Staffordshire Health and Wellbeing Board

3.00 pm Thursday, 7 December 2017
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**

   Chair

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

2. **Questions from the public**

   The following question has been submitted by Mr Ashok Kumar:

   How many people can science and medicine keep alive on a planet which has only a limited amount of resources and time? Moreover, is science and medicine also part of the limited amount of resources and time?

FOR DECISION

3. **Suicide Prevention** (Pages 7 - 12)

   Richard Harling, Director for Health and Care

4. **Local Transformation Plan for Children and Young People's Mental Health Services** (Pages 13 - 58)

   Jane Tipping, Head of Mental Health Commissioning and Roger Graham, CAMHS Commissioner, South Staffs CCGs

FOR DEBATE

5.	**Staffordshire Health & Wellbeing Strategy** Jon Topham, Senior Commissioning Manager	(Pages 59 - 80)
6.	**Director of Public Health Annual Report** Richard Harling, Director for Health and Care	(Pages 81 - 82)
7.	**Health in All Policies** Richard Harling, Director for Health and Care	(Pages 83 - 88)
8.	**Air Quality and Clean Air Zones** Richard Harling, Director for Health and Care	(Pages 89 - 98)

FOR INFORMATION

9.	**Staffordshire Better Care Fund**	(Pages 99 - 102)
10.	**OFSTED - Report on Children's Services**	(Pages 103 - 114)
11.	**Anti-Microbial Resistance (AMR)**	(Pages 115 - 120)
12.	**Staffordshire & Stoke-on-Trent Adult Safeguarding Partnership Board Annual Report**	(Pages 121 - 162)
13.	**JSNA Outcomes Report**	(Pages 163 - 172)
14.	**Update on Burton/Derby Merger and Plans for the Community Hospitals**	(Pages 173 - 178)
15.	**Forward Plan**	(Pages 179 - 190)

16. **Date of next meeting**

The next H&WB meeting is scheduled for Thursday 8 March 2018, 3.00pm, Staffordshire Place 1.

Membership

Gareth Morgan	Chief Constable Staffordshire Police
Tim Clegg	District & Borough Council CEO Representative

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)
Frank Finlay	District Borough Council Representative (North)
Dr John James	South East Staffordshire and Seisdon Peninsula CCG
Roger Lees	District Borough Council Representative (South)
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
Philip White	Staffordshire County Council
Simon Whitehouse	Staffordshire Sustainability and Transformation Pl
Helen Riley	Staffordshire County Council

Contact Officer: Jon Topham, (01785 278422),
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Note for Members of the Press and Public

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Minutes of the Health and Wellbeing Board Meeting held on 7 September 2017

Attendance:

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Tim Clegg	District & Borough Council CEO Representative
Dr Alison Bradley	North Staffs CCG
Dr. Charles Pidsley	East Staffordshire CCG
Alan White	Staffordshire County Council (Cabinet Member for Health, Care and Wellbeing)
Frank Finlay	District Borough Council Representative (North)
Dr. John James	South East Staffordshire and Seisdon Peninsula CCG
Jan Sensier	Healthwatch Staffordshire
Glynn Luznyj	Staffordshire Fire and Rescue Service
Michael Harrison	Staffordshire County Council
Dr Richard Harling	Director of Health and Care
Philip White	Staffordshire County Council
Simon Whitehouse	Staffordshire Sustainability and Transformation Partnership
ACC Nick Adderley	Staffordshire Police

Also in attendance: David Sugden (Commissioning Manager, Strategy and Policy, SCC), Janene Cox (Commissioner for Culture & Communities, SCC), Ruth Goldstein (Consultant in Public Health), Jon Topham (Senior Commissioning Manager), Karen Bryson (Assistant Director, Public Health and Prevention), Ben Hollands (SASSOT) Gavin Boyle, Chief Executive, Derby Teaching Hospital NHS Foundation Trust, Helen Scott-South, Chief Executive and Magnus Harrison, Medical Director, Burton Hospitals NHS Foundation Trust, and John Rivers, Chairman of both Derby and Burton Hospital Trusts.

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Apologies: Gareth Morgan (Chief Constable Staffordshire Police), Roger Lees (District Borough Council Representative (South)), Mark Sutton (Cabinet Member for Children and Young People) (Staffordshire County Council (Cabinet Member for Children and Young People)), Dr Paddy Hannigan (Chair, Stafford and Surrounds CCG) (Stafford and Surrounds CCG), Dr Mo Huda (Chair, Cannock Chase CCG) (Cannock Chase CCG) and Helen Riley (Director of Families and Communities and Deputy Chief Executive) (Staffordshire County Council)

49. Declarations of Interest

There were none at this meeting.

a) Minutes of Previous Meeting

RESOLVED – That the minutes of the Health and Wellbeing Board meeting held on 6 July 2017 be confirmed and signed by the Chairman.

50. Questions from the public

There were no questions from the public.

51. End of Life Care - Public Conversation

The Steering Group developing the end of life care debate had met twice to date. They proposed that the debate should be based on the title used nationally, being called "Dying Matters in Staffordshire" rather than the previous suggestion of "Dying to Chat". It was also suggested that a dedicated website would enable a more public facing approach to the work of the Board and the debate.

RESOLVED – That:

a) the verbal update be noted;
b) "Dying Matters in Staffordshire" be the name of the debate; and
c) Work towards a dedicated web site be progressed giving consideration to costings.

52. Pharmaceutical Needs Assessment

The Pharmaceutical Needs Assessment (PNA) considers the current provision of pharmaceutical services across a defined area, making an assessment as to whether population needs are met. The H&WB has a statutory duty to update their PNA every three years, keep a current map of provision in its area and publish any supplementary statements where changes have been made.

The Board received the draft consultation report which would form the second comprehensive PNA for Staffordshire. The report highlighted that:

- there are sufficient numbers and a good choice of pharmacy contractors to meet Staffordshire's pharmaceutical needs;
- there are a number of advanced and locally commissioned services that pharmacies currently provide to support the health and wellbeing needs of Staffordshire residents;
- there are opportunities for pharmacies to further complement primary and secondary care services and play a part in improving health and reducing inequalities.

The Board were aware of the funding reductions and consequent contracting services of pharmacies and the STP consideration of the use of pharmacies for primary care.

RESOLVED – That:

a) further consideration should be given to how pharmacies can support delivery of health and wellbeing priorities and particularly focus on the contribution pharmacies can make to the STP;
b) a consultation period of 60 days between September and December 2017 be agreed; and
c) further feedback from H&WB Members and their organisation be given to the report authors to help shape the final PNA as part of the consultation process.

53. Burton/Derby Hospital Transformation

[Gavin Boyle, Chief Executive, Derby Teaching Hospital NHS Foundation Trust, Helen Scott-South, Chief Executive and Magnus Harrison, Medical Director, Burton Hospitals NHS Foundation Trust, and John Rivers, Chairman of both Derby and Burton Hospital Trusts attended to present this item]

The Boards of Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust had now approved an outline business case for a proposed merger between the two organisations. The merger would see Burton Hospitals retaining a vibrant district general hospital, including Accident and Emergency (A&E) services, with a commitment to improving services in Burton. For Derby Hospitals the proposed collaboration would give access to a wider population base, enabling the organisation to sustain and expand specialist services.

With regard to the community hospitals in Lichfield, Tamworth and London Road, Derby, the Trusts intended to maximise their use by focusing on new models of care which centred on the local "place" people live, developed as part of the Sustainability and Transformation Plans (STP) in Derbyshire and Staffordshire. The partnership also offered opportunities to develop shared corporate and non-clinical services.

Board Members raised the following issues:

- the importance of ensuring the proposed merger's fit with the STP;
- the importance of maintaining patient choice and the current use of Good Hope Hospital by many Staffordshire patients;
- that the business case includes a growth in acute activity and income that risks further increasing the proportion of NHS funding going into acute services at the expensive of investment in prevention and community services, unless this can come from a reduction in acute activity and expenditure at other Acute Trusts;
- that the business case should therefore be checked against the assumptions made by neighbouring Acute Trusts to determine whether they are in fact expecting a shift of activity and funding to BHFT/DTHFT.

The commissioner for Burton, East Staffs CCG was strongly in support of the collaborative work which was seen as essential to ensure sustainable and high quality services for the public currently served by Burton hospitals.

RESOLVED – That:

a) the continued commitment and progress made towards the proposed merger of Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS

Foundation Trust be noted, along with their commitment to the goals of the Staffordshire STP; and

a) the business case be checked by the STP against the assumptions about activity and funding at other Acute Trusts to determine whether collectively they are affordable.

54. Families Strategic Partnership Highlight Report

The H&WB received an overview of the activity undertaken by the Families Strategic Partnership Board (FSPB), supported by the Families Partnership Executive Group (FPEG). The report highlighted the Partnership Board's aim to deliver sustainable long-term solutions to effectively manage demand of services and ensure help is provided at the earliest opportunity.

RESOLVED – That:

a) the report be noted;
b) the work undertaken by the FSPB and the FPEG and the direction of travel for partnership activity be endorsed;
c) the activity plan and outcomes framework be approved;
d) the priority of mental health and wellbeing (across the life course, focusing on the lower end of the spectrum and centring on root cause) be endorsed; and,
e) the successful delivery of FSPB initiatives is acknowledged as requiring a "whole family" holistic approach.

55. Together We're Better: Update on Progress

The H&WB received detail of the STP's three priorities for 2017/18: bringing the finances under control; improving performance; and managing winter better. Progress was shared on the five key programmes within the Together We're Better (TWB) Staffordshire STP and Members also received details on a review of governance and stakeholder engagement. A re-deployment team had been set up to match existing staff with vacancies across Staffordshire and Stoke-on-Trent and details of this were also discussed.

RESOLVED – That:

a) the H&WB support the three priorities;
b) the co-chairs of the H&WB attend a Health and Care Transformation Board governance workshop to explore and shape how the system moves into delivery mode; and
c) Board Members give consideration to enabling their respective organisational vacancies to be accessible to displaced health and care staff through the re-deployment team.

56. Physical Inactivity Sub-Group

At their meeting of 9 March 2017 the H&WB had adopted a sub-group of the Board to lead an application for a consortia bid to the Sport England Local Delivery Fund. The premise of the bid had been to tackle physical inactivity in older adults within six geographical areas across Staffordshire. In June Sport England had made the decisions

that whilst Staffordshire's application should be commended for its strong sense of place, logical approach and clarity of purpose, they would not be taking it through to the final stage of assessment. This was partly because they needed stronger evidence of H&WB strategic leadership.

Through the bid process it had become apparent that there was an urgent need for a collaborative approach to tackle inactivity and the sub-group was now developing a clear vision, priority outcomes and associated work programme, evaluating what could be delivered without the significant investment of the Local delivery Fund. A further application had been made to Sport England by Sport Across Staffordshire and Stoke-on-Trent for a dedicated staff resource to support the work of the sub-group.

RESOLVED – That:

a) the work of the sub-group to date be endorsed;
b) the H&WB continue to take a leadership role in the development of a collaborative approach to physical inactivity in Staffordshire;
c) physical activity is a priority for the H&WB going forward; and
d) help to ensure physical activity is embedded into local policy.

57. Place Based Approach

The H&WB received a summary of the partnership discussions and an overview of the Place Based Approach (PBA) concept and how this was being developed at a local level by the Families Strategic Partnership. The partnership brought together strategic and operational system leadership at both a County and District/Borough level whilst ensuring best use of public sector and community assets within localities. Agreement had been reached to pilot the PBA concept initially in Newcastle-under-Lyme and Tamworth, with the intention that the learning from these pilots support the Districts/Boroughs when the PBA is rolled out across Staffordshire. This is currently being aligned with the adults prevention workstream.

RESOLVED – That:

a) the report, and particularly the concept, definition and principles of the PBA, be noted;
b) the core approach across Staffordshire and the local flexibility dependent on local need a resource availability be noted;
c) provision by the H&WB of the strategic direction be agreed;
d) the successful delivery of PBA is acknowledged as requiring a "whole family" approach.

58. Prevention Through Wellness - People and Place Based Approach

The H&WB considered the approach to their new Strategy "Prevention through Wellness – our People and Place based approach". The new Strategy had much on common with the STP Prevention Work stream. It was therefore suggested that the Strategy be adopted as the strategic framework for the Prevention Workstream, with a single delivery plan overseen by a Prevention Steering Group established as a sub group of the H&WB.

The Strategy would focus on three themes:

- Lifestyle factors – obesity, physical inactivity, smoking, drugs and alcohol
- Mental well-being – social isolation, dementia, suicide prevention
- Long term conditions – diabetes, heart disease and stroke, respiratory disease, end of life

RESOLVED – That

a) the overlap between the H&WB Strategy and the STP Prevention Work stream be noted, and the Strategy's adoption as the strategic framework for the STP Prevention Work stream be agreed;
b) the establishment of a Prevention Steering Group sub-group of the H&WB be agreed to develop and implement the Delivery Plan. Membership of the sub-group drawn from key partners and report to the H&WB and the STP Board;
c) the key Strategy themes be agreed; and
d) the proposed approach to prevention be supported.

59. For Information

The following items were included on the H&WB Agenda for information only:

- Better Care Fund Update
- JSNA Outcomes - August 2017

60. Forward Plan

In considering the Forward Plan the Board noted the following items scheduled for their December meeting:

Items for debate –

1. Annual Report of the Director of Public Health
2. HIAP
3. Public Conversation
4. Commissioning Intentions
5. Suicide Prevention
6. Ofsted report of Children's Services

Items for information –

1. Air Quality Report
2. Anti-Microbial Resistance (AMR)
3. H&WB Strategy
4. Staffs & Stoke-on-Trent Adult Safeguarding Partnership Board Annual Report

RESOLVED – That the Forward Plan be agreed.

Chairman

Staffordshire Health and Wellbeing Board	
Title	Suicide Prevention
Date	7th December 2017
Board Sponsor	Richard Harling
Author	Vicky Rowley
Report type	For debate

Summary

Suicide prevention is a key public health issue with one person dying every two hours as a result of suicide across England. Each death from suicide is an individual tragedy and a loss to society.

The Staffordshire Suicide Prevention Strategy was developed in 2015 and focuses on the following priorities:

1. Reduce the risk of suicide in key high risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved and affected by suicide
5. Support the media in delivering sensitive approaches
6. Support research, data collection and monitoring

A new suicide prevention action plan for Staffordshire & Stoke is currently being developed, following consultation with a variety of stakeholders during a workshop that took place in September 2017.

Recommendations

1. I recommend that the Board:
   a) Support and endorse the current and planned activity as described within the report
   b) Suggest any further areas for consideration as part of the action plan
   c) Champion the importance of suicide prevention and support the 'zero tolerance' approach across Staffordshire

Background / Introduction

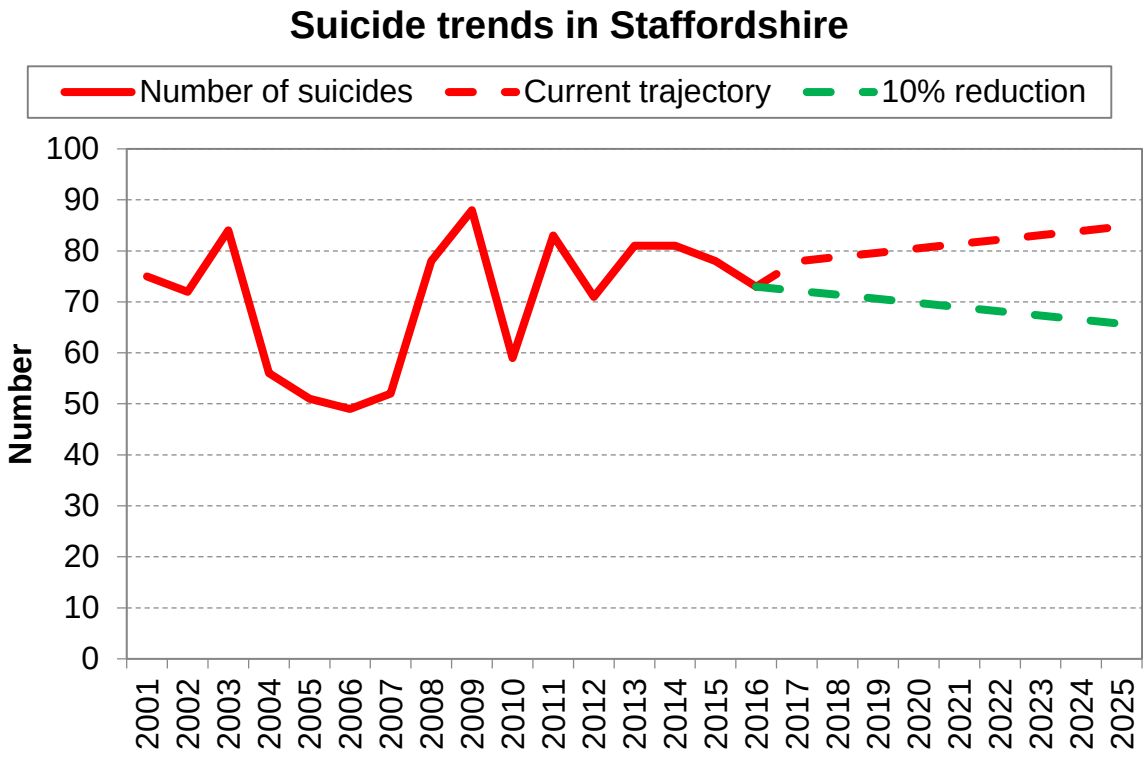
2. In 2015 a new Suicide Prevention strategy for Staffordshire was published, which included local information concerning rates of suicide as well as the most common methods, locations and typical profile. An action plan was also developed which covers both Staffordshire and Stoke on Trent which included both national as well as local priorities. The action plan is currently being reviewed, taking into account progress made to date and new priorities needed moving forward.

3. In order to ensure oversight for the delivery of the strategy and the action plan, a Staffordshire and Stoke on Trent Suicide Prevention Steering Group has

been established which brings together a variety of stakeholders across local authority, Clinical Commissioning groups, primary & secondary care, community organisations and a variety of other public sector representatives.

Suicides in Staffordshire

4. In Staffordshire there are about 80 deaths by suicide annually: around 1% of all deaths; they are the second most common cause of death among young people aged 16-24 and also the third most common cause of death in people aged 25-49. In 2016 there were 73[1] incidents of suicide recorded via the coroner's office. This shows a decrease based on the previous year which was 78 incidents. This statistic excludes Stoke on Trent. The number of suicides in Staffordshire fell during 2004 and 2007 but then showed an increase in 2008 and 2009. In recent years with the exception of 2010, the average number of suicides in Staffordshire each year is around 80 (Figure below)



5. Men have a higher rate of men suicide than women. The majority of suicides in males were in the 25-49 year age group (35% of all suicides) with rates in the age group being 20 per 100,000 population. For women the most common age group in numbers was also 25-49 (10%) although the highest rates are seen in women aged 50-64. Between 2001 and 2015 suicides have fluctuated in both males and females; however suicide remains more common in men throughout this period making up around three-quarters of all suicides in Staffordshire.

[1] Provisional figure pending up to date final data from public health outcomes framework

6. At a district level, Stafford has the highest number of deaths from suicide or undetermined injury for the period of 2013-2015, 51 (21% of all suicides in Staffordshire), followed by Newcastle-under-Lyme, 38 (16%). Due to a recent 'cluster' of incidents, Tamworth train station has been identified as a 'high risk' area and as a result, an escalation group has been formed in order to identify and carry out specific interventions in order to increase levels of safety.

7. The majority of suicidal deaths during 2011-2015 took place at the home address (60%) with approximately 29% occurring elsewhere - possibly another private residence, another building or outside e.g. on a road or near railway lines. About 10% occurred in a hospital with the remaining 1% occurring in prison. The most common method of suicide in Staffordshire for 2011-2015 was 'hanging, strangulation and suffocation' which accounted for 59% of all suicides in all age groups and genders, followed by poisoning (19%).

8. Self-harm as an expression of personal distress appears to be a risk indicator. During 2015/16 there were around 1,730 self-harm admissions in Staffordshire with rates being higher than the England average. Rates in Newcastle, Stafford and East Staffordshire during 2014/15 were higher than average.

Strategic alignment

9. The national suicide prevention strategy (2012) provides a guide for local authorities to develop their own plans. Suicide prevention is part of the NHS Five Year Forward View for Mental Health and a national target has been set by NHS England to reduce the number of people taking their own lives by 10% by 2020/21. In order to ensure a collaborative approach to achieving this ambition, suicide prevention is included within the Mental Health work stream of the Staffordshire and Stoke on Trent Sustainability & Transformation Plan (STP).

10. A mental health programme in Detroit, USA, signed up to a 'zero suicide' commitment and has reported a decline in the number of suicides that have taken place. This 'Zero tolerance' ambition means a change in attitude towards prevention of suicide, recognising that suicide is not inevitable for some people, and a change in culture can make suicide preventable. As a result, the 'zero suicide' ambition has begun to be championed from within central government, including NHS E and Public Health England. In the UK, pioneering health workers in Liverpool, the south-west and in the east of England are already re-thinking how they care for people with mental health conditions to achieve this ambition for 'zero suicides' in their own health service.

Priorities within the new action plan

11. The new Staffordshire & Stoke on Trent Suicide Prevention Action Plan will include the following key actions:

    - Development of a Staffordshire wide suicide prevention campaign which will aim to be launched early in 2018. The aim of the campaign would be to dispel common myths about suicide and self-harm, whilst encouraging

people to talk to each other. Work is underway to better understand the recent campaign held across Stoke on Trent, as well as other examples across the country. An overarching communications plan will also be developed around the campaign.

- Local mental wellbeing awareness raising events in each of the districts across the county. Taking on board the learning from the recent Tamworth event, the plan is to organise a number of other similar events elsewhere, linked with public mental health promotion. Due to a recent number of incidents that have taken place in Stafford, this is the next priority area and ideally we would host an event with partners, in early 2018.

- Suicide prevention training for GPs (coroner data shows that a person will likely visit their GP within 12 months leading up to an incident taking place). Conversations have been taking place with primary care leads across CCGs in order to develop a plan for delivery of the training in a way which is most convenient and accessible. The training will aim to equip GPs and primary care staff with the knowledge and skills necessary to identify suicidal ideation amongst their patients, whilst also being able to manage crisis situations.

- Mental health first aid training to Staffordshire County Council (SCC) Staff before exploring the possibility of providing training to other key groups including universities and colleges. Starting with SCC staff, it has been agreed by the HR team that we support two staff to become trainers, enabling them to then cascade the training to our staff and enable people to become Mental Health Champions. This will then give us a platform to find ways in which we can offer this training to other organisations from a workplace health perspective.

- Due to a recent 'cluster' of suicides at Tamworth railway station, an escalation group was formulated including public health, network rail, British transport police and the Samaritans in order to review the information available and identify ways in which more could be done at this particular location to make it as safe as possible for the public. The development of this group has established relationships which have meant increased levels of communication across organisations. This in turn has enabled more information sharing to take place, and for commissioners to be alerted when a suspected suicide has happened involving the railways.

- More recently, conversations have taken place in order to develop a community arts project in order to display artwork which gives the train station an identity and makes it a more positive and uplifting environment. A public mental wellbeing event is also due to take place in Tamworth on 6th September which aims to make members of the public aware of local support services available. A variety of organisations will be involved in the event including Public Health, Tamworth Samaritans, SSSFT, South Staffs Network for Mental Health, Citizens Advice Bureau, Tamworth Borough Council, and others.

- A specific plan to tackle the issue of self-harm and suicide amongst children and young people (focusing specifically on looked after children and those in the youth justice system). This is an area of work that will require further discussion and development. Conversations have taken place with the SSCB Executive Group as well as local authority colleagues within Childrens & Families, as well as CCG and Local authority CAMHs commissioners. Some data has been provided from the Child Death Overview Panel and there has been some guidance recently published by Department of Health *(Government Response to the Health Select Committee's Inquiry into Suicide Prevention, 2017)* which provides insights into the circumstances concerning premature mortality amongst younger people.

Measuring success

12. Being able to understand whether or not any of our actions have had a positive impact on rates of suicide or self-harm is incredibly challenging, due to the complex nature of this issue and the wide variety of potentially influencing factors. We do know the outcomes that we want to achieve concerning suicide prevention which include people having a greater awareness and understanding of mental health (both professionals and the public), whilst also knowing about the importance of talking to people and seeking help. In terms of the GP training, we want GPs to feel more confident about how to manage situations of crisis when patients present with signs of possible suicidal ideation, and broadly we want to spread the message across society that every suicide is preventable.

13. The ultimate outcome that we want to achieve is a reduced rate of suicide and reduced rates of self harm across Staffordshire and stoke on Trent. In terms of data, we do receive regular updates from the business intelligence team which gives the numbers of occurrences and registrations of deaths by suicide, which helps us to understand how the rates might be changing over time. However, there is a time delay with this data and so we have started to explore possible 'proxy' measures which may give a deeper insight. Access to these local measures relies heavily upon communication and engagement with partner organisations. Some examples include:
    - Real time alerts from Network Rail concerning any suspected suicides which take place on our railways (this is already happening)
    - Data concerning the number of Section 136 detentions made by Police under the Mental Health Act (under progress)
    - Data received by both of the mental health trusts in Staffordshire concerning any known incidents with patients
    - Rates of self harm coded by the acute trusts
    - Numbers of people contacting the mental health helpline provided by Brighter Futures
    - Engagement with local Samaritans in order to understand any changes in activity, as well as engagement with community mental health services including voluntary sector.

- Engagement with primary care in order to evaluate their levels of understand and confidence pre and post any training initiatives.
- Information provided by the coroner's offices in north and south Staffordshire would also help give an insight into any changes in profile, behaviour or patterns across all cases of suicide.

14. As part of the wider Staffordshire and Stoke on Trent action plan we aim to develop a dashboard of indicators which may help us to try to measure any possible impact and enable us to be better informed about levels of activity associated with suicide and self harm. Being able to evidence and measure the effectiveness of suicide prevention interventions is a national problem but we will use any examples of best practice and research which may be available in order to inform this area of work.

Staffordshire Health and Wellbeing Board	
Title	Local Transformation Plan for Children and Young People's Mental Health services
Date	7th December 2017
Board Sponsor	
Author	Jane Tipping, Head of Mental Health Commissioning and Roger Graham, CAMHS Commissioner, South Staffs CCGs
Report type	For Approval

Summary

NHS England requires CCGs to submit a refreshed version of the Local Transformation Plan (LTP) for the development of Child and Adolescent Mental Health Services (CAMHS) within their localities. This is an annual requirement & must include verification that the Health and Well-being Board have signed off the final submission.

Recommendations to the Board

The Board is asked to approve the updated Local Transformation Plan which sets out the progress to date and the plans to meet the national guidance as set out in the NHS and Local Government policy document – Future in Mind.

Background / Introduction

In 2015 NHSE England initiated a process of transformation for CAMHS provision associated with the strategy document-Future in Mind. There were specific requirements for NHS commissioning organisations including the development of crisis/intensive support services, the development of eating disorder services, workforce development & meeting national targets for the expansion of mental health/emotional wellbeing services to a larger number of children & young people. These plans formed the Local Transformation Plan, which was developed in 2015/16.

The developments were supported by indicative financial allocations to CCGs to achieve the core goals of transformation by 2020/21. Achieving the goals of transformation required a whole systems approach with robust partnership arrangements with a range of other public sector & third sector organisations-including local authorities & education providers.

The LTP is updated and refreshed on an annual basis and must be published on the CCG websites indicating local progress against the key national targets.

The organisational footprint for delivery in this area aligns with that of the Sustainability and Transformation Plan hence our local partnership includes all Staffordshire CCGs plus Stoke on Trent CCG.

The current LTP is also based on the existing Emotional Well-being Strategies which run to 2018. Transformation funding has enabled a far wider approach to be taken to developing comprehensive services for children and young people and to transform models of care, whilst at the same time ensuring provision that works well is recognised, protected and expanded. The plan to date has been based on an incremental approach but partners now wish to undertake a fundamental review to develop a vision and plan to 2020/21. This will include full consultation with all stakeholders.

The table below summarises progress to date and the plans we wish to put in place to achieve the further improvements required up to 2021.

LTP Progress and ambition to 2021-Our Road Map

2015/16	• Initial analysis of local need • Initiate intensive support development • Eating disorder service commissioned • Review participation service. • Progress Children and Young People Improving Access to Psychological Therapies developments • Support to Tier 2 • School based programmes piloted
2016/17	• NICE compliant eating disorder service commences • Establish first stage intensive support service (South Staffs) • School based programmes (Hope Project in South Staffs) in place & effectiveness reviewed. • Address CQC requirements of North Staffs CAMHS provider. • Improve access and reduce waiting times (North Staffs) • Revised participation programme in place-within non-statutory sector • Initiate neuro-psychiatry service in South Staffordshire. • Joint work with NHSE regarding Tier 4 reductions • Outcome monitoring for therapeutic interventions in place through Children and Young People Improving Access to Psychological Therapies Programme(CYPIAPT) • Workforce plans developed
2017/18	• Extension of eating disorder service in South Staffs to address need. • Full recruitment to eating disorder service in northern Staffs. • 0-5 service in East Staffordshire to commence. • Review of mental health needs of Looked After Children commenced-with Staffordshire County Council

	• Update/revise Joint Strategic Needs Assessment - in-depth deep dive on mental health with a particularly focus at the lower end of the spectrum and centre on root causes (e.g. social isolation, health and debt). • Response to Green Paper/address the needs of schools for emotional wellbeing services • CYP MH Services and Schools Link Pilot Wave 2. Expressions of Interest for Staffordshire and Stoke to work with the Anna Freud Centre for Children and Families (AFCCF) and the Department for Education to help CCGs and LAs work together with schools and colleges to provide timely mental health support to children and young people have been successful. • Transitions to Adult Mental Health. -CQUIN NHS contractual requirement • IAPT trainees supported • Collaborative work with NHSE regarding Tier 4 admission reduction, transitions to Adult Mental Health • Increase numbers of children and young people accessing emotional resilience programmes in school • Psychological Wellbeing Practitioner programme initiated & reviewed. (South Staffs) • Health and justice programme commences • Third sector transformation programme commences • Development of dynamic risk register for children and young people with a disability at risk of admission. • Mental Health Services and Schools Link Programme delivered
2018/19	• STP footprint strategy developed. • Work towards implementation of Thrive model • Deliver improved care pathway for children with Autistic Spectrum Disorders within CAMHS. • Extension of intensive support service in South Staffs and development of service in northern Staffs. • Ensure Third Sector data is reflected in overall performance data. • Review access of children to early intervention in psychosis service • Consideration of self-referral options • Single point of access reviewed. • Re-procurement of CAMHS support to Looked After Children (Staffordshire only) • Collaborative commissioning with NHSE based on new model of Tier 4 provision-stronger links to community teams. Implement collaborative commissioning plan with NHSE

	• Ensure appropriate and timely responses to Children and Young People presenting at Accident and Emergency those presenting out of area. • All age 24/7 acute psychiatric liaison developed. • Implement plan for effective transitions from CAMHS to adult mental health • Data quality improvement programme • ASD service re-procurement (South Staffs) • Intensive support for children with a learning disability
2019/20	• Review access to CAMHS for disadvantaged groups-BEM, LGBT, asylum seekers, children subject to sexual exploitation & early year's trauma-ensure comprehensive service offer. • Workforce requirements reviewed-future capacity planning & engagement with CYP-IAPT • Incremental application of Thrive model
2020/21	• 24/7 out of hours provision in place • Digital offer in place. • Access targets met • Eating disorder service access targets met. • Robust school based programmes of support in place-including links to community CAMHS. • Community based crisis and intensive support fully in place to prevent admission where possible and to avoid young people being placed long distances from home. • Thrive model embedded • Consistent model across STP footprint • Children and young people will be able to access services in a timely manner, receive evidence based interventions and have a positive experience of care.

What do you want the Health and Wellbeing Board to do about it?

The Board is asked to approve the updated and refreshed LTP for Staffordshire & Stoke on Trent and to note the plans for updating the Emotional Wellbeing Strategies for children and young people.

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Staffordshire and Stoke-on-Trent Local Transformation Plan for Children and Young People's Mental Health

Developing our local offer to secure improvements in children and young people's mental health outcomes.

31/10/2017

Contents

Appendices

Staffordshire and Stoke-on-Trent Local Transformation Plan for Children and Young People's Mental Health

Developing our local offer to secure improvements in children and young people's mental health outcomes.

1. Overview

The Staffordshire and Stoke-on-Trent Local Transformation Plan (LTP) for Children and Young People's Mental Health was approved in October 2015. The additional funding released has enabled a major programme of investment to improve our local offer and mental health outcomes for children and young people. This refresh provides an update on progress and challenges associated with the delivery of Child and Adolescent Mental Health Service (CAMHS) Transformation by 2021.

This refresh of the LTP is largely an update and a revised LTP will be completed in 2018 to cover the whole of the LTP/Sustainability and Transformation Partnership (STP) area as local CAMHS strategies that pre-date the LTP expire. The revised LTP will incorporate the views of children and young people and partners across Staffordshire and Stoke-on-Trent and include detailed place-based delivery plans.

This Transformation Plan is pan-Staffordshire covering the two local authorities and the six Clinical Commissioning Groups (CCGs) within the geographical boundaries of Staffordshire and Stoke-on-Trent. Hence the LTP aligns with the STP. The STP Board has established a mental health work stream Programme Board to oversee the delivery of CAMHS transformation across the whole area and monthly reports provide details on progress against key performance indicators associated with CAMHS Transformation and highlight risks to delivery and issues that require escalation.

This refresh will provide an update on progress across the whole LTP/STP footprint on a locality basis relating to northern and southern Staffordshire as progress may differ due to there being two NHS providers across the LTP/STP area, with CCGs also commissioning

on a northern and southern footprint. North Staffordshire Combined Health Care NHS Trust (NSCHCT) provides specialist (Tier 3) services in North Staffordshire and Stoke-on-Trent and South Staffordshire and Shropshire Foundation Trust (SSSFT) in South Staffordshire. The baseline position in the two localities differed at the commencement of the transformation process hence progress is currently at different stages. However the aim is to ensure that services are responsive to local need and that there is equitable provision across the whole area.

The LTP brings together the existing individual Emotional Wellbeing and Mental Health Strategies for Stoke-on-Trent and Staffordshire and must be read in conjunction with these strategies. These are both titled "Emotional Wellbeing and Mental Health of children and young people from birth to 18 Commissioning Strategy 2015-18". Both strategies were finalised prior to the publication of the Future in Mind document and Transformation Plan Guidance and are now in effect LTP place-based delivery plans. They were the result of significant consultation with young people, parents, clinicians and key stakeholders including schools and received final approval through respective local governance systems (Clinical Commissioning Groups and Local Authorities). The strategies are consistent with the main themes of Future in Mind and will be updated as place-based delivery plans in 2018. This refreshed LTP is enriched by the views of users and potential users of CAMHS who have highlighted their key priorities for service improvement.

This plan is published at:

http://www.camhs-stoke.org.uk/document-library http://www.stokeccg.nhs.uk/ http://www.northstaffsccg.nhs.uk/	http://www.eaststaffsccg.nhs.uk/ http://www.cannockchaseccg.nhs.uk/ http://sesandspccg.nhs.uk/ http://www.staffordsurroundsccg.nhs.uk/

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- Stoke-on-Trent Local Authority and Stoke CCG : Paula Wilman: Paula.wilman@stoke.gov.uk

2. Understanding Local Need

The strategies are underpinned by robust needs assessments utilising population based epidemiological information and data from youth justice, health, education and social care. They recognise that good mental health allows children and young people to develop the resilience to cope with life's challenges and grow into well-rounded healthy adults. A significant piece of work was undertaken across Stoke-on-Trent and Staffordshire to develop a robust children and young people's Joint Strategic Needs Assessment in 2016/17 and plans are under way to deep dive further the issues around emotional wellbeing and mental health arising from the JSNA. The Youth Offending Services have also undertaken detailed needs analysis that identified high levels of mental health issues and learning difficulties (including communication and language development delay); both recognised as key risk factors for offending behaviour. In Staffordshire, the school nursing service has undertaken some profiling work with schools which identified high levels of emotional wellbeing issues. These and other sources will be revisited, refreshed and incorporated into the new placed-based strategies.

Staffordshire's Joint Strategic Needs Analysis identifies the following key factors that can help keep children and young people mentally well including:

- being in good physical health, eating a balanced diet and getting regular exercise
- having time and the freedom to play, indoors and outdoors
- being part of a family that gets along well most of the time
- going to a school or education setting that looks after the wellbeing of all its pupils
- taking part in local activities for young people

Evidence suggests that most 15 year old children across Staffordshire and Stoke-on-Trent report good levels of life satisfaction. Only 12% of young people in Staffordshire reported low life satisfaction which is similar to England (14%). The proportion in Stoke-on-Trent is better at 11%. Overall, this presents a positive picture in evidencing that the majority of our children and young people enjoy positive emotional health and wellbeing.

In determining the priorities it is recognised that some children are more vulnerable and susceptible to poor mental ill-health. There are estimated to be around 10,400 children in Staffordshire and 3,700 in Stoke-on-Trent aged five to 16 years with a mental health disorder.

Analysis suggests that for children and young people this is associated with poor educational attainment, increased numbers not in education, employment or training, disability, offending and antisocial behaviour. Early intervention can therefore reduce demand on schools, the youth justice system and children's social care services.

Some of the key drivers for change include poor parental mental health; intrinsic family issues with alcohol or drug use, being bullied, being abused physically, sexually or emotionally, losing a parent or close family member or living in a lone parent household.

Activity data mainly associated with Tier 4 admissions from the LTP area and demographic data has highlighted the increasing percentage of females within CAMHS and in particular within T4 provision. For example in May 2017 all the children and young people in Tier 4 accommodation in South Staffordshire were female with over 80% of these admissions attributed to eating disorders. Additional investment into intensive support for people presenting with eating disorders has therefore been prioritised for 2017/18.

Based on the JSNA information available plus the additional analysis currently being undertaken, the revised strategy in 2018 will clarify the nature of local need and commission services to meet these needs. JSNA and other data will be supplemented by soft intelligence gathered from comments and complaints regarding CAMHS and the views of children and young people via our participation services.

Full details of the 2017 JSNA are available at:
http://moderngov.staffordshire.gov.uk/documents/s94660/Childrens%20JSNA%20FINAL%20April%202017.pdf

Appendix 3 to this report provides details of key service data for the LTP area. This data demonstrates the continued high demand for CAMHS and emotional wellbeing services and planning trajectories have been established to ensure the national access targets for children and young people with a diagnosable mental health condition are met.

Challenges remain in the quality of data that the CCGs receive from providers but work is currently in place with our providers to improve the accuracy and consistency of data. Commissioners are also supporting the modernisation of our third sector providers to ensure they can meet need and that their activity is recorded and the outcomes of their interventions are monitored and evaluated. (26)

3. Commissioning Approach

In Stoke-on-Trent, there is a strong, well embedded and clearly understood joint commissioning approach to Children and Adolescent Mental Health Services (CAMHS) with the Local Authority providing the lead commissioner role and a pooled budget between CCG, LA and Public Health. There is collaborative working with commissioners across Staffordshire which has included joint tendering of provision in CAMHS commissioning. This has been further enhanced with a joint lead officer across Stoke and North Staffs CCGs.

Within Staffordshire, the CCGs collaborate effectively in the commissioning of CAMHS albeit each CCG retains responsibility for managing their financial resources within agreed budgets. The CCGs work closely with the Staffordshire County Council in the commissioning of CAMHS across the whole system although there are no formal joint commissioning arrangements. Financial challenges exist for both the local authorities and CCGs that may limit progress against transformation goals and timelines but existing governance systems afford the opportunity to discuss these challenges and be transparent with user groups in the allocation of resources. In South Staffs, the three CCGs excluding East Staffs are now in special measures due to financial deficits. It is highly likely that this will impact on the CCGs' ability to invest in services.

Across Stoke-on-Trent and Staffordshire there are wider links to Public Health, early help, education and youth offending strategies and strategic leads. CCG Commissioners are members of the Youth Offending Boards in Staffordshire and Stoke-on-Trent.

