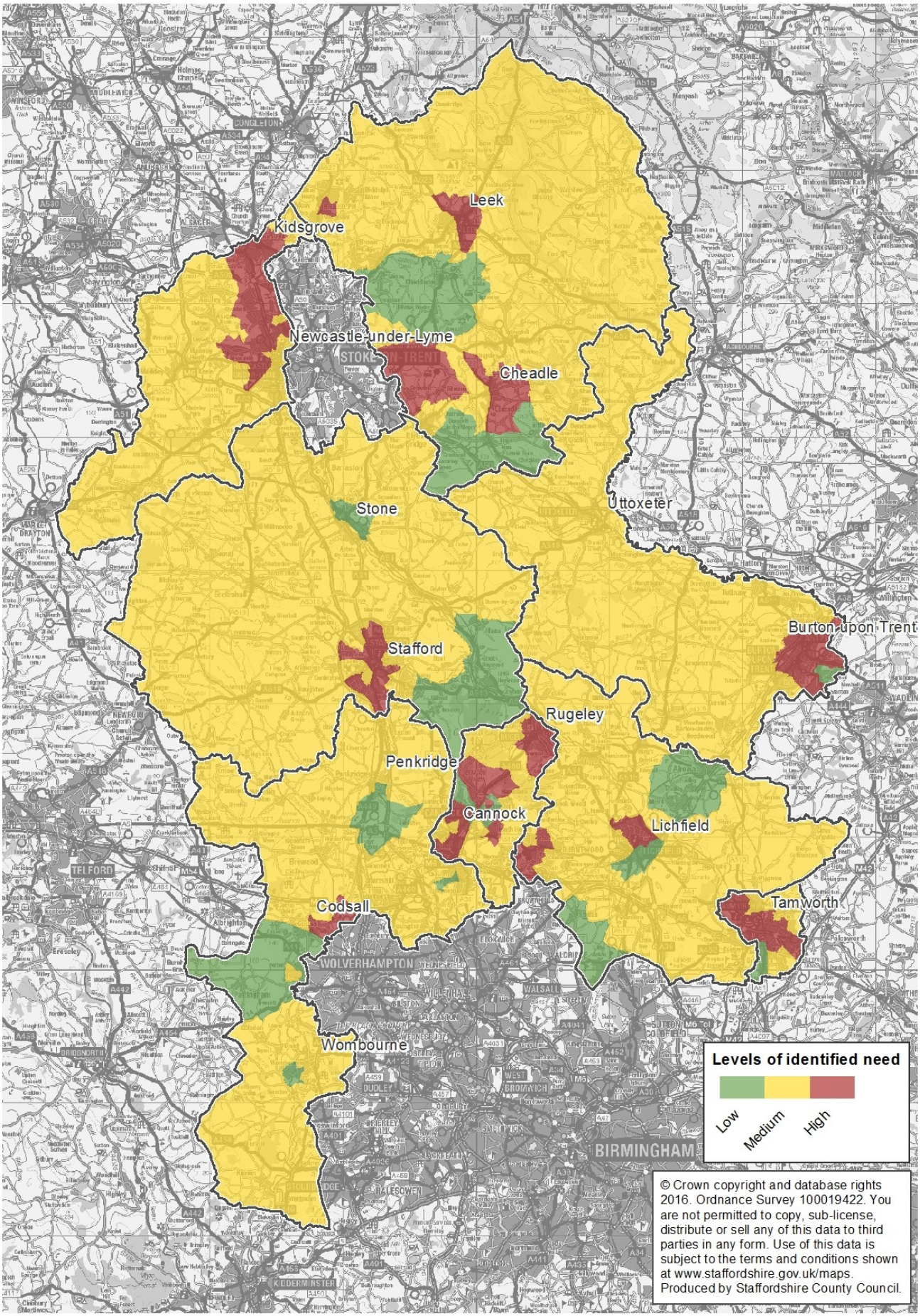
Table 1: Wards that have been categorised as 'High' using the ward level 'risk' index

LA name	Ward name	Older people in poverty	Free school meals	GCSE attainment	Economic stress	Out of work benefits	Excess weight (Reception)	Long-term adult social care users	Emergency admissions	Long term limiting illness	Preventable mortality	Lone parent households	Lone pensioners	Fuel povrty	All crime	Anti-social behaviour	Total indicators performing worse than England	Index
East Staffordshire	Stapenhill	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	13	High
Staffordshire Moorlands	Leek North	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓	13	High
Cannock Chase	Cannock North	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓			✓	12	High
Newcastle-under-Lyme	Cross Heath	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓		✓	12	High
Newcastle-under-Lyme	Knutton and Silverdale	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓		✓	12	High
Newcastle-under-Lyme	Town	✓			✓	✓		✓	✓	✓	✓		✓	✓	✓	✓	11	High
Staffordshire Moorlands	Biddulph East	✓	✓		✓	✓	✓	✓		✓	✓	✓		✓		✓	11	High
Cannock Chase	Cannock East	✓	✓	✓	✓	✓			✓	✓	✓	✓				✓	10	High
East Staffordshire	Eton Park	✓	✓		✓	✓		✓	✓		✓	✓		✓		✓	10	High
East Staffordshire	Horninglow				✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	10	High
East Staffordshire	Shobnall	✓			✓	✓		✓	✓		✓	✓		✓	✓	✓	10	High
Lichfield	Chasetown	✓			✓	✓	✓	✓		✓		✓	✓		✓	✓	10	High
Newcastle-under-Lyme	Holditch	✓	✓		✓	✓		✓	✓	✓		✓		✓		✓	10	High
Cannock Chase	Cannock South	✓			✓	✓	✓	✓		✓			✓		✓	✓	9	High
Stafford	Common	✓			✓	✓		✓	✓	✓				✓	✓	✓	9	High
Tamworth	Glascote	✓	✓		✓	✓			✓	✓	✓	✓				✓	9	High
East Staffordshire	Anglesey	✓		✓	✓			✓	✓			✓		✓		✓	8	High
Newcastle-under-Lyme	Butt Lane		✓		✓	✓				✓		✓	✓	✓		✓	8	High
Stafford	Highfields & Western Downs		✓		✓	✓			✓	✓	✓	✓				✓	8	High
Lichfield	Chadsmead		✓		✓	✓	✓		✓			✓				✓	7	High
Newcastle-under-Lyme	Chesterton	✓			✓	✓			✓	✓		✓				✓	7	High
Newcastle-under-Lyme	Silverdale and Parksite		✓		✓	✓			✓	✓			✓			✓	7	High
Stafford	Forebridge	✓			✓						✓		✓	✓	✓	✓	7	High
Tamworth	Belgrave	✓	✓		✓			✓	✓			✓				✓	7	High
Tamworth	Castle	✓			✓			✓		✓			✓		✓	✓	7	High
Tamworth	Stonydelph	✓		✓	✓				✓		✓	✓				✓	7	High

LA name	Ward name	Older people in poverty	Free school meals	GCSE attainment	Economic stress	Out of work benefits	Excess weight (Reception)	Long-term adult social care users	Emergency admissions	Long term limiting illness	Preventable mortality	Lone parent households	Lone pensioners	Fuel povrty	All crime	Anti-social behaviour	Total indicators performing worse than England	Index
Cannock Chase	Brereton and Ravenhill		✓		✓	✓				✓		✓				✓	6	High
Cannock Chase	Hednesford North	✓		✓	✓	✓				✓						✓	6	High
East Staffordshire	Burton	✓			✓				✓					✓	✓	✓	6	High
East Staffordshire	Winshill				✓				✓	✓		✓		✓		✓	6	High
Lichfield	Stowe							✓	✓	✓			✓		✓	✓	6	High
Newcastle-under-Lyme	Talke		✓	✓		✓			✓	✓						✓	6	High
Tamworth	Bolehall	✓			✓				✓	✓		✓				✓	6	High
Tamworth	Mercian	✓						✓	✓	✓		✓	✓				6	High
Cannock Chase	Hagley				✓	✓	✓		✓	✓							5	High
Lichfield	Boney Hay & Central						✓		✓	✓			✓			✓	5	High
Newcastle-under-Lyme	Kidsgrove						✓		✓	✓		✓				✓	5	High
South Staffordshire	Bilbrook					✓				✓		✓	✓			✓	5	High
Stafford	Coton	✓			✓		✓							✓		✓	5	High
Stafford	Doxey & Castletown		✓		✓	✓						✓				✓	5	High
Staffordshire Moorlands	Cheadle North East				✓	✓	✓	✓		✓							5	High
Staffordshire Moorlands	Leek East							✓		✓			✓	✓		✓	5	High
Cannock Chase	Heath Hayes East and Wimblebury	✓						✓		✓	✓						4	High
Cannock Chase	Western Springs									✓			✓		✓	✓	4	High
Lichfield	Curborough				✓	✓				✓						✓	4	High
Newcastle-under-Lyme	Bradwell							✓	✓	✓						✓	4	High
Newcastle-under-Lyme	Ravenscliffe							✓	✓	✓						✓	4	High
Newcastle-under-Lyme	Thistleberry								✓	✓			✓			✓	4	High
Newcastle-under-Lyme	Wolstanton				✓				✓					✓		✓	4	High
Stafford	Manor					✓				✓			✓			✓	4	High
Stafford	Penkside				✓	✓						✓				✓	4	High
Staffordshire Moorlands	Caverswall						✓			✓				✓		✓	4	High
Staffordshire Moorlands	Cheadle South East						✓	✓		✓			✓				4	High
Staffordshire Moorlands	Churnet						✓			✓			✓	✓			4	High

Compiled by Insight, Planning and Performance Team, Staffordshire County Council

Map 1: Ward level 'risk' index



7 Staffordshire district level indicator matrix

The information in the following district level matrix is mainly benchmarked against England and colour coded using a similar approach to that used in the Public Health Outcomes Framework tool. Please note that ward level matrices can be found in each of the eight district/borough Locality Profiles.

It is important to remember that a green box may still indicate an important problem, for example rates of childhood obesity 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 locality issue and should be considered alongside local knowledge.

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher	Suppressed / not tested / not available

Indicator	Time period	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Population characteristics												
Mid-year population estimate	2015	98,500	116,000	102,700	127,000	110,700	132,500	97,900	77,100	862,600	5,751,000	54,786,300
Percentage under five	2015	5.7% (5,600)	6.3% (7,300)	5.1% (5,200)	5.1% (6,500)	4.5% (5,000)	5.0% (6,600)	4.6% (4,500)	6.1% (4,700)	5.3% (45,300)	6.4% (365,300)	6.3% (3,434,700)
Percentage under 16	2015	18.1% (17,800)	19.3% (22,400)	16.9% (17,400)	16.5% (21,000)	15.5% (17,200)	16.7% (22,100)	16.2% (15,900)	19.5% (15,000)	17.3% (148,800)	19.5% (1,122,400)	19.0% (10,405,100)
Percentage aged 16-64	2015	63.7% (62,800)	62.2% (72,200)	60.1% (61,700)	63.6% (80,800)	61.1% (67,600)	61.8% (81,800)	59.9% (58,600)	63.2% (48,800)	61.9% (534,400)	62.3% (3,582,800)	63.3% (34,669,600)
Percentage aged 65 and over	2015	18.2% (18,000)	18.5% (21,500)	22.9% (23,600)	19.9% (25,300)	23.4% (25,900)	21.6% (28,600)	23.9% (23,400)	17.3% (13,300)	20.8% (179,400)	18.2% (1,045,800)	17.7% (9,711,600)
Percentage aged 85 and over	2015	2.1% (2,100)	2.3% (2,600)	2.6% (2,600)	2.4% (3,100)	2.7% (3,000)	2.7% (3,500)	2.7% (2,600)	1.8% (1,400)	2.4% (21,000)	2.4% (136,600)	2.4% (1,295,300)
Dependency ratio per 100 working age population	2015	57.0	60.7	66.4	57.2	63.7	61.9	67.0	58.1	61.4	60.5	58.0
Dependency ratio of children per 100 working age population	2015	28.4	31.0	28.2	26.0	25.4	27.0	27.1	30.8	27.8	31.3	30.0
Dependency ratio of older people per 100 working age population	2015	28.6	29.7	38.2	31.3	38.2	34.9	39.9	27.3	33.6	29.2	28.0

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher	Suppressed / not tested / not available

Indicator	Time period	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Population change between 2015 and 2025	2015-2025	3.0% (3,000)	5.5% (6,400)	3.9% (4,000)	4.2% (5,300)	3.0% (3,300)	4.0% (5,400)	1.6% (1,600)	1.7% (1,300)	3.5% (30,200)	5.8% (335,200)	7.3% (3,989,600)
Population change between 2015 and 2025 - under five	2015-2025	-4.1% (-200)	-1.2% (-100)	-2.2% (-100)	2.5% (200)	3.1% (200)	0.5% (0)	-2.0% (-100)	-5.8% (-300)	-1.0% (-400)	2.0% (7,200)	2.0% (67,200)
Population change between 2015 and 2025 - under 16s	2015-2025	-1.0% (-200)	4.2% (900)	0.8% (100)	4.5% (900)	5.1% (900)	0.4% (100)	-0.2% (0)	-2.1% (-300)	1.7% (2,500)	6.6% (74,100)	8.2% (848,800)
Population change between 2015 and 2025 - ages 16-64	2015-2025	-1.6% (-1,000)	0.8% (600)	-1.3% (-800)	0.3% (200)	-4.0% (-2,700)	-0.3% (-300)	-4.2% (-2,400)	-4.1% (-2,000)	-1.6% (-8,500)	2.1% (76,900)	3.2% (1,123,600)
Population change between 2015 and 2025 - 65 and over	2015-2025	23.1% (4,200)	22.8% (4,900)	19.8% (4,700)	16.4% (4,100)	20.0% (5,200)	19.4% (5,500)	17.2% (4,000)	27.0% (3,600)	20.2% (36,200)	17.6% (184,200)	20.8% (2,017,200)
Population change between 2015 and 2025 - 85 and over	2015-2025	51.0% (1,100)	41.5% (1,100)	62.7% (1,700)	34.8% (1,100)	58.4% (1,800)	45.0% (1,600)	46.3% (1,300)	58.5% (800)	48.8% (10,400)	36.8% (50,300)	35.5% (460,700)
Proportion of population living in rural areas	2014	9.1% (9,000)	21.8% (25,200)	29.5% (30,200)	20.4% (25,700)	39.8% (44,000)	32.0% (42,300)	30.4% (29,800)	0.0% (0)	24.0% (206,300)	14.7% (841,800)	17.0% (9,260,900)
Proportion of population from minority ethnic groups	2011	3.5% (3,400)	13.8% (15,700)	5.4% (5,400)	6.7% (8,400)	5.4% (5,800)	7.4% (9,700)	2.5% (2,400)	5.0% (3,800)	6.4% (54,700)	20.8% (1,167,500)	20.2% (10,733,200)
Index of multiple deprivation (IMD) 2015 weighted score	2015	20.9	18.8	12.7	18.5	12.5	13.5	15.2	20.3	16.4	25.2	21.8
Percentage in most deprived IMD 2015 quintile	2015	13.7% (13,500)	17.7% (20,400)	3.9% (4,000)	11.2% (14,100)	1.3% (1,500)	5.4% (7,100)	4.6% (4,500)	17.5% (13,500)	9.1% (78,600)	29.3% (1,675,800)	20.2% (10,950,600)
Percentage in second most deprived IMD 2015 quintile	2015	29.8% (29,300)	16.6% (19,200)	10.7% (10,900)	29.1% (36,700)	9.7% (10,800)	12.4% (16,400)	18.1% (17,700)	21.9% (16,900)	18.4% (157,900)	18.6% (1,061,500)	20.5% (11,133,400)
Mosaic profile - most common geodemographic group	2016	H Aspiring Homemakers	L Transient Renters	B Prestige Positions	F Senior Security	E Suburban Stability	A Country Living	A Country Living	H Aspiring Homemakers	H Aspiring Homemakers	H Aspiring Homemakers	H Aspiring Homemakers
Mosaic profile - percentage of population in the most common group	2016	20.7% (20,400)	13.4% (15,500)	16.8% (17,200)	13.0% (16,500)	15.5% (17,200)	15.3% (20,300)	15.8% (15,500)	23.3% (17,900)	12.9% (111,000)	n/a	n/a
Mosaic profile - financial stress	2016	28.7% (28,300)	28.4% (32,700)	22.5% (23,000)	27.5% (34,000)	21.6% (23,600)	24.4% (31,900)	24.5% (23,900)	29.9% (23,200)	25.8% (220,600)	n/a	28.0%
Be able to access more good jobs and feel benefits of economic growth												
Child poverty: children under 16 in low-income families	2015	19.0% (3,400)	16.0% (3,500)	12.6% (2,200)	16.6% (3,500)	11.5% (2,000)	11.4% (2,500)	11.4% (1,800)	19.7% (3,000)	14.7% (22,000)	22.5% (248,200)	19.9% (2,016,100)

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher	Suppressed / not tested / not available

Indicator	Time period	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Child poverty: low income households	2013	17.6% (3,100)	14.7% (3,200)	12.2% (2,000)	16.4% (3,300)	11.6% (1,900)	11.2% (2,300)	11.1% (1,700)	17.9% (2,700)	14.1% (20,200)	21.5% (233,200)	18.6% (1,854,000)
Households with children where there are no adults in employment	2011	4.1% (1,700)	3.4% (1,600)	2.6% (1,100)	3.2% (1,700)	2.3% (1,000)	2.4% (1,300)	2.3% (1,000)	4.7% (1,500)	3.1% (10,900)	4.8% (111,200)	4.2% (922,200)
School readiness (Early Years Foundation Stage)	2015	69.4% (750)	66.1% (970)	72.4% (830)	69.2% (860)	70.9% (790)	73.5% (980)	69.5% (740)	69.0% (660)	70.0% (6,580)	64.3% (45,560)	66.3% (434,280)
Pupil absence (compared to Staffordshire)	2015	4.4%	4.0%	4.2%	4.2%	4.1%	4.2%	4.1%	4.5%	4.3%	4.6%	4.6%
Children with special educational needs	2016	13.7% (1,820)	12.1% (2,350)	11.9% (1,700)	12.9% (1,950)	11.5% (1,540)	11.3% (1,810)	10.7% (1,640)	14.0% (1,560)	12.1% (14,600)	15.3% (135,620)	14.3% (1,133,620)
Children who claim free school meals	2016	12.8% (1,710)	9.5% (1,850)	8.2% (1,170)	12.2% (1,840)	8.1% (1,090)	8.3% (1,320)	8.4% (1,280)	13.5% (1,510)	10.0% (12,010)	16.9% (150,750)	14.3% (1,135,580)
KS2 results - Level 4 or above in reading, writing and mathematics	2015	80.3% (810)	77.4% (1,030)	81.8% (960)	84.8% (1,070)	77.7% (830)	81.5% (1,020)	78.8% (830)	77.6% (680)	80.1% (7,240)	79.0% (50,770)	80.0% (454,980)
GCSE attainment (five or more A*-C GCSEs including English and mathematics)	2015	46.6% (470)	58.5% (850)	60.5% (560)	51.5% (620)	54.7% (650)	59.6% (640)	63.3% (810)	51.5% (430)	56.1% (5,030)	55.1% (33,870)	53.8% (328,760)
Young people not in education, employment or training (NEET) (compared to Staffordshire)	Jul-2016	4.0% (150)	2.2% (90)	2.1% (70)	3.4% (150)	1.9% (80)	2.6% (120)	1.4% (50)	3.8% (110)	2.8% (860)	n/a	n/a
Adults with NVQ level 2 or above (16-64)	2015	67.0% (41,300)	71.8% (50,700)	74.0% (46,100)	72.1% (57,300)	80.8% (53,900)	78.2% (64,100)	69.6% (39,400)	75.8% (37,300)	73.8% (390,100)	67.9% (2,403,300)	73.4% (25,160,400)
Adults with no qualifications (16-64)	2015	8.3% (5,100)	16.4% (11,600)	10.3% (6,400)	9.4% (7,500)	6.7% (4,500)	4.9% (4,000)	9.2% (5,200)	15.2% (7,500)	9.8% (51,800)	13.0% (460,200)	8.4% (2,884,200)
People in employment (aged 16-64)	April 2015 - March 2016	74.8% (47,400)	81.7% (58,800)	79.1% (48,400)	76.9% (61,300)	77.3% (51,300)	74.5% (61,200)	80.4% (46,500)	77.2% (37,600)	77.6% (412,500)	70.4% (2,506,100)	73.9% (25,447,200)
Out-of-work benefits	Nov-2015	8.9% (5,570)	7.1% (5,130)	6.0% (3,680)	8.4% (6,770)	5.8% (3,950)	6.3% (5,120)	6.9% (4,060)	8.3% (4,040)	7.2% (38,320)	9.9% (355,450)	8.6% (2,993,340)
Unemployment (16-64 year olds claiming jobseekers allowance)	Jun-2016	1.1% (680)	0.9% (650)	0.6% (390)	1.1% (870)	1.0% (670)	0.7% (570)	0.7% (410)	0.9% (420)	0.9% (4,650)	2.2% (79,230)	1.7% (590,110)
Youth unemployment (16-24 year olds claiming jobseekers allowance)	Jun-2016	1.4% (150)	1.2% (140)	0.9% (90)	1.2% (200)	1.3% (150)	0.9% (130)	0.8% (80)	0.9% (80)	1.1% (990)	2.4% (16,160)	1.9% (117,970)
Gap in the employment rate between those with a long-term health condition and the overall employment rate	2013/14	13.2%	8.2%	3.7%	8.1%	-0.5%	7.4%	13.7%	43.5%	11.7%	9.6%	8.7%
People with a learning disability who live in stable and appropriate accommodation	2014/15	52.8% (110)	45.3% (110)	45.5% (70)	50.4% (130)	61.8% (110)	55.0% (170)	54.5% (120)	52.5% (70)	52.2% (890)	62.6% (7,510)	73.3% (91,080)
Disability living allowance claimants	Nov-2015	8.8% (5,500)	6.2% (4,450)	6.1% (3,790)	7.5% (6,070)	6.3% (4,260)	5.9% (4,810)	7.4% (4,340)	8.1% (3,950)	7.0% (37,150)	7.5% (267,430)	7.1% (2,467,980)

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher	Suppressed / not tested / not available

Indicator	Time period	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Older people aged 60 and over living in income-deprived households	2015	17.9% (4,010)	13.2% (3,520)	11.1% (3,170)	14.0% (4,400)	12.5% (3,910)	10.0% (3,500)	11.6% (3,360)	18.1% (3,020)	13.1% (28,890)	18.2% (237,020)	16.2% (1,954,600)
Be healthier and more independent												
General fertility rates per 1,000 women aged 15-44	2015	57.6 (1,060)	70.8 (1,450)	54.4 (910)	52.0 (1,240)	52.6 (920)	55.8 (1,230)	52.2 (800)	61.2 (910)	57.1 (8,510)	63.9 (69,810)	62.5 (664,400)
Infant mortality rate per 1,000 live births	2012-2014	4.9 (17)	4.6 (20)	3.8 (11)	5.4 (20)	3.6 (10)	4.8 (18)	3.1 (8)	6.0 (17)	4.6 (121)	5.5 (1,178)	4.0 (8,029)
Smoking in pregnancy	2013/14	11.7% (120)	12.2% (170)	12.9% (100)	14.6% (170)	12.6% (100)	12.6% (140)	14.9% (120)	13.1% (100)	13.0% (1,020)	13.2% (8,850)	12.0% (75,910)
Low birthweight babies - full term babies (under 2,500 grams)	2014	2.5% (30)	2.8% (40)	2.0% (20)	3.1% (40)	1.4% (10)	2.3% (30)	1.7% (10)	1.8% (10)	2.3% (180)	3.4% (2,180)	2.9% (17,230)
Breastfeeding initiation rates	2014/15	66.0% (460)	73.3% (1,020)	76.9% (560)	56.3% (720)	69.1% (510)	69.6% (280)	62.4% (490)	67.7% (650)	67.2% (4,690)	66.8% (44,640)	74.3% (471,560)
Breastfeeding prevalence rates at six to eight weeks	2014/15	26.1% (310)	32.0% (450)	36.8% (280)	39.7% (490)	31.4% (250)	38.0% (430)	40.3% (300)	19.8% (200)	32.8% (2,700)	40.9% (26,820)	43.9% (274,090)
Diphtheria, tetanus, polio, pertussis, haemophilus influenza type b (Hib) at 12 months	2014/15	96.3% (1,180)	94.1% (1,360)	97.2% (750)	97.7% (1,160)	97.4% (850)	97.5% (1,170)	98.5% (790)	96.8% (980)	96.8% (8,230)	94.9% (66,920)	94.2% (624,800)
Measles, mumps and rubella at 24 months	2014/15	95.5% (1,280)	93.3% (1,440)	95.7% (800)	98.8% (1,190)	92.9% (810)	93.8% (1,230)	98.4% (870)	94.8% (1,000)	95.3% (8,620)	93.5% (68,860)	92.3% (638,450)
Measles, mumps and rubella (first and second doses) at five years	2014/15	88.4% (1,090)	90.1% (1,360)	91.8% (770)	96.3% (1,150)	90.1% (780)	90.3% (1,180)	95.7% (900)	93.1% (1,040)	91.8% (8,260)	90.6% (63,990)	88.6% (614,890)
Children aged five with tooth decay	2014/15	9.8%	13.0%	16.7%	25.5%	16.6%	22.2%	21.0%	14.1%	17.8%	23.4%	24.7%
Unplanned hospital admissions due to alcohol-specific conditions (under 18) (rate per 100,000)	2012/13-2014/15	70 (40)	24 (20)	23 (10)	27 (20)	30 (20)	49 (40)	29 (20)	41 (20)	36 (190)	33 (1,230)	37 (12,640)
Excess weight (children aged four to five)	2014/15	29.1% (310)	20.8% (280)	22.7% (210)	21.6% (250)	24.4% (250)	19.8% (230)	24.6% (230)	23.0% (220)	23.1% (1,980)	23.1% (15,380)	21.9% (133,640)
Excess weight (children aged 10-11)	2014/15	34.4% (330)	34.2% (430)	30.7% (290)	37.1% (440)	36.4% (330)	30.8% (330)	32.0% (280)	31.4% (270)	33.5% (2,700)	35.8% (21,590)	33.2% (176,580)
Obesity (children aged four to five)	2014/15	11.3% (120)	9.5% (130)	7.8% (70)	7.4% (90)	10.6% (110)	7.5% (90)	8.5% (80)	9.4% (90)	9.0% (770)	10.2% (6,790)	9.1% (55,450)
Obesity (children aged 10-11)	2014/15	20.1% (190)	19.3% (240)	16.0% (150)	21.9% (260)	21.8% (200)	15.5% (170)	17.3% (150)	17.4% (150)	18.7% (1,510)	21.2% (12,760)	19.1% (101,360)
Under-18 conception rates per 1,000 girls aged 15-17	2014	27.1 (50)	26.7 (50)	24.4 (40)	31.1 (70)	15.7 (30)	24.4 (50)	15.2 (30)	42.0 (60)	25.5 (380)	26.5 (2,730)	22.8 (21,280)

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher	Suppressed / not tested / not available

Indicator	Time period	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Chlamydia diagnosis (15-24 years) (rate per 100,000)	2015	1,821 (220)	1,635 (220)	1,907 (210)	1,408 (260)	1,341 (170)	1,535 (240)	1,409 (150)	2,479 (230)	1,646 (1,690)	1,678 (12,590)	1,887 (129,020)
Hospital admissions caused by unintentional and deliberate injuries in children under 15 (rate per 10,000)	2014/15	152 (260)	110 (230)	113 (180)	87 (170)	92 (150)	180 (370)	101 (150)	125 (180)	121 (1,680)	112 (11,750)	110 (106,040)
Depression prevalence (ages 18+)	2014/15	8.0% (6,100)	6.7% (7,010)	6.7% (5,070)	8.5% (8,900)	5.8% (4,650)	7.2% (7,330)	8.4% (5,990)	9.3% (6,260)	7.5% (51,310)	7.6% (356,620)	7.3% (3,305,360)
Suicides and injuries undetermined (ages 15+) (ASR per 100,000)	2012-2014	8.0 (20)	9.9 (30)	11.1 (30)	11.3 (40)	10.0 (30)	13.9 (50)	11.0 (30)	10.2 (20)	10.8 (230)	10.9 (1,500)	10.6 (14,100)
Self-harm admissions (ASR per 100,000)	2014/15	201 (200)	224 (260)	146 (140)	259 (330)	155 (170)	256 (320)	189 (170)	192 (150)	207 (1,730)	203 (11,710)	191 (105,770)
Learning disabilities prevalence	2014/15	0.5% (480)	0.5% (660)	0.4% (340)	0.4% (520)	0.3% (300)	0.3% (420)	0.4% (370)	0.5% (420)	0.4% (3,500)	0.5% (28,410)	0.4% (252,450)
Limiting long-term illness	2011	20.7% (20,200)	17.7% (20,110)	18.1% (18,270)	20.8% (25,820)	18.7% (20,210)	18.2% (23,830)	21.1% (20,460)	17.9% (13,750)	19.2% (162,650)	19.0% (1,062,060)	17.6% (9,352,590)
Smoking prevalence (18+)	2014	18.3% (14,310)	16.3% (14,820)	13.4% (11,010)	14.9% (15,270)	9.7% (8,800)	12.9% (13,840)	14.3% (11,370)	9.0% (5,380)	13.7% (94,840)	16.9% (754,910)	18.0% (7,687,770)
Smoking attributable mortality (ASR per 100,000)	2012-2014	329 (510)	283 (530)	230 (450)	297 (650)	238 (520)	236 (580)	254 (500)	258 (290)	263 (4,030)	273 (25,390)	275 (238,370)
Alcohol-related admissions (narrow definition) (ASR per 100,000)	2014/15	839 (810)	777 (870)	648 (690)	864 (1,070)	739 (880)	751 (1,020)	653 (660)	623 (450)	740 (6,440)	705 (38,260)	641 (332,860)
Alcohol-specific mortality - men (ASR per 100,000)	2012-2014	16.8 (30)	16.5 (30)	12.8 (20)	20.1 (40)	11.8 (20)	9.1 (20)	16.1 (30)	19.7 (20)	15.0 (190)	19.0 (1,490)	16.1 (12,020)
Alcohol-specific mortality - women (ASR per 100,000)	2012-2014	7.9 (10)	6.6 (10)	11.2 (20)	14.3 (30)	6.4 (10)	7.5 (20)	12.3 (20)	8.1 (10)	9.4 (120)	8.6 (700)	7.4 (5,740)
Adults who are overweight or obese (excess weight)	2012-2014	69.5% (540)	69.0% (620)	66.7% (560)	67.8% (700)	69.6% (640)	68.3% (740)	65.7% (550)	73.8% (440)	68.6% (4,790)	66.6% (29,770)	64.6% (273,900)
Adults who are obese	2012-2014	30.5% (240)	26.3% (240)	24.8% (210)	25.9% (270)	25.3% (230)	25.3% (270)	23.2% (190)	30.1% (180)	26.2% (1,830)	26.1% (11,670)	24.0% (101,740)
Healthy eating - 5-a-Day	2015	46.6% (37,530)	56.9% (53,150)	50.6% (42,810)	52.7% (55,430)	54.4% (50,830)	52.6% (57,910)	58.5% (47,910)	48.2% (29,860)	52.7% (375,120)	48.8% (2,242,510)	52.3% (23,020,990)
Physical activity in adults	2015	46.3% (37,380)	58.2% (54,500)	60.9% (51,920)	50.7% (53,720)	60.1% (56,180)	65.8% (72,630)	60.7% (49,800)	57.2% (35,520)	57.6% (411,480)	55.1% (2,548,890)	57.0% (25,317,270)
Physical inactivity in adults	2015	38.6% (31,190)	27.9% (26,160)	23.5% (20,060)	36.8% (39,050)	24.9% (23,280)	23.4% (25,870)	26.6% (21,850)	23.5% (14,610)	28.3% (202,200)	30.9% (1,429,790)	28.7% (12,717,200)
Acute sexually transmitted infections (rate per 100,000)	2014	713 (700)	654 (760)	511 (520)	483 (610)	473 (520)	571 (760)	445 (440)	554 (430)	550 (4,730)	706 (40,310)	791 (429,440)