Where practical, collaborative commissioning approaches are taken to reduce duplication, make best use of resources and to aid market development.

Across the area our main focus will be achieving the national targets set out for CAMHS transformation and address the requirements of Future in Mind. Within this whole system approach we aim to enhance the preventative element of the service to address needs as they arise and particularly develop school based approaches as these are the priority expressed by our young people. Good progress has been made such as the appointment of PWP workers in several schools in Staffordshire and supporting pastoral care staff in schools to identify and support children and young people.

The utilisation of the Thrive approach is in development via a multi-agency approach and key elements of Thrive are already in place

particularly in the fostering of early intervention initiatives.

4. Governance and strategic links

Governance and accountably is via the respective Children and Young People's Strategic Partnerships, which in turn feed into the Health and Wellbeing Boards. There is now a direct link to the STP via the mental health work stream Programme Board and operational group which supports and enables alignment with the Sustainability and Transformation Plan and other Children and Young People Plans.

The Governance Structure (fig 1) has been agreed to support delivery of the Local Transformation Plan. This structure is now fully operational with all groups meeting regularly and well attended and terms of reference regularly reviewed. The Joint Implementation Groups (JIGs) include representatives from CCGs, public health, social care, education, Healthwatch, NHS and third sector providers. User participation is via the two respective Youth Councils established under the CYP IAPT programme and located within third sector providers.

Progress on the delivery of the LTP including spend, activity and staffing and outcomes achieved is reported to the Children and Young People's Strategic Partnership Boards and the Health and Wellbeing Boards on a regular basis and to the STP Board. .

The third sector is represented at board level at the Children and Young People Strategic Partnerships and there are a range of third sector and other organisations supporting the partnership approach to delivering the strategies/transformation plan. The third sector will continue to be key partners in our approach and we have brought some of our non-statutory partners into the IAPT training programme to maximise workforce development opportunities.

CAMHS commissioners are either members of, or linked into; youth justice, safeguarding children boards and children and young people's strategic partnerships. This allows formal engagement with other partners such as school and colleges. CAMHS commissioners work closely in extended teams which support linkages to commissioning leads on child sexual exploitation, domestic abuse, substance misuse, neglect and the Prevent agenda. Public Health is represented at the pan-Staffordshire CAMHS Commissioning Board and the JIGs.

A CAMHS Commissioner is a member of the Transforming Care for People with Learning Disabilities Board to support the programme

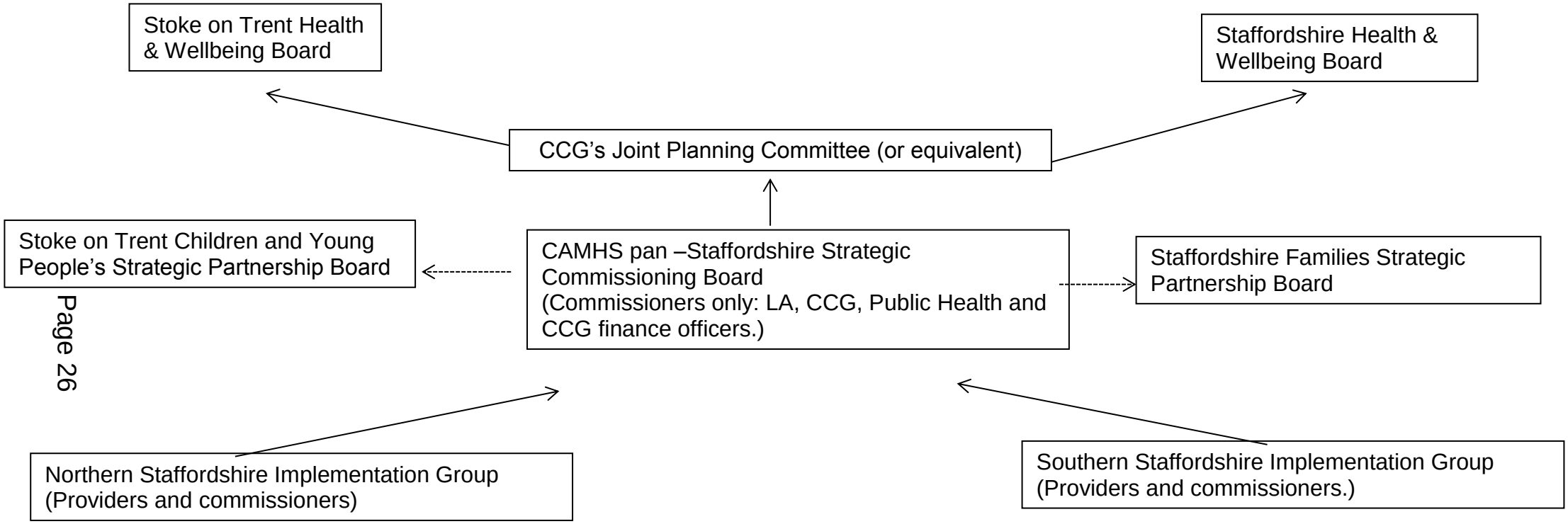
of system wide change to improve care for people with a learning disability and/or autism who display behaviour that challenges including those with a mental health condition.

Collaborative Commissioning with NHS England is under development, with quarterly case review meetings between Specialist Commissioning CAMHS Tier 4, local commissioners and senior managers from children's social care in order to understand admissions and ensure discharge is timely. Local commissioners have also participated in collaborative work with NHSE regarding the revised commissioning of Tier 4 provision across the Midlands and East region. LA and CCG commissioners are keen to examine options for more effective links between Tier 4 providers and the community CAMHS provision that is commissioned locally. Commissioners are also working closely with local authority partners in understanding the nature of admissions into residential settings for children with mental health needs and those with learning disabilities/ASD/behaviour that challenges

Commissioners are examining how to reduce admission levels to Tier 4, reduce the length of stay and extend the range of intensive /crisis support and out of hours provision to ensure young people are only admitted when their needs cannot be met by community providers. There is emerging evidence that the establishment of the Intensive Support Team and the Eating Disorder team have had an impact on admissions to Tier 4 in the South of the County. Admissions have reduced from 50 in 2015/16 to 36 for 2016/17 and there are lower levels of occupied bed days. CCG Commissioners aspire to develop a seamless pathway with intensive support working more closely with Tier 4 services, with the potential for intensive support acting as the gatekeepers to the beds, as in the Crisis Resolution/Home Treatment adult model. This will form the basis of collaborative commissioning discussions with NHS England Specialised Commissioning Team in terms of investing in those services along with the CCGs, to be taken forward in Quarter 4 2017/18, with the aim of investment during 2018/2019.
The local NHS providers were part of the West Midlands Consortium bid for new models of care for Specialist CAMHS. Although unsuccessful in wave one, the consortium has been encouraged to further develop plans and re submit a proposal for wave two. Within the STP footprint an application for funding to extend support services to A&E and acute paediatric settings was made, to ensure the assessment and needs of children and young people who self-harm are addressed in a timely fashion. Whilst unsuccessful, this application will be resubmitted if the opportunity arises.

Fig. 1.

Pan- Staffordshire CAMHS Transformation plan
Governance Structure



5. User and Carer Participation

To ensure user involvement, partners are enhancing existing structures and developing new structures in order to improve outcomes. Partners are building on the young people councils that have been created through the Improving Access to Psychological Therapies programmes and working with Healthwatch (Stoke-on-Trent) to widen engagement with young people and their families. Commissioners encourage groups to work together to avoid user engagement fatigue and maximise the impact of the service users voice. Through contacts within the Local Authorities linkages to the wider children and young people population, such as schools and children in care and other excluded groups are being made.

There has been significant progress in establishing a structure of support for participation of children and young people including the recruitment of several young people and in enhancing their role in the planning and review of services including involvement in staff recruitment and supervision. In the south, the Youth Council is designing a step down courses (Wham) as part of innovative approaches. Children and young people have also contributed towards this refresh of the LTP. They have identified the following issues:

1. Better access to CAMHS provision, including further development of the Single Point of Access, strengthening of third sector provision within localities, no wrong door.
2. Ability to self-refer.
3. Extension of out of hours offer and development of crisis provision.
4. Strengthening care plans- improving partnership in the development of the plans, greater clarity as to shared goals and online access to their own care plans.
5. Stronger transition arrangements, in particular to adult mental health services but also to support transfer from Tier 4 inpatient services back to community CAMHS.
6. Parity of esteem and funding.

Partners have also improved parent engagement and involvement.

6. Key Objectives and Principal Changes

The approach is that no child/young person with an emotional wellbeing or mental health difficulty, or an adult with a concern about a child/young person will be turned away.

Addressing equality and reducing health inequalities is a significant challenge and a priority for the LTP, which aims to reduce inequalities across a range of settings – in schools and in communities and across the life course and to provide appropriate responses to seldom heard groups. More specifically, the LTP is addressing the needs of some particularly disadvantaged and hard to reach groups. These include ensuring that children subject to sexual abuse and exploitation and neglect are able to access therapeutic services (this includes addressing the needs of children who may have experienced early years' trauma). In addition, commissioners have successfully accessed NHSE funding to improve services to children and young people within the youth justice system and those who undertake risk taking behaviour. The Sustain+ service (co-terminus with Staffordshire County Council) provides a service for looked after and adopted children who may have emotional wellbeing needs. Parenting support has been extended in South Staffordshire via the provision of a 0-5 parenting service funded via transformation funds. The LTP will support parents and carers to raise resilient children and young people taking a life-course approach to reducing the mortality gap in adults between those who experience mental health issues and those who do not.

Objectives:

1. Streamlining referral processes-including consideration of self-referral to CAMHS.
2. Widening access and choice.
3. Making better use of technology.
4. Proposing a move away from a Tiered approach to the Thrive model and care pathways, which focus on early recognition and help.
5. Rolling out pan-Staffordshire wide coverage of children and young people Improving Access to Psychological Therapies (IAPT).
6. Developing plans for place of safety / safe place to address the new arrangements associated with the Police and Crime Act and Section 136 admissions.
7. Developing Intensive Outreach services to support young people in crisis, to prevent admission to hospital, reduce the length of stay for those who are admitted to mental health inpatient beds (Tier 4) and better support those who are waiting for admission to an inpatient bed.

8. Strengthening support to children and young people facing added disadvantages as a result of their specific status-e.g. looked after, living with a disability, membership of minority groups.
9. Developing an early intervention approach through the engagement of schools across the LTP footprint in the Department for Education's "Mental Health Services and Schools Link Programme" due to start in 2018 which will reach approximately 100 schools.
10. Strengthening Transition. Commissioners are working with providers to improve the experience of transition from CAMHS to adult services. This is supported through application of the national CQUIN with the two NHS provider Trusts. Both Trusts have achieved the quarter one milestones which require the current state of transition planning to be mapped, an engagement plan to be in place across all sending and receiving local providers and an implementation plan agreed. Both Trusts have established working groups which include young people and commissioners. They have reviewed the transition protocol and raised staff awareness of this. Baseline data is being collected. Numbers currently transitioning are low. South Staffs have estimated around 43 cases per year would need to transition. Data collection and monitoring systems will be expected to improve through application of the CQUIN. In line with the QQUIN, arrangements are being made for the audit of young people's experience of transition.

The Emotional Well-Being Strategies identify the following priorities:

	OBJECTIVE	OUTCOME
Priority 1	Promotion of good emotional wellbeing and prevention of poor mental health	• Children and young people are emotionally resilient. • The workforce has the skills to recognize issues and support children and young people, referring as necessary to additional support when they become unwell and providing support when in recovery
Priority 2	Early Intervention	• Children and young people and their families are able to access a range of community, school based, and online support in a timely manner, preventing escalation to specialist service provision.
Priority 3	Support for children and young people experiencing moderate to severe mental health issues	• Children and Young People who become emotionally and mentally unwell are supported to manage their conditions and recover quickly. • Those requiring on going mental health service provision into adulthood

	(Specialist Tier 3 Community CAMHS)	are supported effectively
Priority 4	Access and Intensive Community Support	• Increased numbers of Children and Young People have access to community support that can reduce the length of stay in a Tier 4 placement and/or reduce the need for a Tier 4 placement. • Those who cannot return home are supported via a multi-disciplinary approach to ensure their needs are met.
Priority 5	Complex need and vulnerable groups	• Vulnerable groups of children and young people are able to access support quickly and supported to manage their conditions enabling quick recovery. • Those who need on-going support after their 18th birthday get it.
Priority 6 Stoke on Trent	Ensuring high quality interventions and support	• Services offer high quality, evidence based pathways that can show they make a difference.
Priority 6 Staffordshire	Transition and services for 18-25 year olds	• Commissioners will have better information about need and prevalence of emotional wellbeing and mental health issues within the 18-25 age groups, in order to commission effective, evidence based solutions

7. Progress

Each priority has clear commissioning intentions and annual delivery plans are in place. Although the priorities were finalised before the publication of Future in Mind, achievements are broadly in line with the national ambition.

The 2016 LTP refresh identified the following key ambitions to be delivered by April 2017:

1. Workforce plans in place – achieved
2. Eating disorder services fully operational – achieved
3. Crisis support (especially out of hours) in development – in place in South Staffordshire/ not achieved in Northern Staffordshire
4. Second/alternative Place of Safety identified – achieved

5. Review support through transition including option appraisal regarding 0-25 service - Exploring Thrive
6. Pathways fully functioning, demand and capacity assessed and reviewed – partially achieved
7. ICT infrastructure in place- partially achieved
8. Develop robust relationship with NHS England – achieved
9. Improved service user participation – achieved

Progress against the strategies and the Transformation Plan Priorities is summarised in the table below.

Staffordshire wide priorities		
Description of Scheme	**Proposed Impact**	**Update October 2017**
Eating Disorder • In line with NICE guidance (NICE CG9) • Dedicated multidisciplinary team community team • Evidence based interventions supporting positive outcomes	• Adherence to the NICE Guidance (NICE GC9) for CYP with Eating Disorder that all CYP will receive an initial appointment within 2 weeks; • 95% of these being treated in accordance with the agreed pathway	• Services in place , assessment target being met • Reduced admissions and length of stay overall in Tier 4 provision across South Staffs
Crisis Intervention and Intensive Outreach • Enhanced community service with extended hours of operation • Support to enable young people to remain at home or support early discharge from hospital • Support to acute paediatric services	• Reduction in CYP presenting at A&E due to self-harm/ mental health crisis • Reduction in in-patient bed nights by 10% • Reduced demand on health economy wide urgent services across both health and social care	• Reduced admissions and length of stay in Tier 4 provision across South Staffs • Delayed in North Staffs and Stoke, although reduction in numbers and bed nights for Stoke-on-Trent during 2016/17 which has not been maintained into 2017/18

		• Increased support to acute paediatrics
Improving Access to Psychological Therapies • Delivery of evidence based interventions • Data collection and outcome reporting • Service user and carer participation	• Effective and quality data collection to enhance and inform clinical practice • Improved shared decision making, working in partnership with the child, young person and family • Robust outcome data to support commissioners	• Training places allocated to NHS and third sector staff • Some challenges to data collection for northern Staffordshire
Tier 2 Capacity • Third sector services for children with mild to moderate mental health issues requiring Cognitive Behavioural Therapy (CBT) or counselling	• Early intervention with reduced waiting times • Stronger liaison with core CAMHS services	• Capacity increased • CBT offer under development via IAPT • Investment made in infrastructure and training
School liaison / support to schools • School liaison and training • Mental health awareness / suicide prevention • Awareness of CAMHS Local Offer • Pastoral support	• Increased school based provision of mental health support • Actively promote /encourage schools to take responsibility for commissioning service for children with mild to moderate mental health needs	• Schools programme in South Staffordshire. • Stoke-on-Trent programme engaged 6 schools, further linkages to public health and school networks undertaken
North Staffs and Stoke-on-Trent priorities		
Description of Scheme	**Proposed Impact**	**Update October 2017**
Central Referral Hub Choice Appointments and Increased capacity at Tier 3	• 96% of choice appointments within 4 weeks by June 2016 • Increased partnership/ intervention capacity	• Hub fully functioning and offering a dedicated advice line, screening and triage system

• Single point of access for Tier 2 and 3 services • Triage and signposting, telephone advice, short term interventions • Choice and Partnership delivered within timescales	due to delivery of choice within 4 weeks • Multi-agency/ partnership working with Third sector providers ensures CYP have their needs met by the most appropriate services to meet their needs • Telephone access to advice and signposting for referrers	• Increased capacity has reduced waiting lists and times • New approaches have replaced Choice and partnership. 75% of new cases seen for initial appointment within 4 weeks
South Staffordshire priorities		
Description of Scheme	**Proposed Impact**	**Update October 2017**
Neuropsychiatry service • Deliver support to children with co-morbidities at risk of admission • Provide early intervention / local support	• Improved case management • Reduction in in-patient admissions • Reduction in out of area placements	• Consultant in post from April 2017
Children and Young People with Co-morbidities • Improve joint working and support for children and young people with co-morbidities, particularly those with autistic spectrum conditions	• All children with co-morbidities to receive medication review and multi-disciplinary review	• Regular provider to provider meetings to ensure collaborative care approach in place • Joint Working protocol in place and part of contract agreements

7.1 pan - Staffordshire

1 Workforce Planning

All NHS and third sector CAMHS providers across the LTP area have participated in the development of workforce plans. Transformation funds have been utilised to bring in external consultancy support to ensure a consistent approach.

The plans are based on the 7 principles of workforce planning:

- Workforce design and planning
- Recruitment and retention
- New ways of working
- New roles
- Leadership
- Education, training and other learning opportunities
- Develop the skill mix, capability and competences

All providers have undertaken an analysis of current staffing levels, demand and presenting conditions. Staff have undertaken a skills audit, mostly using the Self-Assessed Skills Audit Tool (SASAT). This enables a profile to be developed for each team and mapped against presenting conditions. Future service aspirations have been identified.

This baseline data has enabled each organisation to produce its own action plans. Training needs will be identified and will inform future IAPT requirements. The outputs of the self-assessed skills audits and caseload reviews (how people present to services) will inform team recruitment for new team members in order to identify gaps or specific team requirements. It can be used to develop and inform job descriptions and development opportunities within teams to support retention and provide staff development opportunity. The audit can also inform CPD plans through opportunities for shared learning, supervision, secondment and shadowing opportunities within a local whole system.

Workforce plans will be updated and refreshed as part of the programme of work in 2018 to develop a revised LTP / strategy for the period 2018-2021.

2 Eating Disorder

Two services are now in operation, one each for northern and southern Staffordshire, delivered by the respective NHS Trusts in those localities. The services commissioned by North Staffs and Stoke-on-Trent CCGs are delivered by NSCHCT. The services provided by SSSFT are commissioned by the four South Staffs CCGs. Both services have made significant progress in identifying and supporting young people at risk. All national targets relating to access for urgent and routine eating disorder services have been achieved in 2016/17. Partners are however aware of high demand for these services; for example, the team in South Staffs

were established to undertake 50 referrals per annum but in fact the annual referral rate has been 102 cases and recognises a particular impact on females. The impact and outcomes of the specialist services will be reviewed in Quarter 4 with the aim of ensuring that they will comply with the national model for service delivery during the 2018/19 contract year. Both eating disorder services are part of the national quality improvement network.

3 Urgent & Emergency (Crisis) Mental Health Care

Current CAMHS services are able to respond to emergency referrals within their working hours. For NSCHCT this is Monday to Friday 9am-5pm. SSSFT are able to offer extended hours into early evening and weekends, including a CAMHS practitioner focussed on self-harm. Outside of these hours, urgent requests are dealt with through adult services. An Acute Liaison Psychiatry service known as RAID is in place at the main acute trust, University Hospital of North Midlands. This service is currently available 7am -11pm over seven days but is for 16year olds and above. An application was made for additional funding to develop crisis support for young people. The proposal was for two CAMHS practitioners to work within RAID to upskill practitioners' skills and competencies to enable them to respond to children and young people presenting at A&E or admitted to paediatric wards. Unfortunately, the application was unsuccessful. Plans will be developed in readiness for any further opportunity to apply for additional funding. A full review of the current RAID service is being undertaken to include current funding/provision and additional funding available from NHSE and CCGs from April 2018. This will identify the needs of children and young people and the support that may be available from the resources available.

4 Primary care

It is recognised that GPs are the source of the majority of the referrals to the CAMHS hubs and that primary care is particularly well placed to support mental health issues in children and young people and in order to ensure that primary care is part of the whole CAMHS system, a GP Clinical commissioner is a member of the pan-Staffordshire CAMHS Commissioning Board. The STP has a work programme area relating to Enhanced Primary and Community Care and a mental health commissioner is now a member. The aim of this participation is to raise the profile of mental health generally but also to ensure that services are aligned to Primary Care New Models of Care.

5 Tier 2

Services are commissioned by the two Local Authorities from a Tier 2 commissioning framework. There is now a common set of key performance indicators across commissioned provision to support the modernisation of service delivery and improve access.

A Provider Forum meets quarterly to encourage collaborative working and sharing of good practice.

6 Self-harm

In conjunction with acute providers, delivering a more effective offer of assessment and support to children and young people presenting with self-harm issues. A specific post, focussed on responding to children and young people who self-harm, is facilitating discharges at the University Hospital of North Midlands.

7 Evidence based interventions and outcome monitoring

IAPT is in place across the whole of Staffordshire and Stoke-on-Trent, supporting service user engagement, evidence based practice and use of routine outcome monitoring. Northern Staffs CCGs remain aligned with the North West IAPT Collaborative. South Staffs have now aligned with the CYP IAPT Midlands Collaborative. There is ongoing commitment to the IAPT programme including support for training, backfill of posts, data development (including enhancing outcome focussed interventions). The IAPT programme includes staff from the third sector and local authority organisations. Planning is under way for backfill in future years as ring fenced funding from Health Education England for trainees ends.

8 Early Intervention in Psychosis

The EIP service is commissioned for 14 year olds and above. The service will assess and treat children under that age where appropriate. In those such instances where CAMHS are involved with an individual prior to a referral to the Early Intervention Service, this team will continue to be involved and act as the Care Co-ordinator/Lead Professional until the initial assessment has been completed and/or a decision reached with regards to the appropriateness of offering ongoing intervention and treatment by the Early Intervention Team. All individuals who access the EIP service have a Care Co-ordinator/Lead Professional appointed from the Early Intervention Team and are provided with a NICE concordant package of care regardless of the source of referral.

9 Single Point of Access

CAMHS Central Referral Hubs in place; one in Northern Staffordshire and one in Southern Staffordshire. These are staffed by a range of practitioners (social workers, psychologists, counsellors) who are able to provide advice and guidance to anyone with a query about a child/young person. The Hubs take all referrals for commissioned CAMHS provision (including parenting programmes), triage, assess urgency/risk and allocate, where appropriate, to a care pathway. Self-referral is being actively promoted.

10 Social Media/digital platform

Facebook pages developed through CYP IAPT and “CAMHS Ready” web site to enable young people to prepare for their appointment. Providers have developed their own service specific social media presence, including apps and Facebook support pages. Stoke-on-Trent is about to pilot an advice line aimed at young people aged 11-18, operating weekday evenings initially.

11 Youth justice

Secured additional resources for youth justice pathways via NHSE to improve early identification and support for young offenders/at risk of offending in relation to harmful sexual behaviours, language and communication delays and adverse childhood experiences.

7.2 Stoke-on-Trent

1 Tier 1 training

Maintained the well-received CAMHS training for the universal children’s workforce which now includes a practical skills session.

2 Looked After Children

Continued to develop an innovative model with partners to ensure that looked after children with mental health issues can remain in the Local Authority’s small group homes rather than being sent out of area.

3 Young Offenders

Remodelled the CAMHS offer for young offenders around an early intervention approach.

4 Autistic Spectrum Disorder (ASD) assessment

Exploring alternative pathways to that currently offered for children under 5 years old to enable earlier diagnosis.

5 Infrastructure

Additional non-recurring investment made to support third sector provider’s transformation, including case management systems, training and digital technology.

7.3 Staffordshire

1 Tier 2

Due to budget reductions by Staffordshire County Council it has proved necessary to utilise transformation funds to bolster Tier 2 services to retain these services at 2016/7 levels (except in East Staffordshire CCG area).

2 Looked After Children

Commissioned integrated mental health and physical health support for Looked After Children and Care Leavers, delivered as Sustain+.

3 Young Offenders

A dedicated service to support the mental health needs of young offenders.

7.4 Northern Staffordshire only

1 Care Pathways

Moved away from specialist teams to develop a range of care pathways offering appropriate evidence based interventions. There is an enhanced offer for vulnerable groups (LAC, Young Offenders, sexual exploited young people) in Stoke-on-Trent.

2 Tier 3 capacity

Following recommendations from the CQC, capacity in Tier 3 services has been increased significantly, with the recruitment of more than 20 whole time equivalent posts (a mix of practitioners and administration). Three additional Consultant posts have been established. There have been difficulties in recruiting to these posts but locums are in place.

3 Crisis response

Additional capacity in the Priority Referral Team to support young people admitted to acute care.

4 Intensive Outreach

Begun to explore the development of an intensive 7 day outreach service, including support to young people with Eating Disorders.

5 CAMHS Advice Line

Established a dedicated CAMHS advice line to provide guidance and advice to anyone considering a referral to CAMHS.

6 Waiting times

Improved access and reduced backlogs for ASD assessments and community CAMHS. No child or young person is waiting more than 18 weeks for treatment.

7.5 Southern Staffordshire only

1 Intensive Support Service

An intensive support service has been established in South Staffordshire to reduce the risk of admission to Tier 4 provision and to facilitate, where appropriate, a reduction in length of stay for those who do require admission. The service currently does not operate on a 24/7 basis but the extension of this service is one of the key priorities for the next year. Early indications are that the service is reducing the numbers of children and young people admitted to Tier 4.

2 User Participation

Established an effective participation service staffed by salaried young people with direct experience of the services. In 2017/18 the participation service has been extended and located within a local third sector provider to allow for greater independence from the statutory sector. Young people are currently active within the southern Joint Implementation Group for CAMHS transformation and will increasingly contribute to the development of strategy, recruitment, service review and in enhancing the voice of users in services.

3 Support to local schools

Support to schools in addressing emotional wellbeing needs is being delivered in a number of ways. The Hope Project has provided structured support to the majority of schools in South Staffordshire by training and upskilling pastoral care staff in identifying and responding to mental health needs. Health Education England funding has been accessed for 2017/18 to appoint

seven Psychological Wellbeing Practitioners to further support early intervention in school and college settings. The effectiveness of this approach will be reviewed in-year to establish if ongoing funded should be provided. Third sector providers have also offered bespoke training programmes to schools. Schools and education commissioners are part of the embryonic Thrive programme.

4 Early Years

Transformation Funds have been utilised to extend the CAMHS early years (0-5) service in East Staffordshire, ensuring full coverage for early years/parenting support programmes across the southern Staffordshire area. These services are fundamental in addressing challenges associated with children who have experienced early year's trauma.

5 Neuro-psychiatry

Appointed a consultant within this field who will offer support to children with learning disabilities and mental health needs. This will enable local access for a cohort who previously might have had to go out of area to access specialist services. Linked to the Transforming Care programme, this initiative should also impact on the number of children and young people admitted to Tier 4 services.

8. Impact and Outcomes

In order to demonstrate the impact of investments and improved outcomes for children and young people, we will track progress through a number of key performance indicators.

The national KPI requirements set out in the Operational Planning Guidance for 2017-19 include:

- Number of new children and young people aged 0-18 receiving treatment from CAMHS services
- Total number of children and young people aged 0-18 receiving treatment from CAMHS services
- The percentage of children and young people with a diagnosable mental health condition receiving treatment from NHS community services
- 95% of children and young people with suspected eating disorder (routine cases) start treatment within 4 weeks
- 95% of children and young people with suspected eating disorder (urgent cases) start treatment within 1 week.
- Admissions to Tier 4 in-patient services

Progress against these indicators is set out in Appendix 3

In addition to national requirements, we actively monitor and review:

- Waiting times for access to service
- Number of A&E attendances related to mental health
- Routine outcome measures
- Number of schools offering wellbeing support
- Number of early help assessments
- Workforce numbers (see Appendix 2)
- Patient satisfaction

Where routine reporting is not currently in place, we will work with providers to establish data reporting systems. (19) (29) (81) & Appendix 3

Innovation and Key Enablers (76)

Across our LTP area we are piloting a range of initiatives and new models of care to address contemporary need.
Here are two examples of some of the work being undertaken:

1. Participation by Young People in South Staffordshire. We were aware that participation by young people in CAMHS was very limited hence from the outset we have invested in developing and extending a participation service. This is also a key aspect of the IAPT programme. We now have 3 full time participation workers based in YESS (a third sector organisation) who have enlisted a large group of young people to work on many aspects of CAMHS development. This has included actually delivering information and support programmes to schools (WHAM Project), providing comments on service developments based on their own experience of services, offering peer support to other young people in Tier 4 care, developing our social media programme and in the recruitment and selection of staff. Above all this work is changing the culture within services and fostering a partnership approach to both service development and individual therapeutic provision.

2. One-off contacts via over-the-phone contact for 11-18 year olds will be trialled to support real time access for mild to moderate issues (Tier 2) by a third sector provider in Stoke-on-Trent to support modernisation of provision. The live chat element of a two

year pilot of an online service saw a threefold increase of contacts via an internet based messaging facility available 25 hours per week from year one to year two. During year two, the number of new cases across Tier 2 provision reduced in Stoke, possibly as young people were able to access support at the time the issue was affecting them, without having to be referred into the CAMHS hub. Feedback from young people suggested they would prefer a mix of skype-type access and a phone helpline to talk to a "real person". The phone helpline will initially be accessible for 20 hours per week until demand and cost realisations are understood. Data collection will identify the proportion of young people using the facility who are not in treatment and whose needs can be met in one call; how many went on to be referred to the CAMHS hub for triage into a care pathway and how many were in treatment but requiring support between appointments. Data will also be collected as to how many of the callers were from outside of Stoke-on-Trent to inform commissioning intentions.

Commissioning for outcomes

Across the LTP footprint, there has been a focus on monitoring the outcomes from therapeutic interventions and embedded this practice across both Tier 2 and 3 services. As a result, all service specifications are based on commissioning for outcomes and providers capture the individual level outcomes for children and young people. Children, young people and their families have found this approach to be helpful and empowering in understanding the nature and expected results of intervention. Clinical staff have been supported to adopt the use of a range of routine outcome measures to use with children and young people within the programme of intervention and this has taken off with the overwhelming majority of interventions being evidenced by multiple routine outcome measurements. Outcome based commissioning has been embedded for some time in the third sector and commissioners have worked further with young people and the providers to co-produce a consistent set of outcomes across all providers and consistent performance reporting to improve an understanding of quality and impact . Providers must demonstrate a proportion of children and young people achieving a statistically significant improvement in their mental health as a result of the service offered. For commissioners and the CCGs, this allows informed judgement as to the effectiveness of commissioned services and for young people, this demonstrates the progress they are making.

9. The Ambition – by April 2021

The LTP is based on increasing capacity and capability across all sectors, creating an equitable service across the whole of Stoke-on-Trent and Staffordshire that reflects the needs of differing populations. The focus to date has been to fully operationalise the developments commenced in 2015/16 and to embed the new referral procedures and care pathways. Service developments, particularly in eating disorder and enhanced community outreach including out of hours support have been commissioned recurrently from April 2016, although the service in northern Staffordshire has faced some delays in initial set up stages. There is an emphasis on working with partners in education to raise their awareness of mental health needs and the resources available and to encourage them to develop their own capacity. Commissioners have committed to implementing the Thrive model and this will underpin the basis of place-based delivery plans to 2021 and beyond.

The current LTP is based on the existing Emotional Well-being Strategies which run to 2018. Transformation funding has enabled a far wider approach to be taken to developing comprehensive services for children and young people and to transform models of care, whilst at the same time ensuring provision that works well is recognised, protected and expanded. The plan to date has been based on an incremental approach but partners now wish to undertake a fundamental review to develop a vision and plan to 2020/21. This will include full consultation with all stakeholders.

Plans to improve local services:

1. Analysis of the Thrive model, with roll out planned incrementally
2. Deep dive of JSNA data and findings into emotional wellbeing and mental health of children and young people
3. Stakeholder events, with a focus on the engagement of children and young people themselves to redefine provision
4. Identifying and protecting what works, in order to build on good practice
5. Developing crisis/intensive support services that are equitable across the LTP footprint, including place of safety
6. Respond to the anticipated Green paper on children and young people's emotional wellbeing
7. Extension of eating disorder services in South Staffordshire to support admission avoidance and in light of higher than anticipated demand
8. Development of 0-5 parenting service in East Staffordshire to ensure consistency of support across South Staffordshire
9. Engagement with the DfE Mental Health Services and Schools Link Programme

We have noted that the CAMHS strategy for our area will be revised in 2018 but it is possible to indicate the key areas of progress across the period of the transformation programme. This includes national targets but also the local aspirations of our stakeholders- particularly the users of services. Depending on the availability of resources, a number of areas where initial work has been undertaken will be built on to address the demand that exists.

LTP Progress and ambition to 2021-Our Road Map

2015/16	• Initial analysis of local need • Initiate intensive support development • Eating disorder service commissioned • Review participation service. • Progress Children and Young People Improving Access to Psychological Therapies developments • Support to Tier 2 • School based programmes piloted
2016/17	• NICE compliant eating disorder service commences • Establish first stage intensive support service (South Staffs) • School based programmes (Hope Project in South Staffs) in place & effectiveness reviewed. • Address CQC requirements of North Staffs CAMHS provider. • Improve access and reduce waiting times (North Staffs) • Revised participation programme in place-within non-statutory sector • Initiate neuro-psychiatry service in South Staffordshire. • Joint work with NHSE regarding Tier 4 reductions • Outcome monitoring for therapeutic interventions in place through Children and Young People Improving Access to Psychological Therapies Programme(CYPIAPT) • Workforce plans developed
2017/18	• Extension of eating disorder service in South Staffs to address need. • Full recruitment to eating disorder service in northern Staffs. • 0-5 service in East Staffordshire to commence.

	• Review of mental health needs of Looked After Children commenced-with Staffordshire County Council • Update/revise Joint Strategic Needs Assessment - in-depth deep dive on mental health with a particularly focus at the lower end of the spectrum and centre on root causes (e.g. social isolation, health and debt). • Response to Green Paper/address the needs of schools for emotional wellbeing services • CYP MH Services and Schools Link Pilot Wave 2. Expressions of Interest for Staffordshire and Stoke to work with the Anna Freud Centre for Children and Families (AFCCF) and the Department for Education to help CCGs and LAs work together with schools and colleges to provide timely mental health support to children and young people have been successful. • Transitions to Adult Mental Health. -CQUIN NHS contractual requirement • IAPT trainees supported • Collaborative work with NHSE regarding Tier 4 admission reduction, transitions to Adult Mental Health • Increase numbers of children and young people accessing emotional resilience programmes in school • Psychological Wellbeing Practitioner programme initiated & reviewed. (South Staffs) • Health and justice programme commences • Third sector transformation programme commences • Development of dynamic risk register for children and young people with a disability at risk of admission. • Mental Health Services and Schools Link Programme delivered
2018/19	• STP footprint strategy developed. • Work towards implementation of Thrive model • Deliver improved care pathway for children with Autistic Spectrum Disorders within CAMHS. • Extension of intensive support service in South Staffs and development of service in northern Staffs. • Ensure Third Sector data is reflected in overall performance data. • Review access of children to early intervention in psychosis service • Consideration of self-referral options • Single point of access reviewed.

	• Re-procurement of CAMHS support to Looked After Children (Staffordshire only) • Collaborative commissioning with NHSE based on new model of Tier 4 provision-stronger links to community teams. Implement collaborative commissioning plan with NHSE • Ensure appropriate and timely responses to Children and Young People presenting at Accident and Emergency those presenting out of area. • All age 24/7 acute psychiatric liaison developed. • Implement plan for effective transitions from CAMHS to adult mental health • Data quality improvement programme • ASD service re-procurement (South Staffs) • Intensive support for children with a learning disability
2019/20	• Review access to CAMHS for disadvantaged groups-BEM, LGBT, asylum seekers, children subject to sexual exploitation & early year's trauma-ensure comprehensive service offer. • Workforce requirements reviewed-future capacity planning & engagement with CYP-IAPT • Incremental application of Thrive model
2020/21	• 24/7 out of hours provision in place • Digital offer in place. • Access targets met • Eating disorder service access targets met. • Robust school based programmes of support in place-including links to community CAMHS. • Community based crisis and intensive support fully in place to prevent admission where possible and to avoid young people being placed long distances from home. • Thrive model embedded • Consistent model across STP footprint • Children and young people will be able to access services in a timely manner, receive evidence based interventions and have a positive experience of care.

The LTP is to be regarded as a live document that will be revised in light of any changes to national requirements, locality need & the availability of resources. As required it may be necessary to review & de-commission existing services if they are not contributing to

meeting the aspirations of Future in Mind. Throughout the process, this will involve key stakeholders, including children & young people in decision making. There will also be active engagement to ensure a breadth of representation across the children and young people population, including those from disadvantaged groups. (29) (76)

10. Risks to Delivery

Recruitment of staff to newly created posts has been a challenge across all provision as providers report a shortage of suitably qualified and competent practitioners. Most new posts are now filled. Moving forward, there are risks around specific professions, such as neuro-psychiatry which is proving to be a challenge. This risk is being mitigated by ongoing support for CYP IAPT, workforce planning and a skills audit. Third sector service partners have been included within the workforce planning initiatives to enable them to plan ahead and upskill the workforce to deliver services to against more complex areas of need. There has been a specific transformation programme for the third sector resourced using transformation monies.

Cost pressures on partners remain a risk as further austerity measures impact on key funders of provision. As previously stated, three of the four CCGs in south Staffordshire are now in special measures due to their severe financial position. This will impact on the CCGs' opportunities to invest in services. In mitigation of this risk commissioners will work with providers to look at potential and innovative ways of delivering the outcomes within existing resources. This will include taking opportunities to apply for pump priming moneys including any in-year allocations and bidding rounds, acknowledging that this can cause pressure due to tight turnaround. In conjunction with the STP Board partners will examine the most effective ways of delivering CAMHS across the LTP and the appointment of a single Accountable Officer for the six CCGs in Staffordshire and Stoke-on-Trent will further facilitate these discussions.

Any risks associated with future procurement and ability of the market to respond to transformation are low due to a strong and vibrant statutory and third sector market which is fully engaged in the transformation agenda. (79)

11. Local Transformation Plan Funding Allocations

The NHS indicative England allocations by CCGs for Eating Disorder and Transformation are shown at Appendix one. Actual investment in CAMHS for 2014/15 (the baseline year) is also shown at Appendix one, this is the total investment, comprising usual

investments made by Clinical Commissioning Groups and investment made by the two local authorities. A review of the baseline for 2014/15 identified an error for Staffordshire LA commitments which has been corrected.

12. Sustainability Beyond 2021

Current investments derived from the CAMHS transformation indicative allowances have been made on a recurrent basis and are now included within the baseline of the partner CCGs' financial plans. The further revision of the CAMHS LTP and development of placed-based delivery plans during 2018 will identify any areas of service shortfall and unmet need and will inform any future re-engineering of provision. The intention is to work with partners (including children and young people) to develop place-based community provision. In particular this will focus on developing early intervention to reduce the demand for high cost services within CAMHS. This will include exploring how to utilise digital technology to facilitate instant responses to low level need and to support care management of those who are accessing provision and review the impact and effectiveness of current pilot initiatives. The expected Green Paper on children and young people's emotional health and wellbeing is expected to further outline the role of schools and will offer opportunities locally. (39)

Appendix 1. Investments

Table 1: 2014/15 Expenditure across all CAMHS Funding Streams (Baseline Year)

	Stoke on Trent LA	Staffordshire LA	Stoke CCG	North Staffs CCG	Stafford and Surrounds CCG	SES and Seisdon CCG	Cannock Chase CCG	East Staffs CCG	Total
	£417,656	£1,316,103	£2,516,000	£1,807,690	£864,169	£1,383,129	£732,430	£224,940	**£9,528,111**
Specialised Commissioning	-	-	£1,226,155	£703,690	£784,678	£649,826	£122,727	£79,422	**£3,566,498**

Table 2: 2016/17 Expenditure across all CAMHS Funding Streams

	Stoke on Trent LA	Staffordshire LA	Stoke CCG	North Staffs CCG	Stafford and Surrounds CCG	SES and Seisdon CCG	Cannock Chase CCG	East Staffs CCG	Total
	£576,688	£1,303,572	£3,356,000	£2,383,799	£1,179,255	£2,054,840	£965,392	£912,423	**£12,731,969**
Specialised Commissioning			£1,996,052	£2,322,744	£931,549	£652,087	£266,611	£119,642	**£6,288,685**

Table 3: Clinical Commissioning Groups Funding Allocations 2015/16

	Stoke	North Staffs	Stafford and Surrounds	South East Staffs and Seisdon	Cannock Chase	East Staffs	**Total**
Transformation Plan	£413,170	£299,890	£181,126	£264,165	£178,114	£170,376	**£1,506,841**

Eating Disorder	£165,063	£119,808	£72,361	£105,535	£71,157	£68,066	**£601,990**
Total	£578,233	£419,698	£253,487	£369,700	£249,271	£238,422	**£2,108,831**

Table 4: Clinical Commissioning Groups Funding Allocations 2016/17

	Stoke	North Staffs	Stafford and Surrounds	South East Staffs and Seisdon	Cannock Chase	East Staffs	**Total**
Transformation Plan	£636,314	£456,301	£290,655	£430,583	£273,072	£265,419	**£2,352,344**
Eating Disorder	£165,063	£119,808	£72,361	£105,535	£71,157	£68,066	**£601,990**
Total	£801,377	£576,109	£363,016	£536,118	£344,229	£333,485	**£2,954,334**

Table 5: Clinical Commissioning Groups Funding Allocations 2017/18

	Stoke	North Staffs	Stafford and Surrounds	South East Staffs and Seisdon	Cannock Chase	East Staffs	**Total**
Transformation Plan	£748,000	£536,000	£249,402	£317,791	£247,717	£228,022	**£2,326932**
Eating Disorder	£165,063	£119,808	£72,361	£105,535	£71,157	£68,066	**£601,990**
Total	**£913,063**	**£655,808**	**£321,763**	**£423,326**	**£318,874**	**£296,088**	**£2,928,922**

Appendix 2. Workforce

The workforce information is presented in terms of the following categories: therapists/practitioners, administration and management. Where information is not known, this is presented as n/k.

For Tier two provision, this has been commissioned from a Framework since 2015 and costs are based on a total unit cost. Where possible, providers have provided information as to actual staffing levels, but administration and management time allocations are not available for all providers, meaning an under reporting of administration and management staffing levels at Tier 2.

Staffing levels and management at Tier 3 include social workers seconded to the Community CAMHS team from each Local Authority.

	2014/15	2015/16	2016/17
Northern Staffordshire			
Tier 2			
Therapists/ practitioners	11.2	11.4	12
Administration	n/k	n/k	1.83
Tier 2 total	**11.2**	**11.4**	**13.83**
Tier 3			
Consultant	3	3.1	5.3
Speciality doctor	0.8	0.8	0.8
Therapists/practitioners	39.84	55.15	52.24
Social workers	5.08	5.08	5.08
Administration	13.86	18.19	21.47
Management	1.21	1.5	1.62
Tier 3 Total	**63.79**	**83.82**	**86.51**
Southern Staffordshire			
Tier 2			
Therapists/ practitioners	8.7	8.7	8.7
Administration	n/k	n/k	.8

Tier 2 total	8.7	8.7	9.5
Tier 3			
Consultant	5	5	5.1
Specialty Doctor	1.8	1.8	2.2
Therapists/practitioners	39.18	60.31	55.57
Social workers	4.74	4.74	4.74
Administration	18.52	22.52	20.52
Management	1.2	6	2
Tier 3 Total	**70.44**	**100.37**	**90.13**

Appendix 3. Activity

Data collection and reporting on activity for NHS and Local Authority commissioned provision has been reviewed and refined during 2016/17 to address historic differences in counting methodologies across local authority and CCG commissioning and new reporting requirements from NHS England. Transformation monies and providers' own resources have been invested in digital technology to modernise case management systems and support the extraction of data and facilitate upload to the National Minimum Data Set (NMDS) which will begin to impact during 2017/18.

Of concern are challenges around uploading of third sector providers' data to the NMDS which is piecemeal. Guidance has been sought from NHSE as to how full upload can be facilitated. Commissioners are keen that data from all commissioned provision should be reflected, regardless of source of funding as this would demonstrate provision is more in line with need and better reflect the impact of Local Authority investment.

Tier 2 Activity

This is commissioned on the basis of number of sessions and as described above, differing methodologies mean it is not possible to consistently and accurately identify number of children and young people receiving intervention across the LTP footprint. A summary of activity is split between the local authorities and CCGs. All CCGs in the LTP area have invested in additional capacity at Tier 2 utilising transformation funding. Staffing capacity issues affected the numbers seen in 2016/17 in some services.

In northern Staffordshire, commissioning includes a full time Tier 2 post in the CAMHS central referral hub, jointly funded by the two CCGs and Stoke-on-Trent Local Authority, utilising both core funding and transformation monies.

Stoke-on-Trent

Stoke CCG investment is via a pooled budget with Stoke-on-Trent City Council. Stoke-on-Trent performance reporting identifies the number of new cases in the financial year, i.e. those in services for a period of time and this is reflected in the table below. In addition, there are a number of one-off contacts, where the child has been assessed as not requiring a period of intervention after an initial appointment. Fewer new cases were seen during 2016/17, mainly due to the staffing issues identified above, as well as an increase in complex cases requiring ten sessions or more for those entering counselling provision.

	2014/15	2015/16	2016/17
Stoke – new cases	911	1260	1132

Staffordshire

Staffordshire LA commissions provision for children and young people in north and south Staffordshire. The core service is commissioned on the basis of number of referrals, with an average of 5 or 6 contacts per referral; the figures below also include those who only require a one-off contact.

North Staffs CCG, utilising transformation funding, added a further 160 *sessions* as part of a waiting list initiative in 2015/16.

New referrals	**2014/15**	**2015/16**	**2016/17**
Staffordshire LA		1672	1370
North Staffs CCG		150	258
South Staffs CCGs			263

A reduction in cases in Tier 2 services occurs across the LTP footprint. This is being closely monitored by commissioners in order to prevent a trend for reliance on more costly NHS provision as the numbers accessing Tier 3 are increasing.

CAMHS Tier 3

This table illustrates the number of children and young people accessing community CAMHS (NHS) provision. It does not include specialist services (ASD, looked after children, young offenders etc.). New reporting metrics have been issued by NHS England during the course of 2017 causing some challenges for accurate data collation for the period 2014- 2016 as can be seen in the table below.

	Tier 3	CCG	2015/16	2016/17	% change	01/04/2017 - 30/09/2017	Projection 2017/18	% change
1	Number of Referrals received into CAMHS	Cannock Chase	899	1014	12.8	440	880	-13.2
		East Staffordshire	769	821	6.8	426	852	3.8
		SES & SP	1243	1226	-1.4	672	1344	9.6
		Stafford & Surrounds	818	934	14.2	451	902	-3.4
		South CCGs Total	**3729**	**3995**	**7.1**	**1989**	**3978**	**-0.4**
		Stoke	1618	2000	23.6	1021	2042	2.1
		North Staffs	1083	1447	33.6	773	1546	6.8
		Northern Staffs Total	**2701**	**3447**	**27.6**	**1794**	**3572**	**3.6**
2	The number of new children and young people aged 0-18 receiving treatment from CAMHS services in the reporting period.	Cannock Chase	339	325	-4.1	151	302	-7.1
		East Staffordshire	234	385	64.5	146	292	-24.2
		SES & SP	501	629	25.5	257	514	-18.3
		Stafford & Surrounds	288	334	16.0	150	300	-10.2
		South CCGs Total	1362	1673	22.8	704	1408	
		Stoke	134	235	75.4	196	392	66.8
		North Staffs	84	160	90.5	155	310	93.8
		Northern Staffs Total	**218**	**395**	**81.2**	**351**	**702**	**77.7**
3	Total number of individual children and young people aged 0-18 receiving treatment from CAMHS services in the reporting period.	Cannock Chase	572	566	-1.0	342	684	20.8
		East Staffordshire	406	499	22.9	280	560	12.2
		SES & SP	865	981	13.4	588	1176	19.9
		Stafford & Surrounds	517	599	15.9	325	650	8.5
		South CCGs Total	**2360**	**2645**	**12.1**	**1535**	**3070**	**16.1**
		Stoke	1263	1758	39.2	1444	1955	11.2
		North Staffs	806	1167	44.8	924	1311	12.3
		Northern Staffs Total	**2069**	**2925**	**41.4**	**2368**	**3265**	**11.6**

		CCG	Est prevalence	% treated 16/17	% treated 17/18 FOT
4	Percentage of children and young people with a diagnosable mental health condition who are receiving treatment from NHS funded community services	Cannock Chase	2602	21.8	26.3
		East Staffordshire	2521	19.8	22.2
		SES & SP	3952	24.8	29.8
		Stafford & Surrounds	2431	24.6	26.7
		South CCGs Total	**11506**	**23.0**	**26.7**
		Stoke	5992	29.3	32.6
		North Staffs	3775	30.9	34.7
		Northern Staffs Total	**9767**	**29.9**	**33.4**

			16/17 %	Q1 17/18			Q2 17/18		
		CCG		**No. referred**	**No. seen in timescale**	**%**	**No. referred**	**No. seen in timescale**	**%**
5	Number of CYP with eating disorder (ED) (Routine cases) referred with suspected ED that start treatment within 4 weeks	Cannock Chase	**100**	**4**	**4**	**100**	**3**	**3**	**100**
		East Staffordshire	**100**	**8**	**8**	**100**	**4**	**4**	**100**
		SES & SP	**100**	**2**	**2**	**100**	**4**	**4**	**100**
		Stafford & Surrounds	**100**	**4**	**4**	**100**	**6**	**6**	**100**
		South CCGs Total	**100**	**18**	**18**	**100**	**17**	**17**	**100**
		Stoke		**4**	**3**	**75**	**3**	**3**	**100**
		North Staffs		**4**	**4**	**100**	**1**	**1**	**100**
		Northern Staffs Total	**89**	**8**	**7**	**87.5**	**4**	**4**	**100**

6	Number of CYP with eating disorder (ED) (Urgent cases) referred with suspected ED that start treatment within 1 week	Cannock Chase	**100**	**0**	**0**	**100**	**0**	**0**	**100**
		East Staffordshire	**100**	**0**	**0**	**100**	**0**	**0**	**100**
		SES & SP	**100**	**0**	**0**	**100**	**0**	**0**	**100**
		Stafford & Surrounds	**100**	**0**	**0**	**100**	**0**	**0**	**100**
		South CCGs Total	**100**	**0**	**0**	**100**	**0**	**0**	**100**
		Stoke		**0**	**0**	**100**	**1**	**1**	**100**
		North Staffs		**0**	**0**	**100**	**1**	**0**	**n/a**
		Northern Staffs Total	**79**	**0**	**0**	**100**	**2**	**1**	**50**

7. Tier 4 In-patient admissions

CCGs	Year	No of Patients	No of Admission Dates	No of Bed Days	Total Spend
Cannock Chase	**16/17**	5	6	393	266,611
	15/16	8	8	669	453,396
East Staffordshire	**16/17**	3	5	211	119,642
	15/16	5	5	122	69,108
North Staffordshire	**16/17**	32	48	3492	2,322,744
	15/16	24	27	2,760	1,834,012
SE Staffs and Seisdon	**16/17**	12	12	1090	652,087
	15/16	15	20	1,462	873,760
Stafford and Surrounds	**16/17**	10	13	1333	931,549
	15/16	14	17	1,977	1,380,219
Stoke	**16/17**	25	33	3253	2,007,158
	15/16	33	44	3,950	2,434,785
Grand Total	**16/17**	**87**	**117**	**9,754**	**6,299,792**
	15/16	**99**	**121**	**10,940**	**7,045,281**

STAFFORDSHIRE
HEALTH AND WELLBEING BOARD

Staffordshire Health & Wellbeing Strategy

2018-2023

What is in this Strategy

- A reminder of the previous strategy (2013-18) what it achieved
- A reminder about what Health and Wellbeing Boards are here to do
- A summary of the Key Health and Care Issues that affect Staffordshire
- Our new Approach

This Strategy is a call to action

Cllr Alan White, Deputy Leader Staffordshire County Council, Cabinet Member for Health and Care and co Chair of the Health & Wellbeing Board

We still have a lot to do to make this happen

Dr. Charles Pidsley, GP, Chair of East Staffordshire Clinical Commissioning Group and co Chair of the Health & Wellbeing Board

Looking Back

Living Well in Staffordshire
The Previous Strategy (2013-18)

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Thinking about the Lifecourse

Starting well	Growing well	Living well	Aging well	Ending well
Giving children the best start	Maximising potential and ability	Making good lifestyle choices	Sustaining independence, choice and control	Ensuring care and support at the end of life
1. Parenting 2. School readiness	3. Education 4. NEET (Not in Education, Employment or Training) 5. In care	6. Alcohol 7. Drugs 8. Lifestyle and mental wellbeing	9. Dementia 10. Falls prevention 11. Frail elderly	12. End of life

The focus was on how we prevent ill health

What have we done & what are we doing?

What have we done?

- Successfully focused on work with Children and Families
- We have learnt from using public health funding to deliver Locality Commissioning
- We have and are working with District Councils
- We have started to open up conversations with the public
- We have explored approaches that identify and help isolated older people
- We have developed and implemented our Alcohol and

What are we doing?

- Developing an approach to considering health in all our decisions making (Health in All Policies)
- Developing a Place based approach working with District Councils, Local GP Groups and Communities
- Championing work to reduce physical inactivity

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A statutory duty

What Health and Wellbeing Boards are expected to do

Things that the Health and Wellbeing Board must do

1. We must receive reports to help us understand the key health and care issues in Staffordshire. We do this through a document called the “Joint Strategic Needs Assessment” (JSNA). https://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx#.WY2YxeSWzIU)
2. We use this information to develop a strategy (like this one). We also ensure that organisations in local government and the NHS take account of the strategy when they prepare their plans.
3. We aim to bring organisations together by encouraging organisations to share budgets, and to cooperate when they buy health and care services.
4. We will talk to the public and to have more honest public discussions about what affects health and wellbeing, and what is affordable in future.
5. We ensure that health and care services are accountable to your elected representatives (Councillors).

Staffordshire in detail:

What do we know

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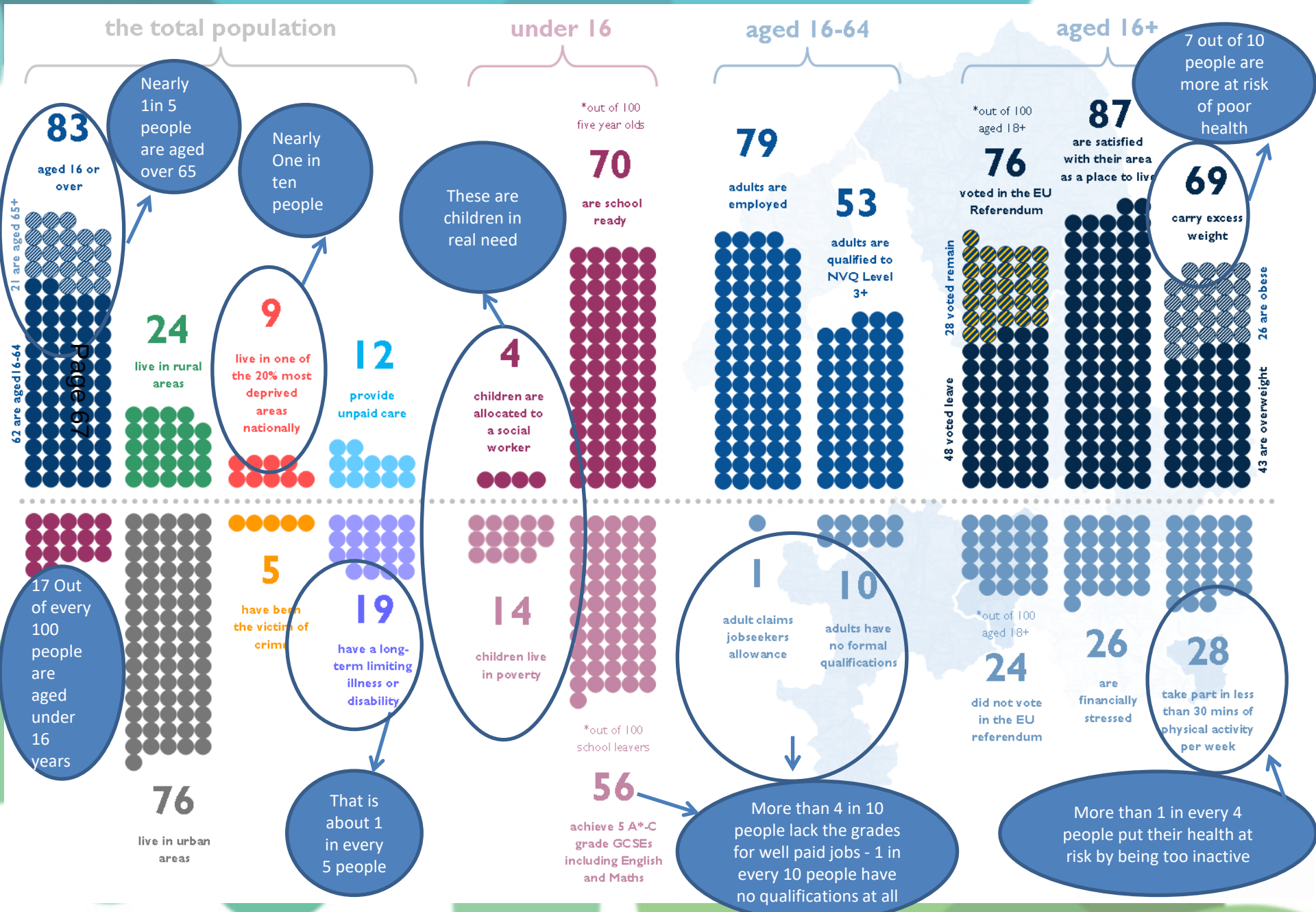
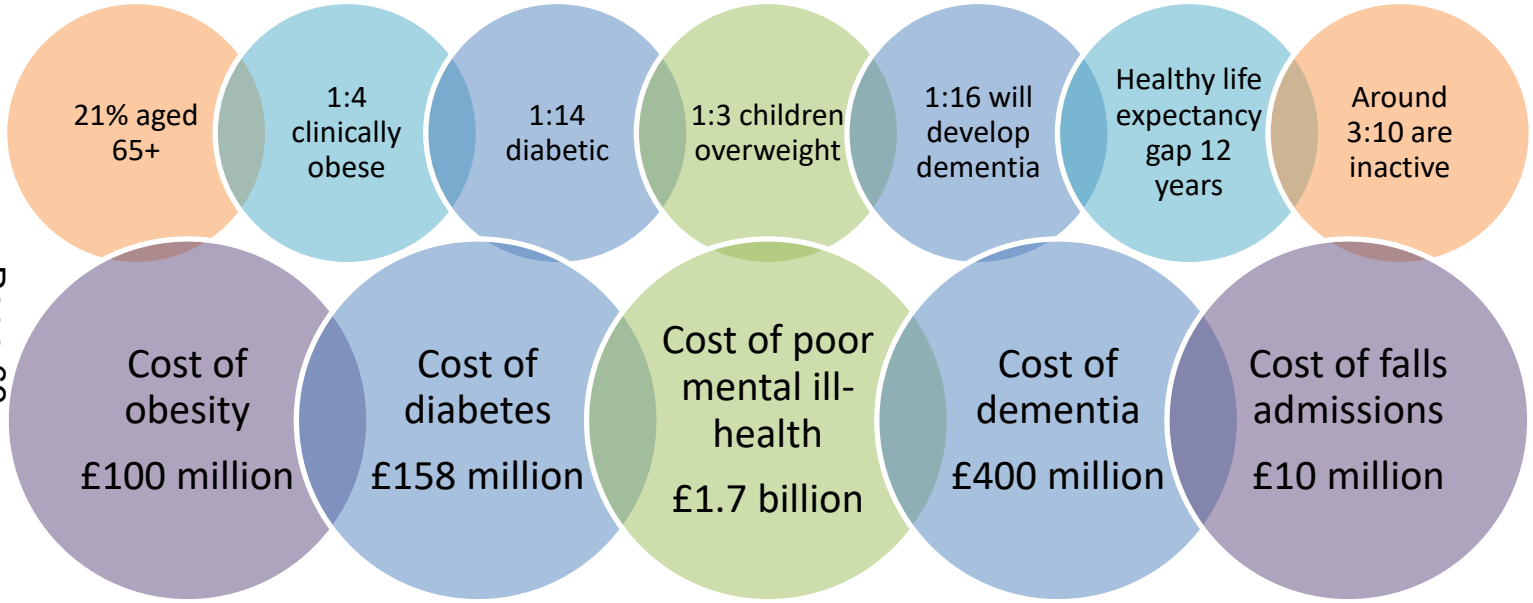


Start Well & Grow Well
The issues

Insight tells us that for every 100 children in Staffordshire the majority will be growing up in stable, loving households. However, of the same 100 children:

Insight, Story of Staffordshire 2016

Grow Well & Live Well
The Issues



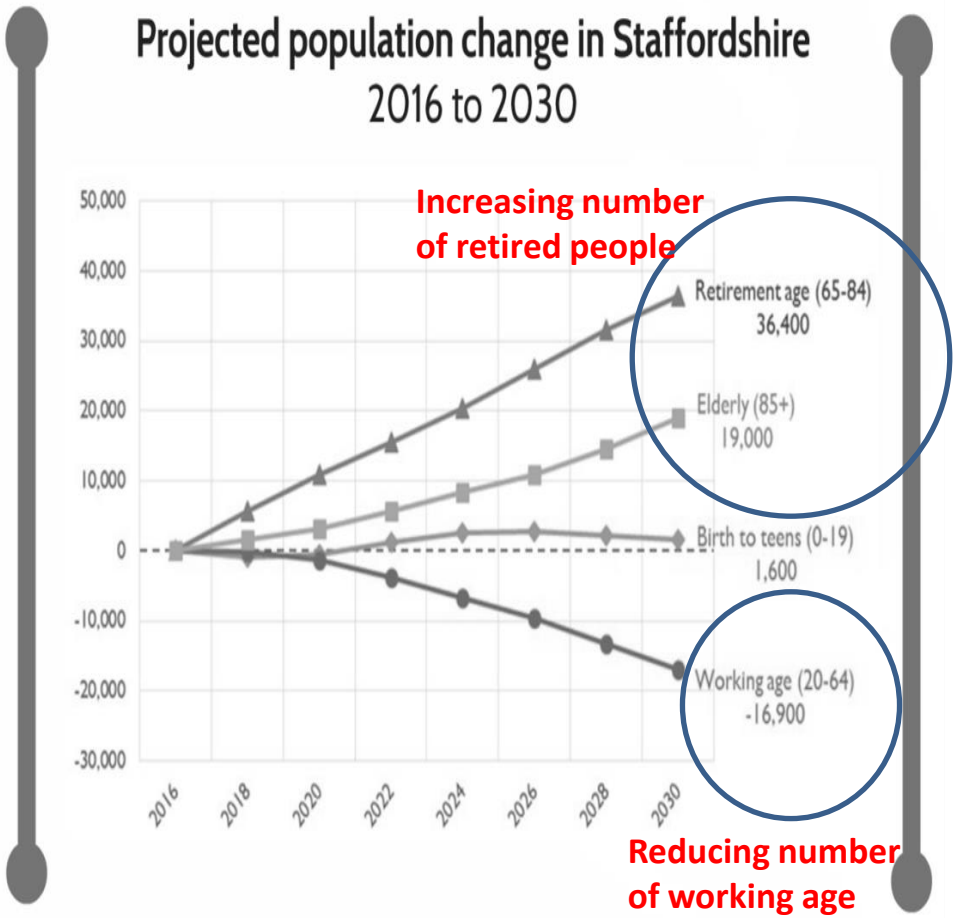
- About 40% of ill-health can be prevented if more people stop smoking, drink less, eat more healthily and get active.
- There are significant differences in health across the county; people from communities where people work, have good education and good jobs tend to live about 6 years longer, and have an extra 12 years in good health, than people from communities where people have less qualifications, low skilled jobs or are unemployed.
- These Health inequalities matter because of the greater need for services that come from areas of higher need

Age well
The issues

In Staffordshire, a man born today can expect to live for **80 years** and a woman can expect to live for **83 years**.

People can expect to reach 64 years of age before their health issues start to become a problem. This means that people spend nearly a **quarter of their lives** (15-20 years) in progressively **poorer health**. A growing number of people have

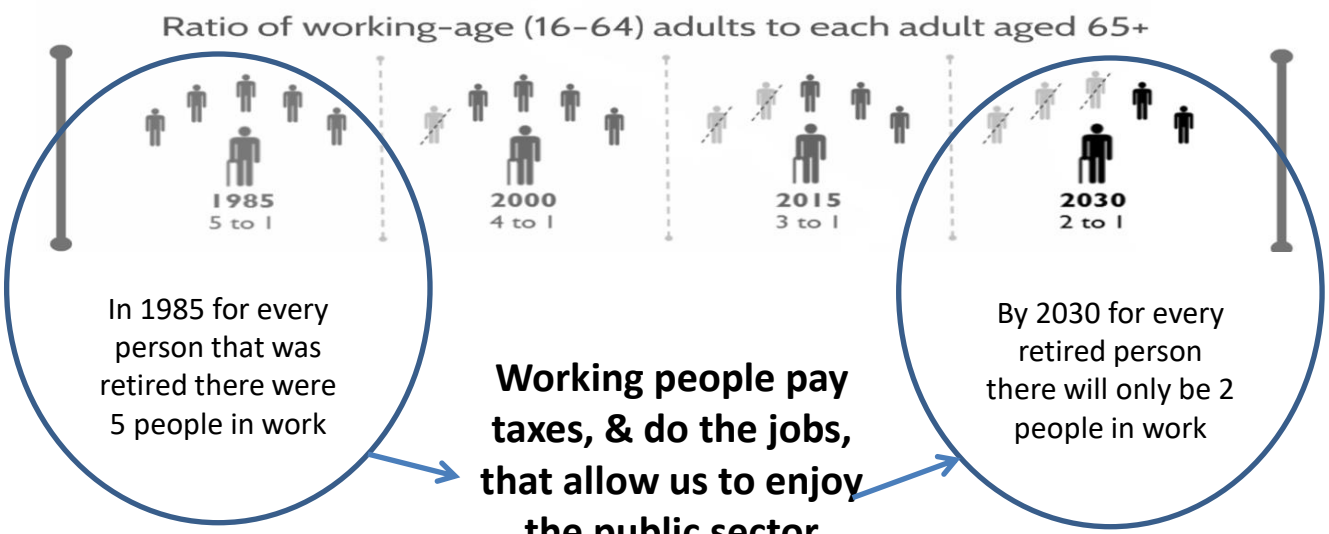
- one or more **long-term conditions** (e.g. diabetes, heart disease)
- many long term conditions are caused by unhealthy **lifestyles** choices
- we know that **half** of people aged over 65 have a **limiting** long-term illness which restricts their daily activity.
- we are also seeing a significant rise in the number of people with **dementia**; in Staffordshire we expect to see nearly 15,000 people with dementia by 2025.



The current system is unaffordable

The ageing population will have huge implications for health and care services:

- Demand for health and care services is already putting a significant strain on the system
- There is a reducing pool of people of working age to pay for people in their retirement
- There is a reducing pool of people who will work in health and social care services.



Working people pay taxes, & do the jobs, that allow us to enjoy the public sector services that we really value. Services like Education, Social Care and the NHS

What does all this tell us?

1. We have unprecedented and growing DEMAND for health and care services
2. This demand is down to the increasing AGE of our population, but is made worse by modern LIFESTYLES
3. We cannot continue to AFFORD health or care services we **all** need to find NEW WAYS of doing things…
4. …this means that people across Staffordshire will need to take more CONTROL of their own health and lifestyle choices because they understand that this is easier than living for many years with a limiting illness that stops them living a full and enjoyable life.
5. Public sector services have a duty to SUPPORT this by creating a healthy environment that helps people to live more healthily.

We need to do better

A new approach

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Why a new strategy?

- We have a statutory duty to deliver a Health and Wellbeing Strategy, this is an opportunity for us all to tackle some of these really big problems
- We want to build upon previous, Living Well strategy
- This strategy reflects the fact that the world has moved on since 2013
- We need to develop a new approach across a wide range of different organisations

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Our approach

Starting well	Growing well	Living well	Aging well	Ending well
Giving children the best start	Maximising potential and ability	Making good lifestyle choices	Sustaining independence, choice and control	Ensuring care and support at the end of life
1. Parenting 2. School readiness	3. Education 4. NEET (Not in Education, Employment or Training) 5. In care	6. Alcohol 7. Drugs 8. Lifestyle and mental wellbeing	9. Dementia 10. Falls prevention 11. Frail elderly	12. End of life

To help more people to stay as well as they can for longer

All organisations heading in the same direction

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Our approach

Outcome	Measure	Method
To help people to stay as well as they can to reduce the growing pressure on services	More people living beyond age 64 in good health	By talking to people about how they can take a bigger role in staying healthy by improving their knowledge their lifestyles and their mental health

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Taking Responsibility & making it happen

INFORMATION

1. We will improve data sharing between organisations to improve how we find people, who are likely to have poor health, to help them stay healthy and well
2. We will use modern approaches like smartphone apps to help us

CONVERSATIONS

1. We will actively talk with the public about health and what matters to them
2. We will seek to mobilise public support to reduce the growing pressure on public sector services
3. We will have conversations with workplaces about being healthy

Healthy Lifestyles
Mental Wellbeing

DECISIONS

1. We will make sure that Health is included in all of our Policies and decisions
2. We will work with the private sector to help us improve health and well-being.

COMMUNITIES

1. We will help people to understand what is available in their neighbourhood to help them to stay well.
2. We will encourage and support people to stay well in their own communities.
3. We will encourage our staff to have conversations in communities to help people take more control over their health

What we all need to do to promote and encourage greater personal responsibility

1. We need to identify work and projects that will help us to help people to stay well for longer (Plan)
2. We need to make sure that the Health and Wellbeing Board is able to deliver and has the right membership
3. We will hold the system to account for delivery against this priority (measure)
4. We will make sure that we talk, much more, with you - the public.

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Our challenge

To develop good relationships with all our partners

To act as the focus for prevention and wellness across the system

Housing

Private Sector – corporate social responsibility

Employers and their workforce

Dept Work & Pensions

Providers of services e.g. Hospitals / GPs

STP

Highways

Leisure Industry

Schools

Planners

Families Strategic Partnership

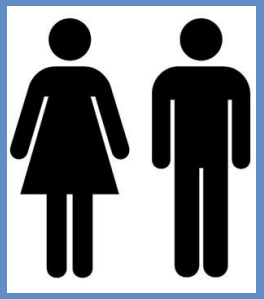
Retailers

Voluntary sector

Communities – people helping people

HWBB

To help more people to stay as well as they can for longer



How will we know that we have succeeded?

Our ambition: To increase by **X** the amount of time people can stay well and avoid long term health conditions

We will track this by developing our measures. They may include things like:

1. Helping people of all ages to stay mentally well
   - Reductions in Social Isolation
   - Children's Emotional Health and Wellbeing
   - Vulnerable People (e.g. Homeless)
2. Supporting people of all ages to have more healthy lifestyles
   - Increase Physical Activity
   - Reductions in Obesity
   - Continued reductions in Smoking
   - Reduction in Falls

Staffordshire Health and Wellbeing Board	
Title	Director of Public Health Annual Report
Date	07 December 2017
Board Sponsor	Richard Harling
Author	Karen Bryson
Report type	For Debate

Summary

This paper outlines a proposal for the Director of Public Health (DPH) report 2017/18 to be about the use of technology to improve health and well-being and care.

Recommendations

1. That the Board

    a) Endorse the proposal that the DPH report 2017/18 be about the use of technology to improve health and well-being and care.
    b) Contribute to the development of the DPH report 2017/18.

Background / Introduction

2. The annual DPH reports are statutory requirements. They are widely disseminated both to partners and to the public and present an overview of key issues in health and care. The DPH Report 2016/17 about end of life was launched in May 2017, was endorsed by the Health and Wellbeing Board and was well-received.

3. The County Council's 5 year strategy places significant weight and importance on the role of digital innovation in securing the economic benefits from creating a Smart Staffordshire. The NHS Five Year Forward View recognises the potential of digital solutions in health care. Staffordshire's emerging Health and Wellbeing Strategy also anticipates an increasingly important role of technology in supporting personal and community empowerment and wellbeing.

4. Digital and the shift to digital is a key issue facing most organisations, locally, regionally, nationally and globally. The opportunities are great, although the public sector does not have a strong track record in this field, nor is it normally agile enough to adapt to fast moving changes in the digital age.

5. We believe it would be timely for a DPH Annual Report to explore the current and changing digital landscape and imagine how a digitally enabled Staffordshire could enhance wellbeing - and explore both the opportunities to chase and pitfalls to avoid.

6. Whilst a formal draft is still some way off, we are looking at producing a final Report for May 2018. This would include:
    - Introduction - Digital is currently changing every aspect of our lives, public facing organisations need to be digital by default.

- The Context of an ageing population; emerging generations who are digital natives, changing expectations on self-sufficiency , a smaller workforce and restricted public funding.
- What do we mean by digital? Smart Technology, social media, phone apps, skype, artificial intelligence, virtual reality, robotics, machine learning, assistive but also better and smarter use of data to predict risk and demand
- Horizon scanning. Rapidly changing digital landscape and innovations - and what does that offer Staffordshire
- Some of the issues with the shift to digital.
- Some of the opportunities – case studies of how digital and assistive technology can enhance lives and improve wellness
- Recommendations

7. It would be our intention to produce a report in an innovative format, perhaps making use of web, digital, chatbot and social media opportunities. We would also seek to recognise the opportunities and the controversies that we face as we adapt to the new digital world

8. The Board is asked to endorse this proposal, to offer their thoughts, reflections and suggestions and to contribute to the Report as it develops.

Staffordshire Health and Wellbeing Board	
Title	Health in All Policies – Update on Progress
Date	7th December 2017
Board Sponsor	Richard Harling
Author	Allan Reid, Consultant in Public Health
Report type	For Information and Endorsement

Summary

1. 'Health in All Policies' (HiAP) is a collaborative, evidence-based approach to improving the health of all people by incorporating health considerations into decision-making across a range of organisational sectors and policy areas. Following previous HWBB agreement to endorse and champion a HiAP approach across Staffordshire, this report updates the Board on the work undertaken to date and seeks future endorsement and support necessary for taking this agenda forward.

Recommendations to the Board

The Board is recommended to:

- Note the updates within the HiAP agenda since the previous HWBB discussions
- Continue to endorse and support the HiAP approach within Staffordshire County Council and district council partners
- Engage with and provide a steer in the developing HiAP programme of work

Background / Introduction

1. 'Health in All Policies' (HiAP) is a collaborative, evidence-based approach to improving the health of all people by incorporating health considerations into decision-making across a range of organisational sectors and policy areas.

2. HiAP is an approach to local policy making that takes into account that health, wellbeing and health inequalities (and associated behavioural risk factors) are largely determined by living conditions and wider social, economic, environmental, cultural and political factors. These in turn are controlled by policies and actions outside the health sector, relating to the wider determinants of health and wellbeing, such as (but not limited to) housing, planning, transport and licensing policy.

3. Many of the challenges facing local government, such as managing increasing demand on our health and care systems in the face of stretched resources are 'wicked' problems that involve multiple interacting causal factors, lack a clear linear solution and are not the sole responsibility of, and cannot be solved by, any single local government department or partner organisation alone.

4. Effective solutions to such challenging and entrenched problems require a new policy paradigm that connects disparate silos, exposes conflicts, find solutions and prioritises synergies and co-benefits across diverse policy areas in their contribution to enhancing the health and wellbeing of our population. This creates incentives for an inter-sectoral and cross-government Health in All Policies approach.

5. At the March Health and Wellbeing Board (HWB) it was agreed that we would embrace a Staffordshire approach to champion HiAP. Board members have agreed to act as HiAP Champions to advocate the HiAP approach within their own organisations, as well as across the Health and Wellbeing Board membership and beyond.

6. As part of this process HiAP is being incorporated into the new Health and Wellbeing Strategy and Action Plan for 2018 onwards as part of a wider 'Healthy Environments' programme of work to be undertaken by the Public Health and Prevention team.. To develop a coordinated and consistent approach to HiAP across Staffordshire it was agreed that the HWB would host a workshop for HWB members and partners on the HiAP approach in Staffordshire (LGA).

Current Activity

7. A Health in All Policies all-day workshop, organised by SCC Public Health, took place on the 29th September. The workshop was facilitated by the Local Government Association and hosted by Stafford Borough Council, and was well attended by Chief Executives, senior officers and elected members across all eight districts, and from the County Council.

8. This interactive workshop explored examples of good practice in adopting a HiAP approach nationally and internationally, and generated engaging discussions around areas of common focus within Staffordshire at county and district level and the opportunities and challenges in taking a HiAP approach forward within the county and district councils, identifying local priorities and possible actions.

9. Evaluation of the workshop indicated that it met its objectives of generating support of District Council Chief Executives, Cabinet Members and the relevant leadership teams in taking action towards adopting a HiAP approach going forward and identifying common areas of action.

10. The learning from the workshop has been shared with attendees (appendix) which indicates local priorities identified at county and district level. The SCC public health lead for HiAP is continuing to work with identified district council HiAP leads in shaping local HiAP action plans and developing a core set of HiAP outcomes measures, together with local indicators to address locally identified priorities within each district.

11. The core levers of influence for a successful HiAP programme of work within Staffordshire will happen at district level since this is the arena where much HiAP-relevant local placed based policy is created. In addition to developing its own HiAP action plan at County level, SCC public health will continue to work collaboratively with district HiAP leads, offering advice and expertise in driving this approach forward.

12. Additionally, as a component of work within SCC contributing to the HiAP agenda at County level, Public Health has been leading a programme of learning and development workshops across other council directorates to promote the HiAP approach, identify shared outcomes and explore opportunities for future collaboration that enhances population health and wellbeing.

Options & Issues

13. HiAP contributes to creating the optimum policy environment that promotes, encourages and incentivises health and wellness. It represents the reciprocal efforts of local government to the populations they serve in ensuring that the local policy environment is conducive to discharging personal responsibility for health and wellness.

14. For HiAP approaches to realise their full potential requires HWBB partners, council leaders and elected members to champion the approach and ethos within their organisations and beyond.

What do you want the Health and Wellbeing Board to do about it?

The HWBB is asked to

- Note these updates and progress to date within the Health in All Policies programme occurring within SCC and district councils
- Continue to endorse and champion the HiAP approach within their respective organisations.
- Consider, in view of this update, how the Board can continue to facilitate and develop a HiAP approach that is embedded within all partner organisations, including how best to engage the support of elected members in driving the HiAP agenda within their district authorities.

Appendix: Health in All Policies- An update

Staffordshire Health in All Policies September 29th 2017

Feedback from tables on HIAP focus

1. **Cannock:**

    - Focus on turning strategy into action - creating one plan. Move fast to make things happen and see what works.
    - Need to build on and access expertise across the system
    - Dedicated resources at the district level
    - Offer to be a test bed for prototype initiatives (eg. try out different ways of doing things to break out of our silos. Move on quickly if it doesn't work.
    - Clear simple messages rather than massive strategies

2. **Staffordshire Moorlands/Newcastle:**

    - Focus on inequalities in health. Review good practice that works e.g. Early Intervention through Sure Start
    - How useful are new initiatives constantly coming up?
    - Share local information on what works. case studies are more powerful to look at issues rather than facts and figures.
    - Develop the narrative
    - Need to work together across Staffordshire to identify what works locally. Strengthen partnerships with a collaborative approach across D&Bs and CC
    - District commissioners helped the local join up
    - Commitment to deliver and share good practice with other areas; Have resource of committed staff
    - We need to be more rigorous about what works - evidence based.
    - Important to build resilience in families.