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher	Suppressed / not tested / not available

Indicator	Time period	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Seasonal flu - people aged 65 and over	2015/16	69.1% (12,420)	69.0% (16,180)	69.5% (14,590)	71.5% (18,310)	70.1% (15,130)	69.4% (18,910)	68.3% (14,400)	71.9% (11,170)	69.8% (119,440)	70.4% (762,070)	71.0% (7,073,170)
Pneumococcal vaccine in people aged 65 and over	2015/16	64.0% (9,950)	65.8% (14,210)	69.3% (13,020)	65.8% (13,800)	62.8% (12,980)	64.5% (17,420)	69.9% (14,610)	69.0% (7,640)	66.1% (102,020)	69.1% (688,130)	70.1% (6,616,420)
Limiting long-term illness in people aged 65 and over	2011	60.9% (9,230)	51.4% (9,470)	48.2% (9,370)	57.4% (12,500)	49.4% (10,650)	48.5% (11,740)	53.3% (10,450)	55.8% (6,060)	52.6% (79,470)	54.1% (494,380)	51.5% (4,297,930)
Diabetes prevalence (ages 17+)	2014/15	7.1% (5,530)	6.8% (7,170)	6.7% (5,090)	7.1% (7,560)	6.8% (5,450)	6.3% (6,520)	7.5% (5,440)	6.7% (4,600)	6.9% (47,350)	7.3% (346,340)	6.4% (2,913,540)
Hypertension prevalence	2014/15	15.5% (14,840)	13.9% (18,310)	15.6% (14,570)	15.9% (20,300)	17.0% (16,430)	15.6% (19,570)	18.4% (16,060)	13.7% (11,730)	15.6% (131,800)	14.8% (881,680)	13.8% (7,833,780)
Stroke or transient ischaemic attacks prevalence	2014/15	1.9% (1,860)	1.7% (2,220)	1.9% (1,790)	2.3% (3,000)	2.1% (1,990)	2.1% (2,630)	2.5% (2,210)	1.8% (1,530)	2.0% (17,230)	1.8% (108,500)	1.7% (981,840)
Dementia prevalence	2014/15	0.8% (740)	0.8% (1,000)	0.7% (670)	1.0% (1,300)	0.9% (850)	0.8% (990)	0.8% (710)	0.5% (460)	0.8% (6,720)	0.7% (43,300)	0.7% (419,070)
Estimated dementia diagnosis rate (recorded / expected)	2014/15	69.1%	63.8%	54.2%	65.5%	61.0%	59.4%	53.0%	55.8%	60.6%	61.1%	61.2%
Emergency (unplanned) admissions (ASR per 1,000)	2015/16	100 (9,360)	103 (11,700)	93 (9,800)	120 (15,030)	82 (9,440)	99 (13,410)	94 (9,590)	112 (8,010)	100 (86,320)	n/a	104 (5,515,610)
Acute ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2014/15	1,183 (1,140)	1,447 (1,690)	1,241 (1,320)	1,724 (2,190)	1,278 (1,480)	1,177 (1,610)	1,315 (1,360)	1,459 (1,080)	1,354 (11,870)	1,417 (82,500)	1,277 (700,690)
Chronic ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2014/15	691 (690)	923 (1,110)	726 (860)	901 (1,230)	604 (790)	538 (810)	709 (830)	892 (670)	737 (6,980)	861 (50,680)	807 (445,730)
Long-term adult social care users (ASR per 1,000)	2015/16	21 (1,570)	20 (1,860)	17 (1,490)	19 (1,950)	16 (1,600)	19 (2,140)	20 (1,770)	23 (1,220)	19 (13,580)	n/a	21 (889,520)
Permanent admissions to residential and nursing care homes for people aged 65 and over (rate per 100,000)	2014/15	736 (130)	620 (130)	467 (110)	729 (180)	618 (160)	599 (170)	630 (140)	649 (80)	642 (1,130)	657 (6,760)	669 (63,790)
Falls admissions in people aged 65 and over (ASR per 100,000)	2014/15	2,013 (340)	2,310 (490)	1,927 (420)	2,470 (610)	2,038 (490)	2,077 (580)	2,036 (450)	2,392 (290)	2,149 (3,660)	2,130 (22,590)	2,125 (211,520)
Hip fractures in people aged 65 and over (ASR per 100,000)	2014/15	587 (100)	637 (140)	527 (120)	626 (160)	535 (140)	627 (170)	623 (140)	636 (80)	598 (1,030)	594 (6,380)	571 (57,710)
Accidental mortality (ASR per 100,000)	2012-2014	28.7 (80)	34.9 (110)	28.2 (90)	30.5 (110)	22.0 (70)	25.3 (100)	25.5 (80)	33.5 (60)	28.0 (690)	25.7 (4,070)	22.3 (33,590)
Accidental mortality in people aged 65 and over (ASR per 100,000)	2012-2014	100 (50)	120 (70)	106 (70)	98 (70)	82 (60)	90 (70)	89 (60)	138 (40)	100 (480)	83 (2,500)	70 (19,830)
Excess winter mortality	August 2011 to July 2014	20.1% (160)	15.2% (150)	18.6% (170)	21.2% (240)	22.5% (230)	12.7% (150)	21.4% (210)	7.2% (40)	17.8% (1,350)	16.1% (7,750)	15.6% (69,040)

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher	Suppressed / not tested / not available

Indicator	Time period	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Life expectancy at birth - males (years)	2012-2014	79.3	79.3	80.0	78.6	80.5	80.2	80.1	79.3	79.7	78.9	79.5
Life expectancy at birth - females (years)	2012-2014	83.1	82.8	83.6	82.9	83.4	83.6	83.1	82.7	83.2	82.9	83.2
Healthy life expectancy at birth - males (years)	2009-2013	61.1	63.5	65.4	62.2	65.6	65.5	64.1	62.6	63.9	62.2	63.5
Healthy life expectancy at birth - females (years)	2009-2013	62.1	65.3	66.6	63.5	66.3	66.6	65.3	63.0	65.0	63.2	64.8
Inequalities in life expectancy - males (slope index of inequality) (years)	2012-2014	8.1	6.8	6.1	9.1	4.1	5.2	2.8	4.9	6.4	9.2	9.2
Inequalities in life expectancy - females (slope index of inequality) (years)	2012-2014	3.1	7.1	8.8	8.6	6.2	7.9	3.7	7.4	6.4	6.9	7.0
Mortality from causes considered preventable (various ages) (ASR per 100,000)	2012-2014	195 (540)	191 (620)	165 (560)	200 (740)	158 (580)	159 (660)	163 (540)	195 (410)	176 (4,640)	193 (30,190)	183 (267,250)
Under 75 mortality rate from cancer (ASR per 100,000)	2012-2014	140 (360)	146 (440)	118 (380)	136 (460)	138 (470)	125 (470)	127 (390)	145 (280)	133 (3,250)	146 (20,690)	142 (186,420)
Under 75 mortality rate from all cardiovascular diseases (ASR per 100,000)	2012-2014	96 (240)	71 (210)	66 (210)	80 (270)	59 (200)	65 (240)	65 (200)	75 (150)	71 (1,710)	80 (11,220)	76 (99,240)
Under 75 mortality rate from respiratory disease (ASR per 100,000)	2012-2014	29.8 (80)	26.7 (80)	22.8 (70)	39.1 (130)	22.5 (80)	23.6 (90)	30.3 (90)	28.3 (50)	27.7 (670)	34.0 (4,760)	32.6 (42,180)
Under 75 mortality rate from liver disease (ASR per 100,000)	2012-2014	16.9 (40)	14.1 (40)	15.4 (50)	19.7 (70)	15.9 (50)	12.4 (50)	16.7 (50)	18.0 (40)	16.0 (390)	19.2 (2,770)	17.8 (24,190)
Mortality from communicable diseases (ASR per 100,000)	2012-2014	54.7 (130)	55.7 (170)	54.8 (170)	79.0 (270)	51.6 (180)	61.4 (250)	71.4 (220)	64.1 (100)	61.9 (1,500)	62.6 (9,630)	63.2 (91,400)
End of life: proportion dying at home or usual place of residence	2014/15	45.7% (390)	46.4% (470)	46.0% (450)	36.8% (430)	41.8% (450)	45.9% (600)	43.0% (450)	39.3% (240)	43.2% (3,480)	43.3% (22,190)	45.6% (214,410)
Feel safer, happier and more supported												
Lone parent households	2011	10.1% (4,100)	9.7% (4,600)	8.2% (3,400)	9.6% (5,000)	8.3% (3,700)	8.4% (4,700)	8.4% (3,500)	11.6% (3,700)	9.2% (32,600)	11.3% (258,700)	10.6% (2,339,800)
Owner occupied households	2011	69.7% (28,350)	70.1% (33,140)	76.2% (31,400)	69.5% (36,560)	76.3% (33,920)	72.1% (40,160)	80.0% (33,420)	68.7% (21,730)	72.8% (258,670)	65.6% (1,504,320)	64.1% (14,148,780)
Privately rented households	2011	12.1% (4,940)	15.1% (7,150)	9.5% (3,930)	10.5% (5,510)	8.5% (3,770)	12.9% (7,210)	9.8% (4,100)	11.0% (3,480)	11.3% (40,090)	14.0% (321,670)	16.8% (3,715,920)
Socially rented households	2011	16.9% (6,880)	13.5% (6,370)	13.2% (5,450)	18.7% (9,840)	13.9% (6,190)	13.7% (7,620)	8.9% (3,700)	19.3% (6,110)	14.7% (52,150)	19.0% (435,170)	17.7% (3,903,550)

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher	Suppressed / not tested / not available

Indicator	Time period	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Households with no central heating	2011	1.6% (650)	3.9% (1,860)	1.6% (670)	1.8% (960)	1.9% (820)	1.9% (1,060)	2.4% (990)	1.9% (590)	2.1% (7,600)	2.9% (67,170)	2.7% (594,560)
Overcrowded households	2011	3.0% (1,220)	3.1% (1,480)	2.4% (980)	2.7% (1,390)	2.2% (960)	1.9% (1,080)	1.9% (800)	2.7% (850)	2.5% (8,750)	4.5% (102,550)	4.6% (1,024,470)
Fuel poverty	2014	9.1% (3,730)	12.3% (5,880)	9.5% (3,940)	11.3% (5,990)	9.2% (4,150)	11.0% (6,210)	11.5% (4,860)	9.3% (2,970)	10.5% (37,730)	12.1% (279,670)	10.6% (2,379,360)
Housing affordability ratio (ratio of lower quartile house price to lower quartile earnings)	2015	5.6	5.7	7.1	5.2	6.5	6.7	5.5	6.8	6.1	n/a	6.5
Statutory homelessness - homelessness acceptances per 1,000 households	2015/16	0.5 (20)	2.3 (120)	1.6 (70)	0.2 (10)	1.1 (50)	0.9 (50)	1.7 (70)	2.1 (70)	1.2 (450)	3.5 (8,190)	2.5 (57,750)
Access to private transport - households with no cars or vans	2011	20.2% (8,210)	21.4% (10,120)	13.6% (5,590)	22.1% (11,630)	13.2% (5,880)	17.5% (9,740)	14.8% (6,200)	20.6% (6,510)	18.0% (63,890)	24.7% (566,620)	25.8% (5,691,250)
Satisfied with area as a place to live	October 2014 - March 2016	88.0%	88.9%	90.7%	91.5%	91.9%	90.2%	94.7%	88.5%	90.5%	n/a	85.5%
Residents who felt fearful of being a victim of crime (compared to Staffordshire)	October 2014 - March 2016	14.6%	17.0%	16.2%	11.2%	11.3%	9.1%	7.2%	19.4%	13.3%	n/a	n/a
People who have experienced crime (compared to Staffordshire)	October 2014 - March 2016	7.0%	6.5%	9.6%	7.8%	5.8%	6.4%	5.2%	11.2%	7.4%	n/a	n/a
Total recorded crime (rate per 1,000)	2015/16	48.3 (4,760)	50.8 (5,880)	37.7 (3,850)	52.7 (6,640)	35.4 (3,910)	44.3 (5,860)	36.6 (3,580)	57.9 (4,460)	45.3 (38,940)	n/a	66.6 (3,646,580)
Violent crime (rate per 1,000)	2015/16	16.3 (1,610)	16.6 (1,920)	11.8 (1,210)	18.0 (2,270)	10.3 (1,140)	14.1 (1,870)	13.7 (1,340)	19.1 (1,470)	11.5 (12,830)	n/a	17.0 (932,810)
Anti-social behaviour (rate per 1,000)	2015/16	48.0 (4,730)	44.3 (5,130)	34.4 (3,520)	45.3 (5,710)	24.3 (2,690)	36.1 (4,770)	27.9 (2,730)	44.0 (3,390)	29.4 (32,670)	n/a	30.8 (1,685,090)
Alcohol-related crime (compared to Staffordshire) (rate per 1,000)	2015/16	4.1 (410)	3.9 (450)	2.7 (270)	4.4 (550)	2.0 (220)	3.0 (400)	3.0 (290)	4.1 (320)	2.6 (2,910)	n/a	n/a
Domestic abuse (compared to Staffordshire) (rate per 1,000)	2015/16	8.5 (840)	8.0 (920)	6.0 (610)	10.4 (1,310)	5.3 (590)	7.3 (970)	6.7 (650)	10.6 (810)	6.0 (6,700)	n/a	n/a
Sexual offences (rate per 1,000 population)	2015/16	1.5 (150)	1.6 (180)	1.4 (150)	2.2 (270)	1.0 (110)	1.6 (210)	1.4 (140)	1.9 (140)	1.2 (1,350)	n/a	1.8 (99,300)
Re-offending levels (adults)	2013/14	20.8% (150)	19.2% (160)	13.8% (60)	20.4% (160)	16.1% (70)	18.8% (130)	18.8% (90)	23.5% (130)	19.3% (1,890)	24.2% (15,360)	24.2% (88,850)
Re-offending levels (juveniles)	2013/14	35.1% (10)	36.4% (10)	57.9% (10)	45.2% (20)	44.4% (10)	43.1% (20)	40.4% (20)	30.0% (10)	40.5% (360)	35.4% (1,960)	37.2% (11,740)
Lone pensioner households	2011	11.4% (4,640)	12.4% (5,860)	12.2% (5,030)	13.5% (7,120)	13.3% (5,930)	12.8% (7,120)	13.5% (5,640)	10.9% (3,430)	12.6% (44,770)	12.6% (289,570)	12.4% (2,725,600)

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher	Suppressed / not tested / not available

Indicator	Time period	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
Older people feeling safe at night (people aged 65 and over) (compared to Staffordshire)	October 2014 - March 2016	76.0%	66.9%	74.3%	75.6%	72.9%	76.0%	76.9%	81.2%	74.8%	n/a	n/a
Provision of unpaid care	2011	12.1% (11,820)	10.1% (11,470)	11.5% (11,570)	11.9% (14,730)	12.5% (13,540)	11.5% (15,040)	12.9% (12,550)	10.6% (8,120)	11.6% (98,830)	11.0% (614,890)	10.2% (5,430,020)
Provision of unpaid care by people aged 65 and over	2011	16.1% (2,510)	13.3% (2,540)	15.4% (3,110)	15.0% (3,380)	15.3% (3,440)	14.7% (3,710)	15.3% (3,120)	14.8% (1,650)	15.0% (23,450)	14.5% (136,870)	13.8% (1,192,610)

8 How do we perform compared to our statistical neighbours?

Making comparisons with areas that have similar characteristics is a helpful way to understand our population better and helps identify potential areas of improvement for our residents.

The Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbours Model assesses the similarity between authorities, taking a number of variables into account. We have compared key measures against the CIPFA neighbours in this section to give us better information about how we compare and where we need to improve. As well as making a statistical comparison with the CIPFA Neighbour group we also look at how we also look at how we rank within the group. The following is a list of the other local authorities in Staffordshire's CIPFA Neighbour group.

1. Cumbria
2. Derbyshire
3. Essex
4. Gloucestershire
5. Kent
6. Lancashire
7. Leicestershire
8. Lincolnshire
9. Norfolk
10. Northamptonshire
11. Nottinghamshire
12. Somerset
13. Suffolk
14. Warwickshire
15. Worcestershire

Staffordshire compared to England and CIPFA group

Indicator name	Time period	Staffordshire			
		Value	Compared to England	Compared to CIPFA group	CIPFA Group Rank out of 16 (1 is best)
Population characteristics					
Percentage in most deprived IMD 2015 quintile	2015	9% (78,630)	Lower	Lower	Mid-quartile (6/16)
Be able to access more good jobs and feel benefits of economic growth					
Children under 16 in low-income families (IDACI)	2015	15% (22,040)	Lower	Lower	Best quartile (4/16)
School readiness	2014/15	70% (6,580)	Higher	Higher	Best quartile (2/16)
GCSE attainment	2014/15	56% (5,030)	Higher	Similar	Mid-quartile (11/16)
Adults with NVQ level 2 or above (16-64)	Jan-Dec 2015	74% (390,100)	Higher	Higher	Mid-quartile (6/16)
Unemployment (16-64 year olds)	Jun-16	1% (4,650)	Lower	Lower	Best quartile (2/16)
Youth unemployment (16-24 year olds)	Jun-16	1% (990)	Lower	Lower	Best quartile (3/16)
Older people aged 60 and over living in income-deprived households (IDAOPI)	2015	13% (28,890)	Lower	Lower	Mid-quartile (8/16)
Be healthier and more independent					
Infant mortality	2012-2014	5 (120)	Similar	Similar	Worst quartile (15/16)
Excess weight (children aged four to five)	2014/15	23% (1,980)	Higher	Similar	Worst quartile (13/16)
Under-18 conception rates per 1,000 girls aged 15-17	2014	26 (380)	Similar	Higher	Worst quartile (15/16)
Adults who are overweight or obese	2012-2014	69% (487,770)	Higher	Higher	Worst quartile (13/16)
Physical inactivity in adults	2015	28% (202,200)	Similar	Similar	Mid-quartile (10/16)
Limiting long-term illness (65 and over)	2011	53% (79,470)	Higher	Higher	Worst quartile (13/16)
Long-term adult social care users	2015/16	19 (13,580)	Lower	Higher	Worst quartile (14/16)
Permanent admissions to residential and nursing care homes (65 and over)	2014/15	642 (1,130)	Similar	Similar	Mid-quartile (8/16)
Excess winter mortality	2011-2014	18% (1,350)	Similar	Higher	Worst quartile (16/16)
Healthy life expectancy at birth - males (years)	2012-2014	63.6	Similar	n/a	Mid-quartile (9/16)
Healthy life expectancy at birth - females (years)	2012-2014	62.6	Similar	n/a	Mid-quartile (10/16)
Preventable mortality	2012-2014	176 (4,640)	Lower	n/a	Mid-quartile (10/16)
Feel safer, happier and more supported					
Fuel poverty	2014	11% (37,730)	Similar	Higher	Mid-quartile (9/16)
Lone pensioner households	2011	13% (44,770)	Higher	Lower	Best quartile (3/16)
Provision of unpaid care by people aged 65 and over	2011	15% (23,450)	Higher	Higher	Worst quartile (15/16)

Compiled by Insight, Planning and Performance Team, Staffordshire County Council

Topic:	**Developing the Health & Wellbeing Board Agenda** • **Public Debates conversation (Appendix A)**
Date:	**December 2016**
Board Member:	**Alan White & Charles Pidsley**
Authors:	**Jon Topham / Judith Wright / Dave Sugden**
Report Type	**For discussion and decision**

Recommendations

1. That the Staffordshire Health and Wellbeing Board, discuss and endorse the new format described below

Purpose of the Report

2. The report is intended to provide more detail for the Board about the new format agreed at the 8th September meeting.

3. To introduce the initial ideas for a Health & Wellbeing Board Public Debate in the new year

Background

4. The September Board agreed that a shift to a new way of working was necessary

5. It was agreed that the Chairs would prepare a new format based on the following principles:

   a. That we develop and test Health and Wellbeing Board Public Debates in 2017 (see attached report)
   b. That we continue standard Board meetings
   c. That we use Development sessions to engage a bigger group of stakeholders to discuss significant system issues
   d. That we develop a focused work programme that builds upon strategy and policy issues that can be adopted across the Staffordshire partnerships

6. This is in response to a number of clear issues that were raised previously by Board members. The issues were:

   a. Shift to a more public facing role
   b. Maximise the partnership focus, facilitating discussion and consensus on key issues
   c. Guardianship of the Health and Wellbeing Strategy
   d. Having a clear focus on a number of key issues
   e. Adding value by complementing existing strategic work areas across health, care and wider community partnerships

The new format

7. The format of the Health and Wellbeing Board meetings will now change slightly, as follows:

8. There will continue to be 4 public Health and Wellbeing Board meetings, March, June, September and December

    a. We will make them more focused on the workplan and other key business.
    b. A number of items will be dealt with as a virtual agenda, for example Intelligence updates..
    c. Virtual agenda items, can be dealt with on an exception basis at the Board
    d. We will explore the potential for rotating these meetings around the County, whilst aiming to make them easy for members to reach, we could run them in Lichfield, Stafford, Newcastle and East Staffs

9. There will be a minimum of 2 development sessions each year arranged when there is a significant topic that requires broad discussion

    a. Development sessions will be opened up beyond the HWBB members to include other partners and stakeholders
    b. The first development session in the new format was a discussion of the Sustainability and Transformation Plan in November, and it is proposed that a further STP discussion is held, on January 12on the understanding that Sustainability and Transformation Plans are publically available in December.

10. We will trial health and wellbeing debates with the public, with the intention of running 2 public debates per year (see attached report).

    a. A proposed format is attached
    b. The purpose would be to open up the discussion about health and wellbeing and personal responsibility.
    c. The debates would be run in a theatre type venue, e.g. Stafford Gatehouse, the Brewhouse in Burton but will also need to maximise engagement with the public, via media and social media.

Public Debates and a Public Conversation – a proposal

Introduction

1. Staffordshire is facing some key challenges in relation to excess weight and obesity. Whilst national trends in obesity have been flattening out over recent years, the problem remains significant and Staffordshire is performing poorly on both a national scale and in relation to other comparators.

2. Areas of concern include:

    a. Excess weight in 4-5 year olds (especially in East Staffordshire and Staffordshire Moorlands).
    b. Excess weight in adults (in all districts except Lichfield and Staffordshire Moorlands).
    c. Obesity in adults
    d. Physically inactive adults (especially in Newcastle-under-Lyme and Cannock Chase).

3. Evidence suggests that the best way to approach excess weight and obesity is through a whole-system / societal approach

4. A whole system approach will include addressing the obesogenic environment and understanding and optimising public attitudes

5. Support from a wide range of partners, including local people and communities, is critical.

Proposal

6. The Health and Wellbeing Board informs and develops strategic leadership around the obesity agenda, by engaging with the public.

7. An obesity conversation will inform this strategic leadership

8. The conversation will be framed in the context of promoting individual responsibility and exploring how the public sector can support a shift toward increased public responsibility, by recognising structural and attitudinal barriers to change, the opportunity to support self-help (e.g. people helping people, Information, Advice and Guidance) and to optimise the use of existing resource across sectors.

9. **Aim:** To engage in a wider debate with public on the issue of obesity.

10. **Objectives:**

    a. To raise awareness of the key messages around obesity with regard to individual responsibility for health
    b. To create dialogue around tough or controversial questions relating to the obesity agenda

c. To further inform the wider strategic agenda and coordination of activity to tackle obesity

Process

11. A ‘6 month conversation’ with the public between January to June 2017

12. The conversation will include:

    a. Ongoing Media and Social Media contact with the Public
    b. A public debate event in February 2017
    c. A stakeholder event to follow the Public Debate

13. The conversation will explore:

    a. Public perceptions and attitudes
    b. What individuals can do
    c. What support the public needs to tackle obesity
    d. Ongoing Media and Social Media contact with the Public
    e. A public debate event in February 2017
    f. A stakeholder event to follow the Public Debate

14. We will run the first public debate in the new year with a focus on Obesity

15. An information pack will be provided on the day to help inform the debate

16. The Public Debates will be in a debate style, with a speaker for and against a discussion topic that is designed to generate debate. A suggestion for first discussion topic is “Obese people should not receive Healthcare”. Each speaker will have 5 minutes to put their case, then 5 minutes each for each other to come back to the other. This will then be put to the floor in a Question Time format. It is proposed that the debates will last 60 minutes.

17. The debates would be run in a theatre type venue, e.g. Stafford Gatehouse, the Brewhouse in Burton but will also need to maximise engagement with the public, via media and social media.

18. The purpose would be to open up the discussion about health and wellbeing and personal responsibility.

19. Outputs from public debate and the public interactions will inform a multi-agency stakeholder event. The purpose of which, would be to:

    a. Be the culmination of the ‘conversation’.
    b. Share key messages derived from the public
    c. Identify key priorities for Staffordshire to take forward
    d. Seek organisational commitment to tackle Obesity through strategy, policy, commissioning or front line support

Dependencies

20. Communications support

    a. Awareness raising using traditional media (including local radio) around the key messages (post Xmas)
    b. Creating dialogue via social media, (Face book Twitter) and traditional media to lead in to and inform the event(s).

21. All Partners

    a. a commitment from all HWBB partners to support this initiative actively

22. Healthwatch

    a. to engage and support direct Public interaction - A conversation with the public around the Stoke and Staffordshire STP and potential impacts on Health and care services is already in train: http://healthwatchstaffordshire.co.uk/convostaffs-stoke/

Summary

23. The Board is asked to endorse this approach

24. The Board is asked to support actively the development of the Public Conversation and Debate format

25. The Board is asked to comment on this proposal.

Topic:	**Health & Wellbeing Board – Health & Wellbeing Strategies**
Meeting Date:	**8 December 2016**
Board Member:	**Richard Harling**
Author:	**Jon Topham (SCC: Health & Care)**
Report Type:	**For Information**

1. Introduction:

The attached paper is an initial review of the strategies / plans that meet the Board's Living Well Strategy. It raises a number of questions about the Living Well in Staffordshire Strategy and the overall governance of the strategy and its components.

2. Background:

The attached paper is the result of a piece of work undertaken within the Health and Care Directorate, and is a key element of the focused prevention workstream which contributes to Health and Wellbeing Board priorities, the STP, and internal County Council priorities. Notably this work contributes to the following compnents:

- ✓ Securing multi-agency commitment to key strategies and action plans
- ✓ Developing a healthy policy framework to support decision making

3. Key Findings:

The report, outlines the range of strategies and plans that have been reviewed and notes that for some aspects of the Living Well in Staffordshire Strategy there are strong and robust approaches, whilst in other areas there are gaps and areas where more work should be undertaken

Note: The current Living Well Strategy ends in 2018 and the Board will may wish to consider the findings of this report as a prelude to the start of a process to refresh the current Living Well in Staffordshire strategy.

4. Recommendations:

a. Utilising the review methodology adopted by the Board to produce a checklist/framework to ensure any future HWB related strategies are aligned to the priorities and principles of the board.

b. To develop a process for receiving progress reports for all HWB priorities. These should include any plans and strategies that are not directly owned by the HWB.

c. Develop governance arrangements and strategies a whole system approach to reducing excess weight and obesity and In line with the recent CLeaR assessment develop a tobacco control strategy. There maybe

potential for integrating both areas of work into a wider healthy lifestyle strategy.

d. To explore the opportunity to align the role and work of the SASSOT Board alongside the HWB and assess the role that SASSOT may have in providing governance arrangements to deliver a strategic approach to increase participation in physical activity across Staffordshire(similar to the Active Staffordshire initiative).

e. To identify a checklist for falls prevention and asses if current and planned HWB strategies can deliver against the actions.

f. The Board is also asked to consider this report in the wider context of the end of the current Health and Wellbeing Board Strategy and the development of the next strategy

Review of Health and Wellbeing Strategies in Staffordshire

1. Background and context

In 2013 the Staffordshire Health and Wellbeing Board (HWB) developed a five year Health and Wellbeing Strategy and based on the Joint strategic needs assessment identified 12 priority areas for the Board[1].The purpose of this paper is to review the health and wellbeing strategies/plans that have been developed to meet the Board's priorities and to make recommendation for the future.

2. Health and Wellbeing Board priorities

The Health and Wellbeing Board utilised the data from the JSNA and based on a life course approach identified the following 12 priorities as found in the table 1.

Table 1: The Staffordshire Health and Wellbeing Board priorities

Starting Well Giving children the best start	Growing Well Maximizing potential and ability	Living Well Making Good lifestyle choices	Aging Well Sustaining independence, choice and control	Ending Well Ensuring care and support at the end of life
Parenting **School Readiness**	**Education** **NEET** **Children in care**	**Alcohol** **Drugs** **Lifestyle and mental health**	**Dementia** **Prevention of falls** **Frail elderly**	**End of Life**

Source: Living Well in Staffordshire Keeping you well making life better five year plan 2013-2018

There have been a number of strategies and plans developed since 2013 to deliver the above priorities.

3. Approach taken

A mapping exercise was undertaken to identify strategies that are in existence to support delivery of the Boards priorities and discussions were also held with SCC commissioners to understand any governance arrangements in place to monitor delivery of any plans and strategies. For comparison purposes a further mapping exercise was undertaken of health and wellbeing strategies developed by the health and wellbeing boards of statistical neighbouring authorities including Nottinghamshire, Warwickshire and Worcestershire. Due to time constraints a simple process has been followed and as such there has been little opportunity to scrutinise and fully review all relevant strategies/plans. Furthermore, some discussions have taken place with lead commissioners and/or responsible leads within the County Council but not with external partners or leads.

[1] Living Well in Staffordshire Keeping you well making life better five year plan 2013-2018

The Staffordshire Health and Wellbeing Board has designed and used a review methodology for assessing the alignment of plans/strategies against the Health and Wellbeing Strategy (appendix 1). There have been a number of strategies/plans agreed by the Staffordshire Health and Wellbeing Board using this process. This methodology provides a useful framework with a series of prompts for reviewing strategies and plans. It covers four sections including:

- the use of data,
- strategy alignment to the Living Well strategy
- the impact on population health outcomes and reducing health inequalities
- how the plan/strategy will be monitored and evaluated

In addition the health and wellbeing strategies adopted by the health and wellbeing boards of statistical neighbours were also identified and compared (Appendix 3).

4. Summary of findings

Based on the life course approach the findings can be summarised below:

4.1 Starting Well and Growing Well

The Children and Young People partnership developed a Children and Young people Plan covering the period of 2014-2018.The plan covers all five priorities that fall across the first two themes of the life course, starting well and growing well. The Children and Young People Partnership is a sub group of the HWB and has recently been reviewed and revised to become the Staffordshire Families Strategic Partnership Board. This Board is currently updating the Children and Young People's Plan. Whilst not explicit it is anticipated that this new Plan will continue to meet the five HWB priorities related to children and young people.

4.2 Living Well- Making Good lifestyle choices

4.1.1 Drugs and alcohol

The drug and alcohol strategy combines two of the twelve board priorities into one strategy has been in operation since 2013 and is governed through the Alcohol and Drugs Executive Board which is a sub group of the HWB. Using the review methodology the Board reviewed this strategy in 2014 and receives regular progress reports from ADEB.

4.2.2 Lifestyle and Mental Wellbeing

The Board priority links lifestyle and mental wellbeing. To date the Board has agreed/endorsed a number of strategies linked to mental health and include:

- Mental Health Everybody's Business
- Staffordshire Emotional Wellbeing and Mental Health of Children and Young People from birth to 18 Integrated Commissioning Strategy 2014-18
- Saving Lives Staffordshire Suicide Prevention strategy

Governance arrangements are in place for the three above strategies and operate across the Staffordshire and Stoke health economy. Whilst the emphasis for the first two strategies is treatment focused all three do provide a focus on mental wellbeing. The Board does not currently have specific strategies or governance arrangements relating to lifestyle priorities such as obesity, physical activity or smoking/tobacco control.

- In September 2015 the Board did endorse the SCC Healthy Lifestyle Programme which encompasses weight management, physical activity, low levels of alcohol and stopping smoking. However, this is a programme not a strategy and governance is focussed on the performance management arrangements of existing contracts.
- Staffordshire does not currently have a strategy aimed at reducing excess weight/obesity. A tackling obesity report has been prepared at the request of SCCs Health Select Committee. This report makes a number of recommendations including the development of a system wide partnership and strategy to tackle and preventing excess weight in Staffordshire.
- SCC Informal Cabinet agreed to improve physical activity by adopting the Active Staffordshire initiative. This resulted in the development of a SCC internal group and action plan. Implementation of this plan has been limited due to capacity and resource availability. Sport across Staffordshire and Stoke on Trent is the local community sports partnership and unlike other CSPs has extended it's remit to cover physical activity. The SASSOT Board endorsed the Active Staffordshire initiative. Furthermore, in light of the recently updated national sports strategy[2] the SASSOT Board is reviewing it's own vision and strategy to incorporate increasing physical activity.
- Staffordshire has recently worked with Public Health England (PHE) to undertake a CLeaR assessment. CLeaR provides a peer challenge process to assess, review and provide recommendations to develop tobacco control work. One of the key findings of this assessment identified that whilst the are some good examples of tobacco control work in Staffordshire there is no clear tobacco control strategy/plan in place. It therefore recommends the development of a partnership tobacco control strategy.

4.2 Aging Well - sustaining independence, choice and control

A recent review of the Better Care Fund in Staffordshire[3] identified eight strategies or plans across the social care and health economy that supported independence, choice and control for older people. The various plans and strategies provide an emphasis on prevention, self-care and early intervention to keep people well in their communities with the delivery of timely high quality services.

In relation to the HWB priorities there is no evidence that all these plans have been agreed or endorsed by the HWB. There are two dementia plans, one for the

[2] Sporting Future:A New Strategy for an Active Nation https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486622/Sporting_Future_ACCESSIBLE.pdf

[3] Dr SuzanneJones 2016 Staffordshire Better Care Fund: Options Review

North Staffordshire CCG area and the second covering the CCGs within Southern Staffordshire. In addition there is a Staffordshire and Stoke health economy wide strategy aimed at reducing the impact on the frail and elderly[4].

Although there isn't a specific falls prevention strategy or reference to one. the above plans/strategies recognise the need to provide targeted behavioural lifestyle management programmes with a focus on physical activity to support individuals to stay well and independent.

The Director of Public Health Annual Report 2015-16 focussed on healthy ageing[5]. Following the publication of this report a call to action event was held in November 2015. A number of themes emerged from this call to action and there was an expectation that a strategic direction for healthy ageing be developed[6].

4.3 End of Life - Ensuring care and support at the end of life

In April 2013 a Staffordshire and Stoke on Trent Transforming Cancer and End of Life Programme was launched. It is the first programme of its scale and 1 of 25 national NHS Pioneer Sites for integrated health and social care in England. A number of organisations (but not all the CCGs) are involved (Cannock Chase CCG, North Staffordshire CCG, Stafford and Surrounds CCG, Stoke on Trent CCG working with MacMillan Cancer Support, NHS England, Staffordshire County Council, Stoke on Trent City Council, and Public Health England).

The focus of this Board is to appoint a lead organisation to co-ordinate a more seamless care pathway for patients with cancer and a lead organisation to co-ordinate a more seamless care pathway for patients nearing the end of life.

5. Conclusion

There are a number of strategies/plans that have been, reviewed, agreed /or endorsed by the HWB. The Children's Plan provides a comprehensive approach to deliver the two life course themes and the five priorities that relate to children and young people. The Families Partnership provides governance arrangements and is a sub group of the HWB.

There appear to be robust strategies and governance arrangements in place to support elements of the living well theme most notably, alcohol and drugs through ADEB which is a sub group of the HWB. ADEB provides regular updates and reviews to the HWB on the delivery of the alcohol and drugs strategy. Similarly there have been a number of mental health related strategies that also include mental well being agreed by the HWB. Strategies to improve wider lifestyle issues are less developed and although the HWB endorsed the SCC Healthy Lifestyle Programme there is an absence of a partnership strategy or approach to reducing smoking through tobacco control and reducing excess weight and obesity through a whole

[4] Staffordshire Frail Elderly Strategy http://www.vast.org.uk/wp-content/uploads/2014/11/Staffordshire-Frail-Elderly-Care-draft-strategy-v5-Oct-2014.pdf
[5] https://www.staffordshire.gov.uk/health/PublicHealth/Annual-Public-Health-Report-2014.pdf
[6] Denise Vittorino 2015 Draft report of the Healthy Ageing in Staffordshire Call to Action Event Report and recommendations

system approach. There is some evidence of a partnership approach to increase the uptake in physical activity, however this work is in isolation of the HWB.

A recent report concluded that many of the strategies and plans aimed at ageing-well and end of life relate to different organisations and partners, cover different geographical areas and the inter-relationships are not always clear. There is a number of different governance arrangements for these plans and strategies linked to CCG arrangements. For the purpose of this report, it is not clear if these strategies/plans have been adopted, agreed or endorsed by the HWB. Much of the focus for these plans relates to frail elderly and treatment services with the recognition of the need for prevention and early intervention.

This work was undertaken within a short timescale and therefore there are limitations. In particular, much of the information was identified through a desk top exercise and there was less opportunity to verify the detail with relevant commissioners. However, there are a number of HWB priorities, primarily relating to the living well theme that does not have a clear vision or governance arrangements to support the development of a strategic direction.

6. Recommendations

6.1 Utilising the review methodology adopted by the Board to produce a checklist/framework to ensure any future HWB related strategies are aligned to the priorities and principles of the board.

6.2 To develop a process for receiving progress reports for all HWB priorities. These should include any plans and strategies that are not directly owned by the HWB.

6.3 Develop governance arrangements and strategies a whole system approach to reducing excess weight and obesity and In line with the recent CLeaR assessment develop a tobacco control strategy. There maybe potential for integrating both areas of work into a wider healthy lifestyle strategy.

6.4 To explore the opportunity to align the role and work of the SASSOT Board alongside the HWB and assess the role that SASSOT may have in providing governance arrangements to deliver a strategic approach to increase participation in physical activity across Staffordshire(similar to the Active Staffordshire initiative).

6.5 To identify a checklist for falls prevention and asses if current and planned HWB strategies can deliver against the actions.

Appendix 1

Methodology for assessing strategies

Strategy

Date of review

Who is undertaking the review:

Recommendation summary

Evaluation tool

1) Use of evidence ***Prompts:*** ▪ Does the strategy use the evidence made available through the JSNA process? ▪ Has it considered and acted upon the views of local people? ▪ Has it considered the views of local practitioners / providers? ▪ Does the strategy make use of specialist needs assessments conducted for key target groups where relevant? ▪ Does the strategy make use of relevant national learning, benchmarking information and the experience of others with similar challenges? ▪ Does the strategy make use of the knowledge, guidance and evidence-base for relevant interventions? ▪ Is there evidence of partnership working in the development of the strategy? ▪ Does the strategy reflect how individuals / local communities are being engaged collaboratively to find their own solutions to improve local health and wellbeing outcomes? ▪ How well are the contributions of the third sector and community structures reflected in the strategy ▪ Is there evidence of partnership working in the development of the strategy? ▪ Does the strategy reflect how individuals / local communities are being engaged collaboratively to find their own solutions to improve local health and wellbeing outcomes? ▪ How well are the contributions of the third sector and community structures reflected in the strategy?	
Recommendations	

2) Alignment to Living Well strategy / ***Prompts:*** ▪ Does the strategy make reference to the Living Well strategy? ▪ Does the strategy align to the principles and enablers set out in the Living Well strategy? ▪ Does the strategy set out how it will deliver against the health and wellbeing priorities identified in the JSNA / joint health and wellbeing strategy? ▪ If yes which priorities does it address? ▪ To what extent is the balance of existing local service delivery being challenged? ▪ Does the strategy clearly demonstrate and distinguish between primary, secondary and tertiary prevention for key priorities and groups? (think about how strategy will target vulnerability, early intervention for at risk and prevention) ▪ Does the strategy clearly articulate the shift from responsive to preventative interventions? ▪ Does the strategy support local community initiatives to deliver health and wellbeing outcomes?	
Recommendations 1.	
3) Impact on population health outcomes and reducing health inequalities ***Prompts:*** ▪ How ambitious is the strategy? ▪ Does the strategy state explicit outcomes? ▪ If yes to above, is there an explanation of how these local outcomes relate to the national outcome frameworks? ▪ Does the strategy explicitly mention proposals on how it will reduce health inequalities and health inequities? *Include vulnerable groups* ▪ How clearly are health inequalities, and their relationship with other inequalities, understood and explained? ▪ Does the strategy have any adverse impact on health inequalities? ▪ Does the strategy clearly explain how it will work to address the wider determinants of health with other partners? E.g. housing, transport ▪ Does the strategy clearly articulate a shift from block commissioning of service outputs to outcomes for populations?	
Recommendations 1.	

4) Monitoring and evaluation ***Prompts:*** ▪ Does the strategy include how it will monitor progress? ▪ Does the strategy clearly articulate how actions, impacts and cost-effectiveness will be reviewed? ▪ Are the objectives SMART: specific, measurable, accurate, realistic and timely? ▪ Will these support delivery of the HWB strategic outcomes and targets? *(think about scale, population impact, link to the HWB Board's performance outcomes framework)* ▪ Does the strategy include monitoring of public and patient experience *(e.g. through use of "I" statements, patient's experience of whole system integration)* ▪ Is there clear evidence that learning will be shared with the wider health and care economy?	
Recommendations	

5) Effective use of resources / value for money ***Prompts:*** ▪ Is there an appropriate balance and evidence provided of a shift of resources from responsive to preventative interventions? ▪ Is there clear evidence of a timeline for disinvestment from historic provision to preventative interventions? ▪ How well are resources combined and pooled? ▪ Is there clear evidence provided that the strategy has: o exploited all opportunities for collaborative commissioning and pooled arrangements o removed duplication and demonstrated increased alignment across organisations o evidenced effectiveness and efficiencies to the wider Staffordshire Health and Social Care Economy? ▪ Does the strategy make best use of integrating services to make best use of resources? ▪ Does the strategy set out how it will "make every contact counts" to ensure resources are used effectively across the health and wellbeing system?	
Recommendations	

Appendix 2

HWB Priority	Strategy/Plan	Governance arrangements	Comments
Starting Well			
Parenting	Strategy for Children and Young People 2014-2018	Staffordshire Families Strategic Partnership Board Sub group of the Board	This strategy is currently being updated and will continue to focus on the HWB priorities starting well and growing well
Growing Well			
School readiness	Strategy for Children and Young People 2014-2018	Staffordshire Families Strategic Partnership Board Sub group of the Board	This strategy is currently being updated and will continue to focus on the HWB priorities starting well and growing well
Improving educational attainment	Strategy for Children and Young People 2014-2018	Staffordshire Families Strategic Partnership Board	This strategy is currently being updated and will continue to focus on the HWB priorities starting well and growing well
Reducing those not in education, employment and training	Strategy for Children and Young People 2014-2018	Staffordshire Families Strategic Partnership Board	This strategy is currently being updated and will continue to focus on the HWB priorities starting well and growing well
Children in care (safety and reaching full potential)	Strategy for Children and Young People 2014-2018	Staffordshire Families Strategic Partnership Board	This strategy is currently being updated and will continue to focus on the HWB priorities starting well and growing well
Living Well			
Reducing harm from alcohol	Drugs and alcohol strategy	Alcohol and Drugs Executive Board Sub group of the Board	Reviews and updates taken to the Board on a regular basis
Reducing harm from drugs	Drugs and alcohol strategy	Alcohol and Drugs Executive Board	Reviews and updates taken to the Board on a regular basis
Promoting healthy lifestyle and mental wellbeing	Gap area for healthy lifestyles such as smoking and tobacco control, healthy eating and weight management	Healthy lifestyle programme was taken to the Board and the approach endorsed in September 2015	Currently no County based partnership exists with a remit to deliver this agenda.

	Active Staffordshire Action Plan	SCC Internal working group	Opportunities to review the role of SASSOT as the partnership to deliver Active Staffordshire as a Board priority
	Mental Health Everybody's Business (includes mental wellbeing)	Mental Health Commissioning Board	Two groups exist one covering the North and one covering the South
	Staffordshire Emotional Wellbeing and Mental Health of Children and Young People from birth to 18 Integrated Commissioning Strategy 2014-18	CCG and SCC Integrated commissioning group	Confirmation of continued existence required
	Saving Lives Staffordshire Suicide Prevention strategy	Staffordshire and Stoke on Trent Suicide Prevention Group	
Ageing Well			
Dementia	Dementia Plan North Staffordshire CCG		
	Living Well with dementia in South Staffordshire 2013-2016		
Falls prevention	Gap		
Frail elderly - providing good quality personalised care	Staffordshire Frail Elderly Strategy		Health economy wider strategy across Staffordshire and Stoke. No evidence that this has been agreed by the HWB. There appear to be a number of frail elderly pathways described for Staffordshire. For example there is one based on a model proposed by KPMG and another in the Better Care Plan.
	Staffordshire and Stoke on Trent 5 Year Strategic Plan 2014-2019	The 5 year strategic plan was produced by all the Clinical Commissioning Groups	The strategic plan reflects the CCG financial recovery plans. The CCGs committed to collaborative commissioning to ensure joined up commissioning of provider services.
	Staffordshire and Stoke on Trent Health and Care Transformation Programme	Transformation Programme Board and a Collaborative Commissioning Congress was set up to include the six clinical	Established to ensure the long-term sustainability of the Staffordshire health economy and has four main work streams aimed at keeping people, fit and well,

		commissioning groups, Staffordshire County Council, Stoke-on-Trent City Council and an NHS England representative	supporting people who have long-term health conditions to live at home, supporting people who are receiving car and deliver provider transformation
	Staffordshire Better Care Fund Plan	Partnership Board and has joint responsible officers and a small project team. The BCF was incorporated into the Transformation Programme and the receiving care and high risk and independent work stream	
	Care Homes Strategies		NHS North Staffordshire & Stoke-on-Trent Clinical Commissioning Groups Care Homes Strategy was developed by North Staffordshire CCG and Stoke on Trent CCG working with partners. It sets out the direction for the next two years. There is no care home strategy for South Staffordshire
Ending Life			
End of life - cared for well and are in a place of their own choice.	Staffordshire and Stoke on Trent Transforming Cancer and End of Life Programme		Programme Board - Transforming Cancer and End of Life Care has existed across the health economy with a focus on the commissioning of provision for the treatment of cancer and end of life services.

Appendix 3

Comparison of Health and Wellbeing strategies across statistical neighbours

Staffordshire HWB Priority	Staffordshire	Nottinghamshire	Warwickshire	Worcestershire
Starting Well				
Parenting	√	X	√	X
Growing Well				
School readiness	√ Children and Young People Plan	X	√ Children and Young People Plan	√ Children and Young People Plan
Improving educational attainment				
Reducing those not in education, employment and training				
Children in care (safety and reaching full potential)				
	√	√ CAHMS	X	X
Living Well				
Reducing harm from alcohol	√	√	X	X
Reducing harm from drugs	√	√	X	X
Promoting healthy lifestyle and mental wellbeing	√ Mental well being	√	X	√ Mental wellbeing and suicide prevention
	√ suicide prevention	X	X	
	X Tobacco control	√ Tobacco control	X	X
	X Obesity	√ Physical activity	X Obesity	√ Obesity
	X/√ Physical activity	X Physical activity	X Physical activity	√ Physical activity
Ageing Well				
Dementia	√	X	√	√
Falls prevention	X	X	X	X
Frail elderly	√	√	√	√
End of Life				
End of life -	X	X	X	X
Other				
Autism action plan	√ adult strategy	√ All age	√ All age	√ All age
Carers strategy	√	X	√	√

Topic:	**Feedback on Staffordshire Families Strategic Partnership Board**
Meeting Date:	**8 December 2016**
Board Member:	**Helen Riley** **Chair of the Families Strategic Partnership Board (FSPB) and Deputy Chief Executive and Director for Families and Communities, Staffordshire County Council**
Lead Authors:	**Michael Harrison** **Chair of the Families Partnership Executive Group (FPEG) and Commissioner for Families and Safety, Staffordshire County Council** **Glynn Luznyj** **Vice-Chair of the Families Strategic Partnership Board (FSPB) and Director of Prevent and Protect, Staffordshire Fire and Rescue Services**
Contributors:	**Families Strategic Partnership Board** **Families Partnership Executive Group**
Report Type:	**For information and endorse the activity undertaken by the Families Strategic Partnership.**

1. Introduction

1.1. Following the formation of revised children, young people and families partnership arrangements in September 2015, the Families Strategic Partnership Board (FSPB), supported by the Families Partnership Executive Group (FPEG) has made considerable progress in its first year.

1.2. As the first year has involved building the foundation of the partnership to facilitate improved joint working, a formal annual report will not be produced for 2016/17 and a progress update will be provided in this report and this report will act as an annual report. The partnership has focused on building relationships, establishing a strategic direction of travel, establishing sub-groups to drive activity forward and developing key documents such as a strategy, delivery plans and an outcomes framework.

1.3. A formal annual report will be produced for 2017/18, detailing progress against the delivery plan.

2. Recommendation

2.1. That the Health and Wellbeing Board (H&WBB) endorse the Families Strategic Partnership Strategy, 2017/18 Delivery Plan and Outcomes Framework. These documents are key in provide the direction of travel for partners and also support the delivery of the H&WBB Strategy.

2.2. That the H&WBB review the progress of activity undertaken within the Families Strategic Partnership and request further updates in the future. Annual progress reports can be presented the same time as the Staffordshire Safeguarding Children Board (SSCB) if possible in the future, to help ensure that the H&WBB

receive a full update on partnership activity. This will enable the triangulation between the H&WBB, SSCB and FSPB.

2.3. That the H&WBB endorse the proposal of a joined-up placed-based approach to take forward the Children and Families Transformation agenda.

3. Progress Update

3.1. Families Strategic Partnership Strategy

3.1.1. On formation of the Families Strategic Partnership, an existing Children, Young People and Families Strategy was in place but was not owned by the partners. The strategy did not have delivery plans or outcomes frameworks in place to monitor progress. Partners requested the strategy be refreshed to ensure it was fit for purpose.

3.1.2. The strategy has been written by partners in a true collaborative approach. Partners that have contributed to writing the strategy include: Staffordshire Office of the Police and Crime Commissioner, Staffordshire Police, Clinical Commissioning Groups, Staffordshire County Council, Staffordshire Fire and Rescue Services, Staffordshire Council of Voluntary Youth Services (SCVYS) and VAST. The strategy can be viewed on the following webpage: www.staffordshire.gov.uk/fsp

3.1.3. All partners in the Families Strategic Partnership have signed-off the strategy in July 2016 but needed to have the document approved by five Clinical Commissioning Group (CCG) Boards. To date, four have signed-off the document and East Staffordshire CCG Board will meet on 24 November to discuss the strategy.

3.1.4. Staffordshire's Health and Wellbeing Board and Families Strategic Partnership Board have chosen these same priorities as they are important to every person living in Staffordshire:

- Starting Well: every child has the best possible start in life to reduce differences in the quality of people's health and wellbeing in the future
- Growing Well: children and young people are supported to reach their potential so that they can have greater control over their lives
- Living Well: children, young people and adults are supported to make good lifestyle choices.

3.1.5. To support the delivery of the strategy an outcomes framework has been produced to monitor impact. In addition, the strategy will be accompanied by a delivery plan that will be refreshed annually – this is to ensure the partnership is focussed on what it will achieve on an annual basis.

3.1.6. The strategy details that the initial focus of the partnership on is the creation of delivery plans that enable us to:

- Embed effective and systematic early help across Staffordshire in line with the Early Help Strategy and toolkit
- Plan for and commission joint ways of working across organisations
- Drive action to reduce the effects and impact of hidden harm in line with the Hidden Harm Strategy
- Facilitate and help to grow community based support

3.2. **Outcomes Framework and Delivery Plans 2017/18**

3.2.1. The outcomes framework and delivery plan details all delivery milestones for work streams that fall out of the Families Strategic Partnership: Children, young people and families' strategy which are jointly being worked on by partners. The plan details how the strategy can be translated into outcomes and key high level indicators. The plan also plots the integrated work streams against the outcomes; showing which contribute to which strategy goals. Finally, the plan also displays all SCC commissioned programmes (some maybe decommissioned in year) against the strategy goals; this will be populated by partners so that all commissioned programmes can be seen in the round.

3.2.2. The document is in the process of being populated by partners and will be a live document going forward.

3.2.3. A draft copy of the outcomes framework and delivery plan can be found in Appendix A.

3.3. **Aligning Governance Structures**

3.3.1. When the revised partnership arrangements were put in place in September 2015, it was recognised that were a number of existing partnership arrangements with unclear governance structures and duplication of membership in place. The FPEG have been looking at aligning structures on an individual case basis to ensure existing activity are uninterrupted during the changes.

3.3.2. One of the major governance structure changes that has taken place, is to collapse the County BRFC Leadership Group and for the BRFC Project Team to report directly into the FPEG. There will be a review in December 2016 and summer 2017 to ensure the revised governance arrangements are effectively working. The aim is to embed BRFC into the whole Children and Families Transformation Programme and activity is 'business as usual' rather than seen as a separate project.

3.3.3. A Clinical Commissioning Group representative has agreed to be a conduit between the FPEG and Staffordshire Emotional Wellbeing Group to ensure there is an appropriate interface.

3.3.4. Further work needs to take place to align Early Years and Special Educational Needs and Disability.

3.3.5. To ensure there is a streamlined effective governance process in place, the current arrangements are that only one group, the FPEG, report into the FSPB. A number of workstreams report into the FPEG and the FPEG have a key role to place in co-ordinating and aligning activity on behalf of the FSPB. This approach is working well and is enabling true collaborative working.

3.4. Workstream Updates

3.4.1. Early Help

3.4.1.1. In 2015, the SSCB commissioned a multi-agency working group to shape an Early Help Strategy. Once the strategy was finalised in spring 2016 and launched in the summer, the FSPB/FPEG were tasked with implementing the strategy across Staffordshire.

3.4.1.2. The purpose of the Staffordshire Early Help Strategy[1] is to establish a common understanding of Early Help, and ensure everyone can see how their contribution can make a difference to the lives of the children, young people and families. Effective Early Help will support the achievement of the Health and Wellbeing Board's and Family Strategic Partnership's priorities and outcomes for children and young people to start, grow and live well. Acting early to prevent problems getting worse, including in the early years of a child's life, could have a positive impact on the child and their family. Evidence shows Early Help can also reduce the high cost of late intervention so that we can make the best use of our limited, shared resources.

3.4.1.3. A multi-agency Steering Group was established under the FPEG and included a wide range of partners, including: Staffordshire County Council, Probation, Office of the Police and Crime Commissioner, Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP), Primary Schools, SCVYS, Entrust, SSCB representatives and an Early Years provider. The group were tasked to develop an implementation plan to deliver the strategy. To inform the implementation plan, three workshops were facilitated which led to the establishment of the following priorities:

- Change our current culture and explore creative opportunities to promote the strategy;
- Improve workforce planning to provide access to training and development, improve use of common tools and processes and share information appropriately;
- Measure impact and be clear about what good looks like across different ages and stages;
- Value and recognise the wealth of assets in local communities;
- Integrate and strengthen the commissioning and delivery of Early Help across the system;
- Making the most of and understanding that Early Help in the earliest years is particularly important.

[1] Further information in relation to Early Help can be found at: www.staffsscb.org.uk

3.4.1.4. In Staffordshire, we are building on existing initiatives and working practice to ensure Staffordshire has robust and sustainable Early Help offer. For example, there is an existing scheme to train Early Help Champions. To date, the SSCB have trained 76 champions and these champions have trained 937 people.

3.4.1.5. The two case studies below illustrate two Early Help offers that we want to grow in Staffordshire. The first case study focuses on Early Help where thresholds have been met and a formal intervention is put in place; the second case study illustrates how the Early Help offer can be provided much earlier through the voluntary sector.

Case Study (1) – Local Support Team Formal Early Help

Mother and 4 children ages ranging from 13 to 2 years. Original referral to Staffordshire Safeguarding Unit from a London borough which had previously considered taking this case to initial Child Protection conference because of concerns about neglect around children's basic care needs and poor school attendance. Mother moved to this area to be with her friend whom she met online. The family had been missing from services for approximately 7 weeks. Mother has history of alcohol dependency and depression and not taking medication as well as domestic violence. Child Social Work Assessment was undertaken. Mother was engaging well with services and cooperative. Step down to Local Support Teams to continue with interventions and support for mother to access benefits, maintaining the care needs of all of her children (parenting), reduce isolation and for school attendance.

Case Study (2) – Earliest Help: Personal and Social Development Through Participation Opportunities

IL was recruited by SCVYS to take part in the National Citizenship Service "Summer of a Lifetime" programme in 2012. Initially, IL was extremely shy, lacking in confidence and exhibited low self-esteem which reflected in her communications with peers and adults. Children and young people who experience a lack of confidence and low self-esteem can potentially go on to have a negative image of themselves, find it difficult to develop and maintain friendships, and may avoid new opportunities. This can often result in the development of further complex behaviours, attributes and circumstances which will impact upon the health and wellbeing of the young person. After successfully completing the 6 week programme, it was apparent that IL confidence levels and self-esteem had grown significantly.

IL completed her college course with the top marks possible and started an apprenticeship. On completing her apprenticeship in 2016, gaining a range of outdoor education and leadership qualifications in water sports along the way, IL joined Entrust as an activity leader at Chasewater. She has almost completed her Gold Duke of Edinburgh Award and continues to volunteer at SCVYS events.

IL commented *"I would encourage anyone to go for opportunities that present themselves. It has been a fantastic journey, making new friends, developing many skills and building my confidence along the way, which really helped me with college, apprenticeship and now employment in a job I enjoy. It is thanks to SCVYS that opportunities opened up and I've enjoyed and benefitted from everything I have been involved in."*

IL is just one example of the thousands of young people who through positive activities and opportunities provided by the local voluntary sector begin to maximise their potential in life by building personal resilience and responsibility.

Progress To Date

3.4.1.6. Six workstreams have been established to support the delivery of the implementation plan, each focusing on one of the Early Help Strategy Priorities. This governance structure and multi-agency approach will actively facilitate and lead the delivery of outputs and outcomes in 2017/2018 and beyond.

3.4.1.7. The Early Help Strategy was launched in Staffordshire, supported by a multi-agency campaign across the Families Strategic Partnership and the resources and materials produced to support the campaign are continuing to be utilised across the partnership to raise awareness of Early Help in Staffordshire.

Next Steps

3.4.1.8. Over the next three years the Early Help Steering Group will be seeking to deliver the following outcomes:

- Strong, honest, accountable partnerships.
- Positive organisational cultures that support Early Help (embedded principles and practice).
- Early Help is recognised as a positive brand which makes a real difference to people's lives.
- All children are healthy, happy, meet educational milestones and are safe and participate.
- Families seeking help are supported by the organisation they present to.
- Branded training – single training programme for all partners and public – train the trainers approach
- Appropriately skilled and capable people (workforce - staff and volunteers)
- Information is shared proactively and responsibly to aid early help.
- Data sharing protocols agreed to proactively approach families who have risk factors.
- Consistent leadership across all agencies in relation to early help.
- Resilient individuals and families.
- Lower demand in higher tier services.
- Resourceful communities who are self-supportive and can resolve low level issues.
- People know their communities and understand the partnership landscape (who contributes what and where?).
- Sustainable community organisations and initiatives which are valued for their contribution.
- Strong universal services.
- An increased number of people being supported to volunteer both formally and informally.
- Increased resources/social capital brought into Staffordshire through successful funding/joint funding bids.

- Breaking negative cycles in families and / or communities.
- Effective joint commissioning.
- An increased number of sustainable VCSE organisations are created and operating.
- Good start in life.

3.4.2. Integrated Commissioning

3.4.2.1. Families Integrated Commissioning Group (FICG) has been established to:

- develop a coordinated approach to commissioning for children, young people, their families and carers (referred to hereafter as families) in Staffordshire;
- synchronise strategic planning and implementation;
- optimise resources; and
- improve outcomes for children and families.

3.4.2.2. Meetings are well attended with at least one representative from each organisation (Staffordshire County Council, Stoke-on-Trent City Council, Clinical Commissioning Groups, Public Health and the Office of the Police and Crime Commissioner) attending meetings. Trust and relationship building is growing within the partnership and the appetite for developing aligned and integrated approaches is increasing.