3. **Stafford:**

    - Focus on action - go for the highest impact as quickly as possible
    - Make best use of council's success across new homes and schools
    - Focus on place facilitate the new communities of the future. need partners to support building new communities
    - Use frontline staff to deliver health conversations with the public. Upskill them and increase the understanding of their wider roles
    - Increase our capacity to have broad/ holistic conversations with the public
    - Celebrate success - transformational journey
    - Need to change silo working
    - Identify community connectors

4. County Council

- Focus on personal responsibility for health and wellbeing
- Sharpen up what we mean by this
- Target key groups within the community
- More honest with residents in articulating the vision; Clear about what will happen
- Need support from D&B when having honest conversation
- SCC will use HIAP approach to achieve that joint narrative across Staffordshire
- Need clarity about what is happening across the system

5. South Staffs/Tamworth/East Staffs/Lichfield

- Need to sell the message of the benefits of HiAP to improving health of communities
- Articulate the benefits to politicians - spend to save
- To have an impact we need sustained commitment - e.g. locality commissioning
- Need to tackle the resource issue
- Good to have some interventions with quick impacts

How we need to work differently

- Sustained commitment
- Agreement on the message and the conversation with the public
- Move fast/make things happen/see what happens
- Resolve the investment and resources issues
- Take action on our strategies
- Articulate the benefits of HIAP to members
- Embed the HIAP process in our procedures and systems

What we need to focus on across Staffordshire

Place/Communities

- Building communities - especially new communities
- Focus on inequalities
- Personal responsibility - clarity of what we expect of the public and need to develop the concept

Capacity/resources

- All frontline staff having holistic health and wellbeing conversations

Staffordshire - Potential components for progressing HiaP: Outputs from workshop

A focus on inequalities (an element based on a theme)

- Which aspect of inequalities?
- What are the underlying causes?
- What are the causes of the causes?
- Which of the causes are being addressed by other work e.g. regeneration, employment, housing initiatives?
- Which of the causes require action from us?
- What sort of impact could we aim to make and over what period (King's Fund matrix)?
- What spatial level will we work on?

'Building' new towns (the Stafford offer)(an element based on place)

- In which places is there an existing investment and focus on growth, employment and housing that would be magnified by complementary approaches for other physical and community infrastructure?
- Could these places/towns be the models/vanguards for creating the 'Living Well' culture that Staffordshire aspires to (Staffordshire's own version of Healthy Towns).

Levering the impact of front line staff (an element based on capacity)

- Which cohorts of front line staff?
- Where might the impact be greatest?
- What might they be able to do differently that would add value?
- What are the mechanisms required to make this happen?
- What would make this attractive to staff?

Testing new approaches (the Cannock Chase offer) (an element based on prototyping and real time experimentation)

- Agree some things quickly to start trying out and establish some momentum.

Empowering the population of Staffordshire (an element based on culture change)

- Research and establish what works in terms of behaviour change.
- Seek to develop simple, impactful messaging derived from the deployment of sophisticated communications approaches.
- Professionalise this (vital) element of the strategy.

Working together effectively (an element based on leadership development)

- Can you develop a collective plan that can (if only in part) sustain financial, political and electoral cycles?
- Ensure that everyone has 'skin in the game' (ideally money) and a consequential interest in delivering a successful plan.
- Commit to using evidential approaches, acting on evidence, and sharing successes and failures.
- Explicitly recognise where expected impact is significant but long-term.

Martin Smith
Local Government Association
October 2017

Staffordshire Health and Wellbeing Board	
Title	Air Quality
Date	7th December 2017
Board Sponsor	Richard Harling/Alan White
Author	Mike Calverley
Report type	For Debate

Summary

After the publication of the Governments Clean Air Strategy, Richard Harling and Alan White asked for a briefing report on Air Quality. A report was produced in partnership which included an initial options appraisal. After follow up discussions with Richard harling and Alan White it was agree to bring Air Quality to the attention of the Staffordshire HAWB for debate and support. A more detailed report on Air Quality is available to HAWB members.

Recommendations to the Board

1. Develop a partnership agreement on Air Quality between Staffordshire County Council, Stoke-on-Trent City Council and the 8 District/Boroughs across Staffordshire.
2. Develop an Action Plan for Local Implementation from October 2018. This plan of work would be informed by a detailed options appraisal.
3. Develop a Communications Plan for engaging and communicating with the public on air pollution. In addition the Communications Plan would need to include Business and Commerce.
4. That we bid for any appropriate Air Quality Grants as they become available.

Background / Introduction

“Air pollution can damage lives with harmful effects on human health, the economy and the environment. It is the largest environmental risk to the public’s health, contributing to cardiovascular disease, lung cancer and respiratory diseases. It increases the chances of hospital admissions, visits to Emergency Departments and respiratory and cardiovascular symptoms which interfere with everyday life, especially for people who are already vulnerable. Bad air quality affects everyone and has a disproportionate impact on the young and old, the sick and the poor” – quote from Dr Theresa Coffey (Parliamentary Under Secretary of State for Defra) and Professor Paul Cosford (Director for Health Protection and Medical Director, Public Health England)

Air quality in Staffordshire and Stoke-on-Trent is a rural and urban mixture dominated by roads such as the M6, A34 and Trunk roads. Staffordshire will be affected by industrial pollutants because of our neighbouring authorities such as Wolverhampton, Stoke-on-Trent and Derby. In addition there will be significant agricultural emissions from farms located in Staffordshire. There are some Air

Quality Management Areas (AQMA) in some districts such as Burton-on-Trent and Stoke-on-Trent.

Poor air quality is recognised as the fourth largest risk to public health behind cancer, obesity and cardiovascular disease. Air pollution is associated with a number of adverse health impacts and as a contributing factor in the onset of heart disease and cancer.

Air pollution particularly affects the most vulnerable in society, children and older people, and those with existing heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often the less affluent areas. In Staffordshire there are around 390 deaths attributable to exposure to poor air quality in 2015.

The annual health cost to society of the impacts of particulate matter alone in the UK is estimated to be around £16bn. Air quality is an important consideration for our communities when people choose where to live, study and work. Good air quality is linked to the choices for schooling, training, the workplace environment and housing.

The Government's £3bn Clean Air Strategy centres round banning the sale of new diesel and petrol cars from 2040 and £255m is to be made available for councils to tackle air pollution and for UK roads to be zero emissions by 2050. The Governments plan at this time doesn't address pollution from construction, farming and gas boilers. However the Government are developing further measures and will set these out in the following documents to be published in 2017/2018

- The Clean Air Growth Plan which the Department for Business, Energy and Industrial Strategy will bring forward in the autumn of 2017.
- A further strategy on the pathway to zero emission transport for all road vehicles to be published by March 2018.
- A wider Clean Air Strategy to be published in 2018.

Current activity

In Staffordshire we already have the Staffordshire Air Quality Forum (SAQF), which includes Stoke-on-Trent. Our Districts and Boroughs across Staffordshire produce an annual report which is endorsed by Richard Harling (Director of Health and Social Care – Staffordshire County Council). This includes Particulate Matter ($PM_{2.5}$) Levels in Staffordshire and Stoke-on-Trent and $PM_{2.5}$ and Mortality in Staffordshire and Stoke-on-Trent. This annual report also details what actions are currently being taken within Staffordshire to reduce $PM_{2.5}$. Stoke-on Trent already has a CAZ Strategy and some of our Staffordshire Districts are currently producing their own Strategies such as Stafford Borough Council but it is mixed across Staffordshire.

In addition Air Quality is now also linked to the wider Health in all Policies agenda.

Options & Issues – we have completed an initial options appraisal but further work is still required (pros, cons, health benefits and practicality of implementation). Listed below is a summary of options detailed to date

- Actively work with schools across Staffordshire to produce a Travel Plan to increase sustainable travel on the journey to school, reduce congestion, make the area in the vicinity of schools safer and increase physical activity.
- Improve cycle network – SCC are putting together a submission to the DoT for provision of technical support to prepare a local cycling and walking infrastructure plan for Staffordshire.
- We may need to consider clean air zone options e.g. charging and non-charging and issues around idling and the M6 corridor that cuts through Staffordshire.
- Monitor existing work placed travel plans, as required through planning process – initiatives to be implemented to increase number of sustainable journeys to work and reduce single car occupancy levels, including car share, walking, cycling, public transport and again this will improve air quality and should be cost neutral.
- Promote Smart working and agile working to businesses through Travel Plan process; reducing number of car journeys to employment sites and need to travel to meetings. SCC does now encourage staff working from home but more could be done and a county wide travel plan across workplaces in general.
- Identify a commercial partner to roll out a network of EV charging points across Staffordshire (BP have just committed to install points on all their forecourts, Nissan have points available at their garages), could be an attractive proposition for the right company as income generation will increase as popularity increases.
- Install Electric Charging points at all county and district buildings and replace pool cars with electric vehicles. This would obviously improve air quality and general health but there would be a financial cost to SCC but we may be able to offset some of the costs through funding grants and working with commercial partners.
- New planning / development applications - condition that all new houses built should have EV charging point installed and businesses should allocate a percentage of spaces with EV charging points. We should start this as soon as it’s practicably possible and this wouldn’t be a cost to SCC or the LA’s.
- All procurement exercises to consider / measure carbon footprint.
- Encourage good practice on farms to reduce emissions (gaseous farm emissions are a large source of secondary particles).
- Educating the public – link to school curriculum, use social media and other communication channels.
- Pollution alerts and communicating about air quality to the public - use existing communication streams to share information – including My Staffs app, RTPI electronic displays at bus stops and bus stations, SCC newsletters and alerts.

Staffordshire County Council

Key Recommendations from Air Quality Briefing for Staffordshire HAWB to debate and endorse

Staffordshire County Council

Recommendation 1

Develop a partnership agreement between Staffordshire County Council, Stoke-on-Trent City Council and the 8 District/Boroughs across Staffordshire to improve Air Quality

- HAWB to endorse this and send out a letter to all the Chief Executives asking that all the LA's work in partnership to deliver the best possible outcomes across Staffordshire and Stoke-on-Trent
- Each HAWB member to consider its own organisational responsibilities towards air quality

Staffordshire County Council

Recommendation 2

Develop an Strategy/Action Plan for Local Implementation from October 2018. This plan of work will be informed by a detailed options appraisal

- HAWB to endorse this and assist with prioritising what we can do now and what options will have the biggest impact in the short to medium term.
- Consider Air Quality as part of the HiAP agenda
- Each LA to develop and implement its own Air Quality Strategy

Staffordshire County Council

Recommendation 3

Develop a communications plan for engaging and communicating with the public on air pollution across Staffordshire and Stoke-on-Trent. In addition the communications plan would need to include business and commerce

- When the Air Quality Communications Plan is developed HAWB members would be asked to use this plan within their own organisation

Staffordshire County Council

Recommendation 4

Bid for any appropriate Air Quality Grants as they become available. For example Defra Air Quality Grant 2017/18 just announced in November 2017

- A partnership bid will be developed with the additional support of the Staffordshire Air Quality Forum for submission by the Dec 2017 deadline
- Any Grant submissions to have HAWB delegated authority from the Chairs for sign off

Staffordshire Health and Wellbeing Board	
Title	Staffordshire Better Care Fund
Date	7th December 2017
Board Sponsor	Dr Richard Harling
Author	Rebecca Wilkinson
Report type	For Information

Summary

- The Staffordshire Better Care Fund (BCF) has been approved with conditions allowing the Section 75 and virtual pooling of funds to go ahead. The s75 is expected to have been signed and transfer of funds to have been completed by 01.12.17.
- Staffordshire is being supported by a national BCF improvement advisor to achieve the targets set within the BCF Plan and to meet the expectations of the Department of Health (DH)with regard to reducing Delayed Transfers of Care (DTOCs).
- Delivery of the DTOC trajectory inline with DH expectations will require SCC, Staffordshire CCGs, Acute and non-acute trusts to prioritise resources and monitor progress weekly through face to face meetings. The delivery of the DTOC trajectory remains a considerable risk to the Staffordshire system

Recommendations to the Board

The Board is asked to:

a) Hold the County Council, CCGs and providers accountable for progress on reducing DTOC.
b) Note the financial risk to the system of c£55m for 2018/19 and 2019/20 if the DTOC target is not achieved.
c) Delegate authority to the co-chairs to sign off national submissions as set out in the BCF Forward Plan.

Background / Introduction

1. The Staffordshire BCF has been approved with conditions allowing the Section 75 and virtual pooling of funds to go ahead. Following the approval with conditions Staffordshire was requested to and has resubmitted the BCF Plan 23.11.17.

2. The BCF Programme Board will continue to oversee implementation of National Conditions 1-3 and an Improvement Team working to the Programme Board will manage implementation of National Condition 4 – Delayed Transfers of Care. All quarterly reporting mechanisms will remain the same through the Better Care regional team.

3. Achieving the BCF targets will be reliant on system wide agreement to improve operational processes for hospital discharge processes data validation. The Local Authority and Staffordshire CCGs are completing a High Impact Change

Self assessment and gap analysis to support this and will progress implementation as a priority.

Current activity

4. **The BCF Improvement team** has been established and is meeting weekly. Their role is to identify and ensure implementation of the actions needed to implement the BCF Plan with a focus on improving operational processes for hospital discharge processes data validation. They

5. **A new county wide process** for collection and reporting and management of delayed discharges has been drafted. This will review individuals day by day to identify actions required and ensure accurate data is collated for the weekly submission to the national system. It will apply to the main NHS Trusts who to whom Staffordshire residents are admitted, both in and out of county.

6. **A BCF executive team** has been convened to meet weekly to monitor progress of implementation of the improvements to operational processes to hospital discharge processes, as well as to resolve escalations in respect of specific individuals and to review the weekly DTOC data to ensure accuracy before submission to the national system, with escalation to NHS England in the event that inaccurate data is being submitted.

Risks

7. There are a number of risks which are being managed:

- **Insufficient resources to develop and implement new operational processes.** A review has been undertaken and a capacity gap highlighted, which will be addressed by the Director of Health and Care and the Accountable Officer for Staffordshire CCGs.

- **Slippage against the BCF Plan.** The main issue is delay in mobilising additional home based discharge to assess capacity to support hospital discharges. This is being addressed through performance management of the provider, SSOTP.

- **Financial risk.** Staffordshire's NHS has significant financial challenges, with the South CCGs finding it difficult to identify the additional funding required to compete implementation of the discharge to assess model. To mitigate this we will look to extract funding from the closure of acute hospital beds, review NHS spending priorities in the south of the county as well as continuously monitor our iBCF expenditure and use any underspend to pump prime additional services. In the interim the County Council has made an additional investment of £1m in home based discharge to assess services.

- **Recruitment.** We need to recruit 200 extra staff to provide discharge to assess services in the context of local workforce shortages.

- **Homecare.** We are in the middle of a major re-procurement of home care. This will make the market more sustainable in the longer term, but there is a risk of ongoing shortages of supply during mobilisation of the new arrangements. To mitigate this we are managing progress on a day by day basis and addressing shortfalls as they arise.

- **Out of County settings.** Delays are distributed across multiple hospitals including large numbers outside the county. We have the support of our NHSE Locality Director and Better Care Manager to help facilitate closer more collaborative work across these HWB areas and to include health and social care partners in this, beginning with a workshop in November.

- **Regulator.** CQC regulatory action is leading to care homes closing at short notice which creates further pressure on the health and care system. In Staffordshire 4 Care homes have closed due to regulatory action in last two years: 2 Residential (52 beds), 2 Nursing (86 beds) Of which 2 nursing homes of these were classed as urgent action with a requirement to move residents within 2 weeks

Staffordshire Health and Wellbeing Board	
Title	OFSTED – Report on Children's Services
Date	7th December 2017
Board Sponsor	Helen Riley - Deputy Chief Executive and Director for Families and Communities
Author	Richard Hancock
Report type	For Discussion/ Information

Summary

In July/ August 2017, Ofsted undertook a pilot inspection of Staffordshire Children's Social Care Services in preparation for the implementation of a new inspection regime from January 2018

Recommendations to the Board

To note the content and outcome of the inspection report attached.

Background / Introduction

After a four year round of the current Single Inspection Framework, during which every Local Authority will have been inspected comes to an end in late 2017, a new inspection framework and methodology will be implemented from January 2018. Staffordshire was inspected under the current framework in January/February 2014 and judged as Good in all areas.

In order to test out the full framework, inspection process and methodology, Local Authorities were canvassed by Ofsted in summer 2017. As a self-aware and learning organisation Staffordshire Childrens Social Care Services (Families First) volunteered as part of our self-improvement journey.

An unannounced full inspection was then undertaken (one week off site 24th – 28th July, follows by one week on site 31st July – 4th August).

Outcome

Overall graded Good

The impact of leaders on social work practice with children and families	Good
The experiences and progress of children who need help and protection	Good
The experiences and progress of children in care and care leavers, and achieving permanence	Good

An action plan will now be produced to address the areas identified for improvement

What do you want the Health and Wellbeing Board to do about it?

Note the content and outcome of the inspection

Staffordshire County Council

Inspection of children's social care services

Inspection dates: 31 July – 4 August 2017

Lead inspector: Donna Marriott HMI

Judgement	Grade
The impact of leaders on social work practice with children and families	Good
The experiences and progress of children who need help and protection	Good
The experiences and progress of children in care and care leavers, and achieving permanence	Good

Political and senior leaders have worked purposefully to maintain good-quality services for children in Staffordshire. Established and mature governance arrangements ensure that accountabilities are clear and support effective working. Partnership working is good, and there is a shared commitment between agencies to deliver safe, high-quality services. Partners have willingly engaged in the local authority's ambitious transformation plan. This plan includes the improvement of support for children and families within their local communities and at the earliest point.

The strong, aspirational senior leadership team relentlessly seeks to ensure that it has a tight grip on the services provided. This ensures an accurate understanding of the service's strengths and areas for development. Leaders have been successful in further improving some parts of the service that were judged good at the last inspection. However, shortfalls in staffing capacity and inconsistencies in practice and recording mean that the local authority has further work to do for the children's services department to become outstanding, as it aspires to be.

The local authority has rightly focused on the things that matter most, seeking to create a strong, stable workforce and a wide-ranging career progression programme. Consequently, many staff are skilled and confident in carrying out their work. Social workers receive regular supervision, but there are gaps in recording this, including a lack of rationale for decisions and of evidence of how supervision drives planning for children. Social work practice is child focused and children's views inform service developments. A strategic focus on developing evidence-based, innovative services is making a tangible difference to children's lives.

What needs to improve

- Children's plans need to be clear about what is required of families. Some plans are not sufficiently individualised, and actions or timescales for delivery are not always specific. Contingencies are sometimes absent.

- Not all social workers have manageable workloads. This means that they do not all have the capacity to carry out their work to a consistently good standard.

- Managers do not consistently record supervision in a timely way. When supervision is recorded, it is not consistently effective in evidencing the rationale for decisions, the actions required or the timescales for completion.

- Case file audits do not routinely include analysis of the effectiveness of management oversight. They lack actions and recommendations and are therefore limited in terms of their effectiveness in driving practice improvements.

- Too few children receive a timely initial assessment of their health needs when they come into care.

The experiences and progress of children who need help and protection is good

1. Children benefit from a wide range of early help services delivered through local support teams. However, the consistency and quality of early help assessments and planning need further work to ensure that children receive effective and timely support when they need it.

2. When children need support from children's social care, agencies demonstrate a good understanding of thresholds and make appropriate referrals. The first response service provides a timely and proportionate response to contacts and referrals. Threshold decisions are appropriate, and managers clearly record the rationale for decisions. The multi-agency safeguarding hub provides a further layer of rigour, which ensures effective information sharing to inform decisions and next steps. As a result, children receive a timely and effective response to their needs.

3. The local authority has worked well with the police and partners to strengthen the response to domestic abuse, following concerns identified in Her Majesty's Inspectorate of Constabulary's inspection of Staffordshire police in 2016. The multi-agency safeguarding hub completes checks on all police domestic abuse notifications, and a triage system helps to identify children in need of an urgent response. However, the police do not consistently notify the local authority of all domestic abuse incidents in a timely manner. Further work is needed to ensure a systematic and timely response to all notifications.

4. Social workers visit children regularly, listen to their wishes and feelings and build meaningful relationships. Most children benefit from sensitive, thoughtful

direct work, which ensures that their views and experiences are understood. However, this is not always well recorded. When children need support to share their experiences, they benefit from advocacy support from an externally commissioned service.

5. Most assessments are succinct and evaluative, and provide a sound analysis of risk and need. They capture children's experiences and their diverse needs, and result in children receiving the right support.

6. Collaborative working between specialist safeguarding units and local support teams ensures that children receive timely intervention when their needs reduce or escalate. Effective partnership work is evident; most children are well supported through good-quality services, leading to positive outcomes. However, some child in need plans lack clear and measureable actions or timescales. In a very small minority of children's cases seen by inspectors, planning was not effective in helping to ensure that children's situations improved within appropriate timescales. This was evident for children in different situations, including those in which neglect was a concern.

7. Most intervention for unborn babies, including pre-birth assessments, is effective. Where significant risks exist for unborn babies, local procedures require child in need plans to be used alongside pre-proceedings. This means that, for some unborn babies, child protection plans are not in place until late in the pregnancy. In a small minority of children's cases seen, child in need plans were not sufficiently robust to manage identified risks effectively.

8. There is a focus on keeping children in their families, where possible, through a range of high-quality edge of care services. A number of innovative projects have been trialled, evaluated and implemented to prevent children's needs from escalating. One example is the breathing space project commissioned to reduce the removal of new babies from parents whom a previous child has been removed. Another example is the intensive family support service, developed to target support to parents who misuse drugs and alcohol. Both of these projects, as well as the intensive prevention service, demonstrate a real impact on preventing children's needs from escalating and helping children to remain in their families. The majority of babies remain in the care of their parents and benefit from the significant support provided.

9. Disabled children benefit from high-quality support. The local authority has taken action to respond to the recommendation from the previous inspection that social workers have the skills to communicate effectively with this vulnerable group. Skilled social workers are innovative and creative in seeking children's wishes and feelings. Consequently, disabled children's voices inform assessment and planning.

10. Social workers and managers take decisive action when risks escalate or children's circumstances do not improve. Timely, well-attended strategy meetings undertaken by the first response service lead to appropriate child protection investigations by the specialist safeguarding units. Partner agencies

contribute to child protection planning and reviews, which effectively reduce risks for most children. However, child protection plans do not consistently include clear and measureable outcomes. Contingency plans are not always evident. Senior managers have recognised these weaknesses and have taken action to strengthen child protection plans through a pilot in one part of the county. This is showing some early signs of improved practice and is currently subject to evaluation.

11. When children's circumstances do not improve as part of the child protection process, pre-proceedings are used appropriately. The quality of planning for children subject to pre-proceedings is strong and rigorously overseen by managers. However, not all minutes from legal gateway meetings consistently evidence the rationale for threshold decisions or the actions required. Written agreements completed for parents as part of the pre-proceedings process are not consistently clear and detailed. When concerns escalate during the pre-proceedings process, social workers take authoritative action, resulting in timely court proceedings. Once children enter the court process, social workers produce good-quality assessments, and planning is purposeful.

12. When social workers identify concerns regarding children at risk of sexual exploitation, they take timely and effective protective action. Clear processes are in place to ensure strategic oversight of concerns relating to sexual exploitation, through the child sexual abuse forum. District child sexual exploitation panels ensure a coordinated multi-agency response to managing risk.

13. The response to children who go missing is rigorous. The 'missing' coordinator proactively tracks and monitors all 'missing' incidents, including those of children placed in the area by other local authorities. A commissioned resource and an in-house service provide 'return' interviews. Most 'return' interviews are detailed and analytical and include the right information to inform subsequent intervention to help safeguard children. The strategic missing board oversees practice effectively, identifies themes and trends and considers wider planning.

The experiences and progress of children in care and care leavers and achieving permanence is good

14. Children in care and care leavers in Staffordshire live with families who meet their needs and they receive good-quality services. Social workers and personal advisers visit children and young people regularly, build meaningful relationships with them and are aspirational about their futures. Children's diverse needs and their wishes and feelings influence planning decisions.

15. Children on the edge of care benefit from an extensive range of high-quality services that are responsive to need. These services help children to remain in, and return to, the care of their families where possible. Family group conferences take place early, and this strengthens support arrangements within families, helping to prevent children from becoming looked after.

16. When it is not safe or appropriate for children to remain in the care of their parents, carefully considered viability assessments of family members help children to remain in their wider family network where possible. A strong focus on permanence ensures that children live with families with whom they have enduring links. The quality of support to children and carers in these arrangements is good.

17. When children need to become looked after, social workers make sound decisions based on detailed, analytical assessments. This supports timely decision-making regarding early permanence planning for most children. Tracking systems are robust and ensure that managers are able to keep a grip on this important work.

18. Unaccompanied children who enter the country seeking asylum are well supported. Assessment of their needs is timely and leads to good-quality multi-agency intervention, including support with their health, education and accommodation needs.

19. Effective matching processes ensure that children live with carers who meet their needs well. Carers receive support to develop new skills to ensure that they can meet the challenging or specialist needs of the children whom they care for. Placement stability is good, and the large majority of children experience only planned changes and remain with carers. The local authority is proactive in managing demand for placements through its well-considered sufficiency strategy, which is based on a clear needs and market analysis. This strategy includes a variety of approaches to providing placement choices that meet a wide range of children's needs.

20. Children have their health needs assessed. However, initial health assessments, when children become looked after, are not timely. Only 32% are carried out within government-set timescales. The local authority, along with health partners, has taken action to strengthen the timeliness of initial health assessments, but progress has been slow. Children receive appropriate support in response to identified health needs, including access to emotional well-being and mental health services.

21. Children in care are making some progress in education. In 2016, the percentage of children looked after in Staffordshire who achieved grades A*–C grades in GCSE English and mathematics was in line with the national average and an improvement on the previous two years. Personal education plans are completed, but those seen by inspectors varied in quality. Good use is made of pupil premium funding to support educational attainment, including for example, one-to-one tuition.

22. The local authority demonstrates exceptional commitment to achieving permanence for the children it looks after. Following a review of arrangements in 2017, senior managers have a sophisticated understanding of the permanence status of all children in care. Decisions regarding permanence are timely and child focused, and a decision for permanence is made for the large

majority of children by their second review. Social workers and managers have a good understanding of the importance of children's need for security and belonging, whether legal or emotional. Work to strengthen matching for children with long-term foster carers has led to the development of a best interest panel that now formally ratifies all matches. This means that children are assured that they will be cared for long term by committed foster carers.

23. Arrangements to support children who need adoptive families are effective. Adoption is actively considered for children when it is in their interests. Careful planning takes place for older children and brothers and sisters who need permanence, including through adoption. The quality of adoption work is good, and includes improvements in the timeliness with which children move to live with their adoptive families. Timeliness for completion of adopters' assessments is also improving, and most assessments now take place within government-set timescales. This ensures that adoptive families are available for children needing this permanence option. A small number of children's plans changed away from adoption during court proceedings in 2016–17. The audit trail for decision-making in these cases, including oversight by the agency decision-maker, is not always clear.

24. Social workers and managers respond robustly when concerns arise regarding children at risk of sexual exploitation, gang activity or 'missing' episodes. Effective, high-quality services provide support to ensure that children are safe.

25. Care leavers benefit from effective support from conscientious personal advisers, who work hard to ensure that they understand young people's wishes and feelings and that they reflect these in pathway planning. Pathway plans are clear and set out the actions required to support care leavers and the timescales for delivery. Personal advisers are persistent in maintaining contact and are creative in finding ways to stay in touch, with 94% of care leavers in touch with the local authority.

26. Care leavers receive effective support to help them to manage the challenges in their lives. This includes support in developing independent living skills, including budgeting and cooking. When care leavers experience challenges, such as substance misuse and mental health issues, personal advisers are proactive in seeking support for them. However, there are shortfalls in the availability of adult mental health and substance misuse services, which means that some care leavers do not receive the help that they need when they need it.

27. Most care leavers, including those who stay put with their foster carers, live in appropriate accommodation. No 16- to 17-year-old care leaver has been placed in bed and breakfast accommodation for the last three years, as a result of a strict policy preventing this. However, the local authority has been less successful in preventing the use of such accommodation for care leavers who are aged 18 and over. Three care leavers have stayed in such accommodation in the last 12 months. In these circumstances, the local authority needs to do more to ensure that risks are fully assessed for these young people.

28. Following work by the virtual school, the proportion of care leavers aged 17—21 engaged in education, employment or training has shown improvement during 2016—17.

The impact of leaders on social work practice with children and families is good

29. The senior leadership team, chief executive and elected members have maintained an uncompromising focus on strengthening services for children in Staffordshire. Since the last inspection, services have maintained their good status, and some have been strengthened. However, leaders still have more to do in order for children's services to become outstanding as they aspire to be. Shortfalls in staffing capacity and inconsistencies in practice and recording mean that services to children are not yet consistently strong in all cases.

30. Governance arrangements are exceptionally strong and ensure that accountabilities within the council and across the partnership are clear. The partnership demonstrates a solid commitment to joining up services to provide improved localised support to children and families. Under the leadership of the families' strategic partnership board, partners have engaged well in the local authority's transformation programme, which aims to mobilise support across the system to meet children's needs early and to prevent escalation to statutory services.

31. Strengthened analytical reporting and an increased focus on measuring impact and outcomes mean that there is a sound understanding of the effectiveness of services. This drives planning and commissioning arrangements, as well as project activity. A number of innovative projects, including the intensive family support service and the breathing space project, demonstrate considerable success in supporting families and preventing their needs from escalating. Inspectors saw examples of these projects making a tangible difference to children's lives.

32. Under the strong leadership of the director and deputy director, the senior leadership team has worked purposefully to strengthen the quality of services. Leaders have rightly focused on the things that matter most, seeking to create a strong, stable workforce and manageable workloads. They have responded to the recommendations of the last inspection, increasing capacity in key services. However, considerable pressures in capacity remain in some parts of the service. This is particularly apparent in the specialist safeguarding units, where caseloads are high in some teams. Where caseloads are high, inspectors found evidence of work falling below the standard that the local authority aspires to. The impact of this is that children do not always get all the help they need to improve their situations.

33. Leaders and managers have rigorous performance management processes in place to ensure that pressures in the system are managed well. Agile use of resources across the county and increased capacity, where needed, mitigate some of the demand. Managers ensure effective oversight of pressures, as far

as possible, but there is further work needed to ensure that caseloads are manageable so that social workers have the time and capacity to build meaningful relationships with all children.

34. The local authority has sought to strengthen social work recording across the service. It has piloted a range of information technology, to better support mobile working for social workers, and it plans to roll this out across the service in the coming months. Currently, case recording does not systematically capture the experiences of children. Gaps and weaknesses in the quality of recording are evident on some children's case files. The systems in place do not yet effectively support all social workers to record their work in a consistent way.

35. A strong performance culture ensures that performance management is embedded well through all layers of the service. An effective performance management framework and performance reporting enable managers to maintain a clear line of sight to frontline practice. This ensures that leaders and managers have an accurate understanding of the strengths and areas for development of the services that they manage. Managers at all levels are held to account for the effectiveness of services provided. Operational managers have the tools and training to enable them to confidently oversee, scrutinise and analyse performance. Report cards and dashboards support managers locally to maintain direct oversight of performance in their teams. The deputy director of children's services chairs service performance reviews, which take place three times a year. These ensure independent scrutiny and a sophisticated understanding of performance, and inform commissioning intentions and business planning.

36. An extensive, well-established audit programme includes monthly audits by managers and themed audits focused on specific issues. Some themed audits are impressive in their scope, such as an audit of care leavers' access to health histories, which triangulates findings through follow-up discussions with young people. However, there is more to do to ensure that the monthly case audits by managers provide accurate and robust analyses of the quality of practice. The audits also need to be more rigorous in identifying areas for improvement, so that they inform practice development, rather than primarily address compliance.

37. The leadership team has created a learning culture and has built a confident and competent workforce. Staff benefit from the training and support that they need to carry out their work. A strong commitment to continuous improvement is evident, through which learning from all activity, including serious case reviews, audit and learning reviews, consistently informs practice.

38. An effective workforce strategy, good working conditions and strong leadership ensure that vacancy rates and staff turnover have remained relatively low. Staff choose to come and work in Staffordshire, and many remain for considerable periods of time. Surveys and organisational health checks show that staff are clear about organisational expectations and feel trained and well supported in

their work. An extensive career progression programme, including the assessed and supported year in employment (ASYE), a good training offer, and the impressive 'future foundation leadership programme', ensures a focus on continuing development.

39. Social workers spoken to by inspectors were positive about working in Staffordshire. They consistently spoke about the support they receive, including reflective supervision that provides them with the skills and confidence they need to deliver effective, evidence-based services. However, there are deficits in the quality of recording of supervision across the service. Supervision records are not reflective and do not consistently record the rationale for decisions, or track actions to ensure that plans are progressed. Should children seek to review their case files as adults, they could struggle to understand the reasons for important decisions in their lives in the weaker records.

40. The local authority promotes a culture in which children's voices are integral to planning. This culture includes an impressive range of engagement activities. Social workers and managers are committed advocates for children. Political and senior leaders are aspirational corporate parents and work hard to gain children's views. Children in care are supported by the Voice Project consultation and engagement service. This service facilitates the Children in Care Council and supports children in care to shadow the corporate parenting panel and undertake quality assurance visits to private residential homes. Children in care lead on agenda setting, chairing and running the corporate parenting panel on an annual basis. They actively influence service developments and help the local authority to gain a solid understanding of the experiences of children. Care leaver ambassadors represent the views of care leavers across Staffordshire and work collaboratively, with the support of the Voice Project, to evaluate and develop services.

Staffordshire Health and Wellbeing Board	
Title	Staffordshire Anti Microbial Utilisation and Resistance
Date	7th December 2017
Board Sponsor	Richard Harling
Author	Ruth Goldstein
Report type	For Information

Summary

Antimicrobial resistance is an important public health issue. There has recently been guidance from PHE outlining the responsibilities of Directors of Public health regarding this issue and also highlighting the need for Health and Wellbeing Boards to be cognisant of the issue and support the relevant local actions to reduce anti-microbial resistance.

This paper summarises the recommendations of the recent report, provides details of the level of antimicrobial resistance in Staffordshire and the actions that are currently being undertaken and those planned to reduce the level in Staffordshire.

The Board are asked to receive the report, agree to have regular updates and support, through their own organisations, the recommendations to further reduce antimicrobial resistance in Staffordshire.

Background

Every council has a responsibility to its community to protect them from antimicrobial-resistant (AMR) infectious diseases. Public Health England has produced an English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR)[1] which provides good practice recommendations on systems and processes for the effective use of antimicrobials (AM), with these specific recommendations for local authorities.

1. Directors of Public Health should support the development of local AM stewardship collaborative in line with NICE Antimicrobial Stewardship Guidance (NG15).

2. Directors of Public Health should ensure that their local commissioners are commissioning microbiology services that follow the Standards for Microbiological Investigations published by PHE as part of the clinical and public health care package for their population. https://www.gov.uk/government/collections/standards-for-microbiology-investigations-smi

3. Directors of Public Health should ensure robust arrangements are made to mobilise, monitor and sustain effective multi-agency action by stakeholders from across whole local system, to develop interventions to reduce high prescribing where it occurs in their population.

[1] Public Health England. 2016. English surveillance programme for antimicrobial utilisation and resistance (ESPAUR)

4. Directors of Public Health should work with local healthcare commissioners (via their routine channels for assuring provider quality) to ensure effective clinical leadership and collaboration on AM stewardship by all providers.

5. Directors of Public Health should work with stakeholders to provide information and advice to the public regarding steps they can take to address AMR.

6. Directors of Public Health should ensure that health and wellbeing boards (H&WBs) are aware of the strategic nature and priority of AMR and that it receives due attention at their meetings and in the Joint Strategic Needs Assessment (JSNA).

Staffordshire and Stoke-on-Trent are working together for this work to ensure that best practice is shared across the whole economy and to enable closer working across primary and secondary care.

What is antimicrobial resistance?

Antimicrobial resistance is a global problem which is compromising the ability to treat infectious diseases[2]. AMR is the ability of a microorganism such as bacteria, viruses, and some parasites, to stop an AM, for example antibiotics, antivirals and antimalarials from working against it. As a result, AM treatments can be ineffective and infections can persist in an individual, increasing the chance of spread to others. AMR threatens the ability to treat common infectious diseases, resulting in prolonged illness, disability, and death; all of which increase the cost of health care.

Staffordshire's AMR profile

The consumption of AM has a profound impact on AMR. Understanding AM prescribing and public use of AM is key to reducing AMR. Prescribed and dispensed AM are routinely measured as a proxy for AM use.

AM prescribing data is measured using STAR-PU (Specific Therapeutic group Age-sex Related Prescribing Unit), which takes into account the effects of age and sex on AM prescribing. An item is an antibiotic (from British national Formulary Section 5.1) that is prescribed in a primary care setting. A prescription item refers to a single item prescribed by a prescriber on a prescription form. For example, if there are two medicines on a prescription form then these are counted as two prescription items. It is a measure of the frequency that prescribers are prescribing an item, such as antibiotics, as a measure of their prescribing behaviour.

Antibiotic prescribing in primary care by the NHS (adjusted for age and sex) for Staffordshire and Stoke-on-Trent is above the England average. This means that our overall prescribing levels are higher than what they should be for the age and sex structure of our populations. However, the figure is not significant for Staffordshire, and this figure does not account for the high health needs of Stoke-on-Trent that may be partly explain the level of prescribing. It is also noteworthy that the level of AM prescribing is reducing, in line with national figures, across Staffordshire and

[2] WHO. 2015. Global action plan on antimicrobial resistance. Accessed on 21/4/17: http://www.who.int/antimicrobial-resistance/publications/global-action-plan/en/

Stoke-on-Trent with approximately a 9% decrease in overall antimicrobial prescribing achieved in the last 3 years.

	Staffordshire	NHS Stoke-on-Trent CCG	England
Antibiotic prescribing in primary care by the NHS (adjusted for age and sex)	1.13	1.34	1.08

Table 1: Public Health Outcome Framework (PHOF) indicators for AMR indicator by local authority. 2016. Key: Red = significantly performing below the England average.

Staffordshire performance against key indicators

CCGs	Cannock Chase	East Staffs	North Staffs	South East Staffs	Stafford and surrounds	England
Twelve month rolling total number of prescribed antibiotic items per STAR-PU	1.21	1.16	1.16	1.08	1.18	1.05
Twelve month rolling % of broad spectrum prescribed antibiotic items (cephalosporin, quinolone, & co-amoxiclav)	9.28	9.44	9.02	9.55	10.20	8.89
c. difficile cases per 100,000 population	30.3	31.7	32.7	20.9	20.3	23.4
E. coli bacteraemia cases per 100,000 population	83.6	62.1	105.5	85.4	73.4	73.9
% of trimethoprim class prescribed antibiotics items as a ratio of trimethoprim and nitrofurantoin	58.7	66.2	60.7	60.2	56.5	53.1

Table 2: Public Health Outcome Framework (PHOF) indicators for AMR indicators by CCG. 2017. Key: Red = significantly performing below the England average.