Progress to Date

3.4.2.3. A draft commissioning timeline is being developed for current and future external contracts by Staffordshire County Council, Stoke-on-Trent City Council and the Office of the Police and Crime Commissioner. The CCG contracts are commissioned on a yearly basis. The commissioning timeline will promote greater opportunities to jointly commission in the future, reduce duplication and the sharing of learning across organisations.

3.4.2.4. Various models of contracting and use of legal instruments to help the joint commissioning arrangements are being investigated. Potential integrated commissioning mechanisms to fit various commissioning circumstances are currently being explored to enable a streamlined approach, build on good practice and reduce duplication where possible.

3.4.2.5. The work has been aligned by partners around community capacity development and New Economics Foundation (NEF). It is expected that this approach will be integrated into ongoing commissioning design work. The emphasis on systems leadership, commissioning, capacity building and evidence and evaluation are all areas that have a good fit with the integrated commissioning agenda. There is further work to do to explore district and local level plans and currently the focus is on a city and countywide approach.

3.4.2.6. A ‘forward plan’ approach is being developed whereby we share our upcoming commissioning reviews/retenders/new tenders and share approaches where we can seek external funding for shared ambitions (a recent example is the funding being made available through central government for Place of Safety funding for

children detained under S136 of Mental health Act). However, there are still challenges, e.g. around the different ways organisations commission.

3.4.2.7. FICG's relationship with other groups has been reviewed and there is an awareness of links with other transformation activities carried out by partners such as early help, intelligence and community capacity development.

3.4.2.8. There are currently six phase 1 areas of commissioning that are being used to look at opportunities to commission on a multi-agency basis:

- **Domestic Abuse** – A Domestic Abuse Needs Assessment has been completed and a joint draft strategy developed. A service specification will be developed based on the needs assessment and consultation findings. New services will commence on 1st June 2017.
- **Child Sexual Exploitation and Missing Children** – The joint service specification and performance management framework are currently being finalised in preparation for advertisement at the end of November 2016. The new service start date is 1st September 2017.
- **CAMHS/Emotional Wellbeing** – An Eating Disorder service is now in place and there is additional capacity at Tiers 2 and 3. Intensive Outreach has commenced in the south and is currently deferred in the North. Options are being explored for joint commissioning of Tier 2, as the current framework expires on 30th April 2017 (with opportunities for call-offs prior to the end date to continue provision).
- **Healthy Child Programme** – Staffordshire County Council's commissioning of the integrated 0-19 Children and Young People's Health and Wellbeing Programme will commence in April 2018.
- **Special Educational Needs & Disability and All Age Disability** – An 18 month project plan is being finalised. The next phase will be to move to developing a locally focussed prototype in order to develop new, multi-agency ways of working and configuring assessment, planning and support arrangements.
- **Transforming Care** – Work to map current placements for adults in the Transforming Care cohort, including detail on level of need, and mapping of desired destinations has been completed so that market development work can commence to ensure the needs of each client are met so that the patient transfers can start to be planned. Agreements on financial transfers and dowry's to ensure the funding follows the client are to be finalised.

3.4.2.9. These contracts are being commissioned in a variety of ways with varying levels of joint or integrated arrangements across the commissioning cycle. The lessons learnt from these commissioning activities, together with best practise, will inform the integrated commissioning mechanisms and any toolkits developed.

3.4.2.10. The GOSPA (Goals, Objectives, Strategy, Plans and Actions) business planning approach promotes strategic planning and aligned implementation. It has been utilised to consolidate our work to date.

3.4.2.11. The following Task and Finish Groups have been established to:

- Develop a series of options for integrated commissioning mechanisms (such as procurement and contract management), by exploring benefits and risks to inform future commissioning activity.

- A toolkit to support integrated commissioning is recommended to support best practice across organisations and continues to be explored (including co-production and co-design).

- Consider the Children, Young People and Families Strategy to identify possible integrated commissioning intentions.

3.4.2.12. The group will continue to build relationships, share learning and develop and implement opportunities for greater joint and integrated commissioning in order to promote positive outcomes for children, young people and families, prevent and tackle root causes of issues and promote value for money.

Next Steps

3.4.2.13. FICG is holding a workshop on 24 November 2016 to develop a clear commissioning plan, accompanied by a delivery plan, for 2017/18 and beyond. This plan will articulate the partnership commissioning intentions along with a prospectus of all commissioning activity.

3.4.3. <u>Hidden Harm</u>

3.4.3.1. On 19 August 2016, 25 partners across Staffordshire, including Stoke City Council attended a workshop to discuss what we mean by Hidden Harm and how we can take this agenda forward. There were honest conversations taking place within the workshop and a genuine appetite for partnership working to take this agenda forward.

3.4.3.2. During the discussion it was agreed that pan Staffordshire, we agree that Hidden Harm is wider than drug misuse. The proposed definition is: "*Children and young people experiencing a level of harm because of the presence of parental substance misuse, poor mental health and/or domestic abuse within the family". (where substance misuse covers both drugs and alcohol)*

3.4.3.3. There was a strong appetite in the workshop to not only work together as partners on this agenda but also align the work we are doing on domestic abuse, parental mental health and parental substance misuse. It was recognised that there are many overlaps with the support offered and more often than not, services are supporting one symptom when all three may be present.

3.4.3.4. In order to build on the discussions following the August 2016 workshop, a multi-agency meeting will be established and report into the FPEG and Local Strategic Partnership Board to discuss how we can take the Hidden Harm agenda forward. The group will be responsible for producing the strategy and developing a robust action plan to deliver the Hidden Harm agenda. Key deliverables are:

- Gathering local intelligence information about Hidden Harm

- Undertaking a mapping exercise of existing resources and identifying any gaps.
- Produce a multi-agency action implementation plan that will be monitored and review to ensure we are clear the difference we are making.

3.4.4. Voices of Children, Young People and Families

3.4.5. Discussions are currently underway to ensure the voices of children, young people and families are heard within the Families Strategic Partnership and responded to in a timely manner with appropriate feedback. Key activities taking place over the next few months include:

- SCVYS, SCC Consultation and Engagement Team and Entrust, to revisit the Children and Young People's Survey from 2013, and seek to run it again during Autumn 2016 providing some representative broad overview of views from children and young people on a range of relevant subjects.
- SCVYS are in the process of re-instigating the UK Youth Parliament election process in Staffordshire. Following the election in January/February 2017, 4 UK Youth Parliament (UKYP) members and 4 Deputies representing Double Districts within the County will be elected. The UKYP Members will support and influence existing youth engagement opportunities to ensure they are listening to their constituents and able to represent them to a wider audience.

3.4.6. In addition, it is recognised that a number of existing youth engagement opportunities are already in place and there is an opportunity is to encourage greater collaboration and sharing of information with the Families Strategic Partnership. An exercise will be undertaken Examples of youth engagement opportunities within Staffordshire are:

- OPCC Youth Commission (Leaders Unlocked)
- Youth Healthwatch
- CAMHS Transformation (YESS)
- UpRising – Democratic engagement (North Staffs YMCA)
- VOICE Project – (Looked after Children, etc.)
- SCVYS - District and County youth engagement events
- School Councils
- Individual organisation youth engagement mechanisms

3.4.7. Further work is required to identify where the views of parents are being gathered to ensure they are heard within the Families Strategic Partnership. In order to develop a strategic direction of travel, the following activities will take place:

- Development of a Families Strategic Partnership Consultation & Engagement Strategy (2016 – 2019).
- Development of a high level Families Strategic Partnership Consultation & Engagement Delivery Plan (2016 – 2019).
- Develop and deliver a Families Strategic Partnership Consultation which focuses on directly informing the delivery of the Families Strategic Partnership and Children & Families Transformation Programme.

- Create a multi-agency working sub-group (SCC, Health, Police, Fire, Probation, OPCC, SCVYS, etc.) to oversee and support the above approach.

3.4.8. On completion of the above activities, the FSPB (supported by the FPEG) will review progress and identify further actions for continuous improvement of engagement with children, young people and families as well as inform activity commissioned and provided by the wider Families Strategic Partnership.

4. Children and Families Transformation Programme

4.1. In March 2016, the H&WBB received an overview of the Transformation Programme.

4.2. On 12 July 2016, the FSPB and FPEG attended a workshop to discuss aligning transformation in Staffordshire on the children, young people and families agenda. Partners received presentations from the Police, County Council and Health on their major transformation programmes and the Fire and Rescue Service provided an overview of the services they provide. Following the presentations, partners discussed common themes and key activity that could be taken forward by the FPEG with the intention of improving outcomes for children and families.

4.3. After listening to the conversations during the workshop, the following key themes were identified:

- **Integrated/Collaborative Working** - Propose opportunities for integrated working for both delivery and commissioning. Areas where we could integrate services better to manage demand include: tackling alcohol and substance misuse, mental health and obesity. Identify opportunities to work together more effectively to make better use of the public finances and deliver improved outcomes. A change in culture will be required to adopt a more integrated working environment.

- **Intelligence-Led** - Identify opportunities to use data and information more effectively so activity and commissioning are intelligence-led and as effective as possible. This will enable our resources to be targeted where they can effectively address need and make the greatest difference. In addition, we need to identify ways to equip staff across the partnership to have more relevant information so that they are able to make better decisions in a timely manner that will result in improved outcomes. On the ground, we will see parties proactively sharing information and adopting a problem-solving approach which addresses root causes and focuses on keeping people out of the system where appropriate.

- **Demand Management** - Propose opportunities where we can effectively manage our demand (particularly to higher cost services). Consider the role of schools, communities and voluntary sector and how conversations can be streamlined, for example, having one conversation with schools that address a number of issues across the partnership. Demand management will focus on: prevention and early intervention, system leadership to prevent demand

shunting; reducing/eliminating duplication; empowering communities to do more and be more independent; and shifting resources across the partnership to focus on early intervention, early help and prevention but ensuring there is a clear referral process should any safeguarding concern arise.

- **Culture Change** – Cultural change is explicit in delivering the activity detailed above (integrated/collaborative working; intelligence-led; demand management) and will be achieved through practical activity.

4.4. An opportunity exists to design a joined up place-based approach that builds on initiatives and resources at a locality level as well as developing ways that enable the workforce across the partnership and communities to work better together to address the four key themes identified within the workshop.

4.5. A multi-agency joined up place-based approach will build on local intelligence and enable resources to be tailored based on nuances of the local areas. We want to adhere to set principles of joint working that will remain the same regardless of future changes to individual organisation's structures and finances. We want to move away from a 'referral culture' and encourage professionals to work together to intervene earlier and prevent (where applicable) cases escalating to higher tier services. We want to further explore how we can:

- Stimulate alternatives to our interventions that still help prevent demand escalating, but avoids the need for professional intervention (where possible) in the future. For example, looking at the role of families/communities, voluntary and community sector and universal services.
- Find ways of addressing root causes and triggers for families entering the system.

4.6. This offer involves working with Newcastle-under-Lyme Borough Council and Tamworth Borough Council in order to begin place-based activity as part of Children and Families Transformation Phase 1. Locations have been identified based on complex demand in these areas. There are opportunities to build on the District/Borough children and families transformation multi-agency pilots (see Appendix B). In addition, there are opportunities to involve ongoing children and families transformation initiatives, for example:

- Developing simplified information, advice and guidance (IAG) process that not only provides advice about where to go for help, it also provides self-help information.
- Intelligence sharing.
- Integrated commissioning.
- Building on the success of Building Resilient Families and Communities (BRFC) that has demonstrated excellent partnership working and a framework for how we could work with families in the future.
- Accelerate implement of Early Help and look for appropriate alternative provision of support for families (for example, the voluntary and community sector).

4.7. Based on recent partnership discussions and emerging national learning, the following design principles are offered as a starting point that may assist partners working together on a place-based approach:

1. **Quality** – we want to get our interventions right first time, commission based on evidence, monitor rigorously for impact on sustainable outcomes, co-produce services, and stop doing things that do not work.

2. **Efficiency** – we will increase productivity, be more rigorous in applying commercial thinking to commissioning and markets, co-design services, performance manage against outcomes, and develop early help that is more cost effective across the system.

3. **Integration** – we will improve collaboration and aim to integrate services around our users where this makes sense for them, joining up processes, adopting the same thresholds, removing duplication between partners, and co-producing with families and the community. In addition, we will aim to connect transformation programmes across Staffordshire.

4. **Early help** – we will predictively target Staffordshire resources to families that will need help in the future, and we will reduce demand to expensive statutory services by drawing on community, universal and digital resources:

    a. **Community** – Signs of Safety practice will encourage community support in all interventions, we will promote volunteering to increase community resilience, and help families to help themselves.
    b. **Universal** – we will support universal staff in GPs, children's centres, early years settings, schools, post-16 education, pharmacies, the voluntary sector and businesses to give more early help at the point of access, before referring to specialists.
    c. **Digital** – we will significantly increase the digital help that is accessed online, including guidance for young people, parents and carers and professionals, and new digital service delivery.

4.8. Discussions are currently underway with partners on how we can take forward a place-based approach and join up systems leadership. A key outcome of these discussions is to reduce demand (where appropriate) by tackling long-standing issues in families and families entrenched in the system (e.g. long-term unemployment). Through effective collaborative working, a reduction in demand is expected across the whole system, for example: health, police, etc. In addition, children, young people and families will have improved outcomes which will also have a positive impact on society in general as well as the communities they reside in.

4.9. There is a real opportunity for partners to work cohesively across the system to delivery sustainable outcomes for children, young people and families.

4.10. A local approach can often deliver better and sustainable outcomes utilising local resources. The place-based approach is wider than public sector organisations, it

is about adopting a ‘people helping people’ approach and the voluntary sector have a key role in driving this agenda forward.

4.11. This approach will bring together all the elements that the Families Strategic Partnership is focusing on, for example: Integrated Commissioning, Early Help and embedding the voices of children, young people and families in the work we do.

4.12. Further work needs to be undertaken to understand the current resources to ensure they are appropriately allocated and delivering the right outcomes.

4.13. As discussions progress, the FSPB will provide updates to the H&WBB accordingly.

Delivery plan for Staffordshire's Children, Young People and Families Strategy 2016-2026.

Children, Young people and Families Strategy

At all stages in their lives we want Staffordshire's children and young people to lead the best life possible. We want to see children and young people who are:

1. **Happy and healthy**
2. **Feel safe and belong**
3. **Achieve and contribute**

Our Vision

To get what we want for Staffordshire's children and young people, we have a clear vision where:

Families and communities have the strength, skills and knowledge they need to ensure their children and young people are healthy, happy, safe and achieve their potential

Our priorities

To get what we want for Staffordshire's children and young people, we need children and young people who are supported to start, grow and live well.

Staffordshire's Health and Wellbeing Board and Families Strategic Partnership Board have chosen these same priorities as they are important to every person living in Staffordshire:

1. **Starting Well**: every child has the best possible start in life to reduce differences in the quality of people's health and wellbeing in the future
2. **Growing Well**: children and young people are supported to reach their potential so that they can have greater control over their lives
3. **Living Well**: children, young people and adults are supported to make good lifestyle choices.

The different layers of the model are described below:

	What?	Who for?
Resilient and self-supported families and communities	Families and communities support themselves and are resourceful and resilient.	The community
Skilled & Supportive Communities	Communities have the skills and knowledge on how to access resources/support when a family needs additional help. Communities are integrated, sustainable and resilient and help each other.	All children, young people and families and the people they interact with in their community
Community & Services Working Together	An environment where communities and services work together to find solutions and support children, young people and their families.	• Children and Families where there is a risk of escalation • Children and Families where issues have occurred • Children and Families de-escalated from targeted support • Localities that are struggling (with multiple risk factors)
Multi-agency service responses	An environment that identifies and engages promptly with children, young people and their families in need of support to enable them to maintain an independent family life. A 'whole system' partnership approach that considers the whole family. Robust information sharing and professionals working more effectively and efficiently together to support families.	• Children and Families where there is a risk of escalation • Children and Families where multiple issues have occurred • Children Families de-escalated from the statutory services • Localities that have long term, ingrained challenges
Statutory Service responses	An environment where vulnerable children, young people and their families are supported for the right time by the right services, in order to return, where possible and appropriate, to independent family life as quickly as possible. It is also about maintaining family life through access to skilled and supportive communities and communities and services working together even when statutory services become involved, it isn't an 'either/or' option.	Covers children, young people and families in the statutory parts of the social care (Children in Need – S17 Children Act 1989 definition; LAC; safeguarding; adoption), mental health, SEND (a proportion of) and YOS systems and partners statutory responses for vulnerable people (e.g. Police, Housing, DWP)

Section I –Work streams of delivery across partners

NO	Actions	Outcomes:	Accountable Lead:	Delivery Lead:	Key Milestones
EH 1. Early Help	With regards to understanding, sources and utilisation of early help with partners and the community. Change our current culture and explore creative opportunities to promote the strategy	• Strong, honest, accountable partnerships. • Positive organisational cultures that support Early Help (embedded principles and practice). • Early Help is recognised as a positive brand which makes a real difference to people's lives. • All children are healthy, happy, meet educational milestones and are safe and participate. • Families seeking help are supported by the organisation they present to.	Phil Pusey	Phil Pusey	Mid-Year Review: February 2017 End of Year Review: September 2017 Mid-Year Review: February 2018 End of Year Review: September 2018 Mid-Year Review: February 2019 End of Year Review: September 2019

NO	Actions	Outcomes:	Accountable Lead:	Delivery Lead:	Key Milestones
EH 2. Early Help	Around early help delivery, Improve Workforce planning to: Provide access to training and development; Improve use of common tools and processes; Share information appropriately.	• Branded training – single training programme for all partners and public – train the trainers approach • Appropriately skilled and capable people (workforce - staff and volunteers) • Information is shared proactively and responsibly to aid early help • Data sharing protocols agreed to proactively approach families who have risk factors. • Consistent leadership across all agencies in relation to early help.	Phil Pusey	Jennie Hammond	Mid-Year Review: February 2017 End of Year Review: September 2017 Mid-Year Review: February 2018 End of Year Review: September 2018 Mid-Year Review: February 2019 End of Year Review: September 2019
EH 3. Early Help	Around the impact of implementing early help. Measure impact and be clear about what good looks like across different ages and stages.	• Resilient individuals and families. • Lower demand in higher tier services.	Phil Pusey	Wayne Mortiboys	Mid-Year Review: February 2017 End of Year Review: September 2017 Mid-Year Review: February 2018 End of Year Review:

NO	Actions	Outcomes:	Accountable Lead:	Delivery Lead:	Key Milestones
					September 2018 Mid-Year Review: February 2019 End of Year Review: September 2019
EH 4. Early Help	Early help already in the community: Value and recognise the wealth of assets in local communities	• Resourceful communities who are self-supportive and can resolve low level issues. • People know their communities and understand the partnership landscape (who contributes what and where?). • Sustainable community organisations and initiatives which are valued for their contribution. • Strong universal services. • An increased number of people being supported to volunteer both formally and informally. • Increased resources/social capital brought into Staffordshire through successful funding/joint funding	Phil Pusey	Claire John	Mid-Year Review: February 2017 End of Year Review: September 2017 Mid-Year Review: February 2018 End of Year Review: September 2018 Mid-Year Review: February 2019 End of Year Review: September 2019

NO	Actions	Outcomes:	Accountable Lead:	Delivery Lead:	Key Milestones
		bids.			
EH 5. Early Help	With regards to early help work, Integrate and strengthen the commissioning and delivery of early help across the system	• Breaking negative cycles in families and / or communities. • Effective joint commissioning. • An increased number of sustainable VCSE organisations are created and operating.	Phil Pusey	Denise Tolson	Mid-Year Review: February 2017 End of Year Review: September 2017 Mid-Year Review: February 2018 End of Year Review: September 2018 Mid-Year Review: February 2019 End of Year Review: September 2019
EH 6. Early Help:	With regards to embedding early help. Making the most of and understanding that Early Help in the earliest years is particularly important.	• Good start in life.	Phil Pusey	Natasha Moody	Mid-Year Review: February 2017 End of Year Review: September 2017 Mid-Year Review: February 2018 End of Year Review:

NO	Actions	Outcomes:	Accountable Lead:	Delivery Lead:	Key Milestones
					September 2018 Mid-Year Review: February 2019 End of Year Review: September 2019
BRFC 1. Building Resilient Families and Communities	Ensuring that we enhance development of ICT solution to enable the identification of appropriate families for BRFC programme.	• To identify and provide an intervention based on the Troubled Families principles to 4680 families.	Barbara Hine	Stephen Morgan	End of Year Review – March 2020
BRFC 2. Building Resilient Families and Communities	Within the BRFC programme, embed intelligence led, evidence based practice within Case Management	• To achieve significant sustained progress with 4680 families evidenced by the BRFC Outcome Plan.	Barbara Hine	TBC	End of Year Review – March 2020
BRFC 3 Building Resilient Families and Communities	Within the BRFC programme, redesign of the Accreditation Scheme in line with the increased target set by DCLG.(Early help workforce/ training soon to be embedded within this work)	• Continue to work with the voluntary and community sector to develop capacity to provide key work intervention for 500 families per year. Development of Quality Standards.	Barbara Hine	Narinder Reehal / Phil Pusey	End of Year Review – March 2017
BFRC 4. Building Resilient Families and Communities	To deliver BRFC training opportunities across partners to enhance core principles and behaviours of family working are shared and understood	• To enhance the workforce development plan to develop capabilities within the workforce. Frontline staff have a clear understanding of the impact of their	Barbara Hine	Pam Dhanda / Kate Sharratt	End of Year Review – March 2017

NO	Actions	Outcomes:	Accountable Lead:	Delivery Lead:	Key Milestones
	across agencies.	work			
BRFC 5. Building Resilient Families and Communities	evidencing the utilisation of BRFC programme reduces demand for reactive services	• Work with partners using the Transformation Maturity Model to embed BRFC into core business	Barbara Hine	Barbara Hine	End of Year Review – March 2020
HH 1. Hidden Harm	To design the strategic vision for Hidden Harm in Staffordshire	•	Vonni Gordon	Vonni Gordon	January 2017
HH 2. Hidden Harm	To develop an implementation plan to take the Hidden Harm agenda forward	•	Vonni Gordon	Vonni Gordon	February 2017
ICG 1. Integrated Commissioning group	The Operational Development GOSPA Approach to integrated commissioning. completed	•	Denise Tolson	Caroline Quaife	January 2017
ICG 2. Integrated Commissioning Group	Integrated commissioning mechanisms and toolkit completed	•	Denise Tolson	Kath Frain	February 2017
ICG 3. Integrated Commissioning Group	Integrated commissioning mechanisms and toolkit rollout	•	Denise Tolson	Denise Tolson	Summer 2017
ICG 4. Integrated Commissioning Group	Develop Integrated Commissioning intentions	•	Denise Tolson	Denise Tolson	TBC
CYP&F Voices 1.	Development of strategy and delivery plan for the delivery of	•	Phil Pusey		December 2016

NO	Actions	Outcomes:	Accountable Lead:	Delivery Lead:	Key Milestones
	consultation on CYP&F				
CYP&F Voices 2.	Roll out children, young people and families consultation	•	Phil Pusey		Workshop in December Work plan in Jan Complete March 2017
CYP&F Voices 3.	Establish a multi-agency sub-group to take forward the children, young people and families voices	•	Phil Pusey		June 2017
CYP&F Voices 4.	Undertake an annual review	•	Phil Pusey		September 2017
JSNA 1. Joint Strategic Needs Assessment	Develop a Joint strategic Needs Assessment for Children's Services	• Develop a robust needs assessment that includes data, analysis and the voices of children, young people and families and will inform commissioning and provider decision-making. • Information will be used by partners in the Families Strategic Partnership Board and Families Partnership Executive Group.	Kate Waterhouse	Rachel Caswell	
CC-1 Community Capacity	Place based approach: A place-based approach will build on local intelligence and enable resources to be tailored based on nuances of the local areas. We want to move away from a 'referral culture' and encourage professionals to work together to intervene earlier and	• Developing simplified information, advice and guidance (IAG) process that not only provides advice about where to go for help, it also provides self-help information. • Intelligence sharing. • Integrated commissioning. • Building on the success of Building Resilient Families and Communities (BRFC) that has demonstrated	Mick Harrison		

NO	Actions	Outcomes:	Accountable Lead:	Delivery Lead:	Key Milestones
	prevent (where applicable) cases escalating to higher tier services. This offer involves working with two Districts (conversations to be held with Districts) in order to begin place-based activity as part of Children and Families	excellent partnership working and a framework for how we could work with families in the future. • Accelerate implement of Early Help and look for appropriate alternative provision of support for families (for example, the voluntary and community sector).			
CC-2 Community Capacity	Define, identify and Increase the availability of Community capacity in Staffordshire. Evidence its capacity.	• Develop community capacity and resilience in the community.	Janene Cox	Ian Wykes	
Office of the Police and Crime Commissioner (OPCC) **Work plan**	Currently collating the police and crime plan. This will include a 4 year forward plan – with milestones and outcomes. Work streams include (but not exclusive to) Public confidence – community engagement and comms. Early intervention Offending Victims and witnesses	• TBC	Jennie Hammond		January 2017
Fire and Rescue Service	Accident reduction Fire safety Targeting Smoking Alcohol in	• Reduction in accidents a percentage reduction. • Reduction in number of fires	Glynn Luznyj		TBC once 2017 plan is released.

NO	Actions	Outcomes:	Accountable Lead:	Delivery Lead:	Key Milestones
	adolescents Education programmes working with school and groups of children's Interventions services and cadets, Prince's Trust and groups. New plan for 2017-20	• Further outcomes to be confirmed			

Section II – Translating Strategy to Outcomes

Outcomes and Indicators				
No.	**Strategic Outcome**	**Description of outcome**	**Contributing outcomes**	**Overarching Indicators (draft)**
1.1	**Happy and Healthy**	All Children and young people are resilient, happy and healthy making choices that support wellbeing.	Children, young people and their families are in good physical, mental and emotional health	Life Expectancy at birth (leading causes of death) (CCG + HWBB)
				Excess weight in 10-11 year olds (Year 6) (CCG + HWBB)
				Smoking prevalence in 15 year olds (CCG + HWBB)
				Number and Rate of hospital admissions due to self harm (CCG)
				Number and rate of Tooth decay in children aged 5
				Number of Children with mental health problems (CCG)
				Low birth weight of term babies (CCG)
				A child who has been identified as needing early help – Children identified as having social, emotional & mental health problems (BRFC)
			To make positive life choices and have a sense of control over ones life	Number and Rate of under 18 conceptions
				Number and rate of Alcohol-specific hospital stays (under 18) (CCG)
				Suicide rates in young people

1.2	**Feel safe and belong**	All children and young people feel safe in their community and at home, are safeguarded from harm and have a sense of belonging, form friendships and are part of a stable family unit	Families look after their children well	A child who has been assessed as needing early help – Repeat referrals to Children's Social Care (BRFC)
				Number/rate of children in need, On CPP, on LAC, Children in care
				Hospital admissions caused by unintentional and deliberate injuries in children (aged under five)
			Communities are safe places to live. Free from environmental and personal harm. E.g. homes, roads. Whereby children and young people are good to others in the community.	Living in an area of high crime and/or anti-social behaviour (OPCC)
				Young people (aged 0-17 years) making repeat calls to Police by aggrieved or perpetrator (BRFC and OPCC)
				Feeling safe in your community - feel the difference survey (SCC and OPCC)
				Killed and seriously injured on the roads (Fire service)
				Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)
				Victims of Crime (OPCC)
				A child (aged 0-18 years) who has received an anti-social behaviour intervention (or equivalent) in the last 12 months(BRFC and OPCC)
				First Time entrants to the Youth Justice System aged 10 -17 (BRFC and OPCC)

				Number of adults who has received an anti-social behaviour intervention (or equivalent) in the last 12 months (BRFC AND OPCC)
				Number of children (aged 10-18 years) who has been convicted of a proven offence in the previous 12 months (BRFC AND OPCC)
			Resilient individuals and community, strong family units, good self esteem and worth	Number of YP who Sign up to the police mentoring programme (OPCC)
				Number and rate of CYP who experience Bullying
			Accessible, empowered community groups, support networks with respect for the individual, family and community	(No indicators as of yet)
1.3	**Achieve and contribute**	All Children and young people achieve their potential including a good education and employment and are supported to make a positive contribution to communities.	Families understand & can receive help to support developmental milestones of children	School Readiness
				Pupil Absence/ attendance
			Children and young people achieve their educational milestones and potential	GCSEs achieved 5 A*-C
				Key stage achievement
				Ofsted standards of schools and settings including prepared for SEN
			Children and Yong people have access to further education and Jobs	16-18 year olds not in education or training

Section III – Work streams against outcomes

Contract/SLA/Agreement (may have ceased)	Happy and Healthy		Safe and Belong				Achieves and Contributes		
	CYPF are in good physical, mental and emotional health	CYP make positive life choices and have a sense of control over ones life	Families look after their children well	Communities are safe places to live.	Resilient CYPF, strong family units, good self esteem and worth	Accessible, empowered community groups, support networks.	Families can receive support developmental milestones of children	CYP achieve their educational milestones and potential	CYP have access to further education and Jobs
Integrated Commissioning Sub-Group (Lead - Denise Tolson)	X	X	X	X	X	X	X	X	
Early Help Steering Group (Lead - Phil Pusey / Jennie Hammond)	X		X		X	X			
Hidden Harm (Lead - Denise Tolson)			X	X	X		X		
Building Resilient Families and Communities Project Team (Lead Barbara Hine)	X		X	X	X	X		X	
Community Based Approach - existing meeting (Lead Phil Pusey)	X		X	X	X	X		X	
Not Started - Children, Young People and Families Engagement Forum (Lead Phil Pusey)	X			X	X	X			
OPCC: Public confidence –			X	X	X	X			

community engagement and communications..									
OPCC: Offending				X	X				
OPCC: Early intervention			X	X	X	X			
OPCC: Victims and witnesses				X	X	X			
OPCC: Transformation Work- The bigger redesign around business planning which has an impact on the delivery of CYPF.									
Fire Service: Accident reduction				X	X	X			
Fire Service: Fire safety				X	X	X			
Fire Service: Targeting Smoking/Alcohol in adolescents	X	X							
Fire Service: Education programmes working with school and groups of children's	X	X		X	X	X			

Section IV – Services/agreements against outcomes (not enough detail to allocate to specific outcomes)

Contract/SLA/Agreement (may have been decommissioned/ ceased)	Happy and Healthy		Safe and Belong				Achieves and Contributes		
	CYPF are in good physical, mental and emotional health	CYP make positive life choices and have a sense of control over ones life	Families look after their children well	Communities are safe places to live.	Resilient CYPF, strong family units, good self esteem and worth	Accessible, empowered community groups, support networks.	Families can receive support developmental milestones of children	CYP achieve their educational milestones and potential	CYP have access to further education and Jobs
Emotional Wellbeing Service		x							
ICES (Integrated Community Equipment Services)		x							
Short Breaks Service		x							
FNP RIPPLEZ		x							
5-19 Child Health and Wellbeing Programme (School Nurses)		x							
0-5 Children's Services (Public Health) (Health Visiting)		x							
FNP SSOTP		x							
Children's Advocacy Service		x							
Mediation Service for Children and Young People		x							
Independent Mental Capacity Advocate Service		x							