Ongoing work across Staffordshire to reduce AMR includes:

1. Monthly reports from the Commissioning Support Unit include a CCG breakdown of all anti-bacterial usage and the infection rates of *C.Difficile*. Data are presented as rolling averages and trends.
2. Presentations to CCG AGM to educate the public about AM use
3. Presentations at GP protected learning time events to maintain education and training to support the reduction of AM prescribing.
4. Production and supply of a leaflet for GPs to give to patients instead of a prescription for an anti-biotic. These are provided to all surgeries across Staffordshire and can be re-supplied as necessary.
5. Quarterly reports at a health protection overview meeting addressing hospital acquired infections and prevention work

Proposed additional actions to meet the ESPAUR recommendations

- Establish a strategic AMR group with all relevant health and care partners across Staffordshire and Stoke-on-Trent.
- Develop a local AM stewardship scheme, promoted through the AMR strategic group, aiming for all local health and social care organisations to have an AMR lead and include:
  - monitoring and evaluating antimicrobial prescribing and how this relates to local resistance patterns using the AMR local indicators in table one

- providing regular feedback to individual prescribers in all care settings about:
    - their antimicrobial prescribing (e.g. by using professional regulatory numbers for prescribing as well as prescriber/cost codes)
    - patient safety incidents related to antimicrobial use, including hospital admissions for potentially avoidable life-threatening infections, infections with *C. difficile* or adverse drug reactions such as anaphylaxis
- providing education and mandatory training to health and social care practitioners about AM stewardship and AMR
- integrating audit into existing quality improvement programmes
- provider teams should be multidisciplinary and include an antimicrobial pharmacist and a medical microbiologist
- laboratory testing should be in accordance with national guidance.
-

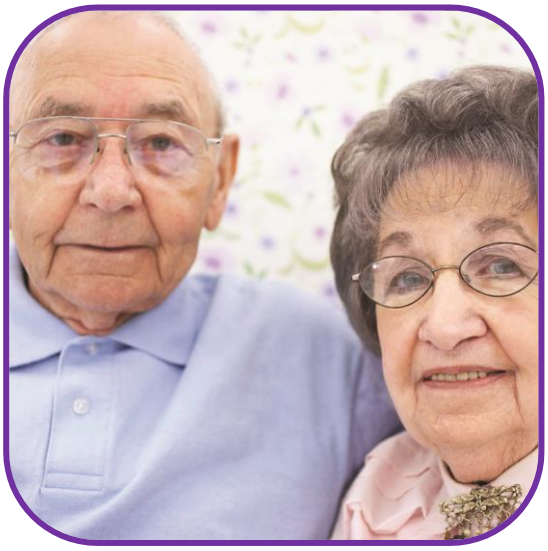
The AMR strategic group should report to the H&WB and AMR should be maintained as a regular agenda item at the H&WB (6 monthly reports).

What do you want the Health and Wellbeing Board to do about it?

- To support and endorse the current and planned activity as described within the report
- To receive 6 monthly reports about AMR and support any proposed actions following further insight

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

Annual Report 2016- 2017



1. CONTENTS

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

Adult living in Stoke-on-Trent – Telephone: 0800 5610015

Adult living in Staffordshire – Telephone: 0345 604 2719

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

2. INDEPENDENT CHAIR FOREWORD

It is my privilege as Independent Chair to write the introduction to this Annual Report of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board.

The Annual Report provides an overview of the work of the Board and its sub groups illustrated with case studies as to how the focus on Making Safeguarding Personal is making a positive difference to ensuring that adults with care and support needs are supported to make choices in how they will live their lives in a place where they feel safe, secure and free from abuse and neglect.

Whilst this report illustrates a broad range of achievements during the year it also highlights an increase in reports of safeguarding concerns in both Staffordshire, up 25% and Stoke-on-Trent, up 6%. Some of the increases are due to raised awareness of what constitutes abuse and neglect and how to report but it is widely believed that there is still under reporting and the likelihood is for reported concerns to further increase.

When the reported concerns are analysed it will be seen that the majority of people that these relate to are aged 65 years and older predominantly with physical support needs. When abuse or neglect occurs it most frequently takes place in the person's own home or a residential care home and is perpetrated by people that they know who should be protecting them. Around one in four of the reported safeguarding concerns relate to People in Positions of Trust. In an ageing society there are many challenges for adult social care and safeguarding and it is vital to continue to work in partnership on preventative strategies to prepare for this.

It is against this background that I would again like to take this opportunity to acknowledge the commitment and enthusiasm of all of our partners and supporters including the statutory, independent and voluntary community sector who have a clear focus on doing their best for those adults whom we are here to protect from harm. This commitment is vital to sustaining the effectiveness of the partnership work.

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

The main objective of a Safeguarding Adult Board, in this case the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) is to help and protect adults in its area by 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
- are experiencing or at risk of abuse or neglect; and
- as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

A Safeguarding Adult Board has three primary functions:

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

Composition of the Board

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

The Board membership is shown at Appendix 1, page 39.

The Board is dependent on the performance of agencies with a safeguarding remit for meeting its objectives. The strategic partnerships with which the Board is required to agree responsibilities and reporting relationships to ensure collaborative action are shown in the Governance Structure at Appendix 2, page 40.

Safeguarding Adults – A Description of What It Is

The statutory guidance[iii] 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, page 41. The Board has taken account of the Statutory Guidance in determining the following vision.

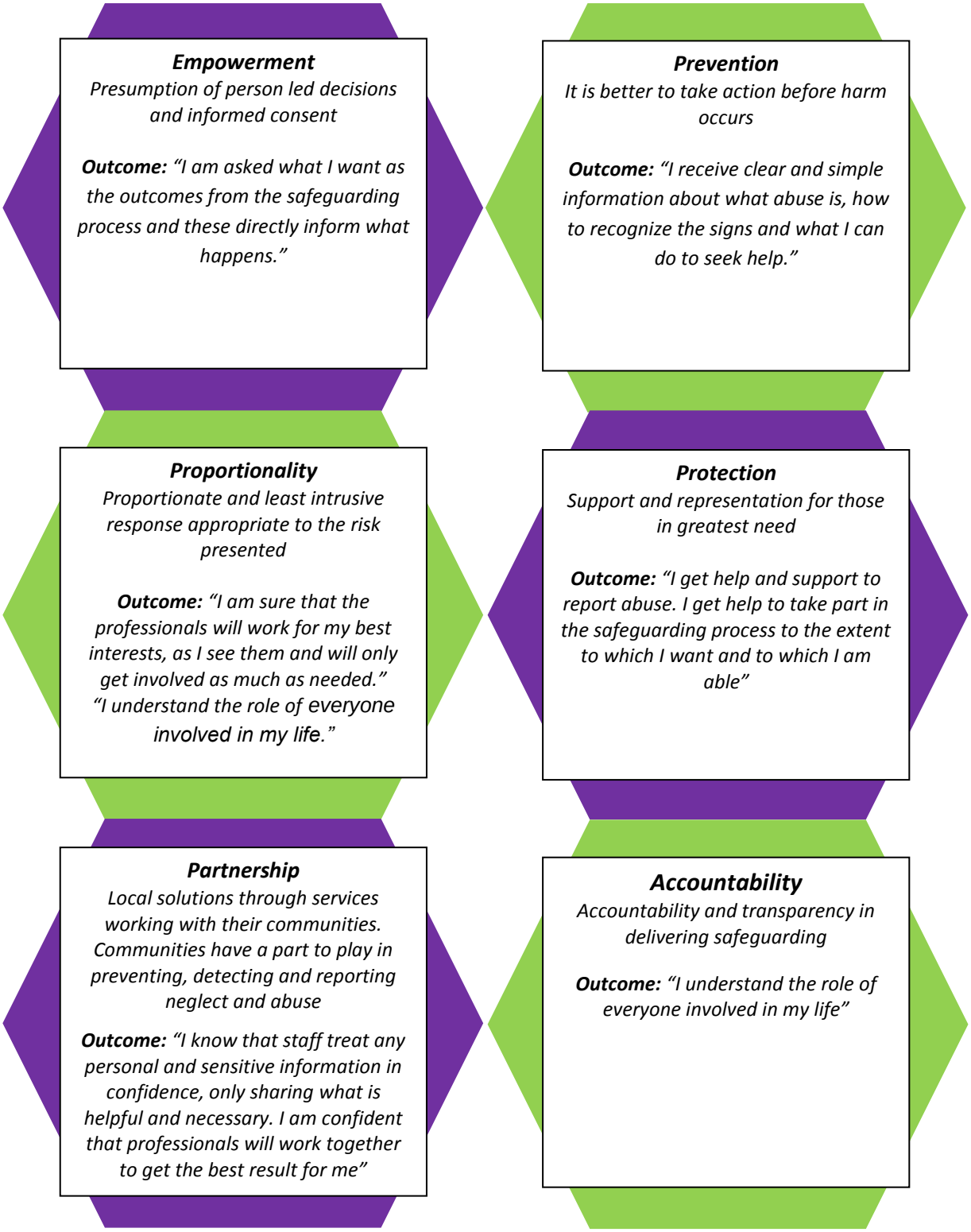
Vision for Safeguarding in Staffordshire and Stoke-on-Trent

'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. WHAT WE HAVE DONE

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

Executive Sub-Group

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

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

During 2016/17 the Sub-Group has:

- Consulted upon and developed a two year Strategic Plan 2016-18[v] that was approved by the Board
- Monitored and driven progress against the Board's Strategic Priorities
- Monitored and driven progress on the action plan derived from the Staffordshire County Council commissioned audit of the SSASPB
- Developed a Safeguarding Board risk management framework and a Risk Register which is now used by all Sub-Groups. The Risk Register is a standing item at Executive Sub-Group meetings to ensure appropriate mitigating actions are taken and escalation to the Board as required
- Reviewed the Sub-Groups chairing arrangements
- Conducted performance appraisal of the Independent Chair of the Board
- Developed a proposal for SSASPB membership for Board approval
- Developed and proposed SSASPB training provision for Board approval
- Consulted upon and reached agreement for partner funding contributions covering 3 years (2017-2020)
- Monitored and driven progress against the action plan derived from the SSASPB development day that took place in January 2016; the majority of actions have been completed and others are on schedule for completion.
- Arranged and received presentations to seek safeguarding assurances from, for example, the national lead for safeguarding and community services from a large health service provider.

Challenges:

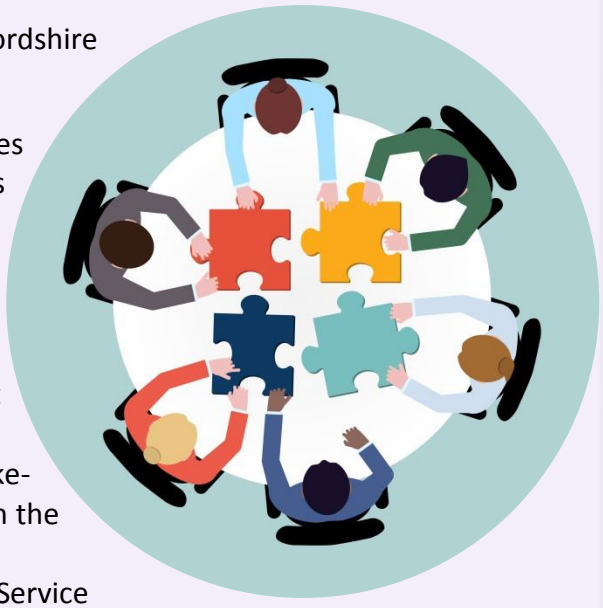
To maintain momentum towards the achievement of ambitious Strategic Priorities. Despite the best efforts progress may not be as rapid as envisaged.

Message to Stakeholders:

The continued active involvement of safeguarding partners in the work of the Board and its Sub-Groups is vital. Whilst the financial contributions mandated partners make are acknowledged, the protection of Sub-Group members' time to enable the Board's work to be delivered has been the key enabler of the progress made this year.

Policies and Procedures (P&P) Sub-Group

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



The Policies and Procedures Sub-Group has met four times during the year and been well attended by representatives from a broad range of connected partners.

Achievements:

- Oversaw the production of a range of refreshed publicity materials [vi] to raise awareness of adult safeguarding in a variety of formats
- Provided for the availability of Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures[vii] on the SSASPB website
- Facilitated the local adoption of the National Health Service (NHS) Safeguarding App[viii]
- Reviewed and approved internal policies including an Escalation Policy[ix] and Information Sharing Guidance for Practitioners[x]
- Revised the Adult Safeguarding Enquiry Procedures arising from a recommendation and learning from a Domestic Homicide Review (DHR)
- Reviewed and considered a national protocol regarding out of area arrangements for adult safeguarding. The document was changed significantly after feedback to the Regional Network and a combined response to Association of Directors of Adult Social Services (ADASS) from the region.
- Considered and adopted the revised West Midlands Adult Safeguarding Policy[xi] and the policy relating to People in Positions of Trust[xii] (PiPoT). This provides for consistency in approach throughout the West Midlands region.
- Considered the amendments to the Care Act 2014 statutory guidance. However after consideration there was no requirement to change to the local procedures.

Challenges:

- There is a continuing challenge in ensuring that current policies and procedures are disseminated to and readily available to practitioners within all agencies across both Local Authority areas
- Ensuring the general compliance with current procedures is a challenge in the face of increasing demand and depleted front-line resources.

Messages to Commissioners:

- The need for compliance with the local Adult Safeguarding Enquiry Procedures and arrangements for compliance checking should be embedded in all contractual arrangements
- Leadership in care services is a critical factor in delivering safety and protection from abuse. Commissioners should consider how contractual requirements around quality assurance can be used to promote positive management cultures and effective practice.
- The outcomes of personalisation of services must include aspects relating to safety and protection if they are to be lasting and effective. Commissioners should ensure that the consideration of safety and protection are integral to service development and delivery.

Safeguarding Adult Review (SAR) Sub-Group

Chair: Mark Dean; Detective Superintendent – Safeguarding (Staffordshire Police)
Javid Oomer; Detective Superintendent – Safeguarding & Protection (Staffordshire Police)

Javid Oomer became chair of the Sub-Group in February 2017 following the retirement of Detective Superintendent Mark Dean from Staffordshire Police. The Sub-Group acknowledge and thank Mark Dean for his outstanding and valued contribution as chair over many years.

Activity:

During 2016/2017 the circumstances surrounding four people were referred to the Sub-Group for consideration of a Safeguarding Adult Review (SAR). The details of the people are anonymised to protect confidentiality and accordingly are named as cases.

- Case 1: Did not meet the criteria for a SAR as there were no agencies supporting the adult and no agency held any relevant information. It is possible that the circumstances of this case may in due course be reviewed through an alternative statutory process.
- Case 2: Did not meet the criteria for a SAR as there was no apparent evidence of abuse or neglect. However, the circumstances raised concerns about the transition of the young person into adulthood and therefore an independently lead Multi-Agency Learning Review (MALR) will be commissioned. The findings of the learning review will be reported in the 2017/18 Annual Report.
- Case 3: Met the criteria for a SAR. An independently lead SAR in accordance with Section 44 Care Act 2014 has been commissioned. The findings will be included in a future Annual Report.
- Case 4: The circumstances were referred in this reporting year. Arrangements have been made for the case to be considered by a scoping panel in June 2017. The outcome will be reported upon in a future Annual Report.

Achievements:

In addition to considering the above cases the Sub-Group has:

- Reviewed the SAR Protocol[xiii] to include improvements arising from reflection and learning from SARs locally as well as from Safeguarding Adult Boards (SABs) in other areas. The Sub-Group will in future conduct an annual review of the Protocol for the purpose of continuous improvement. The Sub-Group reports to the West Midlands Regional SAR repository[xiv] to enable the sharing of good practice and lessons learnt
- Supported the Learning and Development Sub-Group in the development of a 'SAR lessons learnt' training programme
- Delivered a SARs lessons learnt presentation to 250 care providers at a Managers Quality Network Forum (MQNF) held in Stafford
- Provided content for a section on the SSASPB website dedicated to learning lessons from SARs
- Through attendance at review panel meetings evidenced achievement of a Business Plan objective to develop a knowledgeable and experienced SAR Sub-Group membership
- Continued to use 'Critical Friends' in the SAR reviews to positive effect. Critical Friends are Board partner representatives who have no involvement in the case and are appointed to make constructive challenges throughout the SAR process
- Strengthened links to both Stoke-on-Trent and Staffordshire Community Safety Partnerships (CSPs) in relation to Domestic Homicide Reviews (DHRs), thereby enabling early engagement of the SSASPB in cases where the parties involved have care and support needs to determine if there are safeguarding elements within the DHR
- Included lessons learnt from DHRs as a standing agenda item at SAR Sub-Group meetings

- Engaged with Clinical Quality Review Meetings (CQRM) within the local Clinical Commissioning Groups (CCGs) to ensure completion of actions from SARs where improved practice outcomes were required from provider agencies
- Identified and considered risks from the SAR Sub-Group perspective and recorded these together with mitigating actions taken in the SSASPB risk register.

Challenges:
The number of SAR referrals is increasing, resulting in increased demand for both the dedicated SSASPB staff and partner organisations. This demand is unpredictable, making resourcing and financial planning particularly challenging. The associated time commitment has on occasions impacted upon the progression of other work. The local experiences are consistent with experiences in other areas nationally and these in turn impact upon the availability and cost of experienced independent reviewers.

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 have met six times during the year and have been well attended by representatives from a broad range of connected partners.

During 2016/17 the sub-group has:

- Developed and quality assured training packages[xv] that have been posted on the SSASPB website; the training packages are easily accessible to visitors to the website
- Consulted upon and developed a Training Strategy that reflects the Board's responsibilities under the Care Act 2014 and processes for seeking assurances as to the effectiveness of training
- Developed a Peer Review process that enables colleagues to observe training delivery in a supportive and constructive capacity
- Developed a process to review staff training, measure effectiveness in practice and for the Board to be assured that staff are trained appropriately
- Received annual assurance statements from connected partners as to the arrangements for staff to receive mandatory training and as to the effectiveness of and compliance with those arrangements.

Plans for 2017/18 include:

- To continue to provide and update lessons learned briefings from Safeguarding Adult Reviews and safeguarding cases across Staffordshire and Stoke-on-Trent to connected partners.

Mental Capacity Act (MCA) Sub-Group

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

The Mental Capacity Act (MCA) Sub-Group is responsible for raising awareness of, and seeking assurances from safeguarding partners as to the effectiveness of their implementation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) legislation in Staffordshire and Stoke-on-Trent.

The Sub-Group is made up of representatives from partner organisations that have responsibility for the implementation and application of the legislation. Through the collective knowledge of its membership, the Sub-Group is able to identify and respond to any gaps in MCA awareness and practice amongst the partnership.

During 2016-17 the Sub-Group has:

- Completed the annual revision of its Terms of Reference to ensure these remain fit for purpose
- Broadened its membership to include advocacy organisations
- Monitored and driven progress to achieve the required actions in the Sub-Group's Business Plan
- Generally improved engagement and increased awareness of MCA and DoLS amongst practitioners
- Actively worked to improve awareness and use of Care Act advocacy to support people through safeguarding processes - safeguarding processes include referrals to Independent Mental Capacity Advocates (IMCAs) in the later stage of processes, however, through the Care Act 2014 this also includes the provision of advocacy which can be sought much earlier in the process to support the adult
- Received reports and presentations from partner agencies, gaining assurances in terms of staff awareness of MCA, examples of application of the legislation in practice including the use of advocacy
- Been a forum for discussion and review of cases, both local and national, where MCA/DoLS has been a key feature, the learning in terms of good practice and areas for improvement have been shared with front line practitioners
- Reviewed national MCA bulletins to provide learning and best practice examples
- Contributed to the national consultation of the Law Commission review of DoLS - currently awaiting the Government response
- Established a Task and Finish Group to develop guidance and working examples for practitioners to help better understand the practical application of undertaking assessments. Whilst there are significant resources that reference the Act, there are limited working examples of decision making that practitioners can refer to. This work is underway and will be disseminated to the partner organisations once complete.

Challenges:

Due to the different partner organisational structures and priorities it has been difficult to establish the assurance that MCA is embedded into frontline practice. The Sub-Group is currently working to develop tools and guidance to support this area of practice. At times it has also been difficult to maintain momentum of the Sub-Group but it is on track to deliver against its Business Plan.

Message to Commissioners:

Having sought assurances from the partners of their MCA practice the group was concerned that staff understanding and practical application of the legislation cannot always be evidenced.

Commissioners should actively monitor and seek assurances from provider organisations regarding compliance in relation to training and support for staff and the consequent impact on practice in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

District Sub-Group

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

The District Council sub-group reports into both the Staffordshire Safeguarding Children Board (SSCB) and the SSASPB, having a Business plan with both elements in it. The sub-group has met four times in 2016/17 as outlined in the SSASPB Constitution and has been well attended by representatives from District and Borough Councils across the County. The group has considered a wide variety of safeguarding issues including hoarding, links to housing providers, parish council safeguarding procedures, safeguarding on local authority land/buildings accessed by the public, training and awareness raising.

What we have done:

- District and Borough Councils provided strong levels of assurance in the SSASPB Tier 2 audit and have provided improvement plans ready for the Board partner agency peer review which is to be undertaken in 2018
- Vulnerability hubs with a multi-agency attendance have been established in each district/borough to provide a local focus and response to safeguarding
- Provided training for staff members and Councillors on safeguarding issues
- Required locally-commissioned, third-sector organisations to have safeguarding policies and procedures in place (and assisting to develop where required), which assists in raising awareness of safeguarding in the wider community
- Raised awareness of and shared effective practice within each district/borough
- Raised awareness of modern slavery
- Raised local awareness of scams and illegal money lending
- Developed a draft safeguarding policy for use by parish councils.

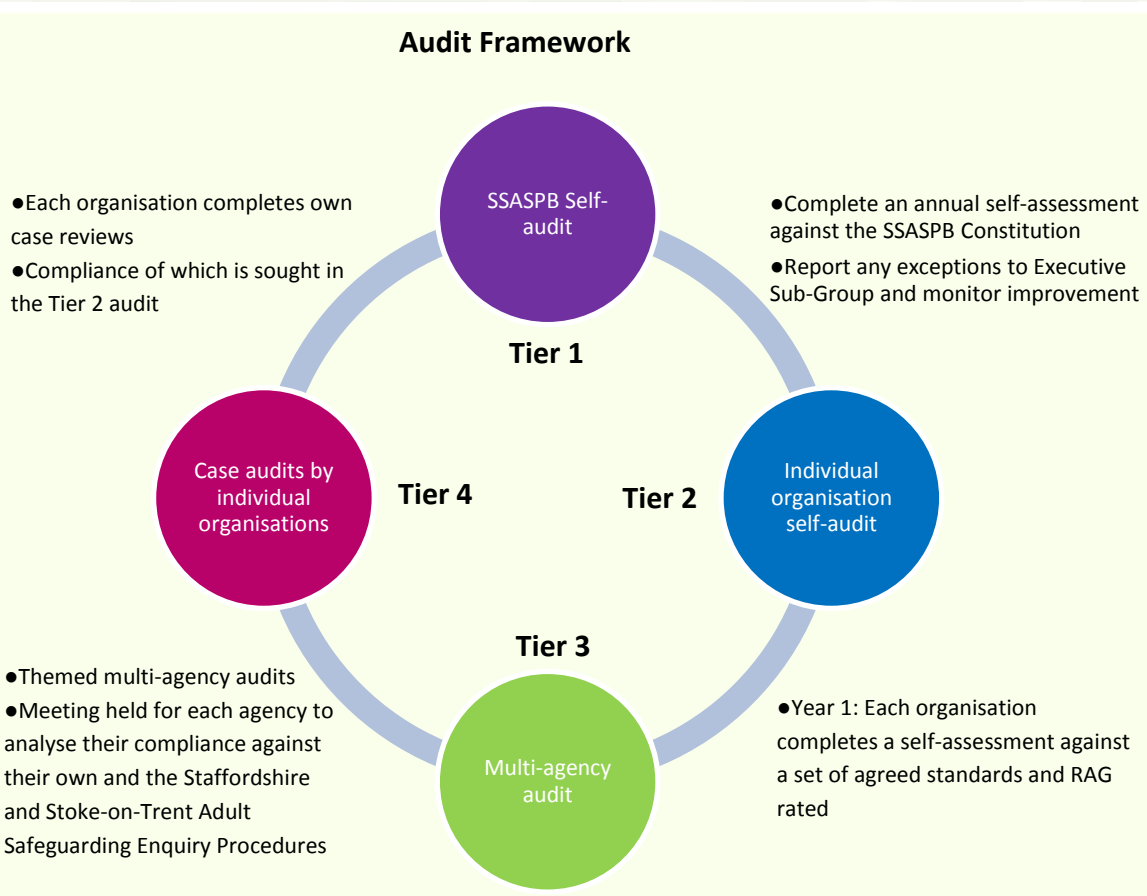
Performance, Monitoring and Evaluation (PM&E) Sub-Group

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

It has been a busy and productive year for the Sub-Group with good progress made against its Business Plan. The key points are summarised below.

What we have done:

- The safeguarding partnership Performance Framework has been revised and data is now being collected against a range of relevant indicators
- The Sub-Group have overseen the gathering of the performance information for this Annual Report on pages 23 to 34. The analysis is helping to develop awareness of the themes around reported safeguarding concerns and prompts questions to enhance understanding of causes and what needs to be done around prevention. As a result of feedback from the formal scrutiny processes last year this year's performance data is broken down into narrower age bands providing a more meaningful analysis.
- The sub-group have implemented a 4 tier audit model which was developed last year and has completed audits for Tiers 2 and 3 and with a schedule of dates for the Sub-Group to seek assurances that partner agencies are conducting Tier 4 audits.



Tier 1: The Tier 1 audit utilises the Board's Constitution in the form of a self-assessment. There was no audit in 2016/17 as there is a review of the Constitution. A Tier 1 audit will be undertaken following approval of the revised Constitution.

Tier 2: Following the Tier 2 audit that was completed in May/June 2016 an update has been provided by each participating organisation demonstrating how it is progressing with the Board's challenge to improve. The next steps are to understand what blockages, if any, there are to improvement and identify how the Board may help.

The Sub-Group will continue to monitor progress updates and in 2017/2018 the partner organisations will be paired to undertake detailed scrutiny of each other's evidence provided.

Tier 3: There were three Multi-Agency Case File Audits (MACFA) in 2016/17**.** The themes were Neglect (July 2016), Domestic Abuse (October 2016) and Mental Capacity (March 2017). On each occasion one or more cases were discussed in detail and the MACFA tool was used to understand where there was good practice, lessons learned and areas for improvement.

The MACFA process is particularly important to the SSASPB as it helps to mitigate the potential risk that the Board may not be sighted on front-line practice. Whilst small in number, the 'deep dive' audits were found to be informative in examining front-line practice. Although time consuming for partner agencies in the research and collation phase the benefits gained outweighed any concerns regarding this.

The tool was reviewed and refined following each audit to enhance the benefits from subsequent audits.

Tier 4: The Board seeks assurance that single agency audits are being undertaken through the Tier 2 audit. Each agency is allocated a date to present its audit findings to the Performance, Monitoring and Evaluation (PM&E) Sub-Group meetings which is then scrutinised by safeguarding partners.

Challenges:

The SSASPB covers two Local Authorities, each having different structures and processes in relation to how concerns are handled prior to undertaking a Section 42 Safeguarding Enquiry. The differences are not easy to reconcile but are explained where necessary in the narrative which accompanies each section in the performance report.

6. PERFORMANCE AGAINST 2016/17 STRATEGIC PRIORITIES

In the reporting period (April 2016 to 31 March 2017) the three Strategic Priorities were:

- Engagement
- Transition between Children and Adult Services
- Leadership in the Independent Care sector

Progress reporting towards Strategic Priorities has been a standing agenda item at Executive Sub-Group meetings. A summary of progress is outlined below.

Strategic Priority 1: Engagement

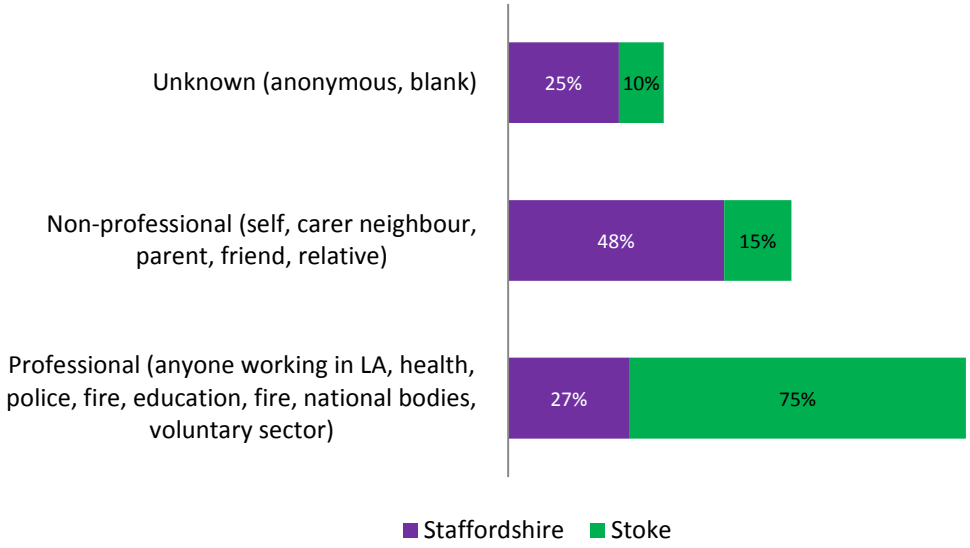
There are three parts to this Priority:

(i) Improve public awareness of adult safeguarding

Considerable progress has been made over recent years raising awareness of safeguarding. The Board and its connected partners have produced and distributed a wide range of information using a variety of methods that feedback suggests has been well received. These activities appear to have had the desired effect of contributing to an increase in safeguarding concerns and alerts. There is more to be done on raising awareness and it is important that there continues to be an emphasis on producing good quality and up to date information and publicity materials targeted to meet the needs of the diverse range of recipients.

The SSASPB has through campaigns and training been actively communicating messages about the importance of spotting the signs of abuse and neglect to a wide range of organisations and people in all walks of life, as well as raising awareness as to how to report any concerns. The following information illustrates the source of reported safeguarding concerns.

Figure1: Number of adult safeguarding concerns received by referral source



Staffordshire: The majority of referrals come from non-professionals with nearly half (48%), just over a quarter (27%) come from professionals and 25% are either unknown/anonymous.

Stoke-on-Trent: In contrast, most referrals come from professionals, with three quarters received from this source, a further 15% come from non-professionals and 10% are either unknown/anonymous.

The following example illustrates the important role of family members in identifying when an adult with care and support needs is at risk.

South Staffordshire & Shropshire Healthcare NHS Foundation Trust (SSSFT)

Following Alan's admission into hospital, his brother Brian raised concerns to the ward detailing alleged financial abuse. The concern was followed up through an Adult Safeguarding Enquiry which was jointly conducted by the Mental Health Trust Safeguarding Team and the Police. During the enquiry Alan disclosed that his bank accounts were being accessed by his neighbour without his consent. It transpired that several bank accounts and loans had been taken out in Alan's name without his knowledge, with the financial abuse totalling over £80,000.

Feedback from Alan suggested he was relieved when he had the support and intervention from the safeguarding team. He stated that he was glad that he could finally open up and talk about what his neighbour had been doing to him. When Alan realised the extent of the financial abuse he stated that he'd been taken for a "fool" and believed he was to blame. However, with support he was able to retain control over the situation and he became determined to achieve resolution to prevent further financial abuse. Alan continued to thank the safeguarding team for their support and emphasised that he would not have been able to perform some of the tasks without this due to the deterioration in his mental health.

Brian subsequently became instrumental in Alan's recovery. He communicated his gratitude to the safeguarding team regarding their timely and effective intervention commenting that without support he believes that Alan would not have been able to make a complaint to the police. Brian believes that the situation would have undoubtedly got progressively worse and he "would not like to think about the outcome".

(ii) Making Safeguarding Personal (MSP)[xvi]

Making Safeguarding Personal (MSP) requires engagement with a person experiencing, or at risk of abuse or neglect, at an early stage to establish the person's desired outcomes. A person centred approach is then taken to make this happen. There is an emphasis in conversations about what would improve an individual's quality of life as well as their safety. Unless people's lives are improved, all the safeguarding work, systems, procedures and partnerships have limited value.

The Board has been actively advocating for the Making Safeguarding Personal approach to become a 'golden thread' that runs through strategic and operational adult safeguarding work in Staffordshire and Stoke-on-Trent and reflected prominently in connected agency work programmes.

The following are a sample of cases from partner organisations where Making Safeguarding Personal has been put into practice:

Staffordshire County Council (SCC)

Glenn is a 57 year old man with a learning disability residing in the community. He was the subject of a Safeguarding Plan regarding concerns including risks posed by Simon, a former work colleague, dating back to 2014. In 2016 he disclosed to his brother that he was being threatened and blackmailed by Simon. The blackmail involved a threat to tell local people that Glenn was a paedophile and requesting that Glenn shoot a third person, Peter. This had been happening for 9 years.

Glenn wished for the abuse to stop but was anxious about reporting the matter to the Police. The safeguarding practitioner was able to assist him to have confidence to report the matter and also made a referral to Chase Against Crimes of Hate (CACH), a local organisation that supports victims of hate crime.

After discussion with a Police Officer it was agreed that the Police would serve Simon with a Harassment Notice that would prevent him from approaching Glenn. The officer would also liaise with housing landlords to ensure that the threats were known and that if false stories were circulated locally, these could be challenged. Glenn was happy with this as he was anxious about the idea of going to court. CACH also provided Glenn with advice on personal safety and resilience in the community. The Harassment Notice was issued and the safeguarding plan was updated to ensure that Glenn and all other parties involved knew how to respond to any further threats.

This work evidences the dilemmas that people have when they wish to disclose abuse and decide what to do about it. The case highlighted excellent partnership working with a number of SSASPB partners. The approach taken clearly demonstrated that Glenn was at the centre of the activity taken to protect him and others. Glenn continues to live in a place where he feels secure and will receive ongoing support from a number of agencies for as long as it is necessary to keep him safe from abuse.

Staffordshire County Council (SCC)

Frances is a 76 year old widow. Her son separated from his wife and son four years ago and moved into Frances' shed in her garden. Her son is an alcoholic and also uses heroin.

Frances disclosed to her General Practitioner (GP) that she was thinking about throwing herself under a bus or hurting someone as she could no longer cope with the emotional abuse and threats from her son. He had also thrown heavy items at her grandson when he had visited.

A safeguarding concern was raised by the Mental Health team and a joint visit made by a social worker and a Police Officer. In the discussions that followed Frances felt able to ask her son to leave and she was assisted to then change the locks to prevent his return. Her son was assisted to find alternative accommodation and support for his substance misuse. There was follow up by both the social worker and by Police to ensure that the concerns had been addressed. Frances continued to have contact with her son but he no longer lived at her house; she no longer had thoughts of harming herself. Frances offered the following feedback: 'Thank you for being there when I needed help. I felt that I had been understood. I am much stronger now in making decisions, especially in regard to boundaries'.

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

Ronnie received support from the Staffordshire and Stoke-on-Trent Partnership Trust Community Nursing Team. They attended his home twice each week to attend to a wound to his leg. After he was assessed as having capacity to make decisions about his health and welfare needs his neighbour intervened and cited that she had Lasting Power of Attorney (LPA) for his care and welfare and trying to impose her views on the treatment and management of Ronnie, to a detrimental effect. The neighbour said that no decisions about his care could be made without her. She wrote all over the patient held records and was intimidating to staff. She was trying to bypass his input.

Checks were made by Social Care staff in relation to the claims of the neighbour. They found that she was not registered as next of kin and had no legal authority in place. This was confirmed by the Office of the Public Guardian (OPG) so an Enduring/Lasting Power of Attorney (LPA) would only be relevant if Ronnie lost capacity. The neighbour responded by taking the patient to see a solicitor and had a letter drawn up and signed on headed paper stating the neighbour had a 'general power of attorney'. This would not have legal status, could have involved coercion and illustrates the importance of checking the validity of LPAs.

The Community Nursing team managed the situation as and when incidents occurred and ensured that Ronnie's care was not compromised. The neighbour also behaved with a threatening manner towards the GP practice and expressed intentions to make official complaints. A Multi-Agency meeting was held at the GP's practice where Ronnie's case was discussed, including the challenges faced by the neighbours' involvement. The Trust contacted the Police and they visited the neighbour to address the concerns raised by Trust staff.

GPs, District Nurses, and Social Care staff continued to work together to manage the situation and to ensure the care delivered was effective and in agreement with Ronnie. The Trust Risk team and the Safeguarding team continued to monitor and support to ensure good outcomes for him.

South Staffordshire & Shropshire Healthcare NHS Foundation Trust (SSSFT)

Having taken a significant overdose, due to relationship discord, Caroline sought support from her Community Mental Health Trust (CMHT). Caroline disclosed to the CMHT that her partner was very controlling, emotionally abusive and pressurised her into having sexual intercourse; consequently the CMHT raised a Safeguarding concern. Upon initial enquiry Caroline elaborated on the domestic abuse detailing serious sexual assaults which had resulted in a significant amount of emotional distress. She expressed difficulties with maintaining her employment and managing her mental wellbeing as she no longer wished to continue a relationship with her partner.

Caroline also stated that she did not feel in immediate danger and minimised some of her partner's behaviours meaning she wanted to consider her options before leaving the home she shared with him. She was very accepting of all offers of support and stated "I can't leave on my own, I don't know how to and have nowhere to go". Similarly Caroline's mother, Diane, concurred with the safeguarding concerns and offered her support to her daughter. A referral to the Multi-Agency Risk Assessment Conference (MARAC) was made based on professional judgement by the safeguarding team. This initiated the involvement of an Independent Domestic Violence Advocate (IDVA). Following the continued support of the IDVA and successful information sharing between the agencies Caroline independently left her relationship and home which she shared with her partner and moved to a new flat that had been found by the IDVA after the MARAC meeting. The risk to her from her previous partner was significantly reduced.

(iii) Improve cross-partner collaboration

One of the main responsibilities of the Board is to make sure that it knows that the local adult safeguarding system is safe. This requires us to work effectively with other partnerships and organisations in areas of overlapping focus to ensure clarity of governance and purpose, minimise the risk of unnecessary duplication and confusion and to gain the assurances that we need.

The Board has been working to ensure the visibility and effectiveness of partnership agreements, illustrated as follows.

Northern Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs, NHS)

The Safeguarding Team in North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups work closely with both Local Authorities (Staffordshire County Council and Stoke-on-Trent City Council). This includes completing and jointly working on Section 42 (Care Act 2014) Safeguarding Enquiries. The Safeguarding Team have developed strong working relationships with the Local Authorities with regards to information sharing about issues in individual care homes. In Stoke-on-Trent the team supports the Local Authority on quality monitoring visits to care homes. This provides a clinical view on issues within a home and forms part of any action plan issued to a home to work to. This joint working provides a clear oversight of any issues and helps to drive up standards and quality where a provider needs support to improve: the main purpose being to ensure that residents have a good quality of life and are safe and well cared for.

Strong links have also been developed with the Care Quality Commission (CQC) with whom information is shared to help ensure that any homes requiring improvement are identified at an early stage and appropriate action can be taken to prevent a potential crisis occurring.

Southern Clinical Commissioning Groups

John was a resident in a nursing home as his family were struggling to manage his needs. John was suffering with Heart Failure, Parkinson's disease and had the onset of dementia. His mobility was poor and needed assistance with all of his activities of daily living. After 4 weeks at the home, a visiting family member made a complaint to the nursing home manager as John was losing weight and appeared unkempt; the family nor the home raised a safeguarding concern with the local authority and the family were advised his low mood and deterioration was due to his disease progression.

Another month on, John was admitted to hospital via accident and emergency due to him developing sepsis. The accident and emergency team raised a safeguarding concern due to him presenting in an unkempt state with multiple areas of skin breaks and with severe dehydration.

The Case did not meet the threshold for a Section 42 enquiry as the person was no longer at risk due to him no longer residing at the care home, however, the case was allocated to the CCG Adult Safeguarding Nurse to review with the Police team within ASET due to the extent of the concerns. Through liaison with the GP, Care Provider, the ambulance team and the admitting consultant, sufficient evidence gathered which enabled the case to meet the threshold for a criminal investigation and a file was submitted to the Crown Prosecution Service for a charge of neglectful care under the Mental Capacity Act (2005).

Following on from his acute admission, John is now residing at a care home closer to his family home, his care and support needs are being met effectively and he is enjoying daily meaningful activity which has improved his quality of life.

Stafford Prison

Gerry was an 86 year old man who entered custody (Prison) in June 2015. He had been diagnosed with vascular dementia and could be verbally and physical aggressive at times. He was doubly incontinent and had some mobility issues. He was unable to live independently without assistance.

Prison staff had little or no experience working with prisoners suffering from dementia or acute social care needs. The challenge for staff was in managing his care appropriately within a custodial setting.

Gerry was referred by staff for social care assessment. An appropriate social care package was identified and implemented and was reviewed frequently as his condition changed. In addition, he was supported on a daily bases by a team of trained prisoner carers who helped to clean his cell, collect food, drinks and provide social interaction.

In August 2016 Gerry was diagnosed with an inoperable cancer. As a result, he was placed on the prisons palliative care register with his ongoing care needs being discussed at the palliative multi-disciplinary monthly team meetings.

Assessment of capacity was undertaken by the prison GP and as part of the end of life care planning for Gerry, and with the involvement of an Independent Mental Capacity Advocate (IMCA), a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order was obtained.

A number of training and education days to improve staff awareness on dementia and end of life care needs were facilitated. Feedback from staff who attended was very positive, and this equipped staff with the confidence to help deal with Gerry's daily needs. As his condition deteriorated he was initially transferred to a local hospital and then later to a local hospice provider where he passed away peacefully.

A death in custody review by Prison and Probation Office noted that the prison managed Gerry's vulnerability and care needs extremely well within a custodial setting.

West Midlands Ambulance Service (WMAS)

West Midlands Ambulance Service (WMAS) identified an adult, Sylvia, who makes regular calls to them which include requests such as wanting a cup of tea and the television putting on. There is a care package in place for Sylvia and her family are involved.

Following the care concern referrals made by WMAS to the local authority a number of agencies are now involved with Sylvia including the Older People's Mental Health and Dementia Team, GP, Social Care, Housing, Police (due to numerous calls to their service) and the Mental Health triage team which carries a Paramedic, Police Officer and Mental Health Nurse on board.

A multi-agency meeting has taken place and Sylvia has subsequently been diagnosed with a condition that may require surgery which they feel may contribute to the number of calls she is making. A formal Mental Capacity assessment has been considered and may be carried out after the surgery has taken place so then a full action plan can be decided upon which will include full partnership agreement.

Strategic Priority 2: Transition

This priority is led by the SSASPB with support from the Stoke-on-Trent Safeguarding Children Board (SoTSCB) and the Staffordshire Safeguarding Children Board (SSCB).

Young people with ongoing or long-term health or social care needs may be required to transition into adult services. Transition takes place at a pivotal time in the life of a young person, part of wider cultural and developmental changes that lead them into adulthood; individuals may be experiencing several transitions simultaneously. There is evidence that transition services in health and social care are inconsistent, patchy and varied depending on the condition. A loss of continuity in care can be a disruptive experience, particularly during adolescence, when young people are at an enhanced risk of psychosocial problems.

The transition to adulthood covers every aspect on a young person's life. Supporting disabled young people in their transition to adulthood can be a challenge to service providers. This is because the process must be individual to the needs and aspirations of each young person and local options for disabled young people may vary geographically. Also, more recently, some services have been affected by funding reductions or decommissioning.

Progress in 2016/17:

Eight cohorts of young people were identified and between January and May 2016 focus groups were held, each of which having representation from key connected agencies. These cohorts were:

- Mental ill-health
- Autism
- Young carers
- Children who offend
- Physical and Learning Disability
- Substance misuse
- Looked after Children (LAC)
- Children in Need

The findings revealed some good practice, for example the Stoke-on-Trent multi-agency Transition panel where young people are considered on a case by case basis, and some areas for improvement. The two cohorts of young people for whom transition was likely to be the most challenging were those with lower level autism and those for whom child protection legislation had safeguarded them e.g. Child Sexual Exploitation (CSE) and intra-familial abuse.

During the period that the focus groups were held the Department of Health (DoH) commissioned the National Institute for Health and Care Excellence (NICE) to develop an evidence-based guideline to improve practice and outcomes for young people using health and social care services and their families and carers. The guideline focuses on young people passing through transition to adult services with health and/or social care needs. The guideline covers young people up to the age of 25 who expect to go through a planned service transition, and proposes a set of high level principles which the Transition working Group considered.

Between January and March 2017 the following proposals were taken to the three Boards and approved:

- Ask Directors of relevant services to agree and sign-up to the high level principles produced at the working group

- Consider and adopt the NICE guidelines and relevant 'Preparing for Adulthood' (PfA) self-audit tools as examples of how to self-audit against good practice
- Ask the Directors of relevant services to arrange for the provision of evidence based assurance with which to demonstrate compliance with good practice and guidance and that the high level principles are being embedded into practice
- Assurance to be delivered to the three local Safeguarding Boards (adults and children) in the third and fourth quarter of 2017/18.

In January 2017 the SSASPB received a referral for consideration of a Safeguarding Adult Review following the death of a young person aged 18 years. In April 2017 it was decided that although the circumstances did not meet the threshold for a SAR, the SAR Sub-Group believed that there may be lessons to learn from reviewing the case. The SAR Sub-Group recommendation of a Multi-Agency Learning Review (MALR) was approved by the SSASPB Independent Chair and subsequently commissioned with transition forming part of the terms of reference.
An update will be provided in next year's Annual Report.

Strategic Priority 3: Leadership in the Independent care sector

Strategic Lead: Lisa Bates; Lead Nurse of Adult Safeguarding (South Staffordshire Clinical Commissioning Groups)

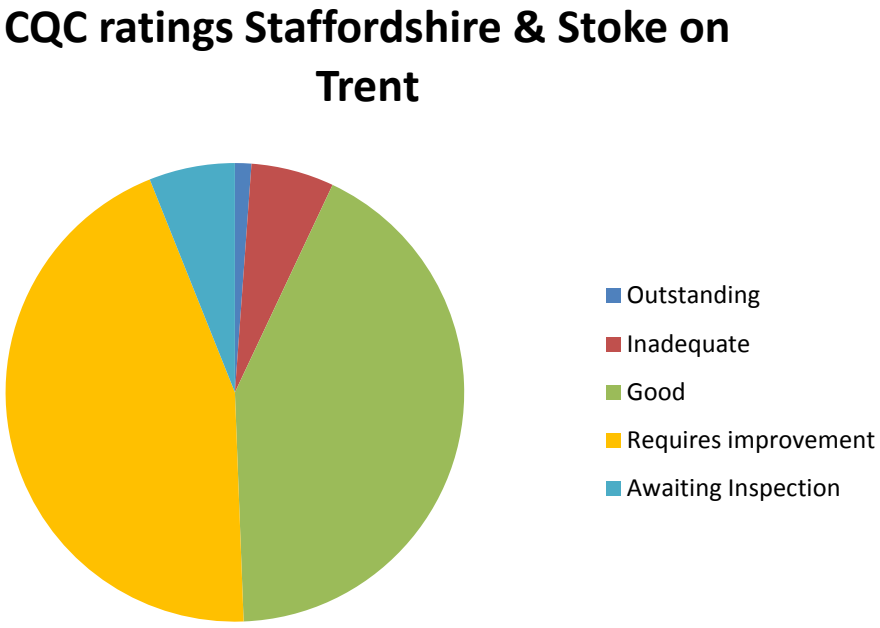
Many people have been shocked by the revelations highlighted in national high profile cases of poor care and worse, outright abuse, in our health and care system. Such instances, whilst fairly rare, remind us that the way care and support is provided to individuals and their families can have a major effect on their whole quality of life. It is the leaders in the system – operating at all levels from the practice of individual staff members to the strategic planning of commissioners – that set the tone and culture of organisations. It is they who ensure that high quality care is provided day in and day out – or, sadly, that the opposite is sometimes the case.

The Adult Safeguarding Board has had an interest in the importance and significance of leadership in care homes after it was identified as a recurring theme locally in Large Scale Enquiries (LSE) and Safeguarding Adult Reviews (SAR).

The importance of leadership is also highlighted in inspections of commissioned care homes conducted by the Care Quality Commission (CQC). The below table and pie chart give a summary of the ratings from the inspections of care homes in Stoke-on-Trent and Staffordshire, broken down by Clinical commissioning group area.

CQC ratings of commissioned Care homes with Nursing across Staffordshire & Stoke-on-Trent as at 31st March 2017

Nursing Home Area	No of Homes	No of beds	Awaiting Inspection		Outstanding		Good		Requires Improvement		Inadequate	
			Homes	Beds	Homes	Beds	Homes	Beds	Homes	Beds	Homes	Beds
Cannock CCG	15	800	0	0	0	0	7	262	8	538	0	0
East Staffs CCG	13	620	1	42	0	0	8	405	4	173	0	0
North Staffs CCG	16	1020	3	203	0	0	6	278	6	512	1	27
Staffs & Surrounds CCG	14	683	0	0	0	0	7	358	6	258	1	67
SES & SP CCG	23	1122	1	80	0	0	15	666	7	376	0	0
Stoke CCG	19	1122	0	0	1	62	7	306	9	534	2	220
Totals:	**100**	**5367**	**5**	**325**	**1**	**62**	**50**	**2275**	**40**	**2391**	**4**	**314**



It is of note that in homes where there is a rating of Inadequate and Requires Improvement there will be some concerns as to the safety of residents. The findings provide an important context to the work of the SSASPB in relation to this strategic
priority.

Progress in 2016/17

At its quarterly meetings the Board has sought assurances as to the effectiveness of the Local Authority oversight arrangements for care homes subject to Enhanced Provider Monitoring (this intervention commonly precedes Large Scale Enquiry process.

A task and finish group was formed to include all relevant partners including representation from the Independent Sector for the purpose of reviewing quality assurance processes and seeking wider assurances about the effectiveness of reporting and monitoring practices.

Engaged with partner organisations to consider the themes and trends identified and develop an action plan to reduce the duplication of audits by a number of commissioning and regulatory organisations.

Contributed to the revision of the terms of reference for the Quality and Safeguarding Information Sharing Meeting (QSISM), that has a key oversight function, to include a requirement to produce an annual report and to make clear the procedure for escalation to the Safeguarding Board where this is required.

Benchmarked local regulatory data, in the 'well-led' and 'safe' domains, and compared this against other regions with similar demographics.

Facilitated Clinical Commissioning Group (CCG) led Investigation training to the Independent Sector on lessons learned from Serious Incidents.

Challenges:

Care homes in Staffordshire and Stoke-on-Trent have a shortage of qualified nurses reflecting the national picture and illustrated in the CQC report "The State of Adult Social Care Services 2014 to 2017"[xvii].

The report warns of high staff turnover rates, heavy reliance on agency nurses and an inability to attract permanent nurses. There is a common feature in regulatory failure of the promotion of care staff into leadership positions who lack the knowledge and skills to deliver the standards and practice required. The CQC report links poor care standards with poor leadership and recognises the importance of a committed and consistent registered manager as the key influence on the quality of care people receive.

7. ANALYSIS OF ADULT'S SAFEGUARDING PERFORMANCE DATA

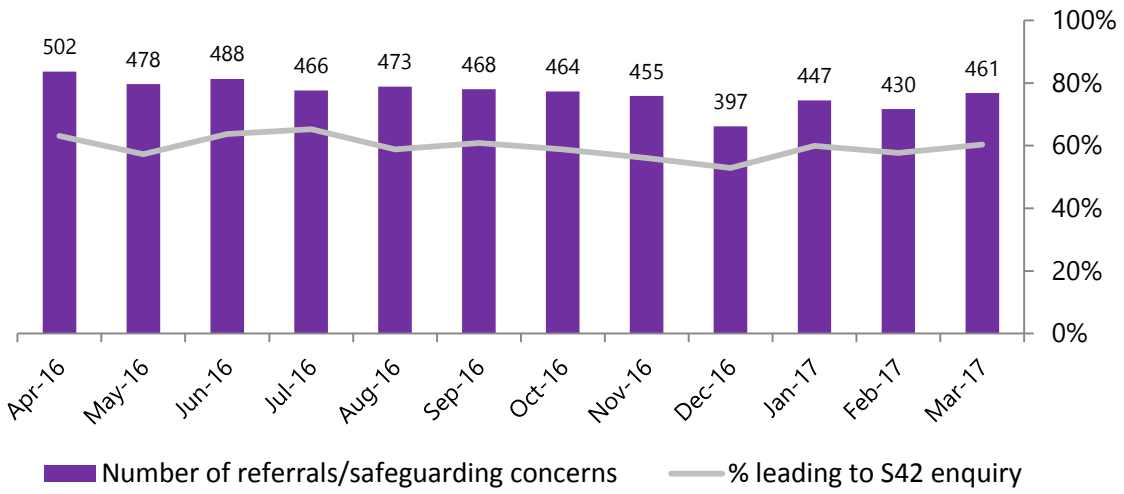
This section provides commentary and analysis of safeguarding data from Stoke-on-Trent and Staffordshire with associated graphical illustrations.

Number and proportion of referrals/safeguarding concerns

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

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

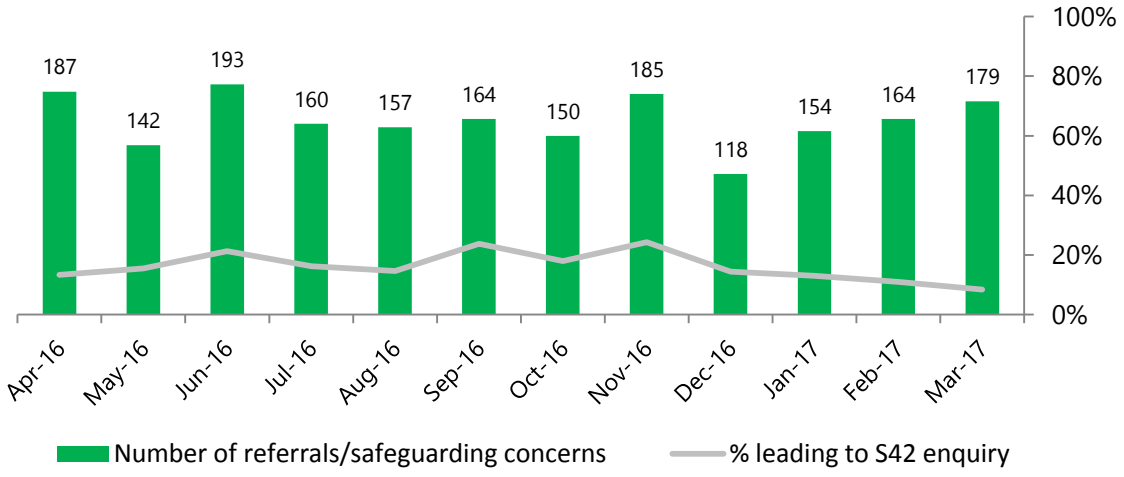
Figure 1: Number and proportion of referrals/safeguarding concerns – Staffordshire



During the course of the year in Staffordshire there have been 5,529 occasions when concerns have been reported that adults with care and support needs may be at risk of or are experiencing abuse or neglect. The total figure has increased by 1,136 occasions from 4,393 in the previous year 2015/16 which is an increase of 25%. The reported concerns averaged 461 per month.

Following initial assessment it was determined that the duty of enquiry requirement was met on 3301 of those occasions which is 60% of the total reported. This proportion is lower than the 71% in the previous year due in large part to the significant work in the Contact Centre where professionals determine if cases should be signposted to more suitable routes, for example, where there is no concern regarding abuse or neglect but there is a need for a formal assessment of need.

Figure 2: Number and proportion of referrals/safeguarding concerns – Stoke-on-Trent



In Stoke-on-Trent there were 1,957 reported safeguarding concerns in relation to adults with care and support needs. This is an increase of 111 from 1,846 in the previous year, an increase of 6%. The reported concerns averaged 163 per month.

Following initial assessment it was determined that the duty of enquiry requirement was met on 373 of those occasions which is 19% of the total reported. This proportion is lower than the 22.2% in the previous year.

The increases in the number of concerns in both Staffordshire and Stoke-on-Trent is most likely to be due to a combination of improved training and awareness raising leading to better recognition of abuse and

neglect amongst safeguarding partners and non-professionals as well as better understanding of referral routes and information sharing. Despite the increases this year it is believed that abuse and neglect is still under reported and is expected to rise. This has been acknowledged in national research, particularly for those adults with care and support needs aged over 65 years.

The wide variance in conversion rates for Section 42 enquiries between Staffordshire and Stoke-on-Trent is due to differing local approaches and practice. This is mirrored nationally where conversion rates vary between 12% and 69%. In Staffordshire, all concerns are recorded as Section 42 enquiries from the initial point of investigation. This is different to some other local authorities that make a decision about eligibility later in the process and do not consider the initial fact finding stages which sometimes may result in cases being directed to other appropriate pathways.

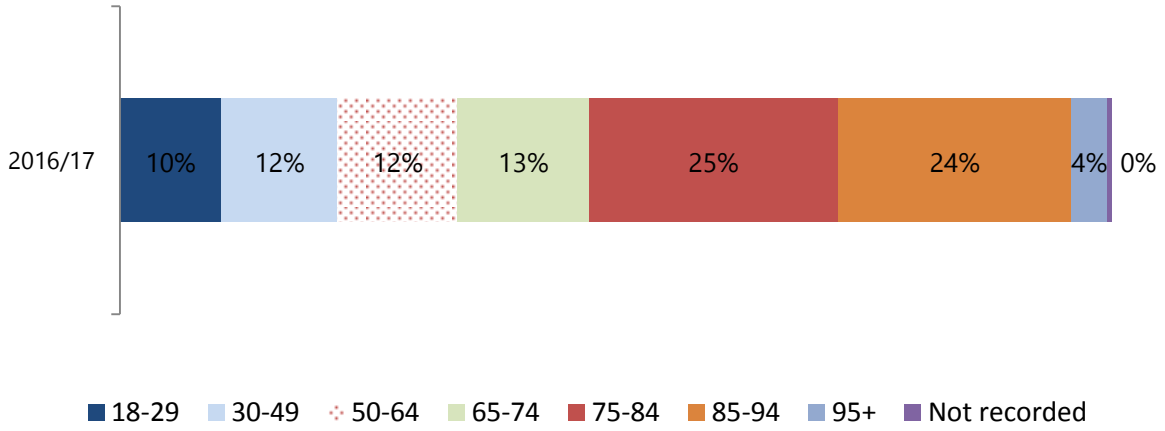
The following pages provide an analysis of the findings under various headings from the concerns that have resulted in a formal Section 42 enquiry.

About the Person

To build the picture of the personal circumstances of those at risk of abuse or neglect information is collected on the age, gender, ethnic origin and primary reason for the adult having need for care and support and this information is provided below.

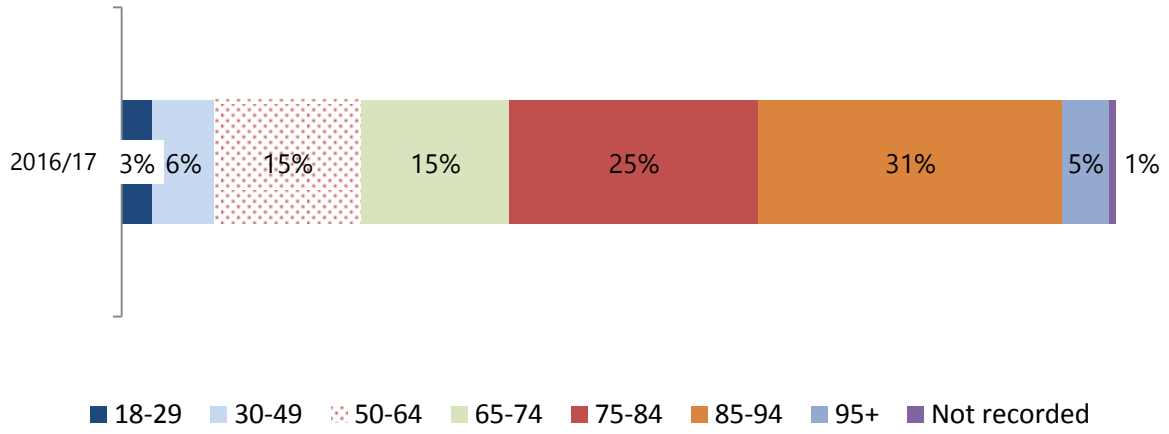
(i) Age breakdown

Figure 3: Age Breakdown (Section 42) – Staffordshire



Of the people subject of a Section 42 enquiry, those aged 75-84 (25%) represent the largest cohort at one quarter for the year, closely followed by 85-94 (24%), and then 65-74 (13%). All age bands have remained stable throughout 2016/17. In a proportion of cases no data has been recorded.

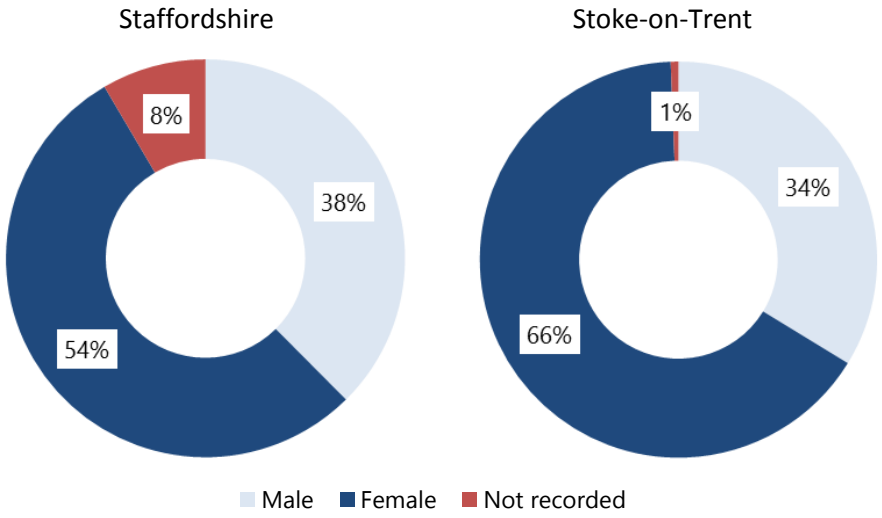
Figure 4: Age Breakdown (Section 42) – Stoke-on-Trent



For Stoke-on-Trent, the largest cohort represented is those aged 85-94 (31%), followed by 75-84 (25%), and then 50-64 and 65-74 (both 15%).

(ii) Gender

Figure 5: Gender breakdown – Staffordshire and Stoke-on-Trent



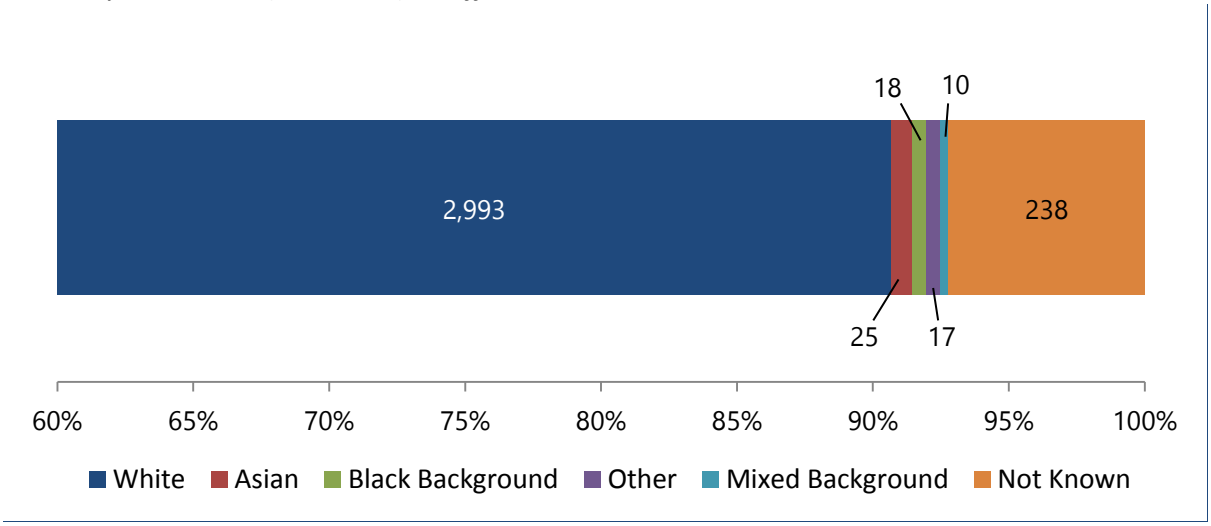
Staffordshire: Females represent the majority of adults' subject of a Section 42 enquiry (54% over the year), males representing 38%. For 8% the gender was not recorded.

Stoke-on-Trent: Stoke has a much higher proportion of females in their cohort compared to Staffordshire, with two thirds being female and one third being male.

Recording systems are being reviewed to reflect how gender categories can be broadened to be fully inclusive.

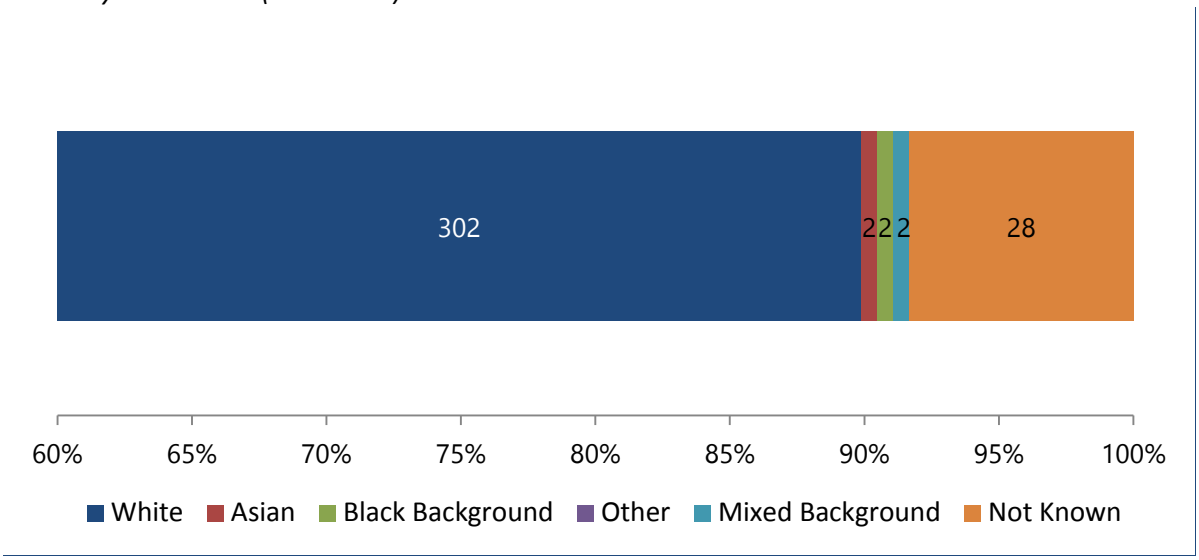
(iii) Ethnicity

Figure 6: Ethnicity breakdown (Section 42) –Staffordshire



The majority of individuals (Section 42) are 'White', reflecting the population in the latest census returns.

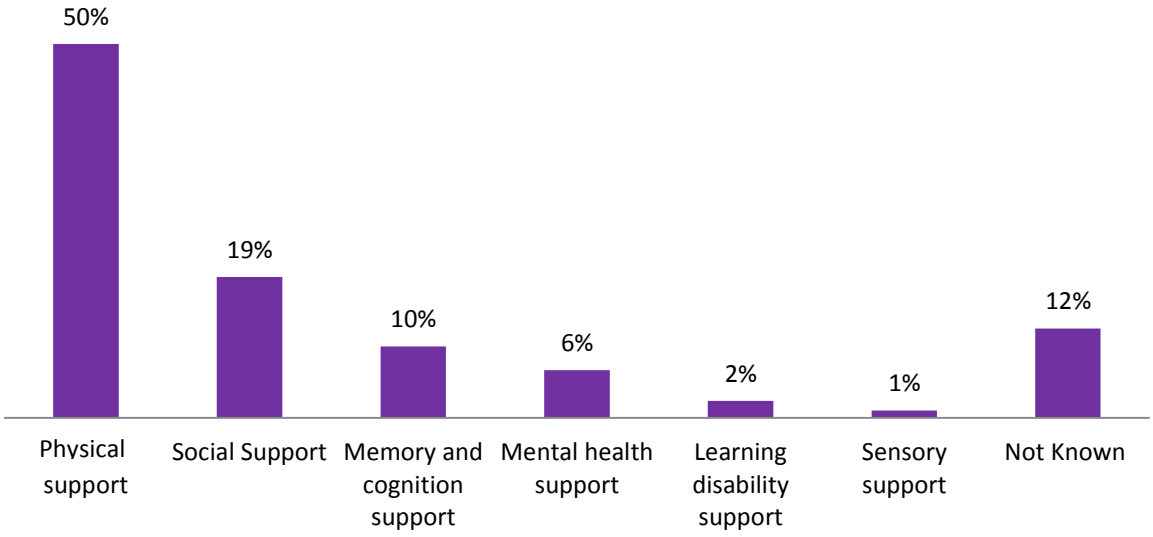
Figure 7: Ethnicity breakdown (Section 42) – Stoke-on-Trent



90% of all Section 42 enquiries are for people of 'White' ethnicity.

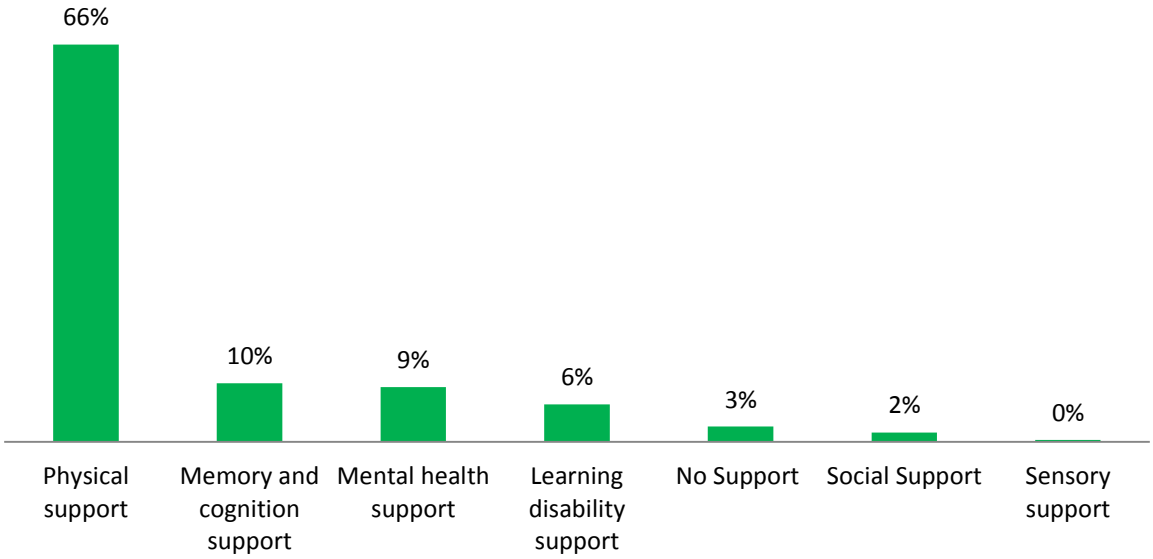
Primary Support Reason

Figure 8: Primary support reason (Section 42) – Staffordshire



Physical support was the most prevalent primary support reason in Staffordshire in 2016/17 (50%), especially for the older age groups, followed by learning disability support (19%), predominantly relating to younger adults, and then mental health support (10%) which was more of a factor for the older age groups.

Figure 9: Primary support reason (S42) – Stoke-on-Trent

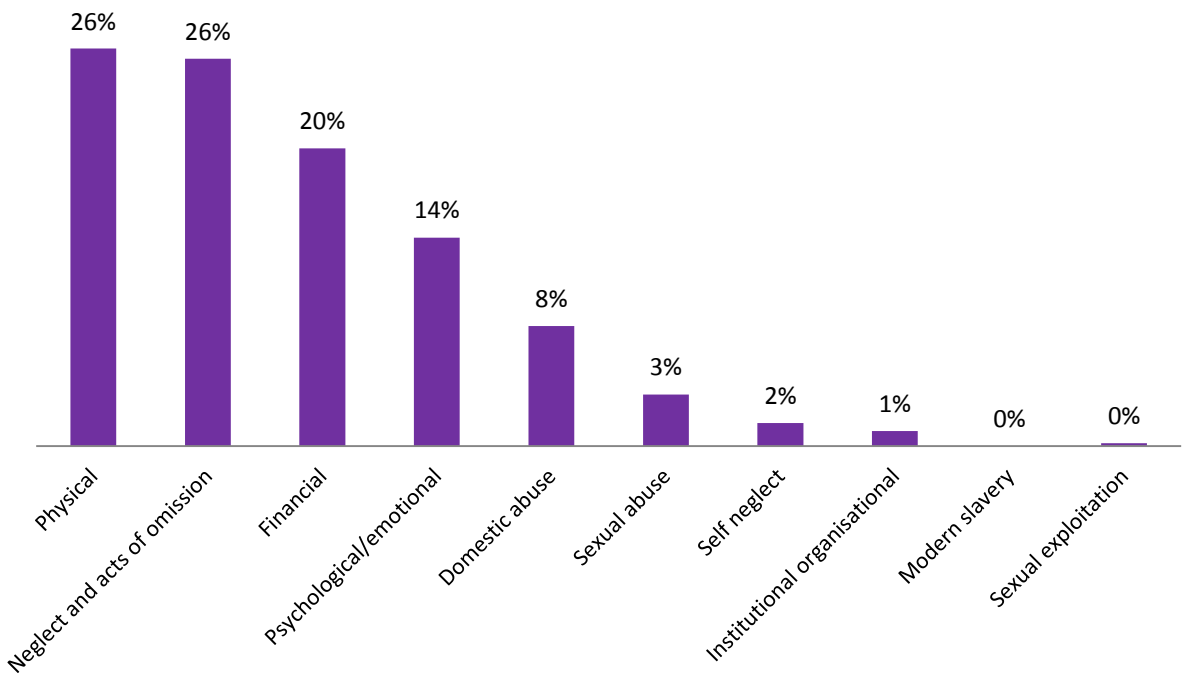


Physical support similarly represents the largest proportion of primary support reasons recorded in Stoke-on-Trent at 66%, followed by memory and cognition support (10%) and mental health support (9%).

Types of Harm or Abuse identified at Section 42 safeguarding enquiry

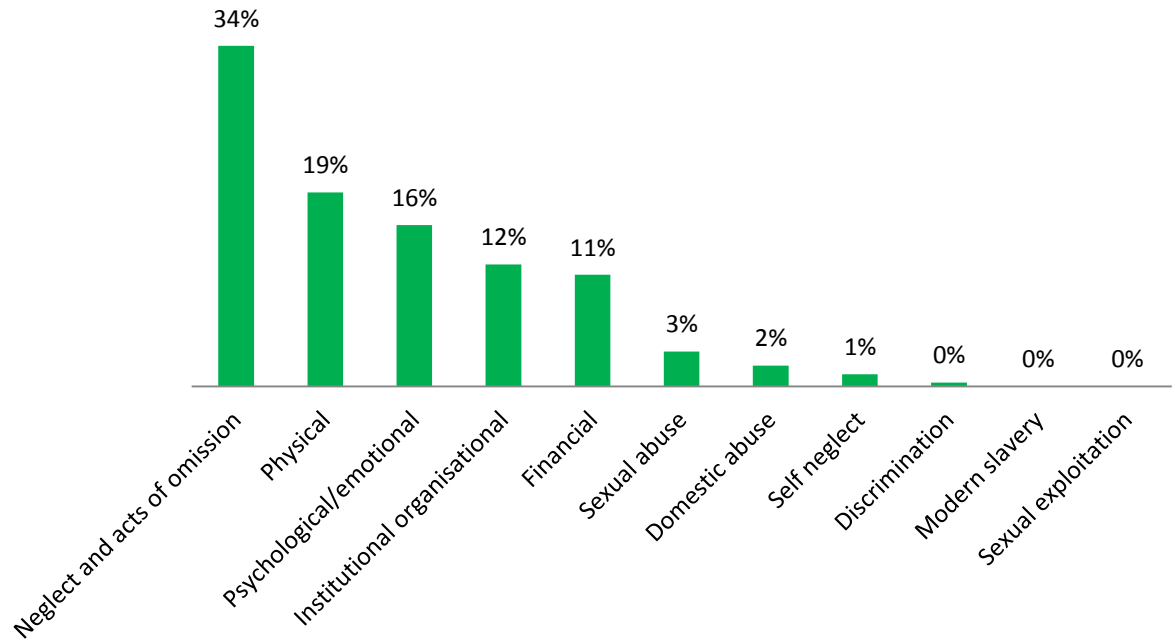
The below information shows the types of abuse and neglect reported in comparative proportions:

Figure 10: Types of harm or abuse identified at Section 42 safeguarding enquiry – Staffordshire



Physical harm/abuse and neglect/and acts of omission continue to be the most frequent types of harm and abuse identified at Section 42 safeguarding enquiry in Staffordshire, accounting for 26% each of all harm/abuse recorded. The numbers of reports of physical harm/abuse were high in Q1 (314) and Q2 (303), then declined during Q3 (125) and Q4 (151). Neglect and acts of omission, show a proportional increase during the course of the year. Financial abuse represents one fifth of all harm/abuse in 2016/17.

Figure 11: Types of harm or abuse identified at Section 42 safeguarding enquiry – Stoke-on-Trent



Whilst still significant there has been a continued trend from last year of a decrease of physical abuse alongside an increase in neglect up to 34%. Psychological/emotional harm/abuse (16%) is the third most

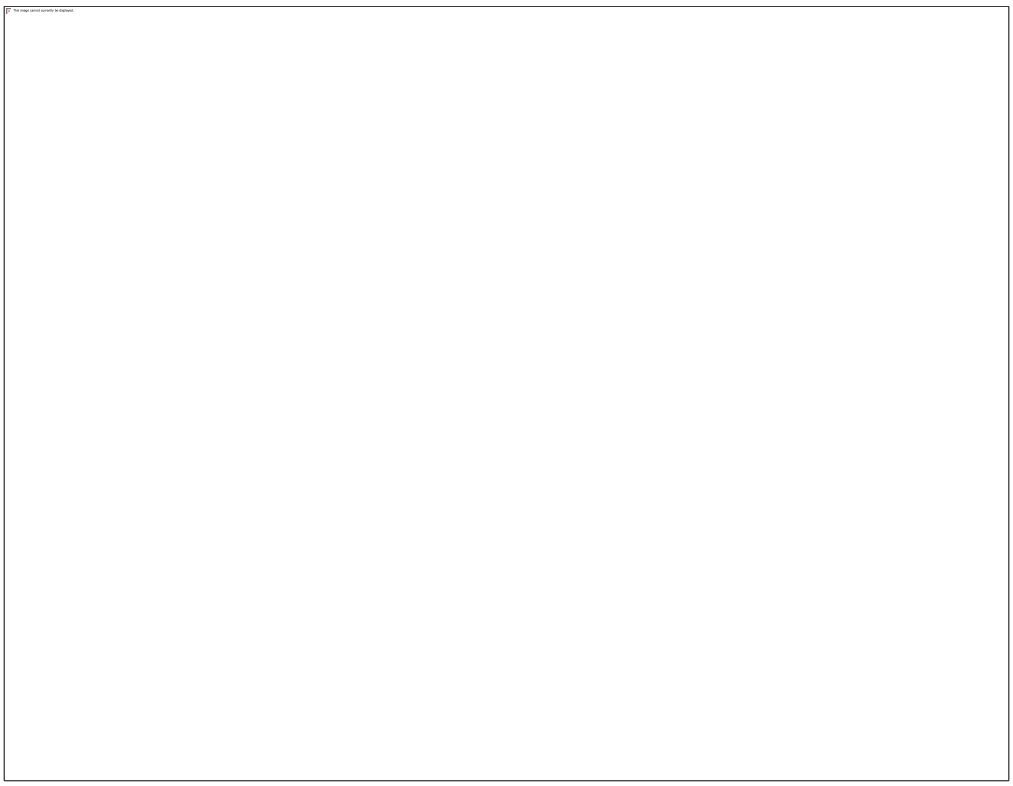
likely type of abuse/harm identified at Section 42 safeguarding enquiry. Other categories remained proportionally similar throughout the year.