Children & Young People's Commissioning Service Specification for Child Sexual Exploitation and Missing Children and Young People Pilot	x		
Oral Health Contract	x		
Young People's Specialist Structured treatment service	x		
The Provision of a Mental Health and Therapeutic Support Service for Lot 1: Young People engaged with Staffordshire Youth Offending Service. Lot 2: The Intensive Fostering Programme	x		
Tier 2 Emotional Wellbeing Services Framework (CAMHS Training)	x		
Through care Services in North of Staffordshire	x		
Tier 2 Emotional Wellbeing Services - Annual Call Off from Framework Agreement	x		
The Provision of a Mental Health and Therapeutic Support Service	x		
Early Years Coordination Service	x		
Tier 2 Emotional Wellbeing Services - Annual Call Off from Framework Agreement	x		
Early Years Coordination Service	x		
Children's Advocacy Service	x		
Mediation Service for Children and Young People	x		
Tier 2 Emotional Wellbeing Services - Framework Agreement	x		

Online Counselling	x		
Lot 2 - Family Support	x		
Lot 3 - Learning & Development	x		
Early Years Coordination Service	x		
Independent Person for Secure Accommodation Reviews	x		
Direct Payment Support Service	x		
Carers Hub	x		
Children's Placements for Independent Futures	x		
Adult and Young Carers Support Services in North Staffs	x		
Adult and Young Carers Support Services in South Staffs	x		
Integrated Sexual Health Service for Stoke-on-Trent and North Staffordshire	x		
Entrust Early Years	x		
STAFFORDSHIRE YOUNG PEOPLE'S SERVICE	x		
FIP Key worker Contract		x	
Targeted Parenting Programmes		x	
Young Perpertators Programme		x	
Supporting People Grant Agreement - Floating Support for Offenders and those at risk of offending		x	
Supporting People Grant Agreement - Domestic Abuse support services		x	
Independent Sexual Violence Advisor Service (ISVAs)		x	
Domestic Abuse Perpetrator Programme		x	
Ex-offender Housing Related		x	

Support			
Support to Resilient Fostering Programme		x	
Fostering Network Advice and mediation		x	
Adoption Assessments		x	
Assessment units		x	
Fostering Network Membership		x	
West Midlands Sub-Regional Supported Accommodation Framework (nov 2012 to Nov 2016)		x	
West Midlands Regional Residential Framework (Nov 2014 to Nov 2017)		x	
West Midlands Foster Care Framework Contract		x	
DIPs		x	
FIP		x	
BRFC AS0001		x	
Stafford FIP Capacity		x	
South Staffordshire FIP Capacity		x	
District Children's and Young People's Board			x
Income maximisation/ reduce debt			x
Loxley Hall Transition Post 16			x
Key Learning Centres			x
PDSS			x
Corner Post Education Centre			x
Special Education Needs Advisory Service (part of the Entrust Service Delivery Agreement)			x
Education Inclusion Partnerships (part of the Entrust Service Delivery Agreement)			x

Elective Home Education Service (part of the Entrust Service Delivery Agreement)			x
The Haven School			x
Special School Enteral Feeding			x
Special Education Needs Support Service (part of the Entrust Service Delivery Agreement)			x
Behaviour, Health & Wellbeing (part of the Entrust Service Delivery Agreement)			x
Minority Ethnic Achievement Service (part of the Entrust Service Delivery Agreement)			x
Primary Behaviour Support			x
Community Support Service (Aiming High programme)			x
Parent Participation Service			x
Libraries Letterbox Delivery SLA			x
Wider Family Learning			x
Familiy English Maths and Language (FEML)			x
Staffordshire Health Educator Project			x
Careers Information, Advice & Guidance (part of the Entrust Service Delivery Agreement)			x
Leaving Care Support Service incorporating the statutory Independent Visitor Service			x
Governor Services (part of the Entrust Service Delivery Agreement)			x
Curriculum Development & Support (part of the Entrust Service Delivery Agreement)			x

School Intervention & Support (part of the Entrust Service Delivery Agreement)			x
Debt Benefit and consumer information and Advice Services			x
OPCC Diversionary activities Space Princes trust LAC project	X	x	x
Fire Service Safety town Crucial crew Princes Trust Space	x	x	x
TOTAL	38	21	27

Appendix B: Overview of Children and Families Transformation Programme Pilot Proposals

District	Summary of Pilot Proposal
Cannock: Chadsmoor & Western Springs Community Family Intervention Service	A coordinated community led universal and Tier 2 family intervention. Referrals will be received from partners and other agreed referral/vulnerability identification processes. The Pilot will support: children and families to utilise universal services and build resilience; children and families when issues arise to prevent escalation to Tier 3 services; an exit strategy for those families de-escalating from Tier 3. The service will support a minimum of 150 families presenting root cause indicators.
East Staffs: Shobnall Community Hub	The pilot will strengthen community assets in Shobnall Ward, developing hubs that bring together VCS and statutory services to provide an accessible 'touch point' for families. The hub(s) will offer a programme of activity tailored to local needs, as articulated by residents. This includes early identification of families in need; developing new ways of working with communities to promote engagement and build capacity e.g. peer support models and volunteer programmes. It will also utilise these approaches to deliver an early years pilot to improve school readiness.
Lichfield: Community managed family centres in Burntwood	Development of community-based solutions to support families with babies / pre-school-age children, where there are known lower level risk factors & potential for earlier and less formalised intervention to have a significant longer term impact. Pilot in conjunction with Spark Community Interest Company (CIC) and Burntwood Childcare Hub (virtual). Development of a single virtual front door, partnership integration, community delivered activities, data capture of participation and outcomes, & technology development, VCS funding bid capacity development and development of a "how to" guide for others interested in setting up community managed family centres.
Moorlands: Children and Family Approach	The pilot will focus on the Leek North area and has three elements: (i) Early intervention & prevention using BRFC techniques involving key work interventions with 4 schools and nurseries by a commissioned provider, (ii) Further expansion of Room 21 model within the community, families and rest of the school cluster and (iii) development of a food co-operative as part of building more comprehensive community resilience linking to a wider local offer (e.g. work clubs, adult education).
Newcastle: Information Sharing and Girls Empower-ment	Two pilots will be delivered in Newcastle, providing preventative, Early Help and targeted support to young people at risk or victims of Child Sexual Exploitation (CSE) ('Girls Empowerment Project') and exploring the potential for a local intelligence hub. The Girls Empowerment pilot will build on an existing project by promoting positive, preventative activities, 1:1 and group work. The information sharing pilot will assess the viability of a local intelligence hub, explore development of a pathway for partners in dealing with early concerns and will support the shared information requirements of the Girls Empowerment Project.
Stafford & South Staffs: Multi Agency Centre +	Pilot is designed to reduce high end demand through providing early multi-agency support mechanisms in schools linked with community resources, capacity building and development which supports children and families at the earliest stages and helps to identify early support requirements, building on BRFC, Goodlife South Staffordshire, SHARPS, and Safer Schools Initiatives, leading to skilled and supported communities.
Tamworth: MAC Family & School Partnership Programme	The pilot has a three-phased approach: (i) Multi Agency Centre (MAC) development; MAC provision in academy setting, includes pastoral staff support to coordinate the MAC and attending agencies. (ii) Emotional health support; Enhancing the skills and capabilities of professionals to support children and young people experiencing Tier 2 (mild/moderate) difficulties with their emotional health and wellbeing. (iii) Targeted family support (BRFC principles); commissioning a Tier 2 family support service for identified families.

Topic:	**Pharmaceutical Needs Assessment – Supplementary Statement**
Meeting Date:	**8 December 2016**
Board Member:	**Richard Harling**
Author:	**Staffordshire Observatory** **Speaker Andrew Pickard (Pharmacy Advisor - NHS England)**
Report Type:	**For Information**

1. Introduction:

The Health & Wellbeing Board has a statutory duty to update the Pharmaceutical Needs Assessment (PNA). This report updates the Board on changes since the last full PNA was produced

2. Background:

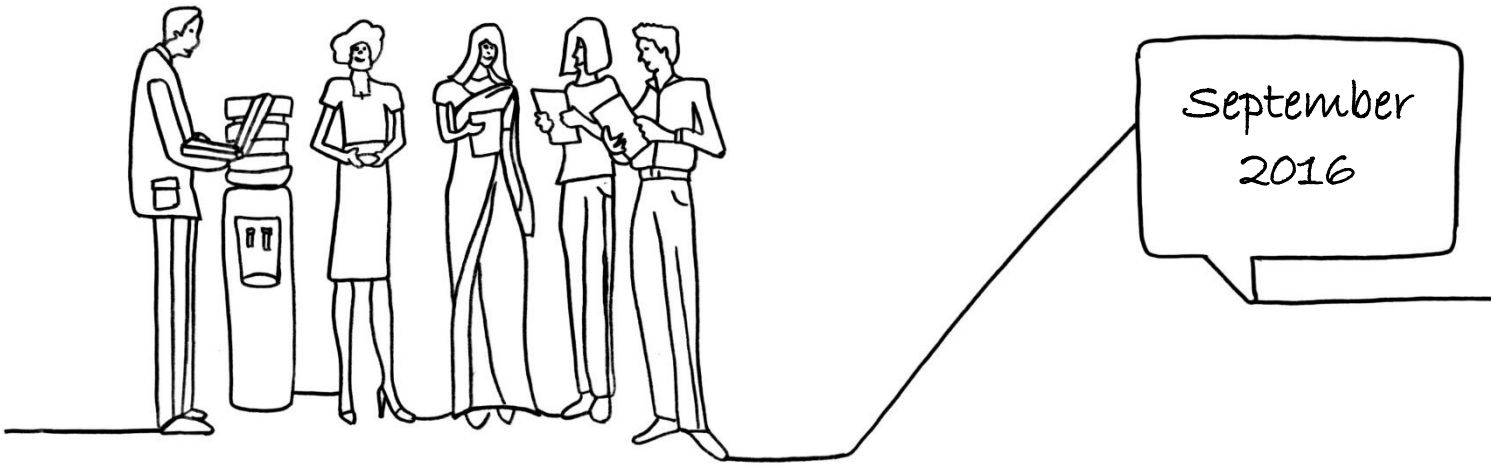
The report updates Board members on the following changes:

- Opening or closure of premises
- Changes in location of service provision
- Changes in ownership or trading name

3. Recommendations:

That the Board note the changes

Staffordshire Pharmaceutical Needs Assessment: Supplementary Statement (DRAFT)



Contents

1 Summary

There has not been significant change in pharmaceutical service provision in Staffordshire since the publication of the last needs assessment in February 2015. The changes between February 2015 and September 2016 are summarised in three categories:

- **Opening or closing of pharmaceutical premises**
  There are three new contractors of which two are distance selling contractors with the other new service provision being Keele University; there was one closure during this period.

- **Changes in location of service provision which do not result in significant change**
  There were three relocations of service provision. All relocations were within one kilometre of current provision and therefore have little impact on provision.

- **Changes in ownership or trading name**
  There were 36 pharmacies that changed ownership between February 2015 and September 2016 whilst one pharmacy changed trading name during this time. This is unlikely to have any impact on service provision.

Staffordshire currently has 182 community pharmacies and there are also 26 GP practices in rural areas that can dispense to patients registered with their practice (Appendix 1).

2 Background

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 (HWB Board).

The latest PNA for Staffordshire which was approved and published by the HWB Board in February 2015 can be found at:
http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx

The HWB Board also has a statutory responsibility to publish and keep up-to-date the PNA for the population in its area through supplementary statements. The Regulations stipulate that supplementary statements are a way of updating what the PNA says about **availability of pharmaceutical services** and once issued becomes part of the PNA. Supplementary statements cannot provide updates on pharmaceutical need which is done every three years through a review of the PNA.

3 Changes since publication of the PNA

3.1 Opening or closing of pharmaceutical premises

There have been three new pharmaceutical service provisions since the publication of the last PNA and one closure.

Owner	Address
New provision	
Bestway Panacea Healthcare Ltd (trading as Well Pharmacy)	Unit 4, Students Union Building, Keele University, Keele, ST5 5BG
DIMEC Ltd	Unit 13-21 IC 1, Keele University Science, Staffordshire, ST5 5NB
MJS Healthcare (trading as I-Meds Pharmacy)	Kartar Farm, New Road, Swindon, South Staffordshire, DY3 4PP
Closures	
Apotheek Voorzorg Ltd (trading as Medscene Pharmacy)	Unit 19, Whitebridge Industrial Estate, Whitebridge Lane, Stone, Staffordshire, ST15 8LQ

3.2 Changes in location of service provision

There were three relocations of service provision.

Owner	Previous address	New address
Lloyds Pharmacy Ltd	2-4 Rosebank Street, Leek, ST13 6AG	The New Pharmacy Unit, Park Medical Centre, Leek, ST13 6QR
Meba Services Ltd	43 Browning Street, Stafford, ST16 3AT	Stafford Health and Wellbeing Centre, Whitgreave Court, Stafford, Staffordshire, ST16 3EB
Shiraz and Sons Ltd	57 High Street, Dosthill, Tamworth, B77 1LG	GP Surgery, Cadogan Rd, Dosthill, Tamworth, B77 1PQ

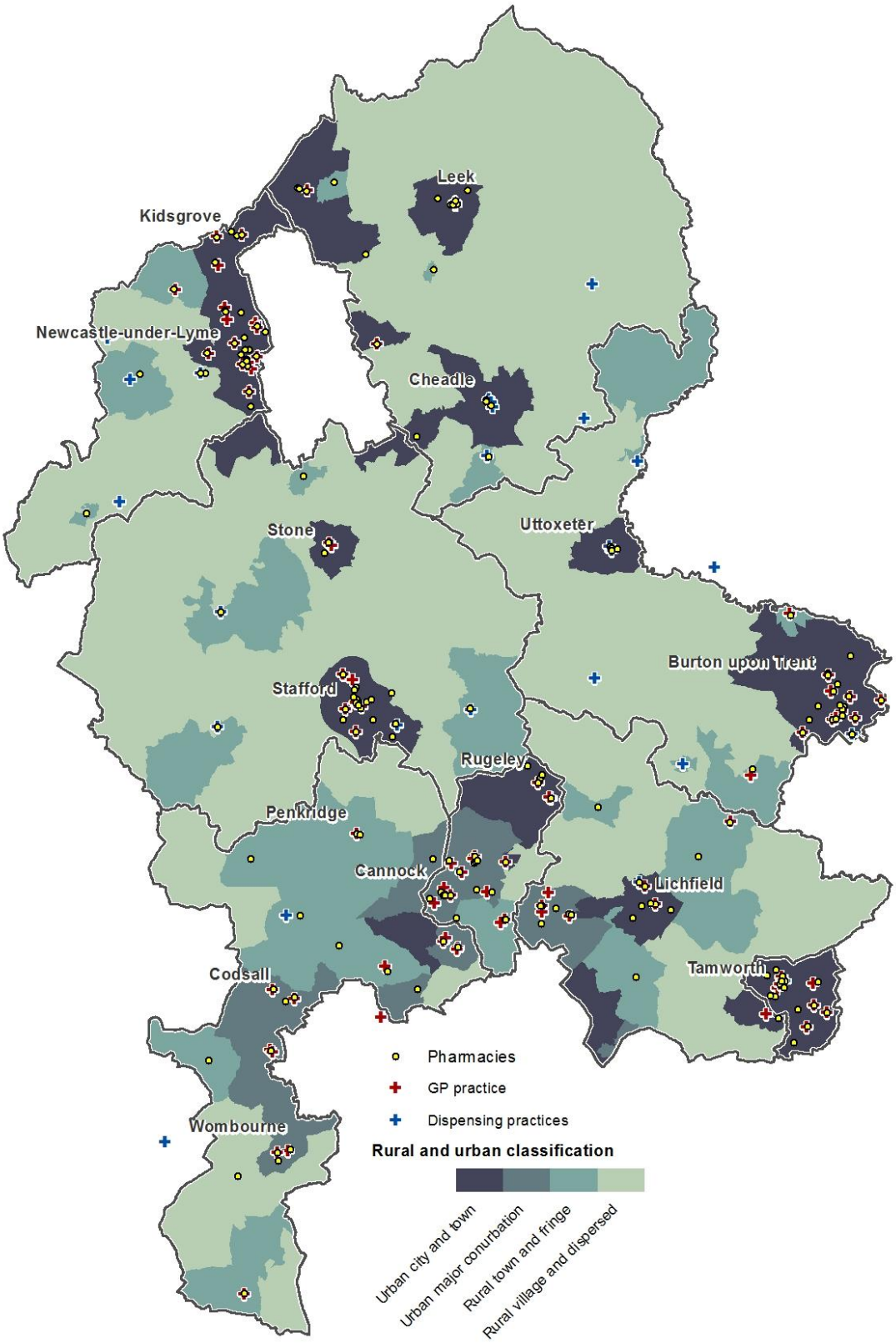
3.3 Changes in ownership or trading name

There were 36 pharmacies that changed ownership between February 2015 and September 2016 whilst one pharmacy changed trading name during this time.

Original owner / trading name	New owner / trading name	Address
Changes in ownership		
Bestway Panacea Healthcare Ltd	Tri-Pharma Ltd	44 Market Street, Uttoxeter, Staffordshire, ST14 8HP
Birchill & Watson	Pharmacy Care Plus Ltd	16 High St, Stone, ST15 8AW
Birchill & Watson	Pharmacy Care Plus Ltd	46 Eccleshall Rd, Walton, Stone, ST15 0HN
Co-operative Group Healthcare Ltd	Bestway Panacea Healthcare Ltd *(now Bestway National Chemists Ltd)* (trading as Well Pharmacy)	All existing branches (24)
David Siswick Pharmacy	Clare Healthcare Ltd	146 Masefield Drive, Leyfields, Tamworth, B79 8JA
Medex Health Ltd	PCT Healthcare Ltd	266 Tamworth Road, Amington, Tamworth B77 3DQ
Medex Health Ltd	PCT Healthcare Ltd	Melbourne Avenue, Winshill, Burton-on-Trent, DE15 0EP
Sainsburys	Lloyds Pharmacy Ltd	All existing branches (six)
Changes in trading name		
Quantum Direct	Prescription Care Services	Mariner House, Lichfield Road Industrial Estate, Tamworth, B79 7UL

Appendix 1: Pharmaceutical provision in Staffordshire

Figure 1: Pharmaceutical service provision and GP practices in Staffordshire



Topic:	**Annual Report of Staffordshire and Stoke on Trent Adult Safeguarding Partnership 2015/16**
Date:	**8 December 2016**
Board Member:	**Richard Harling**
Author:	**John Wood**
Report Type	**For information / discussion**

1. Introduction

The Care Act 2014 provides the statutory requirements for adult safeguarding. It places a duty on each Local Authority to establish a Safeguarding Adults Board and specifies the responsibilities of the Local Authority, and connected partners with whom they work, to protect adults at risk of abuse or neglect.

The main objective of a Safeguarding Adults Board (Staffordshire and Stoke-on-Trent Adult Strategic Partnership Board in this case) is to help and protect adults in its local area by co-ordinating and ensuring the effectiveness of what each of its members does. The Board role is to assure itself that safeguarding partners act to help and protect adults who:

- have needs for care and support; and are experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

A Safeguarding Adults Board has three primary functions:

- It must publish a strategic plan that sets out its objectives and how these will be achieved.
- It must publish an annual report detailing what the Board has done during the year to achieve its objectives and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews or any on-going reviews.
- It must conduct any Safeguarding Adults Review where the threshold criteria has been met.

The annual report for the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board 2015/16 is submitted to the Staffordshire Health and Wellbeing Board in accordance with the provisions of the Care Act 2014. The key headlines from the report are summarised below.

2. **Headlines summary**

During the year a total of 4,457 safeguarding concerns were recorded equating to an average 12 per day which halts a trend of annual increases. The reduction from 4,789 in 2014/15 is largely attributable to the revised criteria for Section 42 enquiries in the Care Act.

The percentage of safeguarding concerns assessed as meeting the threshold for a Section 42 Care Act Safeguarding Enquiry dropped to 71.7% in 2015/16 from 80% in the previous year. This is considered to be as a result of increased awareness by the Contact Centre staff receiving reports of concerns being more confident to signpost concerns to other, more suitable, routes. Such outcomes include, by way of example, an assessment of need rather than a formal safeguarding enquiry.

Due to the limitations of the Staffordshire County Council adult social care case management system the referral source cannot currently be identified for individual safeguarding concerns and this information has not been collected for the past 2 years. A service-wide upgrade is scheduled for 2016/17 and it is believed that this information will be available in the future with the potential for historical data to be included.

The Care Act 2014 introduced new categories of abuse: Modern Day Slavery, Self Neglect, and Domestic Abuse. IT systems are to be updated to capture these new categories, but it comes with a challenge as Domestic Abuse may also be sexual or physical abuse. The matter is being discussed nationally as it would be unhelpful to report figures where there is double-counting. The introduction of the new categories makes it difficult to make comparisons between pre-Care Act and post-Care Act data.

The main source of risk to adults with care and support needs continues to come from those known to them. This has been the trend for 6 years, but IT systems do not currently record the actual relationship to the adult.

In relation to the location of neglect and abuse the two most prominent settings are the person's own home in 47% of occasions with 38% in a residential care home. The need for better understanding to address the level of abuse and neglect a in residential care/nursing setting was a key factor in the Board determining issues in 'Leadership in the Independent sector' as one of its strategic priorities.

Data is collected on the primary support reason for care and support. The vast

majority of reported concerns are in relation to the adults over 64 years with a physical primary support reason (2135). The second largest reason was adults aged under 64 years with a learning disability (691).

During the reporting period the Board finalised one Safeguarding Adult Review. The summary finding states, at page 16, that

It is apparent that many professionals in their specialist fields endeavoured to follow best practice to care effectively for S but were hampered by their lack of collaboration and understanding of the Mental Capacity Act 2005 and Mental Health Act 1983.

The Annual Report contains a number of messages to Commissioners, at page 35, including:-

- *Commissioners should monitor the compliance rates of their provider organisations in relation to training provided and the impact on practice in relation to Adult Safeguarding; Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).*
- *Commissioners need to be assured that there is a sound understanding of Mental Capacity Act legislation and that it is applied in practice.*
- *The financial pressure on some local care providers is now extreme and this may not be conducive to positive and safe care for service users. This is demonstrated by the increased rate of service failure and the significant difficulties in identifying good leadership in some services. Quality monitoring in the independent care home sector is a powerful proxy in terms of safeguarding surveillance, harm reduction and prevention. Poor quality care has a substantial impact upon safeguarding practice. Commissioners of health and social care packages should ensure that adequate quality monitoring systems are in place to assist this.*
- *Commissioners should ensure that their providers are cognisant of lessons learnt, as identified through Safeguarding Adult Reviews and other learning review processes. Commissioners should seek assurance that learning is routinely used to improve practice.*

3. **Recommendations**

3.1. That Commissioners act upon the findings of this report

3.2. That the Board note this report

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

Annual Report 2015- 2016

1. CONTENTS

Further information about the Safeguarding Adult Board and its partners can be found at:
www.ssaspb.org.uk

If you suspect abuse or neglect

Phone 0845 604 2719 if the adult lives in Staffordshire

or

Phone 0800 5610015 if the adult lives in Stoke-on-Trent

Board contact details
Staffordshire Place 1
SSASPB (Adult Protection Team)
Stafford
ST16 2DH
SSASPB.admin@staffordshire.gov.uk

2. INDEPENDENT CHAIR FOREWORD

It is my privilege as Independent Chair to write the introduction to this Annual Report. This is my first year as Chair and I take this opportunity to acknowledge the significant contribution of my predecessor Jackie Carnell in building a sound foundation for our work.

The Annual Report provides an overview of the work of the Board and how it is making a positive difference to ensuring that adults with care and support needs who may be at risk of or experiencing abuse or neglect are protected.

Whilst there is a common commitment by safeguarding partners to improving outcomes, in practice this means understanding how to support and empower people at risk of harm to resolve the circumstances which put them at risk. We want to encourage and develop practice which puts the person with care and support needs in control and generates a more person-centered set of responses and outcomes. This means the Safeguarding Adults Board seeking assurances that all those who work with adults know when and how to act when they are concerned about a possible risk and the Board seeking assurances that effective advocacy services are in place for anyone who may need them at any point during a safeguarding episode.

Arising from our learning from the first year since the introduction of the Care Act 2014 there is an increased emphasis on making the actions within the Board Business Plans as specific as possible to ensure that we are clear about the outputs, outcomes and impact that the Board intends to be achieved. This will be an ongoing focus and will further strengthen our ability to quality assure and monitor performance against planned and intended actions.

In my first year as Independent Chair I have been impressed by the energy, commitment and enthusiasm of Board members and the many front line practitioners that I have met and their clear focus on doing their very best for those adults whom we are here to protect from harm.

I would like to take this opportunity to acknowledge the commitment of all of our partners and supporters including the statutory, independent and voluntary community sector who have contributed significantly to the work of the Board during the year. I am particularly grateful to all who chair the Board Sub-Groups and the Board Manager Helen Jones and the Board Administrator Stephanie Kincaid-Banks who work so hard behind the scenes to ensure that our business programme works efficiently.

I look forward to working with you again next year.
John Wood

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

The Care Act 2014 provides the statutory requirements for adult safeguarding. It places a duty on each Local Authority to establish a Safeguarding Adults Board (SAB) and specifies the responsibilities of the Local Authority and connected partners with whom they work, to protect adults at risk of abuse or neglect.

The main objective of a Safeguarding Adults Board (Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) in this case) is to help and protect adults in its local area by coordinating and ensuring the effectiveness of what each of its members does. The Board's role is to assure itself that safeguarding partners act to help and protect adults who:

- have needs for care and support; and
- are experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

A Safeguarding Adults Board has three primary functions:

- It must publish a strategic plan that sets out its objectives and how these will be achieved.
- It must publish an annual report detailing what the Board has done during the year to achieve its objectives and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews or any on-going reviews.
- It must conduct any Safeguarding Adults Review where the threshold criteria have been met.

COMPOSITION OF THE BOARD

The Board has a broad membership of partners in Staffordshire and Stoke-on-Trent and is chaired by an Independent Chair appointed by Staffordshire County Council and Stoke-on-Trent City Council in conjunction with Board members.

The Board membership is shown at Appendix 1, at page 38.

The Board is dependent on the performance of agencies with a safeguarding remit for meeting its objectives. The strategic partnerships with which the Board is required to agree responsibilities and reporting relationships to ensure collaborative action are shown in the Governance Structure at Appendix 2, at page 39.

SAFEGUARDING ADULTS – A DESCRIPTION OF WHAT IT IS

The Statutory Guidance for the Care Act 2014 describes adult safeguarding as:

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

Abuse and neglect can take many forms. The various categories as described in the Care Act are shown at Appendix 3, at page 40. The Board has taken account of the Statutory Guidance in determining the following vision.

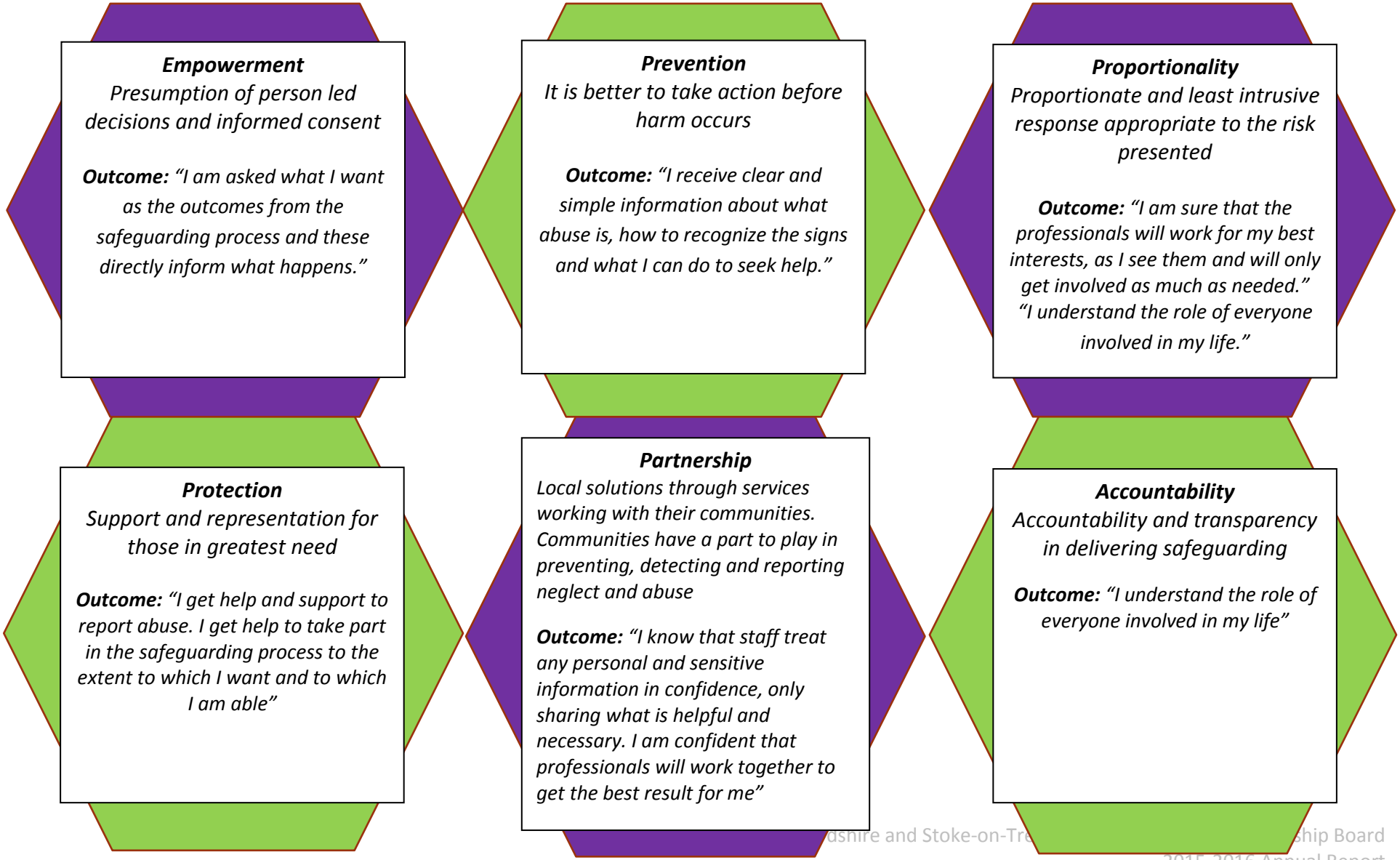
VISION FOR SAFEGUARDING IN STAFFORDSHIRE AND STOKE-ON-TRENT

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

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

4. SAFEGUARDING PRINCIPLES

The Department of Health (DoH) set out the Government's statement of principles for developing and assessing the effectiveness of their local adult safeguarding arrangements and in broad terms, the desired outcomes for adult safeguarding for both individuals and agencies. These principles will be used by the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board and partner agencies with safeguarding responsibilities to benchmark their adult safeguarding arrangements:



5. KEY ACHIEVEMENTS AND FOCUS OF THE SUB-GROUPS

This section outlines the work done in partnership during the year to help and protect adults at risk in our area. It also highlights some of the key challenges that have been encountered.

Executive Sub-Group

Chair: Kim Gunn; Lead Nurse Head of Adult Safeguarding (North Staffordshire and Stoke-on-Trent Clinical Commissioning Group)

The Executive Sub-Group has responsibility for monitoring the progress of all of the other Sub-Groups' Business Plans as well as its own work streams which include the development of a Communication Plan and Information Sharing Guidance for practitioners. It ensures that the core functions identified in the Board's Constitution are carried out and that the overarching Strategic Objectives of the Board and the Sub-Group Business Plans are delivered. The membership is made up from the Chairs of the six Sub-Groups, Officers to the Board, the Board Manager and the Board Independent Chair.

The Sub-Group has:

- Led on the delivery of the Strategic Priorities
- Monitored progress towards delivery of the Sub-Group Business Plans, receiving and examining exception reports and escalating matters where appropriate to the Board
- Strengthened links with the Staffordshire Safeguarding Children Board and Stoke-on-Trent Safeguarding Children Board in supporting our Strategic Priority of 'Transition' into adulthood
- Gained assurances from safeguarding partners regarding Care Act 2014 compliance
- Engaged with and received presentations from advocacy services and Public Health England, specifically regarding local issues for adults who use care and support services and carers, including consultation on Public Health's 'Suicide Strategy'
- Reviewed and revised the Communication Plan, Information Sharing Protocol and Escalation Policy
- Led on the consultation for and development of the Board Strategic Plan for 2016-18
- Sought assurance from the two Local Authorities in relation to the Deprivation of Liberty Safeguards (DoLS) backlog resulting from the Cheshire West Supreme Court judgement in May 2014.

Challenges: The speed of progress with the 'Transition' and' Leadership in the Independent Care Sector' Strategic Priorities was slower than expected. Following the Board Development Day held on 8th January 2016, the Board agreed to move to a three year strategy to allow further scoping and to make delivery much more realistic.

Prior to the January 2016 Board meeting the Executive Sub-Group had considered progress towards delivery of the Care Act 2014 requirements and found that all were delivered except for those requiring community engagement. This is an area of challenge for the Board and it was agreed that 'Engagement' would become one of its Strategic Priorities from April 2016.

Policies and Procedures (P&P) Sub-Group

Chair: Stephen Dale; Adult Safeguarding Team Leader (Staffordshire County Council)

The Policy and Procedures Sub-Group has been focused on a major project to ensure the effective implementation of the Care Act 2014 and the requirement to ensure that our local multi-agency policies and procedures reflect the new legislation.

The Sub-Group has:

- Actively engaged with practitioners and training staff in all safeguarding partner organisations to ensure that the needs and requirements of the new 'Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures' were understood and being complied with
- Organised a large scale post-implementation of procedures event, consulting and engaging with 150 practitioners to gain detailed feedback to identify where revisions were required
- Produced practical, easy to understand and fit for purpose inter-agency safeguarding enquiry procedures – as reflected in the positive feedback from practitioners using them.

Challenges:

The Board acknowledges the challenge in the cultural change required to consistently ensure a Making Safeguarding Personal (MSP) approach within agencies and have been seeking assurances and evidence from partners which demonstrates commitment to it.

The Care Act 2014 compliant 'Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures' are to be distributed in an electronic version only for the first time. The Board will be seeking assurance that these are readily accessible and promoted within partner organisations for use by front line practitioners.

Safeguarding Adult Review (SAR) Sub-Group

Chair: Mark Dean; Detective Superintendent – Safeguarding (Staffordshire Police)

The Sub-Group has:

- Reviewed and refreshed the Safeguarding Adult Review (SAR) Protocol to ensure it remains compliant with the legislative changes of the Care Act 2014 and refreshed Care Act Guidance. It has been further enhanced through learning from local review processes
- Undertaken/commissioned SARs and learning reviews in accordance with the statutory requirements and SSASPB Protocol to highlight good practice and areas in need of improvement
- Developed and utilised a suite of options to learn from cases, whether they meet the threshold for SAR or not
- Monitored the implementation of recommendations from reviews undertaken by the SSASPB and quality assured the evidence provided by agencies in relation to how actions have been progressed to improve local adult safeguarding arrangements
- Ensured that the SSASPB has an experienced and consistent Scoping Panel, drawn from the core membership of the SAR Sub-Group to enhance the experience and expertise of members
- Invited non-contributing agency SAR Sub-Group members to act as Critical Friends, providing independent scrutiny and challenge, enhancing their experience and ensuring the integrity of the process and its adherence to the SAR Protocol
- Arranged for SAR Sub-Group members to access local and national training and events relevant to their positions within the Sub-Group.

Challenges:

The extension of the definition of Domestic Abuse into wider family relationships has led to a number of referrals for Domestic Homicide Reviews (DHRs) where there may be a safeguarding element. The Board has worked with connected partners to ensure that the SAR Sub-Group is notified of potential DHRs and has the opportunity to consider whether a safeguarding element exists and ensure that it is considered throughout the review process. This approach will need to be formally ratified in the SAR Protocol during 2016/17.

Learning and Development (L&D) Sub-Group

Chair: Shirley Heath; Head of Adult Safeguarding (Staffordshire and Stoke-on - Trent Partnership NHS Trust)

The Sub-Group has:

- Sought assurance from partners through the submission of quarterly training figures which are reviewed by the Learning and Development Sub-Group
- Sought assurance of the quality of training delivery by undertaking a Peer Review process where partners observe each other's training sessions and learn from each other; identifying best practice and giving developmental feedback
- Developed and ratified Adult Safeguarding Awareness and Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) packages in line with the Care Act 2014 and the Mental Capacity Act Code of Practice (2005)
- Purchased E-learning licenses for 200 users for use by Private/Independent care providers and District Councils
- Supported Staffordshire County Council in delivering lessons learnt from Safeguarding Adult Reviews (SAR) training
- Sent Board members to two of the Economic and Social Research Council (ESRC) and Safeguarding and Legal Literacy (SALLY) seminars
- Provided for the attendance of the SSASPB SAR Sub-Group Chair at a key national SAR Conference
- Regularly provided information to safeguarding partners on regional and national safeguarding conferences and developmental opportunities
- Developed a draft Training Strategy, which will be ratified beyond the date of this Annual Report in 2016/17.

Challenges:

The provision of a Board approved E-Learning Adult Safeguarding Awareness training package had limited uptake and has therefore not been cost-effective. A decision has been taken not to continue to offer this methodology and instead make the Board approved packages more widely available for delivery within individual organisations.

Burton Hospital NHS Foundation Trust (BHFT)

Safeguarding Adult Level one face to face training is mandatory for all clinical staff at Burton Hospitals (BHFT) with a 3 yearly update and is included in the induction programme for all new starters. Compliance for 2015/16 is 93%. Non-clinical staff receive a signposting session on induction, with a mandatory 3 yearly update through e learning, compliance is 97% for 2015/16.

Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training is delivered at BHFT, with a mandatory requirement for clinical staff from April 2016 including 3 yearly update.

Lessons learnt and patient stories are a key part of all safeguarding training and safeguarding operational meetings, in order to cascade and share lessons learnt. This provides assurance and embedding of safeguarding into clinical practice.

Staffordshire Police's organisational training delivery plan includes training for operational officers and staff in relation to adults with needs for care and support. This is complemented by fortnightly themed Public Protection Development Days which enable the opportunity of face to face training for all officers and staff. Throughout 2015/16 themes have included Domestic Abuse and 'Hidden Harm' which has raised awareness of Adult Safeguarding, the Care Act 2014, Mental Health, Human Trafficking and Modern Slavery. This has supported officers and staff in recognising and responding to the signs of adult abuse and neglect.

Staffordshire Police are currently working with the SSASPB to update the Level 1 Adult Safeguarding Awareness training product and to develop the SSASPB endorsed Level 1 package into a 'Computer Based Training' product accessible to all officers and staff. This will complement the planned activity to deliver Adult Safeguarding themed Public Protection Development Days in 2016/17.

Staffordshire County Council (SCC)

The Council's Adult Safeguarding learning and development programme has prioritized equipping staff with the knowledge and skills needed to enable them to undertake their statutory safeguarding duties. Training events, underpinned by the new 'Adult Safeguarding Enquiry Procedures', have emphasised the duty of the Local Authority to consider the physical, mental and emotional wellbeing of people needing care and support. This includes having regard for the person's views, wishes, feelings and beliefs. An aim of training delivered has been to support the cultural change necessary for successful implementation of the Care Act; to encourage workers to adopt a more person centered approach, identifying outcomes that matter to the person and incorporating Making Safeguarding Personal (MSP) into practice.

Training events on Adult Safeguarding Awareness and Mental Capacity Act 2005, combining theory with practical application, have been widely accessed by Local Authority staff and partners; over 70% of attendees represented Partner organisations i.e. Health, Staffordshire Police, Staffordshire Fire and Rescue and workers in the Private, Independent and Voluntary (PIV) sectors.

At the beginning of the year, the Local Authority continued with the delivery of briefings about the Care Act; preparing workers and supporting the implementation of the Care Act 2014 in relation to Safeguarding duties. Following on from these workshops, an extensive programme of events on Adult Safeguarding and the Mental Capacity Act 2005 has been delivered. Training incorporated current legislation, Case Law updates and learning from practice. Awareness events have been supported by more detailed training for workers who may be required to undertake the Section 42 Enquiry and for those with managerial responsibility. There has been an increase in multi-disciplinary attendance at all events. In addition to the planned events, the Local Authority has delivered bespoke training; significantly supporting workers with their understanding of the Mental Capacity Act 2005 and its application to practice.

Stoke-on-Trent City Council (SoTCC)

Our Local Safeguarding Adults Workforce Development Plan is designed to deliver appropriate training for all levels of staff and volunteers commensurate with their responsibilities in the safeguarding processes. In addition:

- All Adult Social Care staff have Safeguarding Adults training that is appropriate to their experience and grade as part of their appraisal objectives.
- Full Care Act 2014 training was rolled out to staff and partners prior to April 2015. Safeguarding under the Care Act has been a key focus within the Adult Social Care service and has been identified in the Community Wellbeing Assessment Service Training Plan.
- Safeguarding training was provided in relation to the Care Act 2014 changes and Making Safeguarding Personal (MSP) principles and Mental Capacity Act 2005 training to staff and providers where appropriate.

South Staffordshire and Shropshire NHS Foundation Trust (SSSFT)

Adult Safeguarding Awareness and Mental Capacity Act (2005)/ DOLS training is a mandatory requirement for all frontline SSSFT Staff. The training is provided via an E-Learning platform making this easily accessible to our staff. This training includes a competency test which provides assurance around the knowledge and skills of our workforce in relation to safeguarding. Individual managers have oversight and responsibility for ensuring and supporting their staff complete this training as required. Regular reports are generated so that non-compliant staff can be identified and sufficient priority given to those individuals during professional supervision in order to ensure that they are practicing with up to date knowledge. In addition SSSFT provide safeguarding updates via the Trusts internal newsletter and discussion forum.

Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs) (South Staffordshire & Seisdon Peninsula CCG, Stafford & Surrounds CCG, East Staffordshire CCG, Cannock Chase CCG, North Staffordshire CCG and Stoke-on-Trent CCG)

Online Adult Safeguarding training level 1 is part of mandatory and statutory training and is provided for all staff when they commence employment with the CCGs. Staff then complete refresher training every three years which is monitored.

The Clinical Commissioning Groups represented by the Safeguarding Lead have maintained ongoing attendance to the Board. Throughout the period we have supported the Sub-Groups and the preparation for the increased challenges of the Care Act 2014. Safeguarding has been maintained as an important activity and we have continued to monitor and respond to clinical concerns raised. The Clinical Commissioning Groups hold safeguarding meetings where we review overall safeguarding activity and responsibilities.

Activity

- Ongoing interaction with the Commissioning Support Unit Safeguarding Nurses who also have oversight and support Adult Safeguarding Section 42 Enquiries within our local nursing homes.
- Ongoing provision of an Adult safeguarding lead, providing support and guidance to CCG staff and local GPs
- Successful joint bid with North Staffordshire and Stoke-on-Trent CCG to fund a Mental Capacity Act awareness raising project including development of a phone App
- Maintained awareness of NHS England updates through national webinars and study days

Key Developments

- Recognition of the need to recruit resource to support the growing adults safeguarding agenda within the multi-agency team
- A particular area of concern is the number of alerts relating to pressures ulcers; the focus has been aimed to increase awareness of correct reporting and investigation routes, reduce duplication and ensure learning is embedded within practice.

Training

- Safeguarding Clinical Lead attended educational and professional development sessions run through the Board for all partners. In addition, has attended NHSE Safeguarding development days.
- Local GPs have received Adult Safeguarding and Mental Capacity Act training provided by our Safeguarding Lead and MCA project Lead which were held across a number of dates to ensure good attendance.
- As commissioners, basic training is required for all Group staff at varying levels. Many of our staff have received basic level 1 training and this is under review to ensure all staff receive training in 2016-17 appropriate to their role.

Priorities and Plans for 2016/17

- A training needs analysis to be undertaken for Group staff to ensure appropriate levels of training are maintained and delivered
- To review of the current Adult Safeguarding Policy to ensure any required amendments are updated
- Provider contracts compliance – to undertake dashboard quarterly reviews and audits to ensure providers are adhering to their contractual obligations in respect to safeguarding
- Introduction of Mental Capacity Act audit for providers.

Staffordshire and Stoke on Trent Partnership Trust (SSOTP) is committed to ensuring that its workforce has the competencies and skills to apply adult safeguarding requirements and Mental Capacity Act 2005 principles. In doing so it has the following arrangements:-

- Adult Safeguarding level 1 training is a mandatory requirement for all staff within the Trust. Training is available via E-learning or taught sessions. Compliance rates are currently exceeding the 90% target set for achievement
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training is mandatory every 3 years for all staff who are responsible for care/support/management of patients/service users, via E-Learning. There is a competency framework in place and staff who lead best interest decision-making or complex decisions are required to achieve competency level 3 via taught sessions. E-learning is also available in between as a best practice option. The Trust has improved compliance with training in a short time frame.
- Staff who are required to make Deprivation of Liberty Safeguards referrals are required to attend bespoke training sessions
- Application of training to practice is ascertained via appraisals, supervision, quality visits and a range of audits. Training compliance is monitored regularly and reported via the Trust governance processes.

South Staffordshire and Shropshire NHS Foundation Trust (SSSFT)

Adult Safeguarding Awareness and combined Mental Capacity Act / DOLS training is a mandatory requirement for all SSSFT Staff. The training is provided via E-Learning packages making this easily accessible to our staff group in order to support their on-going development. E-Learning also ensures that compliance with these training requirements is easy to establish. Individual managers have oversight and responsibility for ensuring and supporting their staff group to complete this training as required. Regular reports are generated so that non-compliant staff can be identified and sufficient priority given to those individuals during professional supervision in order to ensure that they are practicing with up to date knowledge.

University Hospitals of North Midlands NHS Trust (UHNM)

All staff working within UHNM undertakes Adult Safeguarding Awareness / signposting training as part of the statutory and mandatory training programme for which we are currently 96% compliant. The training is delivered face to face to all new starters and thereafter staff have access to an E-learning package devised by the Adult Safeguarding Team. Within the training staff are also provided with an overview of the Prevent (Counter Terrorism) strategy and process to follow should they have any concerns.

In addition to the above it is mandatory for qualified front line practitioners to attend level 1 adult safeguarding training which again is provided in house; UHNM are working towards achieving 85% compliance. Adult safeguarding study days are run approximately six times per month and the agenda covers Adult Safeguarding Awareness level 1, WRAP (Workshop to Raise Awareness of Prevent), Dementia Awareness and Mental Capacity Act / Deprivation of Liberty Safeguards.

Mental Capacity Act (MCA) Sub-Group

Chair: Karen Capewell; Strategic Manager (Stoke-on-Trent City Council)

The MCA Sub-Group was formed to address some specific matters in relation to the application of the Mental Capacity Act 2005 and to assure the Board that this was consistent across partner agencies. The MCA Sub-Group has been tasked with raising awareness of the MCA across the partnership and measuring the effectiveness of its application.

The Sub-Group consists of a range of partners who are accountable for implementation and monitoring of the MCA in their respective organisations. Through this approach the membership of the group is able to identify and address the gaps in MCA awareness, application and practice across the partnership.

The Sub-Group has:

- Developed a complex case review process
- Identified MCA themes to audit for policy compliance during 2016/17
- Reviewed the structure and function of the Sub-Group to reinvigorate and refocus our work

Challenges: During the early stages of the formation of this Sub-Group there was some uncertainty as to what was required from the Board. The group has worked through the challenge and is now clearly focused on its important work.

District Council Sub-Group

Chair: David Smith; Principal Officer Communities and Partnerships (Staffordshire Moorlands District Council)

The District Councils Sub-Group serves both the SSASPB and the Staffordshire Safeguarding Children Board (SSCB). Its representatives are made up from Staffordshire District and Borough Councils. There are eight District or Borough Councils as follows: - Cannock Chase District Council, East Staffordshire Borough Council, Lichfield District Council, Newcastle Borough Council, Stafford Borough Council, Staffordshire Moorlands District Council, South Staffordshire Council, Tamworth Borough Council.

District Councils are statutory partners of the Local Children Safeguarding Boards, but they were not included in the Care Act 2014 as a statutory partner for Safeguarding Adult Boards. Nevertheless, the District Council Sub-Group has been a very well attended, enthusiastic and committed Sub-Group.

The Sub-Group has:

- Promoted delivery of level 1 Adult Safeguarding Awareness training to District and Borough Council staff members
- Reviewed and updated the District and Borough council policies to take account of the changes in the Care Act 2014
- Reviewed and updated District and Borough council websites to provide information on safeguarding, including promoting the work of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board.

Performance, Monitoring and Evaluation (PM&E) Sub-Group

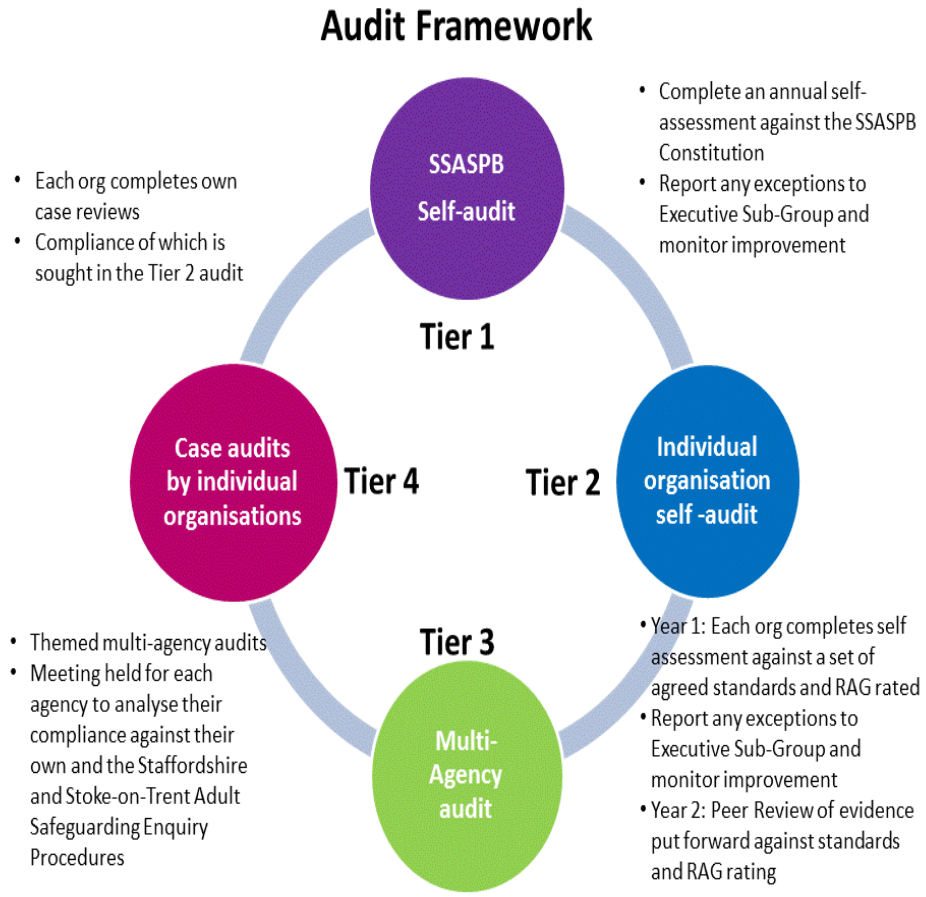
Chair: Sharon Conlon; Safeguarding Lead (South Staffordshire & Shropshire Healthcare NHS Foundation Trust)

It has been a challenging year for the Sub-Group, in part as a result of the implementation of the Care Act 2014 which has prompted the need for a revision of the performance indicators needed to support the assurance of functionality and success of safeguarding activity and also Staffordshire County Council's transition over to a new case management system which created some challenges for data collection.

During the course of the year the Board, through the Independent Chair, negotiated an arrangement for a Performance Manager to provide the performance requirements of the Board through a shared, collaborative Service Level Agreement with the two Local Safeguarding Children Boards in its area. There is more developmental work to be done in 2016/17 but the early indications are that this approach will deliver mutual benefits.

The Sub-Group has:

- Refined the tiered audit model (see Audit Framework diagram)
- Developed and negotiated approval for the introduction of an organisation audit tool to assess compliance with safeguarding requirements and an associated peer review process. Guidance notes have also been produced and approved by the Board.
- Overseen the gathering of the performance information for this annual report starting on page 17.



Challenges:

Due to the different partner organisational structures and data collation processes it was difficult to develop a universal performance data set that all partners could regularly contribute to. Working with partners the Board has been able to identify the information that is available from each agency and has developed a range of tools and guidance to help gather the relevant data to inform safeguarding work.

6. PERFORMANCE AGAINST 2015/16 STRATEGIC PRIORITIES

In the reporting period (April 2015 to end of March 2016) the three Strategic Priorities were:-

- Embedding the requirements of the Care Act (in relation to Safeguarding Adult Boards)
- Transition between Children and Adult Services
- Leadership in the Independent Care sector

Reports against Strategic Priorities have been a standing agenda item at the Executive Sub-Group and Board meetings with progress monitored against an action plan. A summary of progress and achievements is outlined below:

Care Act 2014

The SSASPB has worked to an Action Plan to prepare for the requirements of the Care Act 2014. This was a significant piece of work which was delivered using the Statutory Guidance. Progress was driven through the Executive Sub-Group and monitored by the Board.

At the January 2016 Board meeting it was reported that all standards were met other than those connected to community and service user engagement. The Board took the decision to have 'Engagement' as one of its Strategic Priorities for 2016-2018.

Transition

This Strategic Priority has a three year delivery timescale, led by the SSASPB and supported by both the Staffordshire Safeguarding Children Board and the Stoke on Trent Safeguarding Children Board.

In this first year the Board identified gaps in support and service for those young people who were in receipt as a child, but who did not meet the threshold for support by adult social care and health services.

Seven groups (or cohorts) of young people were proposed and for each one a focus group tasked to discuss where the gaps were. At the end of the reporting period work is continuing to identify the next steps the Board needs to take and will be reported upon in the 2016/17 Annual Report.

Leadership in the Independent Care Sector

This theme has a three year work programme and in the reporting period the Board has considered how this will be translated into meaningful and achievable local activity; and what the Board will focus on, as part of its assurance function. Through the Safeguarding Adult Review Sub-Group key themes which are considered to demonstrate examples of effective leadership - or lack of it - have been identified through scrutiny of Large Scale Enquiries (LSEs) led by Staffordshire County Council and Stoke-on-Trent City Council.

7. SAFEGUARDING ADULT REVIEWS

For the period April 2015 to March 2016 there is one Safeguarding Adult Review (SAR) to be reported upon.

Patient S was a 44 years old woman with known learning disabilities. She lived independently with a support plan and carers visiting. The woman was known to an acute provider's Safeguarding Adults team. She was admitted to hospital in July 2013 with a history of vomiting and weight loss.

Medical enquiries did not identify any organic cause of her symptoms. Whilst in hospital the woman refused all food, oral medication, and at times fluids. She was reviewed by liaison psychiatry, social services and dieticians at differing times during her stay in hospital and early in August 2013 was sectioned under Section 5.3 of the Mental Health Act 1983. She died five days later and her death was reported to the Coroner.

A Safeguarding Adult Review which involved two Health Trusts commenced in December 2013. Although the organisations shared their findings and learnt lessons in real time there has been some delay in the report publication due to protracted police investigations.

The **key learning points** from the Safeguarding Adult Review were the need for improved:

- ***Information sharing between multi-agency/multi-disciplinary Professionals***
- ***Understanding of the Mental Capacity Act 2005 and the Mental Health Act 1983 (as amended in 2007)***
- ***Pathways and policy regarding nutritional needs of patients***
- ***Recognition of the complex needs of S and referrals to specialist safeguarding teams***
- ***Recognition of malnutrition and***
- ***The consideration of specialist capability within the Trust for patients with a learning disability***

S had complex needs which required a coordinated and consistent approach. This consistency was compromised by the number of professionals who cared for her, all of whom saw S for small periods of time. Although they all contributed to the patient notes a joined up approach was lacking.

It is apparent that many professionals in their specialist fields endeavoured to follow best practice to care effectively for S but were hampered by their lack of collaboration and understanding of the Mental Capacity Act 2005 and Mental Health Act 1983.

For positive outcomes and the patient experience to be improved, clinicians at all levels need to have a requisite understanding of the Mental Capacity Act 2005 and the Mental Health Act 1983 and when each should be applied in practice. Progress against the multi-agency SAR Action Plan is monitored through the SSASPB SAR Sub-Group. The Group are also considering the roles of the Clinical Commissioning Group (CCG) led Clinical Quality Review Meetings (CQRM) to provide additional monitoring and scrutiny of this Action Plan.

8. ANALYSIS OF SAFEGUARDING DATA

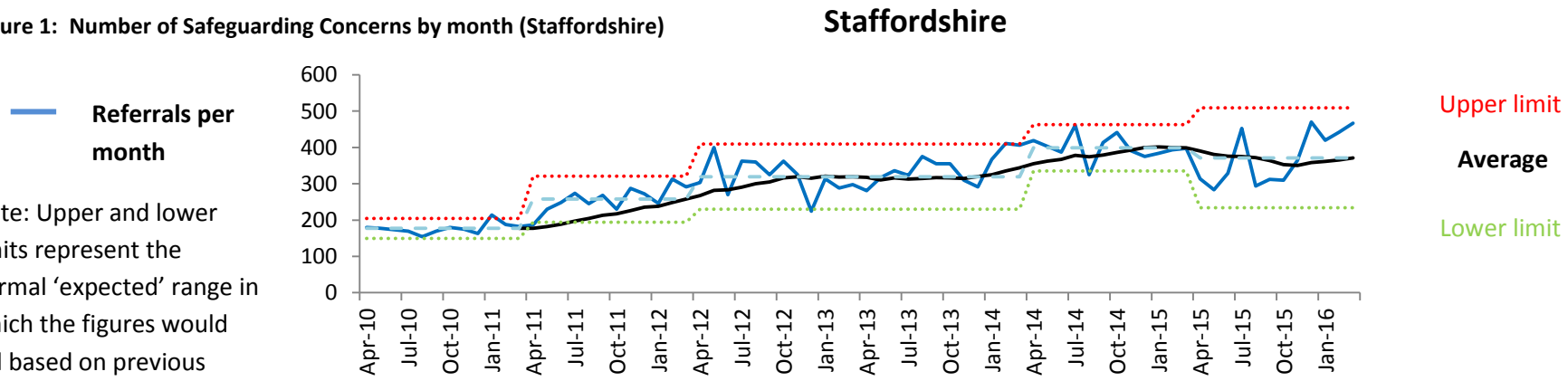
The introduction of The Care Act 2014 in April 2015 has resulted in a number of changes to safeguarding adults' terminology as listed below;

Previously under 'No Secrets Guidance'	Care Act 2014
Vulnerable adult	Adult at Risk
Alleged Perpetrator	Potential Source of Risk
Safeguarding Alert	Safeguarding Adult Concern
Safeguarding Referral	Section 42 Enquiry
Serious Case Reviews	Safeguarding Adult Reviews

This section provides a commentary and analysis of safeguarding data for 2015/16 from Staffordshire and Stoke-on-Trent with graphical illustrations of trends where appropriate.

i. Number of Safeguarding concerns received by month

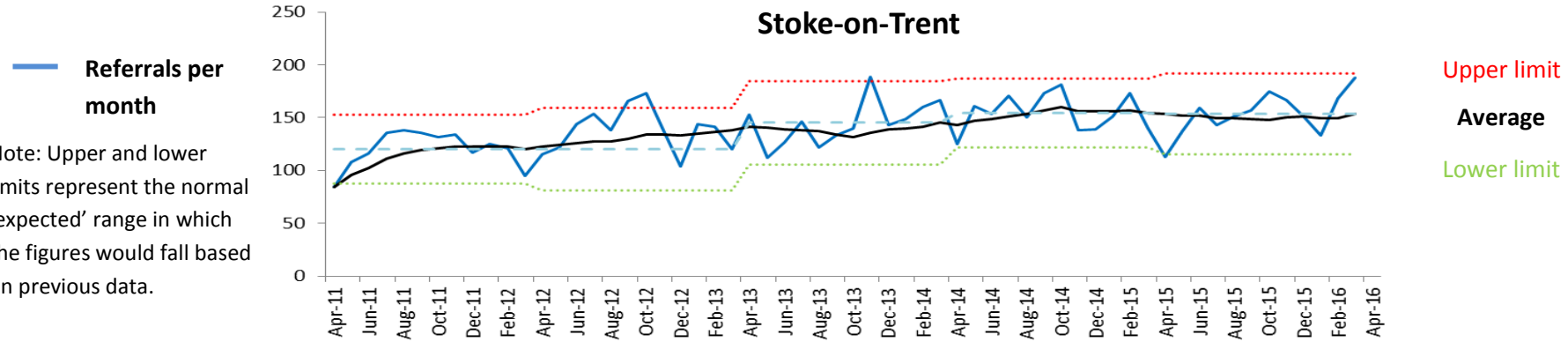
Figure 1: Number of Safeguarding Concerns by month (Staffordshire)



Note: Upper and lower limits represent the normal 'expected' range in which the figures would fall based on previous data.