Despite the low numbers of safeguarding concerns recorded under sexual abuse, there is a risk to adults with care and support needs and particular trends for adults with a learning disability. This trend is mirrored in the West Midlands region where there is consideration of developing a specific sexual abuse policy in acknowledgement of the significant impact this type of abuse has on service users.

A direct comparison and trend cannot be provided as types of abuse/harm for both LAs have changed and are broken down further this year to include domestic abuse, modern slavery and self-neglect as well as other changes to the categories of sexual exploitation/abuse; Stoke data provides an additional category of discrimination. Allegations of physical abuse and neglect remain the most common identified types of harm and abuse at Section 42 safeguarding enquiry. There have been no identified and recorded abuse/harm for Modern slavery, sexual exploitation or Discrimination for Section 42 enquiries for 2016/17 for either LA, perhaps because these are new categories and awareness raising/staff training may be required.

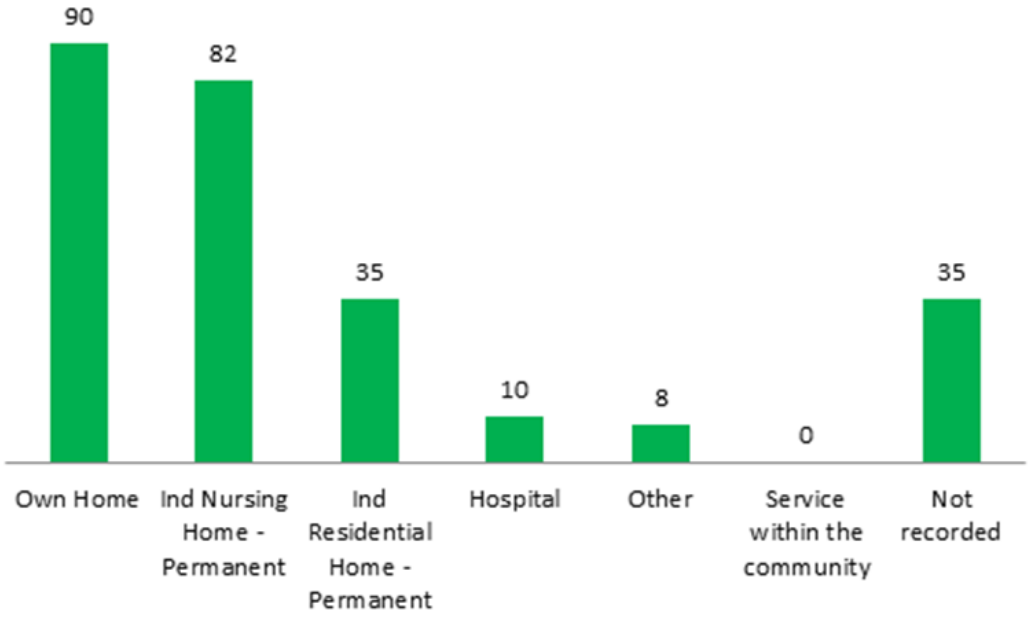
Location of abuse

Figure 12: Location of abuse/harm (Section 42) – Staffordshire



Of those people subject of Section 42 enquiries, the most prevalent location was the person's own home at nearly 50%. The next most common locations in Staffordshire were independent residential homes (16%) and nursing homes (15%).

Figure 13: Location of abuse/harm (Section 42) – Stoke-on-Trent



The most prevalent location was also the persons 'own home' in Stoke-on-Trent, though representing a smaller proportion at 28% which is in line with the national picture. Independent residential nursing homes was the next most prevalent location of abuse/harm (26%). As at the 31st March 2017, there were 448 people in nursing care and 945 in residential care. This indicates that only a small proportion of Section 42 enquiries take place compared to the overall population in nursing homes and residential care.

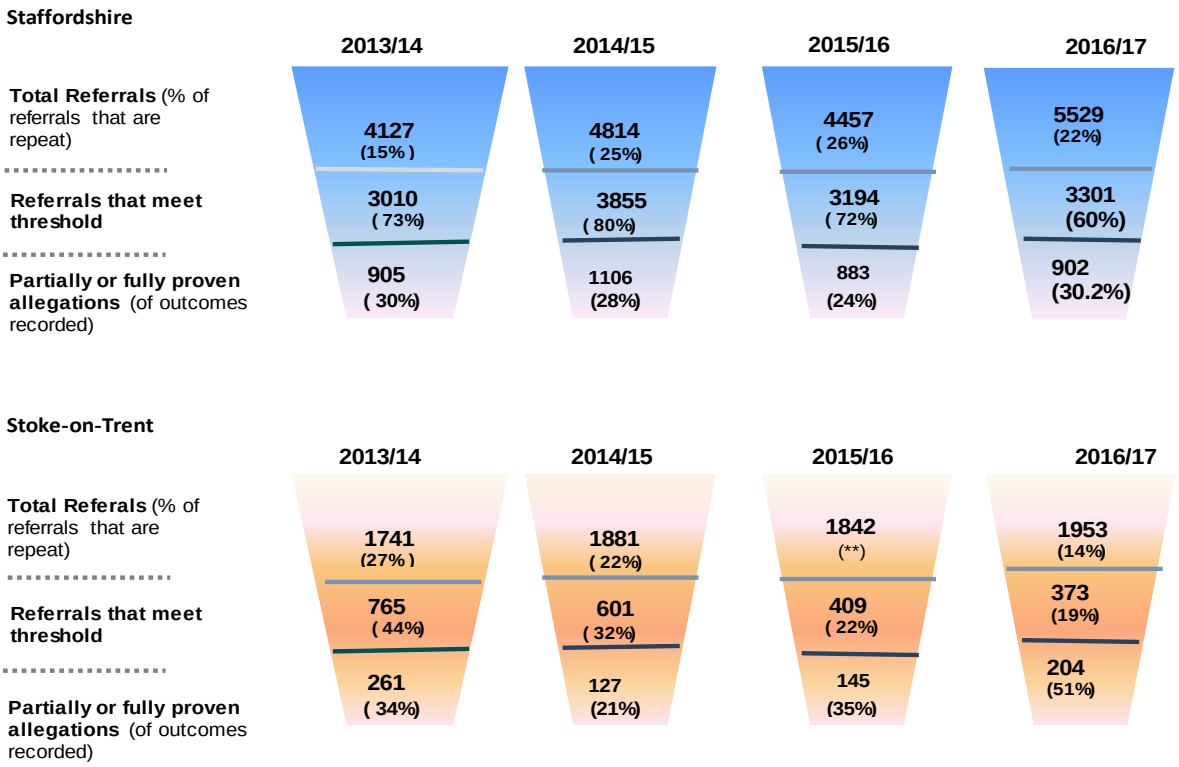
Large Scale Enquiries (LSE's) will impact on nursing home data due to other safeguarding concerns resulting from additional scrutiny of a service.

It is of note that in Staffordshire 1,639 of the reported safeguarding concerns related to an allegation against a Person in a Position of Trust (PiPoT)[xii] an increase of 27% compared to last year. In Stoke-on-Trent there were 453 reported safeguarding concerns related to a Person in a Position of Trust.

Outcomes of reported safeguarding concerns

The following section provides an overview of the findings of Section 42 enquires showing what happened to referrals through to whether allegations were proven with a comparison to previous years.

Figure 14: Outcomes of concerns

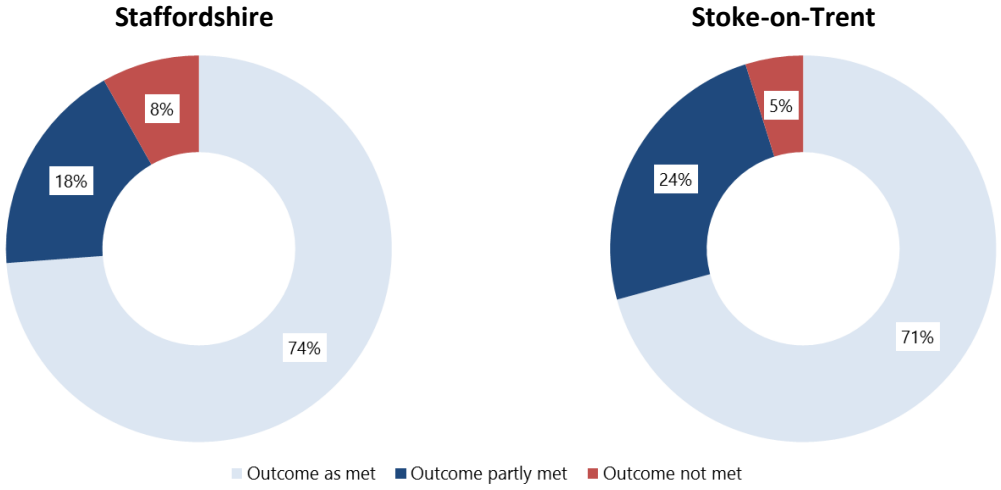


Staffordshire: The volume of referrals has increased steadily over the last four years, however the proportion of repeat referrals has decreased from last year (from 26% - 22%). Referrals that meet the threshold have decreased to a low of 60% this year compared to 72% last year. A higher proportion (30.2%) of allegations have been either partially or fully proven.

Stoke-on-Trent: During 2016/17 Stoke-on-Trent received a 6% increase in reported number of concerns yet a smaller percentage than in previous years hit the threshold for a Section 42 Enquiry. Of those that met the threshold, where an outcome had been recorded a higher percentage 51% compared to 35% the previous year was found to be substantiated.

<u>Number and proportion of people who have a Section 42 enquiry whose expressed outcome was met</u>

Figure 15: People who have a Section 42 enquiry whose expressed outcome was met



Staffordshire: In Staffordshire the proportion of people subject of a Section 42 enquiry whose expressed outcome was met has increased from last year with over 90% of people expressing their desired outcomes as either fully or partly met. However, 8% of people reported that their desired outcomes were not met.

Stoke-on-Trent: The proportion of people subject of a Section 42 enquiry whose expressed outcome was met increased to 71% from 64% in 2015/16. Some 24% of people reported that desired outcomes were partially met with 5% of people reporting that desired outcomes were not achieved.

It will be noted that there have been increases in the achievement of desired service user outcomes this year particularly when taking account of outcomes defined as 'partly met'. The increases are believed in large part to be attributed to the Making Safeguarding Personal (MSP) focus as well as improved recording the importance of which is widely recognised.

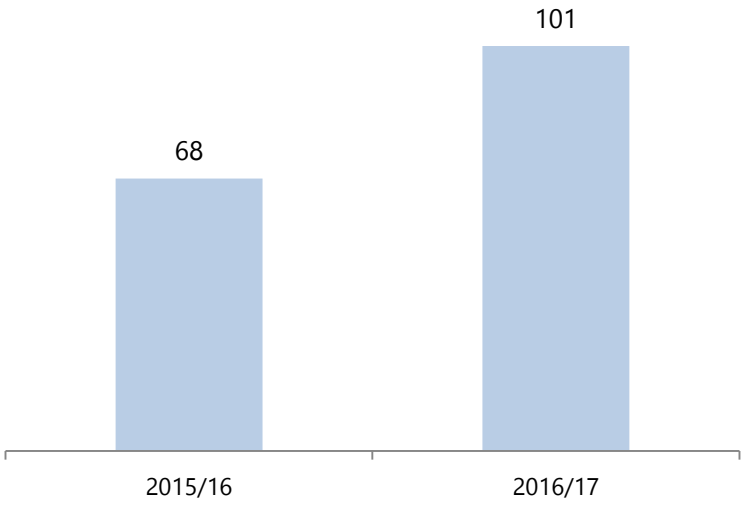
It is also of note that the high levels of service user satisfaction with outcomes is not necessarily linked to the proving of allegations following Section 42 enquiries which, as shown above, are well below satisfaction with outcome rates in Staffordshire and Stoke-on-Trent.

Staffordshire Police information

Care Worker ill treatment/wilful neglect of an individual

The annual report of the SSASPB for 2015/16 indicated an increasing number of concerns and criminal allegations involving paid care staff. The graph below illustrates further increases in 2016/17.

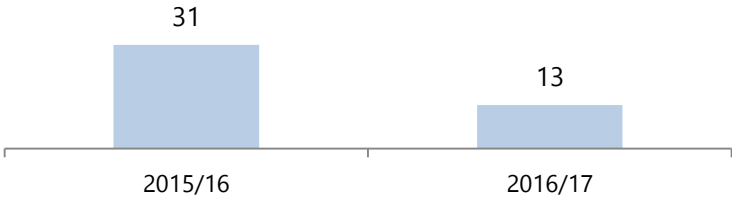
Figure 16: Care worker ill-treatment/wilful neglect of an individual



There has been an increase of 33 crimes alleging ill treatment or neglect by a care worker in 2016/17 compared to the previous year. The majority of the victims, 57, are female with 44 men. Three of the allegations were from repeat victims. The majority of offences were alleged to have been committed against people aged 65 years and older.

The majority of the recorded crimes, 75, are alleged to have occurred in care homes. The majority of these crimes have resulted in no suspect identified reflecting the difficulties associated with substantiating allegations to the required standard of proof.

Figure 17: Ill treatment or wilful neglect of a person lacking capacity by anyone responsible for that person's care



There has been a reduction of 18 crimes compared to the previous year. There were no repeat victims. 8 are female victims, 5 are male victims and the majority are committed against 40-65 age group.

The majority of these crimes have resulted in no suspect identified.

No suspect identified is due to a combination of third party reports of injuries to elderly victims unable to explain how the injury occurred or due to lack of capacity. Some of the injuries are later explained by medical reasons or accidents where no criminal intent can be shown.

8. BOARD DEVELOPMENT AND IMPROVEMENT ACTIVITY

At its Development Day in January 2016 the Board resolved to be consistently good at what it does.

Throughout the year the Board has worked to complete the actions in the plan arising from the Development Day which are summarised below:

- The Board produced its Strategic Plan for 2016/2018 which outlines the Strategic Priorities and how the aims are to be achieved
- In July 2016 the Board approved a new training strategy which reinforced the Board's responsibility to seek assurance that connected partners are providing quality assured adult safeguarding training for their staff. The Board also approved an awareness training package, together with detailed trainer notes, which is made freely available for anyone to access on the website. This initiative was an acknowledgement that some smaller organisations may not have access to a quality training package
- Having developed the SSASPB risk register during the previous year the Executive and other Sub-Groups have frequently scrutinised the risk register through a standing agenda item at meetings, adding updates from which to reassess and score the net risk. Many risks have been reduced following the mitigating evidence
- October 2016 - launch of the dedicated website www.SSASPB.org.uk. There has been a lot of positive comments and compliments about the website and the useful information contained there. There is still work to do and more information to be included. On a number of occasions there have been emails from members of the public sent to the Board administration in box which demonstrates the wider interest in the website
- New promotional material was designed and printed including a set of 5 posters depicting adults with a range of ages and care needs. There is also a wallet size card advising the numbers to contact if there is an adult safeguarding concern and a tri-fold leaflet called 'What to do if I have a safeguarding concern' which is easily understood and aimed at both the public and professionals. All of these can be seen and downloaded from the website https://www.SSASPB.org.uk/Guidance/Promotional-material.aspx.

In February 2016 Staffordshire County Council commissioned an external review of the Board to seek assurance that the Board was fulfilling the role as outlined in the Care Act 2014. The reviewer spoke to a broad range of Board members, the Independent Chair and Board manager and also scrutinised key Board documents.

All of the key areas identified for improvement had already been identified by the Board at its Development Day and in this reporting period there was much work undertaken resulting in the action plan being signed off as complete at the July 2017 Board. The main areas for improvement included:

Funding: *In developing its Strategic Plan the Board needs to be clear what it is going to do in the future and the level of support, and hence cost, of delivering its plans. This should form the budget for the Board which in turn should be fully funded, in cash terms, by the Partner organisations.*

Response: The Independent Chair negotiated a 3 year funding agreement with the statutory partners which will be refreshed in time for April 2020.

Risk Management: *The Board should seek to populate its recently produced risk template with its strategic risks, taking care not to replicate those risks that should be being managed by its Partner organisations. The risks included in the template should be based on the strategic risks arising from the Board's Strategic Plan and they should be reported regularly to the Board.*

Response: The Board has developed a risk register which is managed through the Executive sub-group and reports to the quarterly Board meetings.

Assurance: *In developing its strategic plan the Board should clarify the areas in which it needs assurance and how such assurance will be obtained.*

Response: The Board has a clear focus on its assurance role as evidenced by the Board meeting agendas through 2016/17. Board meetings have a standing agenda on seeking assurance providing the opportunity for discussion and challenge. In 2016/17 assurances have been sought through:

- An overview of the work towards reducing Care Review backlogs by both Local Authorities
- Presentations from each Local Authority on their response to the reduction in Better Care funding
- A presentation by the Care Quality Commission (CQC) 'Working with the CQC to prevent abuse and neglect'
- An assurance presentation by Continuing Health Care (CHC) covering the challenges they face and how they are responding
- A presentation from three Board partners (Police, Local Authority and Hate Crime groups) outlining the current picture in relation to Disability Hate Crime, trends in reporting, and the agency's response with particular focus on repeat victims
- Discussion on the proposed joint commissioning arrangements for Domestic Abuse services.
- A presentation from each Local Authority on their Transition arrangements from children to adult services
- Partners reported to the meeting on how the Annual Report, Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures and the newly launched SSASPB website have been promoted and received within partner organisations
- The Board continues to receive quarterly reports and seek assurances upon progress towards the reduction of the Deprivation of Liberty Safeguards applications
- Quarterly reports are received from both Local Authorities in relation to the number of new, open and closed Large Scale Enquiries (LSEs) and also the key concerns and themes from them.

Performance Management: *The Board should, in the development of its Strategic Plan, determine how the objectives in it are to be measured i.e. what specific indicators will demonstrate success or otherwise, and develop a performance reporting mechanism that facilitates the reporting of such data.*

Response: During 2016/17 the Performance, Monitoring and Evaluation sub-group developed a performance data set which was approved at the July 2017 Board meeting and is included on pages 23 to 34 of this Annual Report. The Board four tier audit framework is included at page 13 of this Report.

Service User Engagement: *The Board should develop a service user engagement strategy through which it can maximise service user input into its decision making process. This should identify how existing groups and forums can support the work of the Board as well as those areas in which there are gaps that need to be addressed to obtain the necessary representation.*

Response: Engagement is one of the three Board Strategic Priorities. The Strategic Plan 2016/18 outlines how the Board will deliver its aims and can be found on our website. In a key development the Strategic Priority leader and the Board Manager began a programme of visits to Carer's Hubs and other service user organisations/clubs to promote the work of the Board and find out what elements of adult safeguarding are important to them to assist in future priority setting. In this work the Board has strengthened its links with two Healthwatch teams on matters of overlapping interest.

9. FINANCIAL REPORT

Board members have the responsibility to deliver the Strategic Priorities, objectives and Sub-Group Business Plans with ownership retained at formal governance level.

Board resources include a dedicated core team who support and facilitate the work of the Board and Sub-Groups. This year the team has been supplemented by a dedicated performance support role to facilitate the Performance Framework and audit activity that informs SSASPB workstreams. This team and business activities were funded in 2016-2017 through contributions from statutory partners and health providers as detailed in the financial report below.

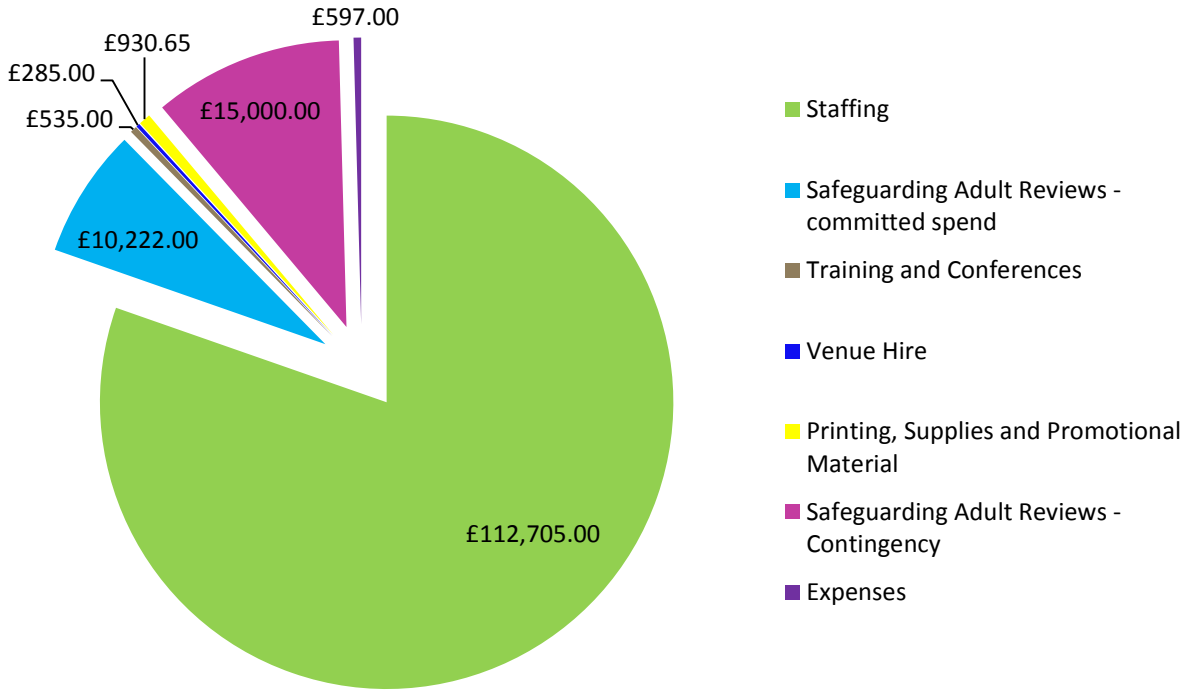
Income

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 2016-2017 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 2016-2017:

- 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 2015-2016.

10. APPENDICES

APPENDIX 1: BOARD PARTNERS

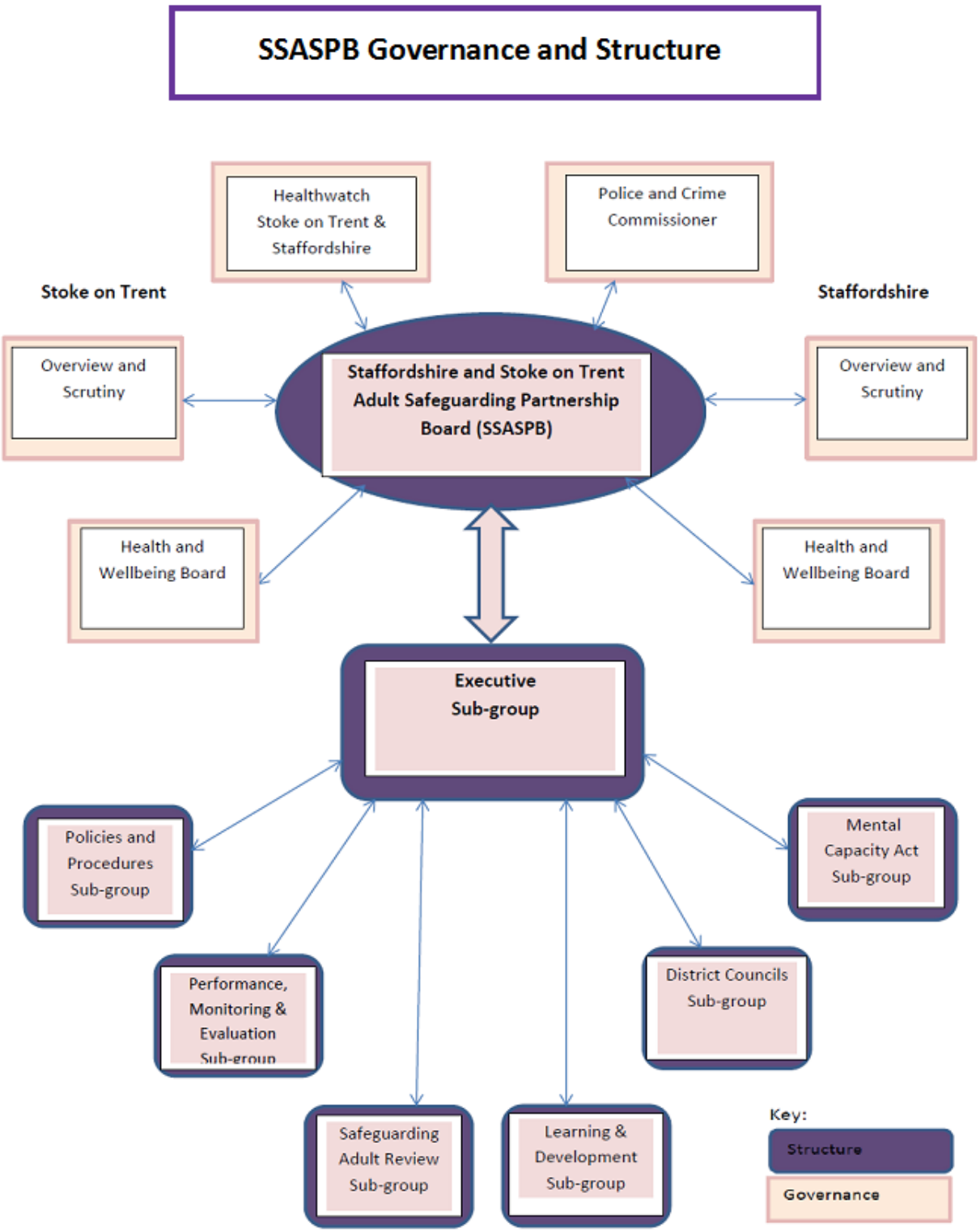
Statutory Partners as of 31st March 2017

- Local Authorities
  - Staffordshire County Council
  - Stoke-on-Trent City Council
- Staffordshire Police
- NHS
  - Cannock Chase Clinical Commissioning Group
  - East Staffordshire Clinical Commissioning Group
  - North Staffordshire Clinical Commissioning Group
  - Shropshire and Staffs Area Team NHS England
  - South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
  - Stafford and Surrounds Clinical Commissioning Group
  - Stoke-on-Trent Clinical Commissioning Group

Extended Partnership as of 31st March 2017

- Burton Hospital NHS Foundation Trust (BHFT)
- Community Rehabilitation Company (CRCs) (Staffordshire and Stoke-on-Trent)
- Department of Work and Pensions (DWP) Job Centre Plus
- Domestic Abuse For a
- Hate Crime Fora
- Healthwatch (Staffordshire and Stoke-on-Trent)
- Her Majesty's Prison Service (HMPS)
- Independent Futures (IF)
- National Probation Service (NPS) (Staffordshire and Stoke-on-Trent)
- North Staffordshire Combined Healthcare NHS Trust (NSCHT)
- South Staffordshire and Shropshire NHS Foundation Trust (SSSFT)
- Staffordshire Association of Registered Care Providers (SARCP)
- Staffordshire and Stoke-on-Trent NHS Partnership Trust (SSOTP)
- Staffordshire District Councils Safeguarding Sub-Group
- Staffordshire Fire and Rescue Service (SFARS)
- Stoke-on-Trent City Council Housing
- Trading Standards (Staffordshire and Stoke-on-Trent)
- University Hospitals of North Midlands (UHNM)
- VAST (Voluntary Sector Representation)
- West Midlands Ambulance Service (WMAS)

APPENDIX 2: GOVERNANCE STRUCTURE



APPENDIX 3: CATEGORIES OF ABUSE AND NEGLECT

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

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

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

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

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

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

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

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

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

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

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

11. REFERENCES

[i] **Care Act 2014**
http://www.legislation.gov.uk/ukpga/2014/23/contents

[ii] **SSASPB Board membership list**
https://www.ssaspb.org.uk/About-us/Board-Agency-Membership.aspx

[iii] **Care and support statutory guidance**
https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation

[iv] **SSASPB Constitution**
https://www.ssaspb.org.uk/About-us/SSASPB-Constitution-REVISED-2016-FINAL-APPROVED-v1.pdf

[v] **2016-18 Strategic Plan**
https://www.ssaspb.org.uk/About-us/SSASPB-strategic-plan.aspx

[vi] **SSASPB publicity materials**
https://www.SSASPB.org.uk/Guidance/Promotional-material.aspx

[vii] **Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures**
https://www.ssaspb.org.uk/Guidance/Section-42-Safeguarding-Adult-Enquiries.aspx

[viii] **National Health Service (NHS) Safeguarding App**
http://www.myguideapps.com/nhs_safeguarding/default/

[ix] **SSASPB Escalation Policy**
https://www.ssaspb.org.uk/Guidance/SSASPB-Escalation-Policy-July2015-FINAL-APPROVED-v1.pdf

[x] **SSASPB Information Sharing Guidance for Practitioners**
https://www.ssaspb.org.uk/Guidance/SSASPB-Information-Sharing-Guidance-for-Practitioners-June-15-FINAL-APPROVED-v1.pdf

[xi] **West Midlands Adult Safeguarding Policy**
https://www.ssaspb.org.uk/Guidance/Adults-Safeguarding-Multi-agency-policy-procedures-for-the-protection-of-adults-with-Care-Support-needs-in-the-West-Midlands.pdf

[xii] **West Midlands People in Positions of Trust**
https://www.ssaspb.org.uk/Professionals/WM-Adult-PoT-Framework-v1.0.pdf

[xiii] **Safeguarding Adult Review (SAR) Protocol**
https://www.ssaspb.org.uk/Guidance/Safeguarding-Adult-Reviews-SARs.aspx

[xiv] **West Midlands Regional SAR repository**
http://www.hampshiresab.org.uk/learning-from-experience-database/

[xv] **SSASPB Training packages**
https://www.ssaspb.org.uk/Professionals/Training.aspx

[xvi] **Making Safeguarding Personal (MSP)**
https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal

[xvii] **The state of adult social care services 2014 to 2017**
http://www.cqc.org.uk/sites/default/files/20170703_ASC_end_of_programme_FINAL2.pdf

A glossary of terms is available on the SSASPB website along with further useful contacts and publications.

Staffordshire Health & Wellbeing Board	
Title	JSNA outcomes report – November 2017
Date	7 December 2017
Board Sponsor	Richard Harling
Author	Divya Patel
Report Type	For information

1 Purpose of the report

1.1 The health and wellbeing 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.

1.2 In September 2015, the Health and Wellbeing Board agreed to receive the updated summary report on a quarterly basis as a 'for information' item.

1.3 As agreed at the last meeting, this quarter's report also incorporates additional measures from the outcomes framework for children to support monitoring the delivery of the Staffordshire's Children, Young People and Families Strategy.

1.4 Information on trends and localities will continue to be published on the Staffordshire Observatory website and forms part of the core Joint Strategic Needs Assessment dataset at: http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx

2 Key findings

2.1 Some of the highlights based on data updated this quarter include:

- school readiness and provisional education attainment rates at Key Stage 2 and GCSEs are better than the national average
- the rates of people dying before the age of 75 from cardiovascular or respiratory disease are lower than the England average

2.2 Some of the challenges in Staffordshire based on data from this quarter include:

- infant mortality rates are higher than average alongside more women smoking throughout pregnancy, low breastfeeding rates and higher rates of teenage pregnancy
- the number of referrals to Children's Social Care have increased between 2015/16 and 2016/17 but are on par with the national average
- the proportion of children with excess weight in Reception has increased between 2015/16 and 2016/17; there are also large numbers of adults who are overweight or obese coupled with higher than average rates of physical inactivity
- the number of people killed or seriously injured on roads has increased from the previous time period although rates remain lower than the England average

- the number of delayed transfers of care from hospital continues to be higher than the national average
- end of life care measured by the proportion of people dying at home, or their usual place of residence, remains below the England average

Health and wellbeing outcomes Summary report for Staffordshire November 2017

Staffordshire Observatory

Staffordshire County Council

Introduction

Staffordshire's health and wellbeing strategy, Living Well, included an outcomes framework based on selected indicators from the national outcomes frameworks for public health, National Health Service and adult social care as well as measures from the Clinical Commissioning Group and children's outcomes frameworks.

This outcomes performance summary report presents data against indicators that were identified within the Living Well strategy where data is currently routinely available. This quarter also includes measures from the locally agreed outcomes framework for children. Data sources for some of the other indicators are yet to be developed. The indicators are grouped under life course stages: start well, grow well, live well, age well and end well alongside a small section on overarching health and wellbeing.

The full report which include trend and locality information is available on the Staffordshire Observatory website and acts as one of the key Joint Strategic Needs Assessment resources at http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx.

Summary performance

Performance against indicators are summarised into whether they are a concern for Staffordshire (the indicator performs worse than the national average), of some concern (similar to the national average or trend has been going in the wrong direction over a period of time) or little concern where the performance is better than England. ***Indicates where data has been updated or is a new indicator***

	Summary	Performance worse than England	Performance similar to England	Performance better than England
Overarching health and wellbeing	There are significant health inequalities across Staffordshire for key health and wellbeing outcomes which are in the main underpinned by determinants of health.		▪ Life expectancy at birth ▪ Inequalities in life expectancy ▪ Healthy life expectancy	
Start well	Infant mortality and associated measures in Staffordshire are worse than average. The proportion of children living in poverty has increased but remains lower than England; however a significant number of start well indicators remain a concern in areas where there are higher proportions of low-income families.	▪ **Infant mortality** ▪ **Smoking in pregnancy** ▪ **Breastfeeding rates**	▪ Children in poverty ▪ Worklessness households ▪ Child mortality ▪ Low birthweight babies	▪ **Childhood immunisation** ▪ Tooth decay in children ▪ Children benefiting from funded early education places ▪ **School readiness**

	Summary	Performance worse than England	Performance similar to England	Performance better than England
Develop well	There are a number of child health outcome indicators where Staffordshire is not performing as well as it could. The proportion of children with excess weight in Reception is higher than average. Unplanned admissions to hospital for lower respiratory infections and self-harm for children and young people are also higher than average. Overall educational attainment is better than average; however there are some cohorts, e.g. children receiving free school meals, children with special educational needs and those looked after who have lower educational attainment rates putting them at risk of economic exclusion in adulthood.	▪ **Children with excess weight** ▪ **Teenage pregnancy** ▪ Emergency admissions for lower respiratory tract infections ▪ Hospital admissions as a result of self-harm (10-24 years) ▪ **Proportion of pupils attending schools that were rated good or outstanding**	▪ Smoking prevalence in 15 year olds ▪ Under 18 alcohol-specific admissions ▪ Unplanned hospitalisation for asthma, diabetes and epilepsy ▪ Emotional wellbeing of looked after children ▪ 16-18 year olds not in education, employment or training ▪ **Referrals to Children's Social Care** ▪ **Early help assessments** ▪ **Children in need, child protection rates and rates of looked after children** ▪ **Children killed or seriously injured on roads** ▪ Unintentional and deliberate injuries ▪ Young people aged 16-24 who are satisfied with area as a place to live ▪ Young people aged 16-24 who feel safe in their community ▪ Reoffending rates for children aged 10-17	▪ Children identified as having social, emotional and mental health problems ▪ Pupil absence ▪ **Key Stage 2 attainment** ▪ **GCSE attainment** ▪ First time entrants to the Youth Justice System
Live well	There are concerns with performance against healthy lifestyle indicators such as alcohol consumption, excess weight and physical activity. In addition performance on prevention of serious illness could be improved as Staffordshire has significantly lower numbers of NHS health checks to the target population. There are also concerns for outcomes for people with learning disabilities to participate in life opportunities which enable them to live independently.	▪ **Employment of vulnerable adults** ▪ **Vulnerable adults who live in stable and appropriate accommodation** ▪ Domestic abuse ▪ **Alcohol-related admissions** ▪ **Excess weight in adults** ▪ **Physical activity** ▪ **Recorded diabetes** ▪ **NHS health checks**	▪ Self-reported wellbeing ▪ **Sickness absence** ▪ Violent crime ▪ Utilisation of green space ▪ **Road traffic injuries** ▪ Adult smoking prevalence ▪ **Healthy eating** ▪ Diabetes complications ▪ Hospital admissions as a result of self-harm ▪ **Successful completion of drug and alcohol treatment** ▪ **Deaths from drug misuse**	▪ People feel satisfied with their local area as a place to live ▪ Re-offending levels ▪ People affected by noise ▪ **Statutory homelessness**

	Summary	Performance worse than England	Performance similar to England	Performance better than England
Age well	Fewer Staffordshire residents over 65 take up their flu vaccination or their offer of a pneumococcal vaccine; in addition fuel poverty rates in the County are high, two factors known to contribute to excess winter morbidity and mortality. Many age well indicators associated with the quality of health and care in Staffordshire perform poorly, for example more people are admitted to hospital for conditions that could be prevented or managed in the community. In addition those that are admitted to hospital are delayed from being discharged.	▪ Fuel poverty ▪ Pneumococcal vaccination uptake in people aged 65 and over ▪ Seasonal flu vaccination uptake in people aged 65 and over ▪ Unplanned hospitalisation for ambulatory care sensitive conditions ▪ **Delayed transfers of care**	▪ **Social isolation** ▪ **Social care/health related quality of life for people with long-term conditions** ▪ **People feel supported to manage their condition** ▪ **People receiving social care who receive self-directed support and those receiving direct payments** ▪ **Permanent admissions to residential and nursing care** ▪ Emergency readmissions within 30 days of discharge from hospital ▪ **Estimated dementia diagnosis rates** ▪ **Reablement services** ▪ Falls in people aged 65 and over ▪ Hip fractures in people aged 65 and over	
End well	Fewer Staffordshire residents than average die before the age of 75 from cardiovascular and respiratory diseases. However end of life care, winter deaths, early death rates from cancer, liver disease and suicides remains of some concern across the County. There are also significant inequalities in mortality rates across Staffordshire.	▪ **End of life care: proportion dying at home or usual place of residence**	▪ **Preventable mortality** ▪ **Under 75 mortality from cancer** ▪ **Under 75 mortality from liver disease** ▪ **Mortality from communicable diseases** ▪ Excess winter mortality ▪ **Suicide** ▪ Excess mortality rate in adults with mental illness ▪ Mortality attributable to particulate air pollution	▪ Mortality from causes considered amenable to healthcare ▪ **Under 75 mortality from cardiovascular disease** ▪ **Under 75 mortality from respiratory disease**