Staffordshire: Figure 1 evidences the random distribution of the number of safeguarding concerns received in Staffordshire on a month by month basis. Whilst a comparison with previous years data does not identify seasonal trends, significant fluctuations can be partly explained either by periods of concentrated safeguarding awareness raising or when other processes highlight areas of concern for deeper investigation such as where there are clusters of concerns around Large Scale Enquiries (LSEs) where each person resident in a care home is recorded as a safeguarding concern.

Figure 2: Number of Safeguarding Concerns by month (Stoke-on-Trent)



Note: Upper and lower limits represent the normal 'expected' range in which the figures would fall based on previous data.

Stoke-on-Trent: Figure 2 shows that the average numbers of concerns in Stoke-on-Trent, around 155 per month, have been similar over the last 2 years. The upper and lower limits for 2015/16 are wider as the variation in monthly referrals is greater than in 2014/15. Some of the reasons for these variations include the commencement of Large Scale Enquiries where we see a spike in safeguarding activity, a change in internal organisation and management of workflow (initial dip in April 2014) and the implementation of the Care Act in April 2015 where the dip experienced is reflective of the national picture.

ii. Numbers of Safeguarding concerns meeting the threshold for a Section 42 Enquiry

Figure 3: Comparative of Number of concerns raised and numbers meeting the threshold for Section 42 Enquiry

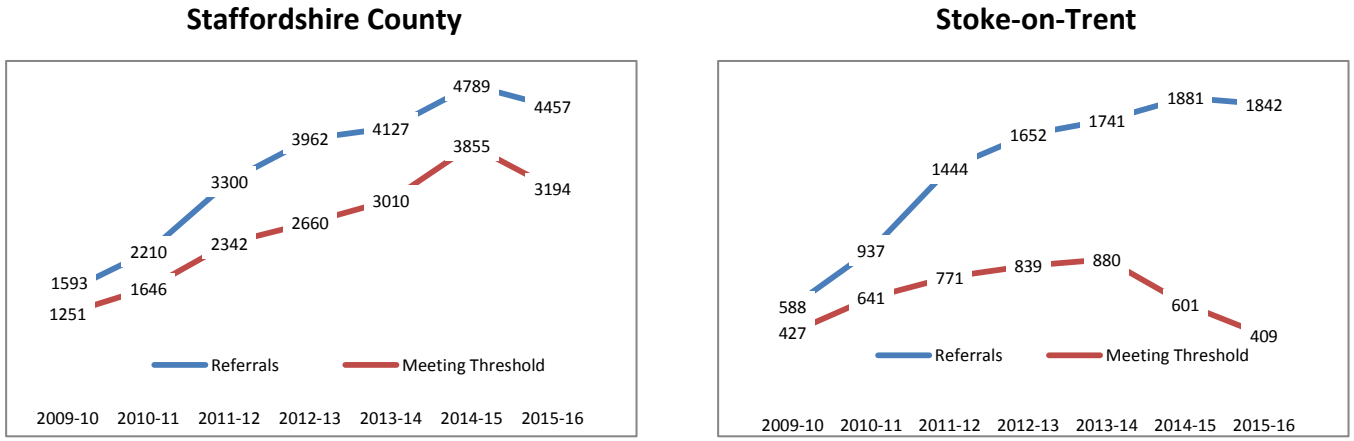


Figure 3 shows that during 2015/16 there was a reduction in the total number of recorded safeguarding concerns in both Staffordshire and Stoke-on-Trent which halts a trend in annual increases. This is in part explained by the introduction of the Care Act 2014 with the revised criteria for Safeguarding Section 42 Enquiries.

Staffordshire County

In Staffordshire the numbers of concerns meeting the threshold for Enquiry had increased annually between 2010 and 2014, but in 2015/16 the numbers fell markedly; at the end of 2015/16 the rate of the concerns reported meeting the threshold was 71.7% compared to 80.4% in the previous year. A key reason for this is the significant work undertaken within the Contact Centre where professionals determine if cases should be signposted to other more suitable routes, for example, where there is no concern regarding abuse but where there is a need for an assessment of need.

Stoke-on-Trent

In Stoke-on-Trent the rate of concerns meeting the threshold for investigation was 22.2%; processes in Stoke-on-Trent do not duplicate the additional stage of pre-social work involvement where contacts are triaged as seen in Staffordshire; rather all safeguarding calls are logged as concerns and passed on to a social worker for a threshold decision and therefore there are a lower number of concerns that meet threshold.

There were particularly marked changes during 2014 – 2015 and 2015 – 2016. In April 2014 the Local Authority reorganised the social care teams into a locality based structure in preparation for the Care Act 2014 which came into force in April 2015. Both of these changes to practice contributed to the reduction in the number of concerns that met the threshold for a section 42 enquiry. The conversion rate for Stoke-on-Trent is in line with the average for West Midlands Local Authorities (26%).

It is important to note that just because a concern does not lead to a Section 42 Enquiry it should not necessarily be considered as an 'inappropriate' social care referral as the number of concerns that are progressed to a Section 42 Enquiry are more indicative of the varying processes within Local Authorities, i.e. the managing of cases, variation in recording systems and appropriate signposting to alternative means of addressing concerns such as care assessment, review and complaint processes which are undertaken by Social Care staff.

iii. Number of Safeguarding Concerns received by Source of Referral

Figure 4: Source of concern over the past 3 years

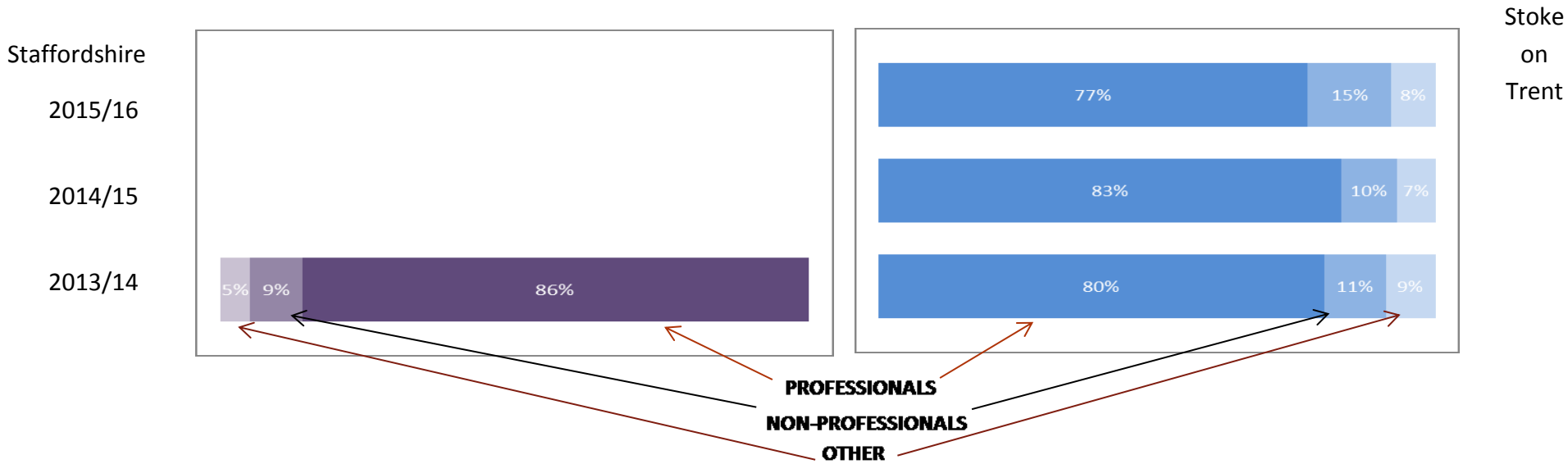


Figure 4 illustrates that concerns from both Staffordshire and Stoke-on-Trent have come predominantly from professionals. Due to the limitations of the Staffordshire County Council Adult Social Care case management system the referral source cannot currently be identified for individual safeguarding concerns and has not been collected since 2013/14. A service wide upgrade is scheduled in 2016-17 and Staffordshire County Council will refresh what data the revised management system is able to capture once this has been completed.

In Stoke-on-Trent the majority of concerns are referred by Health and Social Care professionals, mainly based in the community and many from within the private sector i.e. statutory social care staff, care homes, domiciliary care agencies etc. This seems to indicate a good level of education, awareness and reporting mechanisms across the social care sector.

However, in 2015/16 Stoke-on-Trent reported an increase in concerns recorded from non-professionals. The increasing contact from non-professionals coincides with the Board's engagement in a number of awareness raising events and the production and distribution of promotional material across the Staffordshire and Stoke-on-Trent area.

iv. Service user profile

Ethnicity

Where ethnicity had been stated, the majority of individuals for whom concerns had been made in 2015/16 were categorised as 'White British' 94% in Staffordshire and 92% in Stoke-on-Trent reflecting the populations in the latest census returns (March 2011).

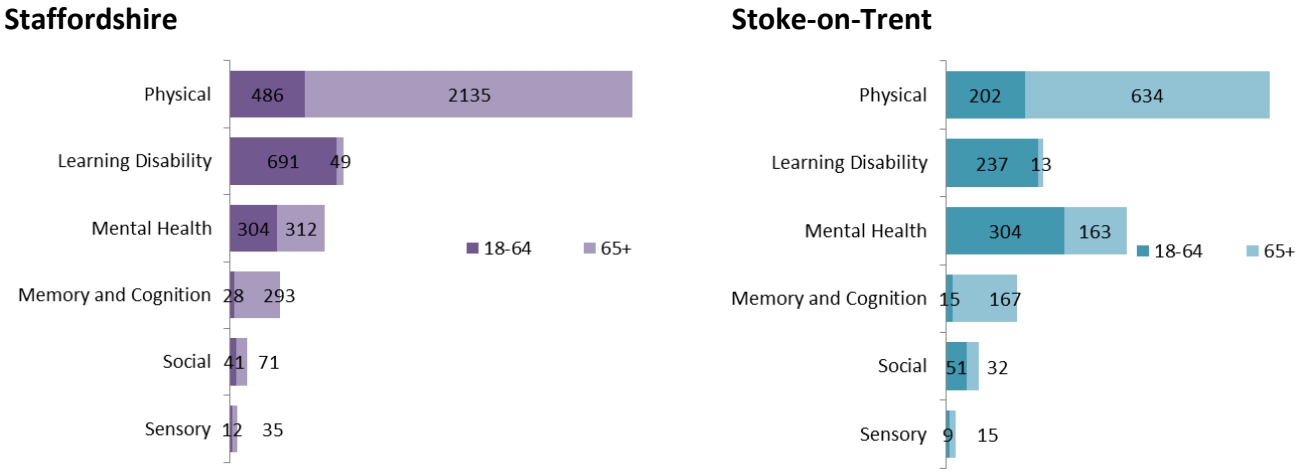
Stoke-on-Trent has seen an increase in safeguarding concerns for of adults of Pakistani origin over the last three years. Although still under represented Stoke-on-Trent has seen the proportion of Safeguarding Section 42 Enquires that are for adults of Asian ethnicity doubled, this was previously 1.9% and is now 3.7%. As there is a significant difference in the population of 'White British' and minority groups such as 'Pakistani' residents, any concerns could potentially appear to be a significant increase, particularly if multiple concerns are submitted for one or two individuals and should be taken in context. An increase in reporting would not be surprising in view of the general demography of the area. However, at this stage, on the basis of the information available any wider conclusions would be premature.

The Board needs to continue to improve engagement with black and minority ethnic groups. Work will be undertaken during 2016/17 through the implementation of the Communication and Engagement priority to raise awareness amongst diverse communities of the importance of safeguarding adults and to promote and encourage the recognition and reporting of abuse and neglect or potential abuse. The Board will continue to promote its key messages at awareness raising events, using a variety of communication methods and materials.

Primary Support Reason (PSR)

Figure 5 shows for 2015/16 all safeguarding concerns by age group and Primary Support Reason (PSR). Historically the largest number of concerns in Staffordshire and Stoke-on-Trent relate to people with physical support needs with the majority of those being aged 65 and over.

Figure 5: Number of referrals by primary support reason and age for 2015/16



In Staffordshire the second largest number of concerns continues to be received for adults aged 16 – 64 years with a learning disability as their primary need. People with a learning disability are more at risk in situations where they may be befriending strangers or misinterpreting social situations, which exposes them to abuse or potential abuse. In Stoke-on-Trent the second largest number of concerns continues to be received for adults aged 16 – 64 years who have a primary need related to Mental Health.

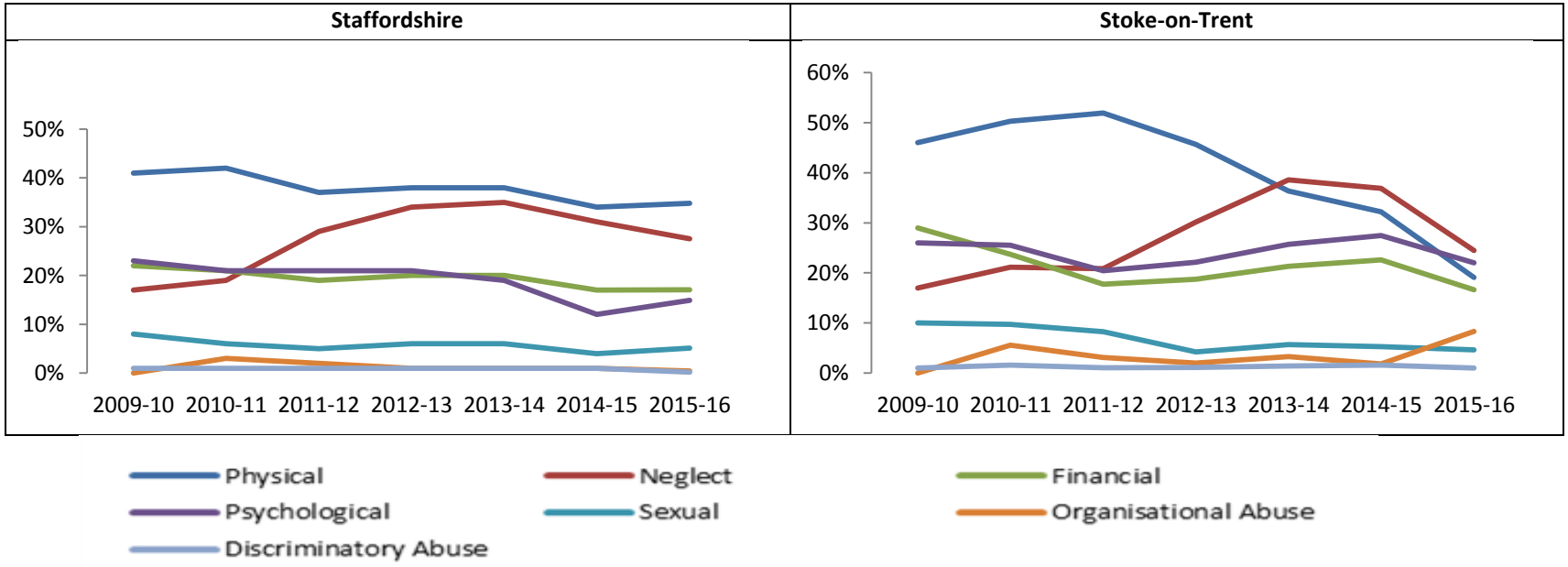
v. Categories of abuse; concerns by type of abuse

Figure 6 on the following page demonstrates how the **proportion of concerns** for each alleged type of abuse has changed over the last five years in Staffordshire and Stoke-on-Trent.

The Care Act 2014 Statutory Guidance identifies ten categories of abuse: **Physical, Sexual, Financial, Discriminatory, Neglect, Self-neglect, Emotional abuse, Organisational abuse, Domestic abuse and Modern slavery.** The addition of several new categories has been acknowledged

by Local Authorities and the collation of data is being revised in order to be able to provide assurance going forward.

Figure 6: Type of alleged abuse



The reason for the change in picture for Stoke-on-Trent is that they now only record the primary category of concern to each case whereas previously multiple categories could be selected; this has been implemented as choosing more than one category could affect data and give a false impression of caseloads and outcomes.

Allegations of physical abuse and neglect have remained the two most common reasons for referrals in both areas however, since 2012 Stoke-on-Trent has seen a continued reduction in concerns for physical abuse alongside an increase in concerns for neglect. Although neglect concerns appear to reduce in 2015/16, this was still the most common reason for referral last year and the reduction is largely attributed to the increase from seven to ten categories of abuse and neglect following the Care Act 2014, meaning alternative categories, such as organisational abuse may have been chosen as the primary concern.

The key trend continues to be the increase in the proportion of concerns that are raised in relation to neglect and this is directly connected to the numbers of allegations involving paid staff. The raised awareness of the need to challenge poor and unsafe care alongside better reporting of abuse and neglect is partly responsible for this continued trend, as is the perception of neglect as being something that goes beyond sub-

standard care and the failure to meet regulatory standards.

Caution should be exercised in over-interpreting the types of abuse, as these are subjectively defined and most abusive incidents involve more than one form of abuse. The data is mostly derived from that which is required for national statistics and this is essentially quantitative in nature and focuses on activity rather than outcomes; it is also heavily dependent on the client record systems for the Local Authorities and these can have an effect on the presenting amalgamated data when this is placed beside that of other authorities. This does lead to inconsistencies, even in neighbouring council areas, and this is also reflected regionally and nationally.

The new recording systems may partially explain why there has been a change in the profile as concerns are recorded differently e.g. recording 'domestic abuse' may lead to a reduction in concerns recorded as 'physical' or 'psychological'. The Board will seek to work with Local Authorities to gain a better understanding of local trends to ensure declines are reviewed in context and do not provide false positives.

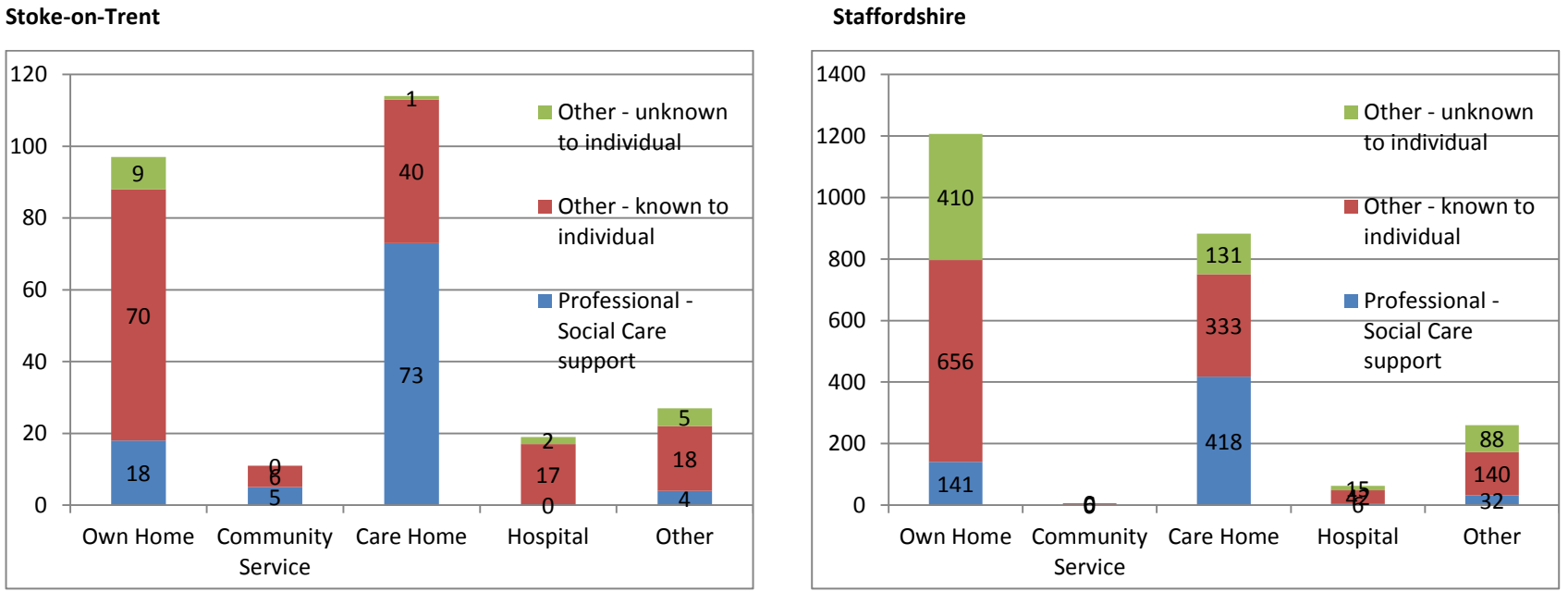
The inclusion of new categories of abuse in the national reporting system will mean that it will be difficult to compare pre Care Act and post Care Act classifications. Additionally, the drive for a more personalised response to abuse may lead to even greater difficulties in interpretation in the medium term as the Board and the Local Authorities seek to clarify the key indicators and performance measures. Additionally, the inclusion of new categories of abuse in the national reporting system based on the revised statutory guidance to the Care Act 2014 will mean that it will be difficult to make meaningful comparisons with past data.

vi. Concerns by source of risk and location

Source of risk

Figure 7 illustrates the proportion of alleged perpetrators of abuse categorised into three groups. *Professionals* e.g. Health care or social care workers for both local authority and the private, independent and voluntary sector, *Other – known to individual* such as family or friends and *Other* – not known to individual e.g. where the source of risk is not known or a stranger.

Figure 7: Sources and location of harm

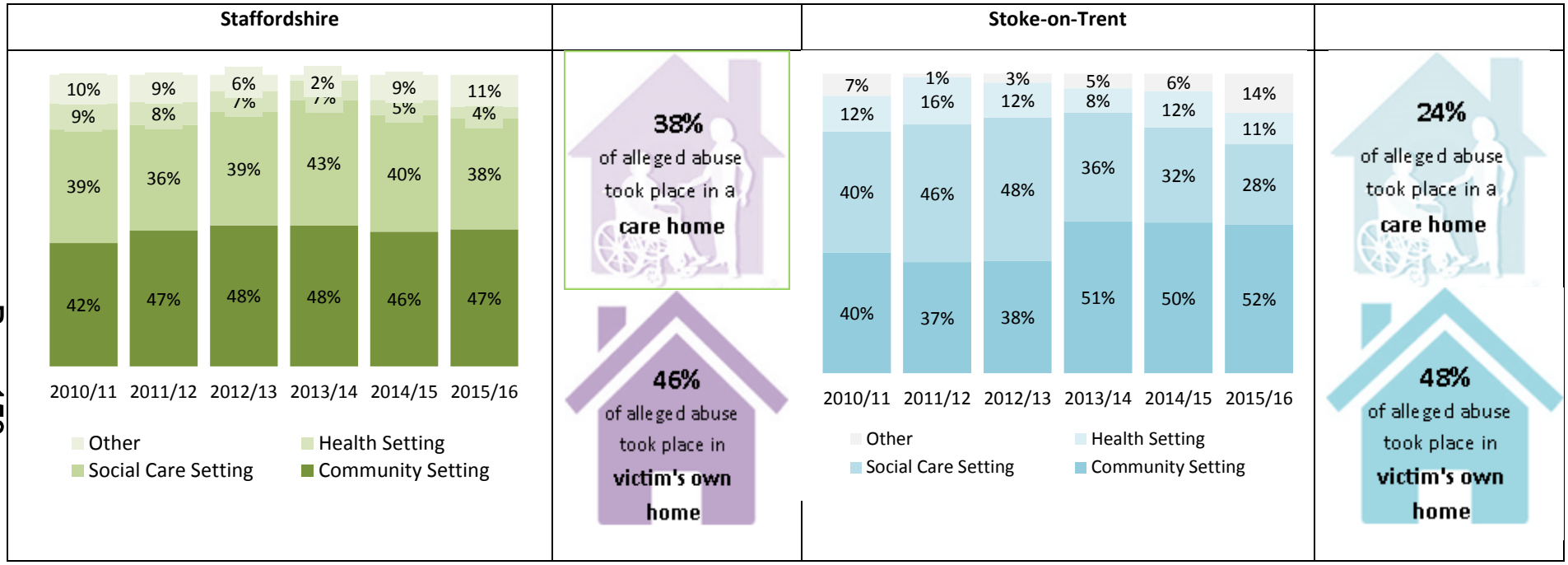


Individuals that are known to the adult remain the most common source of risk across both areas, a trend that has continued over the last six years. Staffordshire and Stoke-on-Trent Adult Social Care case management systems do not currently record the specific relationship between the source of risk and the service user.

Location of alleged abuse

Figures 7 above and 8 below provide an overview of the location of alleged abuse over the last six years.

Figure 8: Location of abuse



Since 2013/14 Stoke-on-Trent has seen an increase in the number of cases occurring within a community setting, more specifically this relates to an increase in cases within the adult's own home. There have also been notable reductions in the number of cases within social care and health settings.

In Staffordshire, proportions have remained relatively similar to those seen over the previous two years, although it must be noted that the increase in cases within a social care setting, which relate specifically to incidents in care homes, have reduced during 2015/16.

The location of alleged abuse or neglect is monitored to identify areas for further investigation, however there is limited value in collating data around the location of 'substantiated abuse' as abuse is naturally more apparent and observed in some settings; for example, there are more

often than not multiple witnesses to a service user's abuse of another service user but it is more difficult to substantiate allegations of abuse in an adult's own home.

vii. Outcomes of concerns

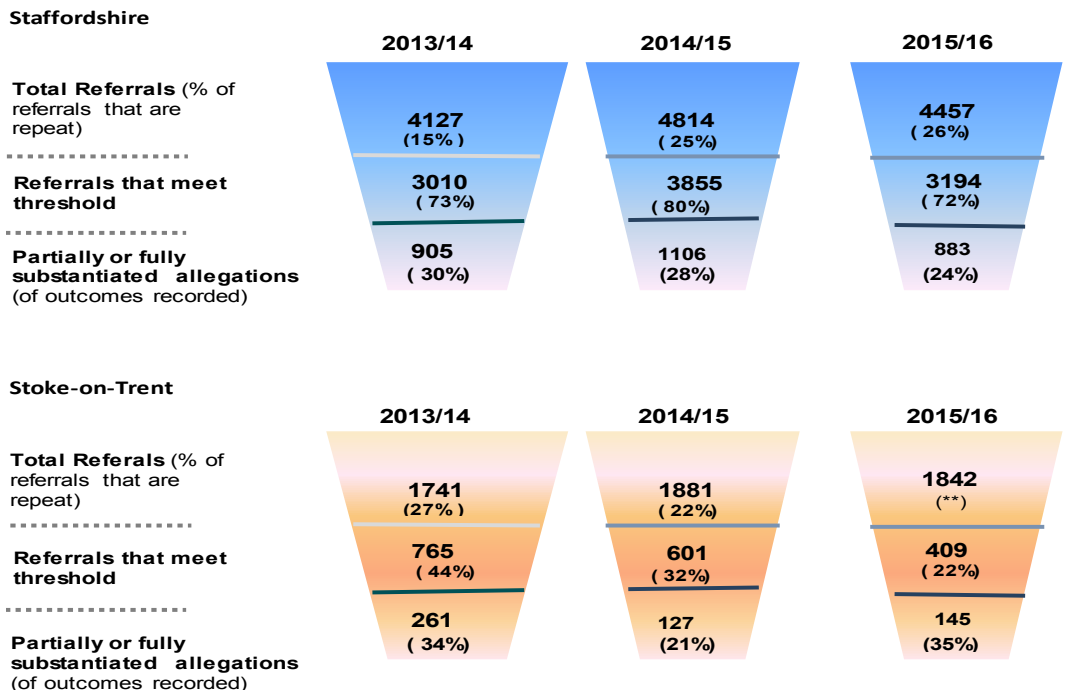
In view of the introduction of statutory criteria last year it may not be possible to directly compare 2015/16 outcomes data with previous years even though the data looks broadly similar. Figure 9 shows the proportions of concerns that met threshold for a Section 42 Enquiry and those partially or fully substantiated, and illustrate how trends have changed over the last three years in Stoke-on-Trent and Staffordshire.

During 2015/16 Stoke-on-Trent received a similar volume of concerns yet a smaller percentage than in previous years hit the threshold for a Section 42 Enquiry. Of those that met the threshold, a higher percentage was found to be substantiated (35%) i.e. where an outcome had been recorded.

Staffordshire does not follow this pattern as the number of allegations that are substantiated is lower than in 2014/15. The lower threshold can be explained as the process for measuring threshold differs between the two Local Authorities. In Staffordshire there is an additional stage where contacts are triaged prior to social work involvement, whereas within Stoke-on-Trent all safeguarding calls are logged as concerns and passed on to a social worker for a threshold decision.

Further details about Section 42 Enquiry outcomes can also be found in Figure 10; Outcomes of investigation on page 28.

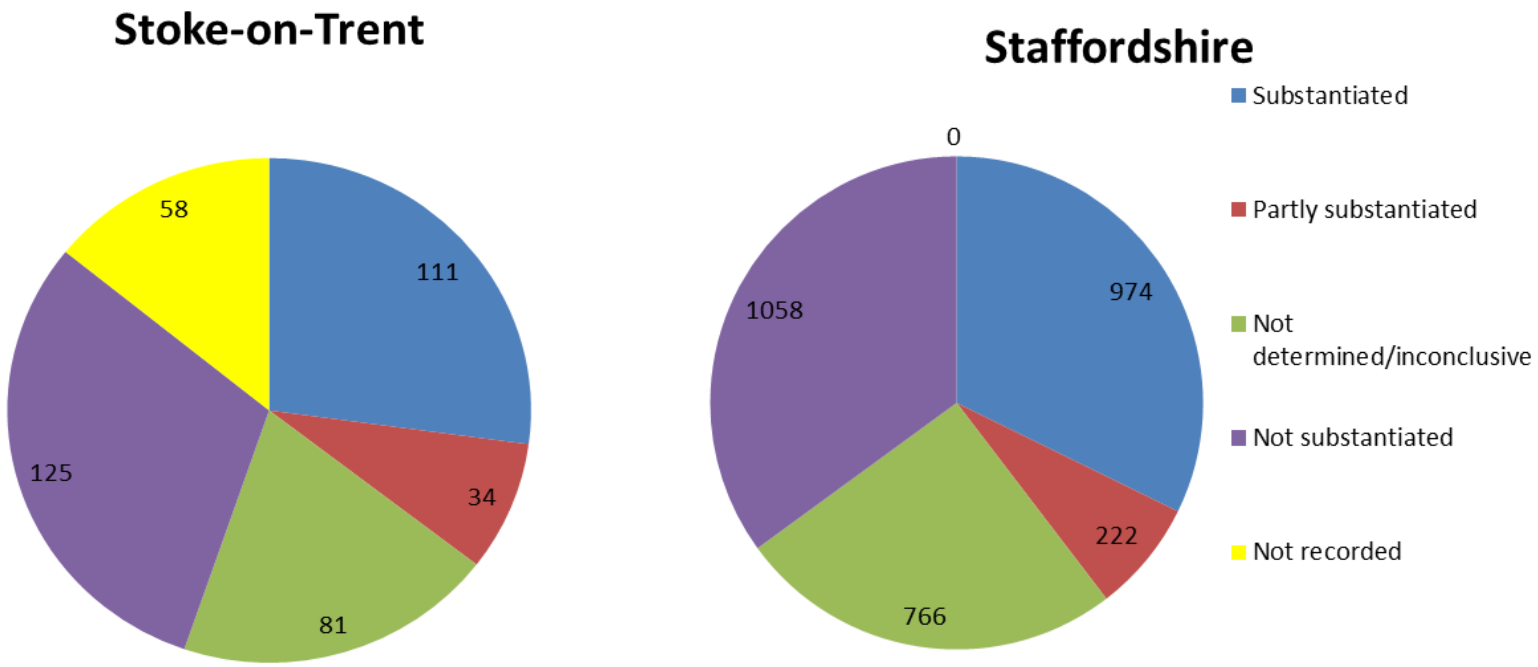
Figure9: Outcomes of concerns



** Stoke-on-Trent % Total Referrals not available for 2015/16

Capturing outcomes data has previously been an issue for Staffordshire County Council but has improved through careful monitoring of data quality. This issue is being continuously reviewed by the Information Technology and Performance Teams. Both Local Authorities provide a suite of data to the Performance, Monitoring and Evaluation Sub-Group of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board for scrutiny to identify risks, trends and identify relevant action for partners.