Table 1: Summary of health and wellbeing outcomes

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
1.1a	No	Life expectancy at birth - males (years)	2013-2015	79.6	79.5	Stable
1.1b	No	Life expectancy at birth - females (years)	2013-2015	83.0	83.1	Stable
1.2a	No	Inequalities in life expectancy - males (slope index of inequality) (years)	2013-2015	7.1	9.2	Stable
1.2b	No	Inequalities in life expectancy - females (slope index of inequality) (years)	2013-2015	6.6	7.1	Stable
1.3a	No	Healthy life expectancy - males (years)	2013-2015	64.4	63.4	Stable
1.3b	No	Healthy life expectancy - females (years)	2013-2015	63.8	64.1	Stable
2.1	No	Child poverty: children under 16 in low-income families	2014	15.1%	20.1%	Worsening
2.2	No	Worklessness households	2016	12.7%	14.6%	Stable
2.5	Yes	Infant mortality rate per 1,000 live births	2014-2016	5.2	3.9	Stable
2.6	No	Child mortality rate (ages 1-17) per 1,000 population	2013-2015	10.3	11.9	Stable
2.7	Yes	Smoking in pregnancy	2017/18 Q1	12.9%	10.8%	Stable
2.8a	Yes	Breastfeeding initiation rates	2016/17	67.7%	74.6%	Stable
2.8b	Yes	Breastfeeding prevalence rates at six to eight weeks	2016/17	21.4%	44.3%	Worsening
2.9a	No	Low birthweight babies (under 2,500 grams)	2015	7.6%	7.4%	Stable
2.9b	No	Low birthweight babies - full term babies (under 2,500 grams)	2015	2.2%	2.8%	Stable
2.10a	Yes	Diphtheria, tetanus, polio, pertussis, haemophilus influenza type b (Hib) at 12 months	2017/18 Q1	95.5%	93.0%	Stable
2.10b	Yes	Measles, mumps and rubella at 24 months	2017/18 Q1	94.1%	91.0%	Stable
2.10c	Yes	Measles, mumps and rubella (first and second doses) at five years	2017/18 Q1	91.0%	87.6%	Stable
2.11	No	Children aged five with tooth decay	2014/15	17.8%	24.7%	Improving
2.3a	No	Percentage of two year old children benefiting from funded early education places	Jan-2017	78%	71%	Stable
2.3b	No	Percentage of three and four year old children benefiting from funded early education places	Jan-2017	100%	95%	Stable
2.4	Yes	School readiness (Early Years Foundation Stage): achieving a good level of development	2017	74.5%	70.7%	Stable
3.1a	Yes	Excess weight (children aged four to five)	2016/17	24.9%	22.6%	Worsening
3.1b	Yes	Excess weight (children aged 10-11)	2016/17	33.6%	34.2%	Stable
3.2	No	Smoking prevalence in 15 years olds	2014/15	7.9%	8.2%	n/a
3.3	No	Unplanned hospital admissions due to alcohol-specific conditions (under 18) (rate per 100,000)	2013/14 - 2015/16	37.7	37.4	Stable
3.4	Yes	Under-18 conception rates per 1,000 girls aged 15-17	2016 Q2	23.0	19.8	Stable
3.5a	No	Unplanned hospital admissions for asthma, diabetes and epilepsy in under 19s (ASR per 100,000)	2015/16	334	312	Stable
3.5b	No	Unplanned hospital admissions for lower respiratory tract in under 19s (ASR per 100,000)	2015/16	575	423	Worsening
3.6	No	Proportion of children identified as having social, emotional and mental health problems	2017	1.4%	2.3%	Stable
3.7	No	Emotional wellbeing of looked after children (score)	2015/16	14.9	14.0	Stable
3.8	No	Hospital admissions as a result of self-harm (10-24 years) (ASR per 100,000)	2015/16	490	431	Stable
3.9a	Yes	Proportion of schools rated good or outstanding	Sep-2017	88.9%	89.4%	Stable
3.9b	Yes	Proportion of pupils attending schools that were rated good or outstanding	Sep-2017	85.8%	87.6%	Stable
3.10	No	Pupil absence	2015/16	4.3%	4.6%	Stable
3.11	Yes	Key stage 2 (achieving the expected standard in reading, writing and maths)	2017 provisional	62.8%	61.0%	Improving

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
3.12	Yes	GCSE attainment (grades 4-9 in English and mathematics)	2017 provisional	61.3%	58.5%	Stable
3.13	No	Young people not in education, employment or training (NEET)	2015	3.9%	4.2%	Improving
3.14a	Yes	Referrals to Children's Social Care (rate per 10,000)	2016/17	542	548	Worsening
3.14b	Yes	Repeat referrals to Children's Social Care	2016/17	20.3%	21.9%	Stable
3.15	Yes	Early help assessments (rate per 10,000)	2017/18 Q1	218	n/a	Stable
3.16a	Yes	Children in need (rate per 10,000)	2016/17	321	330	Improving
3.16b	Yes	Child protection plans (rate per 10,000)	2016/17	32.0	43.3	Improving
3.16c	Yes	Looked after children (rate per 10,000)	2016/17	59.0	61.7	Stable
3.17	Yes	Children aged under 16 who are killed or seriously injured on the roads (rate per 100,000)	2014-2016	16.8	17.1	Stable
3.18a	No	Hospital admissions caused by unintentional and deliberate injuries in children under five (rate per 10,000)	2015/16	132	130	Improving
3.18b	No	Hospital admissions caused by unintentional and deliberate injuries in children under 15 (rate per 10,000)	2015/16	96	104	Improving
3.18c	No	Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 (rate per 10,000)	2015/16	128	134	Stable
3.19	No	Proportion of young people aged 16-24 who are satisfied with area as a place to live	Mar-2017	89%	n/a	Stable
3.20a	No	Proportion of young people aged 16-24 who feel safe in their community (day time)	Mar-2017	98%	n/a	Stable
3.20b	No	Proportion of young people aged 16-24 who feel safe in their community (night time)	Mar-2017	86%	n/a	Stable
3.21	No	First time entrants to the Youth Justice System aged 10-17 (rate per 1,000)	2016	229	327	Stable
3.22	No	Reoffending rates for children aged 10-17	October 2014 to September 2015	43.0%	37.4%	Stable
4.1	No	Satisfied with area as a place to live	Mar-17	95.4%	85.6%	Stable
4.2a	No	Self-reported well-being - people with a low satisfaction score	2015/16	3.1%	4.6%	Stable
4.2b	No	Self-reported well-being - people with a low worthwhile score	2015/16	2.7%	3.6%	Stable
4.2c	No	Self-reported well-being - people with a low happiness score	2015/16	7.2%	8.8%	Stable
4.2d	No	Self-reported well-being - people with a high anxiety score	2015/16	19.0%	19.4%	Stable
4.3	Yes	Sickness absence - employees who had at least one day off in the previous week	2014-2016	2.3%	2.1%	Stable
4.4a	Yes	Gap in the employment rate between those with a long-term health condition and the overall employment rate	2016/17	35%	29%	Stable
4.4b	Yes	Proportion of adults with learning disabilities in paid employment	2016/17	2.2%	5.7%	Stable
4.4c	No	Proportion of adults in contact with secondary mental health services in paid employment	2015/16	14.2%	6.7%	Improving
4.5a	Yes	People with a learning disability who live in stable and appropriate accommodation	2016/17	74.0%	76.2%	Improving
4.5b	No	People in contact with secondary mental health services who live in stable and appropriate accommodation	2015/16	68.8%	58.6%	Improving
4.6	No	Domestic abuse-related incidents and crimes (rate per 1,000)	2015/16	27.7	22.1	n/a
4.7	No	Violent crime (rate per 1,000)	2015/16	16.5	17.2	Worsening
4.8	No	Re-offending levels	2014	20.8%	25.4%	Stable
4.9	No	Utilisation of green space	2015/16	17.8%	17.9%	Stable
4.10	Yes	Road traffic injuries (rate per 100,000)	2014-2016	28.0	39.7	Worsening
4.11	No	People affected by noise	2014/15	4.3	7.1	Improving
4.12	Yes	Statutory homelessness - eligible homeless people not in priority need per 1,000 households	2016/17	0.2	0.8	Stable

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
4.13a	No	Smoking prevalence (18+)	2016	15.4%	15.5%	Stable
4.13b	No	Smoking prevalence in manual workers (18+)	2016	29.8%	26.5%	Stable
4.14	Yes	Alcohol-related admissions (narrow definition) (ASR per 100,000)	2016/17 provisional	740	645	Stable
4.15	Yes	Adults who are overweight or obese (excess weight)	2015/16	65.6%	61.3%	n/a
4.16	Yes	Healthy eating: adults eating at least five portions of fruit or vegetables daily	2015/16	56.1%	56.8%	n/a
4.17a	Yes	Physical activity in adults	2015/16	62.3%	64.9%	n/a
4.17b	Yes	Physical inactivity in adults	2015/16	23.9%	22.3%	n/a
4.18	Yes	Diabetes prevalence (ages 17+)	2016/17	7.1%	6.7%	Stable
4.19	No	Diabetes complications (ASR per 100,000)	2012/13	66.1	69.0	Stable
4.20a	Yes	NHS health checks offered (as a proportion of those eligible)	2013/14 - 2017/18 Q1	75.3%	78.0%	Improving
4.20b	Yes	NHS health checks received (as a proportion of those offered)	2013/14 - 2017/18 Q1	43.1%	48.6%	Stable
4.20c	Yes	NHS health checks received (as a proportion of those eligible)	2013/14 - 2017/18 Q1	32.4%	37.9%	Improving
4.21	No	Hospital admissions as a result of self-harm (ASR per 100,000)	2015/16	205	197	Stable
4.22a	Yes	Successful completion of drug treatment - opiate users	Sep-2017	7.1%	6.8%	Stable
4.22b	Yes	Successful completion of drug treatment - non-opiate users	Sep-2017	48.3%	37.2%	Stable
4.22c	Yes	Successful completion of drug treatment - alcohol treatment	Sep-2017	50.0%	39.0%	Stable
4.22d	Yes	Deaths from drug misuse (ASR per 100,000)	2014-2016	3.7	4.2	Stable
5.1	No	Fuel poverty	2015	12.0%	11.0%	Worsening
5.2	Yes	Social isolation: percentage of adult social care users who have as much social contact as they would like	2016/17	47.1%	45.4%	Stable
5.3	No	Pneumococcal vaccine in people aged 65 and over	2016/17	65.6%	69.8%	Worsening
5.4	No	Seasonal flu in people aged 65 and over	2016/17	69.3%	70.5%	Worsening
5.5	Yes	Social care related quality of life (score)	2016/17	19.0	19.1	Stable
5.6a	Yes	Health related quality of life for people with long-term conditions (score)	2016/17	0.74	0.74	Stable
5.6b	Yes	Health related quality of life for people with three or more long-term conditions (score)	2016/17	0.46	0.46	Stable
5.6c	Yes	Health related quality of life for carers (score)	2016/17	0.79	0.80	Stable
5.7	Yes	People feel supported to manage their condition	2016/17	64.6%	64.0%	Stable
5.8a	Yes	Proportion of people using social care who receive self-directed support	2016/17	82.7%	89.4%	Improving
5.8b	Yes	Proportion of carers who receive self-directed support	2016/17	92.9%	83.1%	Stable
5.8c	Yes	Proportion of people using social care who receive direct payments	2016/17	27.2%	28.3%	Stable
5.8d	Yes	Proportion of carers who receive direct payments	2016/17	75.2%	74.3%	Stable
5.9a	No	Acute ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2015/16	1,418	1,319	Worsening
5.9b	No	Chronic ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2015/16	800	812	Worsening
5.10	Yes	Delayed transfers of care (average delayed days per month per 100,000 population aged 18 and over)	2017/18 Q2	530	405	Stable
5.11	Yes	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes (rate per 100,000 population)	2016/17	634	611	Stable
5.12a	Yes	People aged 65 and over who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	2016/17	85.8%	82.5%	Stable
5.12b	Yes	Proportion of older people aged 65 and over who received reablement / rehabilitation services after discharge from hospital	2016/17	1.3%	2.7%	Stable

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
5.13	No	Readmissions within 30 days of discharge from hospital	2011/12	11.9%	11.8%	Stable
5.14	Yes	Estimated dementia diagnosis rate	Oct-2017	67.8%	68.6%	Stable
5.15	No	Falls admissions in people aged 65 and over (ASR per 100,000)	2015/16	2,239	2,169	Stable
5.16	No	Hip fractures in people aged 65 and over (ASR per 100,000)	2015/16	609	589	Stable
6.1	Yes	Mortality from causes considered preventable (various ages) (ASR per 100,000)	2014-2016	180	183	Stable
6.2	No	Mortality by causes considered amenable to healthcare (ASR per 100,000)	2012-2014	106	112	Stable
6.3	Yes	Under 75 mortality rate from cancer (ASR per 100,000)	2014-2016	134	137	Stable
6.4	Yes	Under 75 mortality rate from all cardiovascular diseases (ASR per 100,000)	2014-2016	68	73	Stable
6.5	Yes	Under 75 mortality rate from respiratory disease (ASR per 100,000)	2014-2016	30.2	33.8	Stable
6.6	Yes	Under 75 mortality rate from liver disease (ASR per 100,000)	2014-2016	18.7	18.3	Stable
6.7	Yes	Mortality from communicable diseases (ASR per 100,000)	2014-2016	9.8	10.7	Stable
6.8	No	Excess winter mortality	August 2015 to July 2016	19.3%	15.1%	Stable
6.9	Yes	Suicides and injuries undetermined (ages 10+) (ASR per 100,000)	2014-2016	10.1	9.9	Stable
6.10	No	Excess mortality rate in adults with mental illness	2014/15	346	370	Stable
6.11	Yes	End of life care: proportion dying at home or usual place of residence	2016/17	42.5%	46.1%	Stable
6.12	No	Mortality attributable to particulate air pollution, persons aged 30 and over	2015	4.5%	4.7%	Stable

Burton Hospitals NHS
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Date: 20 November 2017

Councillor Alan White
Chairman
Healthy Staffordshire Select Committee
Co-Chair Staffordshire Health and Wellbeing Board
Staffordshire County Council
Member and Democratic Services
County Buildings
Martin Street
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Dear Alan

I am writing to you to provide an update on the proposed merger between Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust. I also wanted to give you a bit more detail about the plans for our two Community Hospitals, Sir Robert Peel and Samuel Johnson.

Progress on the proposed merger

We are currently developing a Full Business Case (FBC) which will be considered by both Trust Boards later in the year. Our aim is to deliver outstanding care to the patients we serve in Staffordshire and Derbyshire and we are fully committed to our key principles of retaining a vibrant district general hospital in Burton, securing specialist services in Derby for a wider population, and ensuring appropriate and effective use of our community hospitals in Tamworth, Lichfield and Derby.

As you will be aware from previous discussions we may have had on this topic, patients and the public can be assured that our proposed merger is about bringing the best of both Trusts together in terms of how each of our organisations can contribute to our future success. Both Boards are very clear that each organisation brings its own strengths to the potential collaboration, but we are also clear that our collective aim is to secure the future of Burton Hospitals for the long-term within the Staffordshire health system and we view the proposed merger as the enabling vehicle for achieving this.

As a smaller district general hospital, it is ever more challenging to keep recruiting the quantity and calibre of clinicians that would keep some of our local clinical services running at the optimal standard at our hospital campuses, and to see sufficient volume of patients in order to reach quality metrics and to maintain appropriate accreditation in these services. These services include areas such as hyper-acute stroke, cardiology and renal medicine, among others. Therefore, we have approached the proposed merger as a collaborative and quality-focused way to achieve clinical sustainability and improved patient outcomes for local services to the Burton, Lichfield and Tamworth catchment population, and without which, the current Trust would struggle to accomplish as a sovereign provider.

For regulatory reasons, the actual route we will need to follow for the merger is an acquisition process. Specifically, if we want to preserve our Foundation Trust status (both Trusts have this) and Teaching Trust status (Derby has this) for any new organisation we may form together - which would bring considerable benefits for both staff and patients - then the only route open to us is for one Trust to acquire the other. This is because dissolving the two Trusts in order to merge would mean we could lose these important characteristics, which help shape how we run and how we can attract high quality staff to our new organisation.

This would mean Derby being the acquiring organisation due to its Teaching Trust status and a few other factors such as Care Quality Commission (CQC) status. However, the spirit of the collaboration is still to merge as partners bringing the best that both Trusts have to offer for the benefit of our patients.

As part of the approval process needed to create a new organisation, we are required to identify a prospective Board which would be responsible for the running of the newly created organisation if both Trust Boards approve the Full Business Case. An announcement on this prospective board will be made in the coming weeks, with John Rivers already nominated as prospective Chair and Gavin Boyle nominated as prospective Chief Executive.

Rationale for the collaboration

We are clear that this collaboration is based on the principle of improving and enhancing local services and this is what we will focus on as the work goes forward. For Queen's Hospital in Burton, our fundamental principle is that we will retain a vibrant district general hospital in the town, keeping and improving the services we offer as part of that, including A&E, with the proposed merger equipping us with the support and robust clinical infrastructure required to achieve this.

There may be one or two exceptions where we feel that patients will be better served by a move to Derby, such as hyper-acute stroke. However, the over-riding principle is to sustain and improve services at Queen's and make better use of our community hospitals in Derby, Lichfield and Tamworth. The hyper-acute stroke example has been discussed openly for some time, as we know we are not ideally placed to continue offering this service and patients will benefit from improved outcomes as a result of the move. This specific case will be subject to a public consultation, led by our commissioner.

In Lichfield and Tamworth, we think there is an opportunity for our community hospitals to offer some different services that recognise the changing needs of the two populations. These services would be heavily aligned with the local GPs and will offer more diagnostic work and specialist outpatients, as well as potentially more day case procedures (including specialist clinics such as spine, from Derby consultants) and more locally-focused end of life care.

We are also looking at our local urgent care services, including the role of our Minor Injuries Units and better alignment with local GPs, as part of the Staffordshire STP work across the county which aims to support people with place-based care.

For Derby Hospitals, the proposed merger also means access to a wider population base, enabling us to sustain and extend specialist services, such as cancer surgery and spinal services, with clear benefits to local people across Derbyshire and Staffordshire. In Derby, there will be opportunities to better use our community hospital at London Road to become a focus for the new models of care centred on the place people live, which are being developed as part of the Sustainability and Transformation Plans in Derbyshire and Staffordshire. The partnership will also enable Derby Teaching Hospitals to deliver specialist services, such as spinal services and cancer surgery, to a wider catchment population which will include people in Staffordshire and Derbyshire. We will be able to share learning and best practice, improving the quality of services and making our hospitals more attractive to

new staff, as well as empowering our staff to continually improve, increasing the positive impact they have on patients.

Our partnership is based on the principle of sustaining local services across Staffordshire and Derbyshire, and our workforce is absolutely key to delivering these. Indeed, one of the key challenges that both Trusts face at the moment lies in not being able to recruit enough clinical staff at varying levels, which means there are lots of opportunities now, and in the future, for people to grow their careers with us and to also come and work for us. We are also in the early stages of developing our plans to bring together certain corporate services such as Finance and Human Resources, among others, as our ambition is to create an outstanding support service across South Derbyshire and Staffordshire for our clinical teams.

Improvement to local services

The clinical and patients benefits being discussed in the proposed merger include examples of new models of service delivery which would be provided by a combined Trust. These models would provide better patient outcomes and patient experience, improve workforce sustainability and increase operational performance. Clinicians from Burton and Derby have been working closely together to develop plans for future services in a number of priority clinical areas. Two key areas are Endoscopy and Orthopaedics. A joined-up endoscopy service for the populations served by Burton Hospitals NHS Foundation Trust and Derby Hospitals NHS Foundation Trust would provide patients with a service delivered across all three sites (Derby, Burton and Tamworth) and would give patients more choice, enhance training opportunities for staff and ensure we provide a more consistent service.

Orthopaedic referrals are increasing and both trusts have to transfer activity to other surrounding acute care providers, including private sector providers, in order to deal with demand. Currently, Burton patients sometimes have to travel to other providers to receive specialist surgery (including spinal and specialist hand surgery). We are currently working on plans for the 2017/18 financial year to maximise usage of our theatre and outpatients facilities both at Burton Queen's Hospital and at Sir Robert Peel Community Hospital, and further exploring how colleagues from Derby could help us deliver services from these locations. Orthopaedic services at Sir Robert Peel Community Hospital have recently been expanded by the clinical team from Queen's Hospital and a specialised Spine outpatient service commenced in May 2017, which is being provided by clinicians from Derby.
At Burton Hospitals, Advanced Practice for radiographers has been in place for some time. This means radiographers can deal with a wider range of conditions, leaving the radiologists to focus on more complex specialist areas. Working together means that this level of practice will also benefit the Derby radiology team.

Community hospitals

It continues to be our intention to enhance the services at both Community Hospitals within the current Burton Hospitals Trust, at Lichfield and Tamworth. Currently, the immediate focus is on the MIUs and their transition to Urgent Treatment Centres, which are the national blueprint for same day urgent care for minor injuries and illness, and which align with the broader goals of the Staffordshire and Stoke-on-Trent STP. Our plans moving forward into December will see the introduction of GPs and Nurses working side by side, undertaking booked appointments for minor illness which will ease the strain on primary care. This is a fundamental part of our Winter Plan but also paves the way for a new model of integrated working.

We also have an active strategy in place to repatriate activity that at present is currently referred out of Staffordshire, in particular to the Heart of England Foundation Trust. We are already starting to expand our Outpatient services both in terms of the range of specialties provided and availability of service provision. Our strategy is also to increase the level of Day-case activity undertaken in the excellent facilities on offer at Sir Robert Peel and where

possible deliver procedures locally, and we are working closely with the GPs in order to achieve this. We have recently recruited two local GPs who will work alongside our Consultants to develop their specialism in Gynaecology and build the availability of outpatient services. We also have a lead consultant surgeon for Sir Robert Peel, Mr Pradeep Thomas who is heavily involved in all aspects of our work.

Linked to the above is our ability to offer enhanced diagnostics. We are expanding our capacity for Endoscopy with the introduction of a second room as well as investment in the decontamination facilities. This will allow the Hospital to gain the JAG (Joint Advisory Group) accreditation for Gastro Intestinal standards.
For both hospitals we will build our Frailty services. Starting this winter and led by a Consultant Geriatrician, we will run clinics to help the Frail and older people stay healthy and independent, avoiding hospital admissions wherever possible. For the future, the potential to build a 'Community Hub' at both hospitals for the elderly population to meet frequently, reducing social isolation, and gaining access to a broader range of supporting services is planned. Moving forward, this will see a greater integration of teams from Primary, Community and Secondary Care, including the voluntary sector and other local services in order to deliver the care.

Where admissions to our Community Hospitals are necessary, we will ensure that the care is organised in a way that is effective for patients' rehabilitation, particularly in specialist areas like Stroke Rehabilitation and Fractured Neck of Femurs, and that this facilitates their recovery to either be referred home, or onwards to their next destination. As you are aware, we are reconfiguring the beds at the Community Hospitals to be able to more suitably care for patients, including the introduction of a Discharge to Assess Ward which will manage those patients who are medically stable but awaiting relevant approval for, either onward referral to a nursing home or packages of care to allow them to return home.

Specifically at the Samuel Johnson Community Hospital, we are looking to provide a family orientated and community based maternity service to the local population in line with the national vision for 'Better Births' and improving outcomes for maternity services. This will include greater GP involvement, as well as certain open access services, integrating Health Visitors and Social services into the hospital base, and enhancing scanning services locally, as well as extended access to community midwives.

Renal services are offered solely at the Samuel Johnson Hospital. Aligned to our work with Derby Teaching Hospitals through the Acute Collaboration, the vision is to enhance the service, but where possible look to improve the rate of home dialysis in order to improve the quality of life for those patients on dialysis.

Finally our focus will also be on the effective management of Long-term conditions, Diabetes, Heart Failure and Chronic Obstructive Pulmonary Disease, with future services provided increasingly within the community setting, a focus on earlier intervention and keeping patients out of hospital.

Staff, public and stakeholder engagement

We have been actively meeting with stakeholders as regularly as possible on the plans for the merger, but are very happy to carry out as many conversations as required in order to assure you and the wider public on these benefits.

We are keen to engage with as many local people as possible on the plans and we have recently held a series of public meetings in Derby and in Burton, where there has been a good deal of valuable and constructive discussion. It has become clear during this period of engagement that there remain some misconceptions about the plans, such as whether the merger would mean privatisation of services, or whether it would present a threat to local jobs.

As a way of offering a clear response to some of these concerns, we have developed five pledges that function as our guiding principles for the merger process. These are:

1. **We will retain a vibrant district general hospital in Burton**, including keeping the A&E open. With just one or two exceptions, where it is clearly better for our patients' outcomes, such as during the very first phase of a stroke, our plans do not involve local services moving site;

2. **We will offer specialist services from Derby to a wider population** across Burton, Lichfield and Tamworth, so that more patients benefit and so that Derby continues to grow its specialist services;

3. **We will work with our community hospitals in Lichfield, Tamworth and at London Road, Derby**, so that they deliver appropriate services that recognise the changing needs of these populations;

4. **We will maintain patient choice.** This is at the heart of the NHS and patients will still be able to choose either Derby or Burton for their general care;

5. **We will only make changes that will improve services** and there are no plans to privatise existing NHS care on our sites, or to make widespread staff redundancies. In fact, we want to hire more doctors and nurses at both our current organisations, as we both have clinical vacancies at the moment.

Conclusion

In conclusion I would suggest that the benefits of the proposed merger with Derby Hospitals could be summarised as follows:

- The clinical and patient benefits case provides examples of new models of service delivery which would be provided by a combined Trust. These models would provide better patient outcomes and patient experience, improve workforce sustainability and increase operational performance. Examples outlined were for endoscopy, radiology, orthopaedics, stroke, breast screening and surgery, A&E, cardiology, oncology, upper GI cancer and acute medicine.

- The proposed merger also brings benefits that would be positive for the Staffordshire and Stoke on Trent STP. The Urgent Treatment Centre solution outlined above will provide additional support to GPs as part of the 'left shift of resource' to primary care, which is a local and national objective. It will also meet the STP Urgent and Emergency Care workstream requirements and should have a positive impact on A&E attendance. The collaboration will bring further clinical support to help find solutions for identified STP strategic objectives including Frailty, End of Life, COPD, Diabetes and heart failure. Combined working and a willingness to provide services in a different location or context will improve patient experience and, we believe, outcomes over time.

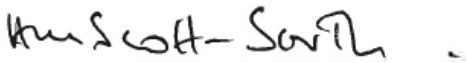
- The shared services benefits, to support delivery of our clinical services, were outlined for HR, operations, medical records, finance and procurement. These would be unified to provide a responsive efficient and adaptable service with standardised processes and unified teams providing a consistent level of performance.

- The risk adjusted financial benefits over 5 years for the clinical case are £5.6m and for the shared service case is £5.0m (plus additional financial benefit on interest). As a consequence of these changes, we believe there would be a positive impact on the quality of our services.

- Staff benefits include development and scaling up of newly evolving roles such as junior clinical fellows and advanced clinical practitioners. In addition, facilitating staff to try new employment paths across a larger and more diverse organisation.

I hope that this summary is helpful to you and if you do have questions that arise from it, please do not hesitate to get in touch.

Yours sincerely



MS HELEN SCOTT-SOUTH
CHIEF EXECUTIVE

STAFFORDSHIRE
HEALTH AND WELLBEING BOARD

FORWARD PLAN 2017/2018

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 07794 491294

Unless otherwise stated public board meetings and non-public workshop sessions are held in Staffordshire Place 1, Trentham and Rudyard Rooms, at 3.00pm.

Public Board Meetings:	9 March 2017	Workshop/Development Non-Public Sessions	12 January 2017
	8 June 2017		13 April 2017
	7 September 2017		11 May 2017
	7 December 2017		
	8 March 2018		

Date of meeting	Item		Details	Outcome
12 January 2017 WORKSHOP SESSION	*Discussion topic: The Living Well Strategy and the impact of the STP*		Topic for discussion agreed at the 8 December Board meeting	
9 March 2017 PUBLIC BOARD MEETING	**Items for Decision**	**Better Care Fund** Report Author- Becky Wilkinson Lead Board Member- Richard Harling	The H&WB requested this item at their 8 December meeting. The BCF was last considered by the Board at their meeting of 8 September 2016. This purpose of this item is to update the Board on developments with the BCF.	The Board agreed to, hold a development session on the STP, BCF and how these are aligned. They noted link between the BCF and the STP and the use of the BCF as a local delivery mechanism for the STP. The scope for the 2017-19 BCF was agreed and the Board delegated agreement for the final BCF submission to the joint H&WB Co-Chairs.
		H&WB Strategy 2018 Report Author- Jon Topham Lead Board Member- Richard Harling	The development of the new Strategy was part of discussions around developing the H&WB agenda at the 8 September 2016 Board meeting. Members are aware that the current Strategy is due to be renewed in 2018.	The Board agreed that an approach should be made to the Stoke H&WB to suggest working together on developing the new Strategy. They also agreed that the Strategy should promote better "join up" around money and resources. The Board supported the development of a place based approach focusing on key priority neighbourhoods, developing community assets and engagement and to develop a proactive communication and public engagement function. They also agreed to: develop Health in All Policies (HiAP); continue to provide the right data and information for Joint Strategic Needs Assessments (JSNA); agreed the governance issues: and timeline.
		Health in all Policies Report Author- Helen Jones Lead Board Member- Richard Harling	As part of discussions around developing the H&WB agenda (at their meeting of 8 September 2016) members agreed to consider 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; and housing policy with a focus on an ageing population.	The Board agreed to champion the HiAP approach, advocating the HiAP approach within their own organisations and beyond. They also agreed to build HiAP into the new H&WB Strategy and Action Plan for 2018 onwards and monitor progress on HiAP through the H&WB Strategy and Action Plan. District and Borough Board Members agreed to host a workshop on the HiAP approach in Staffordshire.

Date of meeting	Item		Details	Outcome
		Local Physical Inactivity Strategy & Sport England Bid Report Author- Jude Taylor Lead Board Member- Richard Harling	At their meeting of 8 December 2016 the Board heard that funding to encourage a more active nation had been made available and that over the next four years Sport England would be investing £1billion, with the intention of allocating £130m in ten different locations. Bids were being invited and Staffordshire intended to submit an expression of interest. The H&WB now received progress on the Staffordshire bid.	The Board agreed to take the leadership role for the development of a Staffordshire Physical Activity Strategy, sponsoring the bid submission, providing governance to the bid and adopting the working group as a sub-group of the Board. The Board also agreed to support a focus on inactive people in the 55-68 age group; and to receive regular updates on the bid's progress.
	Items for Debate	**Annual Report of the Director Public Health** Report Author- Richard Harling Lead Board Member- Richard Harling	Deferred from 8 September H&WB. The Director of Public Health will give a presentation on his draft Annual Report prior to this being finalised and published.	The Board received and supported the presentation.
		CCG/SCC Commissioning Intentions Presentations from each CCG and from the Director of Public Health	Each CCG and the Director of Public Health will share a 5 minute presentation on their commissioning intentions	The Board received the presentations on both CCG and SCC commissioning intentions.
		Obesity Debate Verbal update – Jon Topham	At their 8 September meeting the H&WB agreed a new initiative to hold regular debates on key issues as a way to raise public awareness and gauge public opinion. At that meeting it was agreed that the first public debate topic would be obesity. The debate had been held on 1 March and the Board will be updated on outcomes from the debate and progress on the obesity consultation.	The Board noted the update following the Obesity debate.
	Items for Information	The following items were shared with Board Members for their information prior to this meeting: • H&WB Annual Report • Children's Safeguarding Board Annual Report • Update on CAMHS funding • JSNA/Intelligence		
13 April 2017 WORKSHOP SESSION	***Cancelled***			
11 May 2017 WORKSHOP SESSION	***Cancelled***			

Date of meeting	Item		Details	Outcome
6 July 2017 PUBLIC BOARD MEETING *NB this meeting was scheduled for 8 June but had to be changed in light of the General Election*	**Items for Decision**	**DPH Annual Report** Report Author– Allan Reid Lead Board Member - Richard Harling	The Director of Public Health to present his Annual Report on End of Life.	The Board endorsed the Director of Public Health's Annual Report and the proposed outline for the next H&WB public conversation on end of life. They requested that the outcome of the Communications Team language testing over the proposed conversation title "Dying to Talk" be considered at the 7 September Board meeting and they actively supported the public conversation on end of life and will seek support for the campaign across their respective organisations
		Obesity Conversation Report Author– David Sugden Lead Board Member – Richard Harling	In line with the Board's desire to better engage with the public on important health and well-being issues, a public debate on obesity took place during February 2017. The Board will receive details of outcomes resulting from the debate. .	The Board noted the outcomes and lessons learnt for future debates. They supported the development of a partnership "compact" to address obesity and agreed that further consideration be given to the best way to increase the H&WB visibility and provide a key point of interaction with the public on future engagement around health and well-being.
		HIAP Report Author– Jon Topham Lead Board Member – Tim Clegg	Feedback from the HIAP working group and to seek agreement for workshop approach	A workshop in September was supported. The Board noted the proposal to identify an overall lead for HiAP in each authority and the proposal to identify leads for HiAP across all organisations who could contribute to the workshop.
		All Age Disability Strategy Report Author – Martyn Baggaley Lead Board Member – Richard Harling	The current All-Age Disability Strategy is due to expire in March 2018. A new strategy is being developed and this report will give an outline of the focus for the new.	The Board endorsed the approach to develop a new All-Age, lifelong disability strategy, including core principles, scope, timescales and governance. They agreed to forward comments on the first strategy draft when it is circulated to them in September

Date of meeting	Item		Details	Outcome
	Items for Debate	**HWBB Strategy update** Report Author- Jon Topham Lead Board Member – Richard Harling	The current "Living Well" H&WB Strategy runs until 2018 and it is intended to build upon this in developing the new strategy and evolving the approach to have a stronger focus on delivery and action.	The comments made by the Board will be reflected in the format and content of the report. The Board will contribute to the development of the Strategy through a workshop session to take place at 2.00pm on 7 September prior to their Board meeting where the broader implications of the Strategy be considered.
		BCF Report Author - Rebecca Wilkinson Lead Board Member – Richard Harling	The integrated policy framework for the BCF 2017-19 had been published on 28 March 2017. Planning for the first 2017-19 submission had begun with a deadline of 11 September.	The policy framework and progress of the BCF 2017-19 was noted by the Board and, in light of the timescales, they agreed to delegate authority to the co-chairs for signing off the BCF plan on behalf of the H&WB. A workshop for comments on the BCF will be arranged prior to its submission.
	Items for Information	The following items were shared with Board Members for their information prior to this meeting: • JSNA/Intelligence		
7 September 2017 **PUBLIC BOARD MEETING** NB a workshop session was held before this meeting to consider the new Strategy	**Items for Decision**	**End of Life Care – Public Conversation** Report Author –Allan Reid Lead Board Member – Richard Harling	Oral update on the proposed public conversation on end of life.	The Board agreed that "Dying Matters in Staffordshire" be the name of the debate; and agreed that work towards a dedicated web site be progressed giving consideration to costings
		Pharmaceutical Needs Assessment Report Author – Ruth Goldstein Lead Board Member – Richard Harling	There is a statutory requirement for H&WBs to update their PNA every three years and in addition, the Board is required to keep up-to-date a map of NHS pharmaceutical services provision within its area and publish any supplementary statements where there have been changes.	The Board requested further consideration be given to how pharmacies support delivery of H&WB priorities, particularly focusing on the contribution pharmacies can make to the STP. Feedback from H&WB Members and their organisation be given to the report authors to help shape the final PNA as part of the consultation process

Date of meeting	Item		Details	Outcome
	Items for Debate	**Burton/Derby Hospital transformation** Report Author – Burton Hospitals NHS Foundation Trust Lead Board Member – Charles Pidsley	Request from both Trusts to send Executive Directors to update on collaboration proposals – deferred due to Purdah (Move to September pending Chairs decision)	The Board noted the continued commitment and progress made towards the proposed merger of Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust, along with their commitment to the goals of the Staffordshire STP. They requested that the business case be checked by the STP against the assumptions about activity and funding at other Acute Trusts to determine whether they are affordable collectively.
		Families Strategic Partnership Report Author – Mick Harrison Lead Board Member – Glynn Luznyj & Helen Riley	An overview of activity undertaken by the Families Strategic Partnership Board (FSPB) and supported by the Families Partnership Executive Group (FPEG	The Board endorsed the work undertaken by the FSPB and the FPEG and the direction of travel for partnership activity. They approved the activity plan and outcomes framework and endorsed the priority of mental health and wellbeing (across the life course, focusing on the lower end of the spectrum and centring on root cause)
		STP Together We're Better – Update Report Author – Simon Whitehouse Lead Board Member – Richard Harling	To consider the priorities, governance and progress of the STP.	The Board supported the STP three priorities. The Board Co-Chairs will attend a Health and Care Transformation Board governance workshop to explore and shape how the system moves into delivery mode. Board Members will give consideration to enabling their respective organisational vacancies to be accessible to displaced health and care staff through the re-deployment team
		SASSOT – Physical Inactivity Sub Group Report Author – Ben Hollands Lead Board Member - Glynn Luznyj	Sport England have decided not to take the Staffordshire bid through to the final stage of assessment. However through the process of bid development, it became apparent that there is an urgent need for a collaborative approach to inactivity. The sub-group is now in the process of developing a clear vision, priority outcomes and associated work programme, evaluating what can be achieved without the significant investment of the Local Delivery Fund.	The Board endorsed the work of the sub-group to date will continue to take a leadership role in the development of a collaborative approach to physical inactivity in Staffordshire.

Date of meeting	Item		Details	Outcome
		Place Based Approach Report Author – Mick Harrison Lead Board Member - Glynn Luznyj & Helen Riley	A summary of the partnership discussions undertaken to date and an overview of the Place Based Approach (PBA) concept and how this is being developed at a local level.	The Board noted the concept, definition and principles of the PBA, the core approach across Staffordshire and the local flexibility dependent on local need and resource availability. They agreed to provide strategic direction and acknowledged that the successful delivery of PBA requires a "whole family" approach.
		Prevention Through Wellness **People & Place Based Approach** Report Author – Karen Bryson Lead Board Member – Richard Harling	Consideration of the approach to the new Strategy "Prevention through Wellness – our People and Place based approach".	The overlap between the H&WB Strategy and the STP Prevention Work stream was noted, and the Strategy's adoption as the strategic framework for the STP Prevention Work stream was agreed. The Board agreed to the establishment of a Prevention Steering Group sub-group of the H&WB to develop and implement the Delivery Plan. Membership of the sub-group will be drawn from key partners and report to the H&WB and the STP Board. The key Strategy themes and proposed approach to prevention were supported.
	Items for Information	The following items were shared with Board Members for their information prior to this meeting: • Better Care Fund Update • JSNA/Intelligence August 2017		
9 November 2017 *WORKSHOP SESSION*	**Cancelled**			
7 December 2017 PUBLIC BOARD MEETING	**Items for Decision**	**Updated Local Transformation Plan for Children & Young People** Report Author – Roger Graham/Jane Tipping Board Sponsor – Richard Harling	Outlining the update Transformation Plan and the H&WB's role within it	

Date of meeting	Item		Details	Outcome
		Suicide Prevention Report Author – Vicky Rowley Lead Board Member – Richard Harling	Report on work so far	
	Items for Debate	**HIAP** Report Author – Allan Reid Lead Board Member – Tim Clegg	Update on progress with HIAP	
		Annual Report of the Director Public Health Report Author- Jon Topham / Karen Bryson Lead Board Member- Richard Harling	Update on preparation of the report	
		Health & Wellbeing Strategy Lead Board Member- Richard Harling Report Author -	Report for approval and consultation plan for discussion / approval	
		Air Quality & Clean Air Zones Report Author – Mike Calverly Lead Board Member –	Consideration of how Board Members can contribute towards this work	
	Items for Information	The following items were shared with Board Members for their information prior to this meeting: • BCF/STP • Ofsted report of Children's Services • Anti-Microbial Resistance (AMR) • Staffordshire & Stoke-on-Trent Adult Safeguarding Partnership Board Annual Report • JSNA Outcomes		
8 March 2018 PUBLIC BOARD	**Items for Decision**	HWBB Strategy	Final approval	

Date of meeting	Item		Details	Outcome
MEETING	**Items for Debate**	**CCG/SCC Commissioning Intentions** Presentations from each CCG and from the Director of Public Health	Each CCG and the Director of Public Health will share a 5 minute presentation on their commissioning intentions	
		District Delivery Plans Report Author – Karen Bryson Lead Board Member – Richard Harling	This is part of a rolling programme to develop district delivery plans	
		STP/BCF Report Author – Board Sponsor –		
		SCC Strategy Report Author – Board Sponsor –		
		Annual Report of the Director of Public Health Report Author – Board Sponsor – Richard Harling		
		Burton/Derby proposed merger Report Author – Board Sponsor -		
		Place Based Approach Report Author – Board Sponsor -		
	Items for Information	**JSNA** Report Author – Board Sponsor -		

H&WB Statutory Responsibility Documents		
Document	**Background**	**Timings**
Pharmaceutical Needs Assessment (PNA)	The PNA looks at current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets the current and future population needs for Staffordshire residents and identifies any potential gaps in current services or improvements that could be made. The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to HWBs.	The current PNA was published in February 2015. The PNA is reviewed every three years, with the next review due in **2018**.

Board Membership Role	**Member**	**Substitute Member**
Staffordshire County Council Cabinet Members	**CO CHAIR - Alan White** – Cabinet Member for Health, Care and Wellbeing Mark Sutton – Cabinet Member for Children and Young People Philip White – Cabinet Support Member for Learning and Employability	Gill Burnett – Cabinet Support Member for Adult Safeguarding
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	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 Member**
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	Tim Clegg – Chief Executive Stafford Borough Council	

Executive		
Staffordshire Police	Gareth Morgan – 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	Simon Whitehouse – Programme Director	John James – Medical Director