Figure 10: Outcomes of investigation



9. SAFEGUARDING IN PRACTICE

The following are examples from partner organisations of effective person centred safeguarding in practice; (*Names have been changed)

Burton Hospital NHS Foundation Trust (BHFT)

*Margaret is a lady in her eighties whose bi-polar diagnosis had meant that she had been struggling to live in her warden controlled accommodation. Her granddaughter, *Amanda, (who was named as her next of kin) moved Margaret into a residential home which was Amanda's choice and not Margaret's. While Margaret was in the residence a safeguarding concern was raised alleging that she had been physically and verbally abused. As a consequence she was admitted to an Acute Trust in order to enable her to be cared for until alternative accommodation could be found. She had no medical condition which warranted admission to the Acute Trust.

Whilst in hospital concerns were raised by the ward team caring for Margaret that she was constantly trying to call Amanda on the ward telephone and that Amanda had requested the ward staff prevent this from happening. The Adult Safeguarding team was contacted for advice and they attended the ward to speak to Margaret. It transpired that she was suffering financial abuse, with Amanda being identified as the source of risk, which was why she was making the repeated phone calls. Margaret also outlined that her granddaughter had power of attorney over her finances and health and she wished to revoke this.

The Adult Safeguarding team liaised with Margaret's social worker and Mental Health team and a mental capacity assessment was performed which determined that Margaret had capacity with regard to the decision to manage her own finances and the decision of placement on discharge.

The Office of the Public Guardian (OPG) was contacted to clarify the status of the power of attorney in order to take the relevant steps for revocation.

A multi-agency meeting was held at which Margaret was able to choose a care home to be discharged to. A visit to this home was arranged and the senior sister from the ward accompanied Margaret for support.

Once the Adult safeguarding team was involved a multidisciplinary approach lead to the positive outcome for Margaret. This involved collaboration between the Community Mental Health Team, the Trust Mental Health team, social workers, medical team, Office of the Public Guardian and the nursing home team.

Adult Safeguarding Enquiry Team (ASET)

In January 2015, Staffordshire Police and Staffordshire Adult Social Care formed the Adult Safeguarding Enquiry Team (ASET) with police officers working alongside, and co-located with Adult Social Care investigators. The team were created to deal with complex and high risk investigations where adults at risk who were victims of crime were able to be supported by a one touch service leading to positive safeguarding experiences and criminal justice outcomes that took account of their wishes and needs. Bespoke training was provided to the officers covering specialist interviewing and financial investigation followed up with regular multi-agency inputs.

During 2015/16 ASET have dealt with 268 referrals of which 21 have resulted in perpetrators of crime being charged or cautioned. 8 offenders have been convicted at court and a further 7 are awaiting trial. The incidents and offences ASET responded to cover a broad spectrum of offences including complex and protracted investigations.

Some examples of this multi-agency work are as follows:-

- Care worker charged with 8 counts of sexual assault, two on elderly residents (who lacked capacity) and six on fellow carers. He was employed at a large care home in Stoke-on-Trent where he committed all of the offences. He has been convicted at court and sentenced to 12 months imprisonment;
- Care worker at a residential home in Rugeley, ill-treated two residents (who lacked capacity and had complex care needs) whilst providing personal care despite being told to stop by fellow carers. He was subsequently charged and convicted with 3 offences of ill-treatment and sentenced to 26 weeks imprisonment;
- Care worker at a residential home in Lichfield, whilst providing personal care, physically ill-treated two residents by pinching the nose of one and kicking the other. He was convicted at court and sentenced to 12 weeks imprisonment.

The team has played a key role in raising awareness of colleagues to adult safeguarding concerns. They have delivered training to police colleagues and partners within the health and social care sector in relation to the Care Act 2014 and associated legislation. They have supported six Public Protection Development Days entitled ‘Hidden Harm’ delivered by the force to 300 officers and police staff to raise awareness of Adult Safeguarding, the Care Act 2014, Mental Health, Human Trafficking and Modern Slavery and help colleagues to recognise and respond to the signs of adult abuse.

In addition to organisational development, the team also contributes to carrying out work to prevent the abuse of adults at risk. The team developed and delivered a campaign to coincide with national SCAMS awareness month to raise awareness of this type of abuse. A detailed and intensive strategy reached out to some 1.75 million users of Twitter and Facebook and highlighted the signs to practitioners across the organisation.

University Hospitals of North Midlands (UHNM)

A female adult presented to the pharmacy within the University Hospitals of North Midlands (UHNM) to collect her prescription following an out-patient appointment. During general conversation between the pharmacist and the patient it became apparent that she was anxious and distressed. The pharmacist had concerns and therefore tried to engage her further to establish if she could support her in any way. The patient disclosed that she felt suicidal and expressed that she wished to kill herself. The pharmacist tried to determine if she had any support at home for which she divulged that she was alone with an older child away at University. Sadly the patient became more agitated and left the department.

The pharmacist contacted the UHNM Adult Safeguarding Team for advice. The pharmacist was advised to urgently raise a safeguarding concern. The hospital based Social Care Team was contacted who advised that patient was not known to them. Given the nature of the concern raised, a decision was made to share information with Children's Safeguarding at UHNM who then undertook lateral checks.

It was established that the lady had two children one of which was under 18 years old. The Safeguarding Team alerted the Contact Centre that there was a minor living at the same address and that due to information known to the team, that her threats of suicide were valid. A home visit was carried out.

As a result, it was identified that the service user had a Community Psychiatric Nurse (CPN) who supported the multi-agency safeguarding response.

Staffordshire Fire and Rescue Service (SFARS)

In October 2014 the Staffordshire Fire and Rescue Service (SFARS) attended a house owned by an elderly lady named *Barbara. She had confused her alarm clock with the smoke alarm. Barbara was being looked after by her neighbour and her brother. Barbara was hard of hearing and her brother reported that she had early signs of dementia although this had not been diagnosed. Following consultation with the family, SFARS arranged for a specialist hearing alarm to be fitted along with a pendant system. A referral was made to Staffordshire Cares (Staffordshire County Council).

At the end of 2015 the SFARS staff attended a number of emergency calls at Barbara's home and a further referral to social services was made. Barbara was letting pans boil dry and putting toast under the grill and forgetting about them. SFARS were alerted each time by an alarm monitoring company. Barbara was very confused when SFARS staff arrived, constantly asking who we were and why they were there.

On a follow up visit there were further concerns that Barbara had let SFARS staff into the property without asking for identification. It was also noticed that there was personal paperwork (mainly bank statements) left on view. It was discovered that the battery in Barbara's hearing aid had

expired, this was replaced. A safeguarding concern was submitted and, after a joint visit with Social Services, Barbara went into supported living accommodation with the engagement and approval of both Barbara and her family.

Staffordshire and Stoke-on-Trent NHS Partnership Trust (SSOTP)

An elderly man, whist resident in a Staffordshire care home, contracted Methicillin-Resistant Staphylococcus Aureus (MRSA). The SSOTP Infection Control Team were able to determine that the gentlemen had been in the care home for over a fortnight without care plans and with no specific care plan for his urinary catheter. There had also been documented incidents of poor care and delays in getting the patient seen by a GP when he was showing signs of sepsis (severe infection).

The matter was subject to a Section 42 Enquiry (Care Act 2014), and the allegation of neglect around his catheter care was substantiated. The Infection Control Nurse met with staff at the care home and the safeguarding professionals involved and several improvements were put in place with immediate effect. These changes included improvements to record keeping and care planning, catheter care and infection control training sessions which were delivered by SSOTP at the home and well attended by care home staff. Re-audits of Infection Controls were arranged to monitor progress and to ensure that standards have been maintained and are benefitting all the residents in the home. The Local Authority Quality Team are also providing on-going support and monitoring.

10. BOARD DEVELOPMENT AND IMPROVEMENT ACTIVITY

Development Day

Since the Care Act 2014 and its Guidance the Board has taken the opportunity to ensure that it is meeting the new legislative requirements as well as the needs of our diverse communities. During the current reporting period the Board has been transitioning its role and becoming more strategic.

On 8th January 2016 the Board held a Development Day with the purpose to constructively challenge and reflect on what it is seeking to achieve, how this would be done, and to identify business areas that needed more focus and improvement. All partner organisations were well represented and actively engaged in themed workshop discussions. From the deliberations the Board affirmed its ambition to be 'consistently good' at what it does.

Arising from the discussions the following three key themes were identified for development and improvement:

1. **Engagement**

Whilst the Board membership includes representatives from a number of community and voluntary organisations it has not directly engaged with people who have used services in a formal safeguarding process at an individual or strategic level. The Board could obtain valuable input from engaging with those service users that had gone through the process but the current Business Plan actions focus on commissioners and providers. The importance of understanding the many and potentially different concerns of the various groups that make up our local communities was also recognised.

The Board concluded that engagement with service users, professionals, members of the public and its own members was an area for development.

Response: The Board needs to adopt a broad engagement strategy through which service users can shape and influence the Board's priorities, but it also needs to adopt a more targeted approach when seeking to address specific issues. It was decided that 'Engagement' with strands of service users; members of the public; carers' and professionals would be one of the SSASPB 2016/18 Strategic Priorities.

2. **Assurance**

The Statutory Guidance for the Care Act 2014 states at Para 14.133 'Each *local authority must set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to* ***assure itself*** *that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria'.*

The Board recognised that whilst there is evidence in the minutes of Board meetings that there is a healthy level of challenge it was important to be clear as to the areas where it seeks assurance from partner organisations and how that assurance will be obtained.

Response: The Board has embarked upon a programme of challenge and assurance, driven through the Board and the developing performance management and audit functions in all areas of business.

3. Risk Management

Prior to the Development Day the Independent Chair had expressed a desire to have a Board Risk Register. This was subject of a workshop discussion which recognised that strategic risks were not being monitored at Board level. Discussion resulted in a unanimous endorsement of the proposal.

Response: The Executive Sub-Group has developed a Risk Register template which was populated by each of the Sub-Groups and formally approved for use at the April 2016 Board meeting. The Risk Register will be refined according to the experiences from its use during 2016/17.

Internal Audit of SSASPB

In 2014/15 Staffordshire County Council commissioned an internal audit of SSASPB. The objective of the audit review was to assess whether the statutory requirement to establish a Safeguarding Adults Board had been complied with. The review covered the following areas:

- The SSASPB Constitution complies with statutory requirements;
- Board work fits in with strategic partnership working across the County Council;
- Governance arrangements are robust and effective;
- There are adequate business planning arrangements in place; and
- A performance management framework has been established against which performance is routinely reviewed.

The scope of the audit was limited to the systems and controls in place over the operation of the SSAASPB.

An overall audit opinion of 'Adequate' assurance was given with no significant issues for management or audit committee being raised. There were 5 medium risk and 4 low risk recommendations. Most of the recommendations had already been highlighted as matters for attention, arising from the discussions at the Development Day in the month prior to audit, and were being addressed.

11. MESSAGES TO COMMISSIONERS

Throughout the year Sub-Group Chairs have been asked to identify messages to convey to Commissioners as identified through their Sub-Group activity. The following were forwarded for inclusion in this Annual Report.

From the Learning and Development Sub-Group

Commissioners should monitor the compliance rates of their provider organisations in relation to training provided and the impact on practice in relation to Adult Safeguarding; Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

From the Mental Capacity Act (MCA) Sub-Group

Commissioners need to be assured that there is a sound understanding of Mental Capacity Act legislation and that it is applied in practice.

Policies and Procedures Sub-Group

The financial pressure on some local care providers is now extreme and this may not be conducive to positive and safe care for service users. This is demonstrated by the increased rate of service failure and the significant difficulties in identifying good leadership in some services. Quality monitoring in the independent care home sector is a powerful proxy in terms of safeguarding surveillance, harm reduction and prevention. Poor quality care has a substantial impact upon safeguarding practice. Commissioners of health and social care packages should ensure that adequate quality monitoring systems are in place to assist this.

Safeguarding Adult Review (SAR) Sub-Group

Commissioners should ensure that their providers are cognisant of lessons learnt, as identified through Safeguarding Adult Reviews and other learning review processes. Commissioners should seek assurance that learning is routinely used to improve practice.

12. FINANCIAL REPORT

Board resources include a dedicated core team who support and facilitate the work of the Board and Sub-Groups. Board members have the responsibility to deliver the Strategic Priorities, objectives and Sub-Group Business Plans with ownership retained at formal governance level.

This team and business activities were funded in 2014/15 through contributions from statutory partners and health providers as detailed in the financial report below.

Income

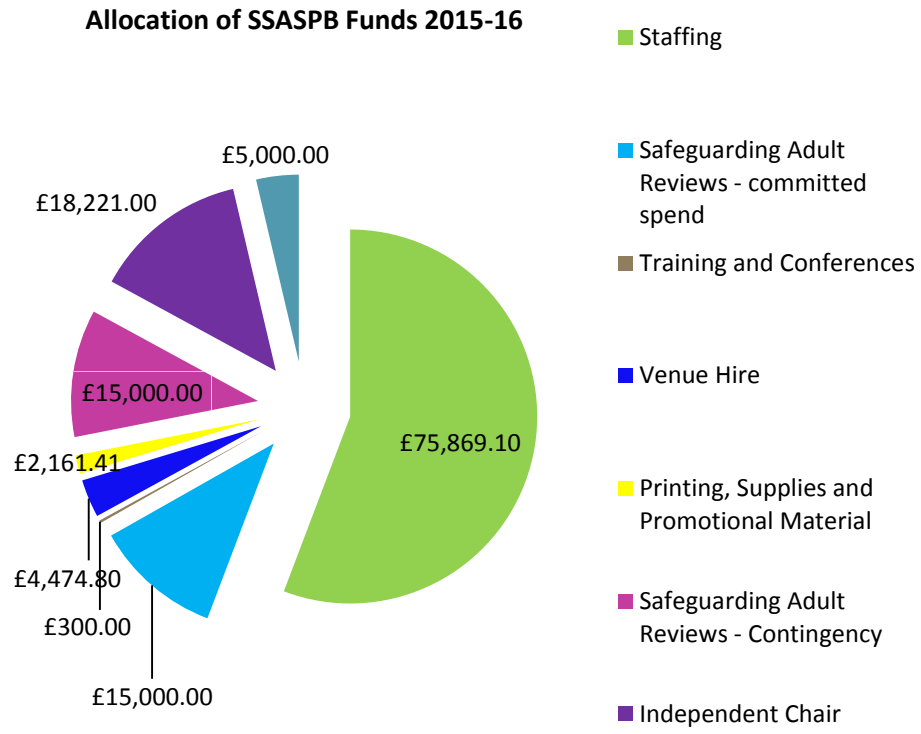
Organisation	Amount
Burton Hospital NHS Foundation Trust	£12,500
North Staffordshire Clinical Commissioning Group	£ 9,375
North Staffordshire Combined Healthcare Trust	£12,500
South Staffordshire Clinical Commissioning Group(s) (South Staffordshire & Seisdon Peninsula CCG, Stafford & Surrounds CCG, East Staffordshire CCG, Cannock Chase CCG)	£18,750
South Staffordshire & Shropshire NHS Foundation Trust	£12,500
Staffordshire and Stoke on Trent Partnership NHS Trust	£12,500
Staffordshire Police	£12,500
Stoke-on-Trent Clinical Commissioning Groups	£ 9,375
University Hospitals of North Midlands	£12,500
TOTAL	**£112,500**

Other income

The Board agreed that as in previous years the 2015/16 contributions from Staffordshire County Council and Stoke-on-Trent City Council would be provided through delivery of a training programme accessible to all partner agencies. The programme includes a range of level 3 training sessions around assessing capacity and making best interest decisions, the chairing and minuting of safeguarding meetings, completing and managing investigations and more.

The Board thanks the below agencies for their further 'in kind' contributions during 2015/16:

- Staffordshire Fire and Rescue Service for providing facilities for SAR scoping panels and Board meetings throughout the year.
- Other agencies providing meeting facilities without charge include Staffordshire Police, Staffordshire County Council and Stoke-on-Trent City Council.



During the year expenditure totalled more than the income received from partners. The Board had budgeted for this and decided before the start of the year to utilise part of the financial surplus from 2014/15.

13. APPENDICES

Appendix 1: Board Partners

Statutory Partners as of 31st March 2016

- Local Authorities
  - Staffordshire County Council
  - Stoke-on-Trent City Council
- Staffordshire Police
- NHS
  - Shropshire and Staffs Area Team NHS England
  - Stoke-on-Trent Clinical Commissioning Group
  - North Staffordshire Clinical Commissioning Group
  - South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
  - East Staffordshire Clinical Commissioning Group
  - Cannock Chase Clinical Commissioning Group
  - Stafford and Surrounds Clinical Commissioning Group
  - University Hospitals of North Midlands (UHNM)
  - Burton Hospital NHS Foundation Trust (BHFT)
  - Staffordshire and Stoke-on-Trent NHS Partnership Trust (SSOTP)
  - North Staffordshire Combined Healthcare NHS Trust(NSCHT)
  - South Staffordshire and Shropshire NHS Foundation Trust (SSSFT)

Extended Partnership as of 31st March 2016

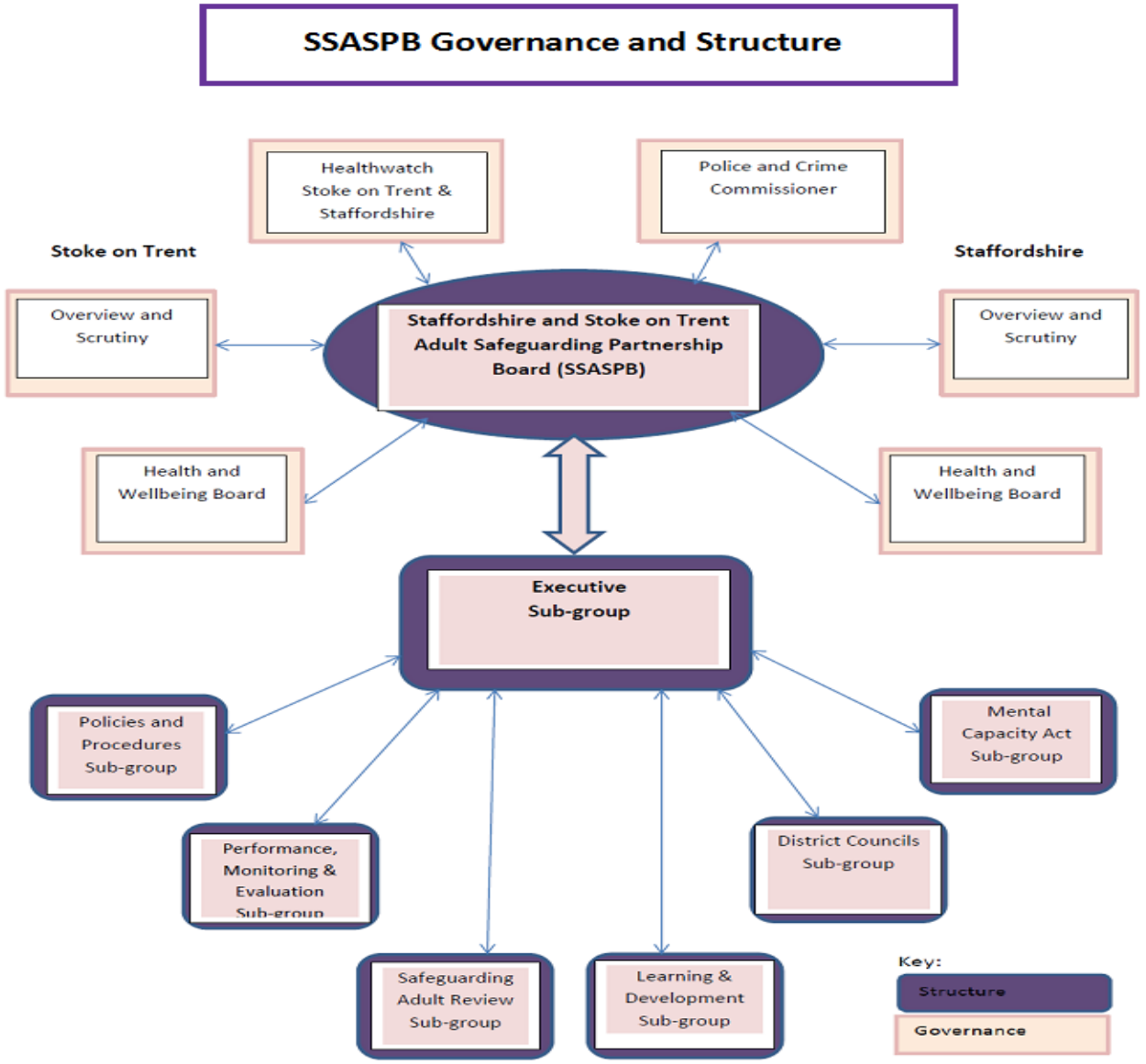
- National Probation Service (NPS) (Staffordshire and Stoke-on-Trent)
- Community Rehabilitation Company (CRCs) (Staffordshire and Stoke-on-Trent)
- West Midlands Ambulance Service (WMAS)
- Staffordshire Fire and Rescue Service (SFARS)
- Stoke-on-Trent City Council Housing
- Independent Futures (IF)
- Healthwatch (Staffordshire and Stoke-on-Trent)
- VAST (Voluntary Sector Representation)
- Staffordshire Association of Registered Care Providers (SARCP)
- Domestic Abuse Fora
- Hate Crime Fora
- Staffordshire District Councils Safeguarding Sub-Group
- Department of Work and Pensions (DWP) Job Centre Plus
- Her Majesty's Prison Service (HMPS)
- Trading Standards (Staffordshire and Stoke-on-Trent)

City of Stoke-on-Trent

NHS

Staffordshire County Council

Appendix 2: Governance arrangements



Appendix 3: Catergories of abuse and neglect

Categories of abuse and neglect - Section 14.17 of The Care Act Statutory Guidance describes the various categories of abuse and neglect:

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery - encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

15. REFERENCES

Care Act 2014 - http://www.legislation.gov.uk/ukpga/2014/23/contents

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

Deprivation of Liberty Safeguards (DoLS) - https://www.gov.uk/government/publications/deprivation-of-liberty-safeguards-forms-and-guidance

Mental Capacity Act (MCA) 2005 - http://www.legislation.gov.uk/ukpga/2005/9/contents

Mental Health Act (MHA) 2007 - http://www.legislation.gov.uk/ukpga/2007/12/contents

A 'Glossary' of terms will be available on the SSASPB website, which will be available at www.SSASPB.org.uk from 1st November 2016.

STAFFORDSHIRE
HEALTH AND WELLBEING BOARD

FORWARD PLAN – November 2016

This document sets out the Forward Plan for the Staffordshire Health and Wellbeing Board.

Health and Wellbeing Boards were established through the Health and Social Care Act 2012. They were set up to bring together key partners across the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch to lead the agenda for health and wellbeing within an area. The Board has a duty to assess the needs of the area through a Joint Strategic Needs Assessment and from that develop a clear strategy for addressing those needs – a Joint Health and Wellbeing Strategy. The Board met in shadow form before taking on its formal status from April 2013.

The Forward Plan is a working document and if an issue of importance is identified at any point throughout the year that should be discussed as a priority this item will be included.

Councillor Councillor Alan White and Dr Charles Pidsley
Co- Chairs

If you would like to know more about our work programme, please get in touch on 01785 278422

Date of meeting	Item	Details	Outcome
10 November WORKSHOP SESSION	**Educate and inform around contents of STP**	TBC – Penny Harris to attend Invitations to all Borough/District holders of Hof H, Police & Crime Commissioner	
8 December PUBLIC BOARD MEETING	**FOR INFORMATION: Annual report of Staffordshire and Stoke on Trent Adult Safeguarding Partnership 2015/16** Report Author: John Wood Lead Board Member: Alan White	The Annual Report 2014/15 was presented to the Board for information in December 2015.	
	FOR INFORMATION: Annual reports of Staffordshire Safeguarding Children Board 2014/15 and 2015/16 Report Author: John Wood Lead Board Member: Mark Sutton	Deferred from 9 June Public Board – The **Annual Report of Staffordshire Safeguarding Children Board** would be presented in December 2016 Not available till "mid" December – defer till March?	
	For discussion & action: CQC safeguarding inspection of Staffordshire Health Services Report Author: Lead Board Member: Helen Riley	TBC – Helen to advise at Chairs meeting 16 Nov	
	Health and Wellbeing Board Annual Report and Plan for 2016/17 Report Author: tbc Lead Board Member:	A progress against the Board's key duties was presented in September 2015. Available on Mod Gov	
	Health and Wellbeing Board Intelligence Group Update Report Author: Kate Waterhouse Lead Board Member:	In late 2014, the Health and Wellbeing Board agreed the establishment of a Health and Wellbeing Board Intelligence Group. The Board had sight of the progress of business for 2015/16 in September 2015 and has quarterly updates on outcomes and performance. Update of Children's JSNA	Virtual
	FOR DISCUSSION: Communications Strategy Report Author Lead Board Member	September 2016 Public Board - members noted the importance of an effective communications strategy and asked that this be included for debate at the next Board meeting	
	Update on the work of Staffordshire Families Strategic Partnership Board Report Author: Lead Board Member: Helen Riley	Deferred from 8 September Public Board On ModGov	
	Story of Staffordshire Report Author: Lead Board Member: Richard Harling	Refer Board Members to Report – HWBB website	Virtual

Date of meeting	Item	Details	Outcome
	Pharmaceutical Needs Assessment Report Author: Lead Board Member: Richard Harling	Refer board members to PNA – HWBB website	Virtual
	Burton Hospital Collaboration with Royal Derby Hospital Report Author: Lead Board Member:	Request / offer from Louise Thompson to speak at HWBB	
	HWBB Annual Report	Outline available	
	HWBB Moving Forward & Public Debates update	Update from previous meeting & outline of emerging plans	
12 January 2017 WORKSHOP SESSION	*Discussion topic TBC*		
16 February 2017 WORKSHOP SESSION	*Discussion topic TBC*		
9 March 2017 PUBLIC BOARD MEETING	**Health and Wellbeing Board Intelligence Group Update** Report Author: Kate Waterhouse Lead Board Member:		Take this at Board once a year then virtually at other quarters
	Annual Report of the Director Public Health Report Author: Richard Harling Lead Board Member: Richard Harllng	Deferred from 8 September Public Board	
	FOR DISCUSSION: Policy, Guidance and support on health issues Report Author Lead Board Member	September 2016 Public Board – members suggested the development of policy, guidance and support on issues such as: alcohol licensing/saturation zones; fast food and hot takeaways as a lever for the reduction of obesity; housing policy with a focus on an ageing population was a priority	
13 April 2017 WORKSHOP SESSION	*Discussion topic TBC*		
11 May 2017 WORKSHOP SESSION	*Discussion topic TBC*		

Date of meeting	Item	Details	Outcome
June 2017 PUBLIC BOARD MEETING	**An annual report on Personal Health Budgets** Report Author: Tina Groom, Personal Health Budget Implementation Manager Lead Board Member: Alan White	An annual report on Personal Health Budgets to update on progress – from June 2016 HWB Public Board Meeting	Virtual
	Health and Wellbeing Board Intelligence Group Update Report Author: Kate Waterhouse Lead Board Member: Richard Harling		Virtual

Board Membership

Role	Member	Substitute Member
Staffordshire County Council Cabinet Members	**CO CHAIR - Alan White** – Cabinet Member for Health, Care and Wellbeing Ben Adams – Cabinet Member for Learning and Skills Mark Sutton – Cabinet Member for Children and Young People	David Loades – Cabinet Support Member for Social Care and Wellbeing
Director for Families and Communities	Helen Riley – Deputy Chief Executive and Director for Families and Communities	Mick Harrison – Head of Care and Interim Head of DASS
Director for Health and Care	Richard Harling – Director of Health and Care	tbc
A representative of Healthwatch	Jan Sensier – Chief Executive, Healthwatch Staffordshire	Robin Morrison – Chairman Engaging Communities
A representative of each relevant Clinical Commissioning Group	Mo Huda – Chair of Cannock Chase CCG Paddy Hannigan– Chair of Stafford and Surrounds CCG John James – Chair of South East Staffs and Seisdon Peninsula CCG **CO CHAIR - Charles Pidsley** – Chair of East Staffs CCG Alison Bradley - Chair of North Staffs CCG	Andrew Donald – Accountable Officer Andrew Donald Andrew Donald Tony Bruce – Accountable Officer Marcus Warnes – Chief Operating Officer
NHS England	Ken Deacon – Medical Director, Shropshire and Staffordshire Area Team	Fiona Hamill – Locality Director

Staffordshire's Health and Wellbeing Board has agreed to the following **additional representatives** on the Board:

Role	Member	Substitute
District and Borough Elected Member representatives	Roger Lees – Deputy Leader South Staffordshire District Council Frank Finlay – Cabinet Member for Environment and Health	Brian Edwards Gareth Jones
District and Borough Chief Executive	Tony Goodwin – Chief Executive Tamworth Borough Council	Rob Barnes – Director of Housing & Health Tamworth
Staffordshire Police	Jane Sawyers – Chief Constable	Nick Baker – Deputy Chief Constable
Staffordshire Fire and Rescue Service	Glynn Luznyj – Director of Prevention and Protection	Jim Bywater
Together We're Better - Staffordshire Transformation Programme	Penny Harris – Programme Director	Bill Gowan – Medical Director

Calendar and Board Meetings and *Workshops*

(at 3pm and at Rudyard and Trentham Rooms, Staffordshire Place 1 unless otherwise stated)

10 November 2016

8 December 2016

12 January 2017

16 February 2017

9 March 2017

13 April 2017

11 May 2017