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18th July 2013

Dear Sir/Madam

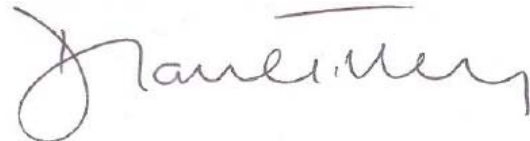
DISTRICT BOARD

The meeting will take place on **Thursday, 25th July 2013** at **4.30pm** in the **Committee Room, Lichfield District Council**. Please note the later than usual start time for this meeting.

Yours faithfully



Cllr Mike Wilcox
Leader of the Council



Diane Tilley
Chief Executive

To: **Elected Members:**
Councillors Mike Wilcox and Colin Greatorex Lichfield District Council
Councillor Terry Finn, Staffordshire Fire Authority

Representatives from External Organisations:

Nicky Burns, Lichfield and District Community and Voluntary Sector Support (CVS)
Paul Cullen, representing Tim Hyde, Staffordshire Fire and Rescue Service
Richard Morris, representing Dave Holdway, Staffordshire Police
Laura Brown, representing Kate McConnell, Staffordshire Probation
Jon Topham, Public Health Staffordshire
Jamie Smith, representing Graham Morley, South Staffordshire College
Debbie Baker, Business and Economic Partnership
Fleur Fernando, representing Rita Symons, South East Staffs & Seisdon Peninsula Clinical Commissioning Group

In attendance:

Diane Tilley and Lesley Bovington, Lichfield District Council
Wayne Mortiboys, District Commissioning Lead, Staffordshire County Council

cc. **Agenda for information only:**
Councillors Louise Flowith, Ian Pritchard, Val Richards and Christopher Spruce,
Lichfield District Council

Richard King, Jane Kitchen; Ruth Plant and Neil Turner, Lichfield District Council



AGENDA

1. WELCOME AND APOLOGIES

To welcome Nicky Burns (Chief Executive, Lichfield & District CVS), Cllr Terry Finn (Staffordshire Fire Authority), and the following representatives of standing District Board members: Paul Cullen (Staffordshire Fire & Rescue Service), Insp Richard Morris (Staffordshire Police), Laura Brown (Staffordshire Probation), Fleur Fernando (South East Staffs & Seisdon Peninsula CCG) and Jamie Smith (South Staffordshire College).

To welcome Kerry McCormick from Staffordshire County Council's Insight Team to present the District Profile.

To welcome Jenni Coleman, Community Safety Manager, Lichfield District Council, as an observer.

Apologies noted from Cllr Alan White, Tim Hyde (Staffordshire Fire & Rescue Service), Dave Holdway (Staffordshire Police), Kate McConnell (Staffordshire Probation), Graham Morley (South Staffordshire College), Julie Walker (Strategic Housing Partnership), Rita Symons (South East Staffs & Seisdon Peninsula CCG) and Helen Spearey, Lichfield District Council.

2. ACTION NOTES FROM PREVIOUS MEETING, 26th March 2013

To agree the action notes as an accurate record - *attachment*

3. MATTERS ARISING

To consider any other matters not arising elsewhere on the agenda

ITEMS FOR DISCUSSION:

4. DISTRICT PROFILE (20 minutes)

To receive a presentation from Kerry McCormick, Staffordshire County Council on the role of the Staffordshire Intelligence Hub and Lichfield District Profile 2013

Decision needed by partners:

Partners are asked to share the content of the Profile within their respective organisations to inform plans and priorities

5. STAFFORDSHIRE HEALTH AND WELLBEING STRATEGY 2013 - 18 'LIVING WELL IN STAFFORDSHIRE' (15 minutes)

To receive a report from Jon Topham (Chairman, Health and Well Being Group) on the Staffordshire Health and Wellbeing Strategy – *attachment*

Decision needed by partners:

The Board is asked to:

- (i) Note the Health and Well Being Strategy 2013 – 2018 attached at **Appendix A**
- (ii) Receive verbal feedback from the local consultation event - Voluntary Voice
- (iii) Comment on the draft response to the Strategy – attached at **Appendix C**.

6. BOND (Better Outcomes New Delivery) (10 minutes)

To receive a report from Wayne Mortiboys on “BOND”, the new emotional wellbeing support service for children - *attachment*

Decision needed by partners:

- (i) To note the development of the UPSIDE online support now available through Barnardos
- (ii) To note the development of the BOND project
- (iii) To consider the potential of jointly commissioning emotional health and wellbeing services now available through the Framework Agreement

7. POLICE AND CRIME COMMISSIONER’S PLAN : “Safer, Fairer, United Communities for Staffordshire” 2013 - 2018 (15 minutes)

To receive a report from Cllr Colin Greatorex on the Police & Crime Commissioner’s Plan for Staffordshire - *attachment*

Decision needed by partners:

- (i) To provide feedback on the Police and Crime Commissioner’s Plan to the Community Safety Manager, Jenni Coleman, for inclusion in the local response.
- (ii) To receive further reports in due course as additional information is received from the Office of the Police and Crime Commissioner.

8. STAFFORDSHIRE FIRE AND RESCUE SERVICE CORPORATE SAFETY PLAN - Local Priorities for 2014 – 2017 (15 minutes)

To receive a report from Paul Cullen on the proposed local priorities to be included in the Staffordshire Fire and Rescue Service Corporate Safety Plan 2014 - 2017 - *attachment*

Decision needed by partners:

To review the Draft Corporate Safety Plan and to identify whether any amendments should be made or additional information considered.

9. UPDATE REPORTS (15 minutes)

To receive verbal update reports as follows:

- a) Let’s Work Together – Nicky Burns
- b) Supporting Families in Lichfield District – Wayne Mortiboys
- c) Talent Match – Nicky Burns
- d) Impact of Welfare Reform – Lesley Bovington - *attachment*
- e) Staffordshire Strategic Board (meeting of 10th June) – Diane Tilley - *attachment*

10. RESULTS OF DISTRICT BOARD SURVEY (10 minutes)

To receive a report from Diane Tilley on the results of the District Board partner survey - *attachment*

Decision needed by partners

- (i) To note comments and responses to the District Board Survey
- (ii) To note and endorse the continuing role of the partnership
- (iii) To continue to support the identification of relevant and value adding subjects for debate and discussion
- (iv) To endorse the focus on influencing and aligning strategies and plans through debate and networking

ITEMS FOR INFORMATION: (10 minutes)

11. LICHFIELD DISTRICT COUNCIL'S "FIT FOR THE FUTURE" PROGRAMME

To receive a verbal report from Diane Tilley on the District Council's "Fit for the Future" organisational review programme

12. NOTES OF LICHFIELD DISTRICT HEALTH & WELLBEING GROUP

- a) Meeting of 7th March - *attached*
- b) Meeting of 30th April – *attached*
- c) Meeting of 4th July - *attached*

13. ANY OTHER BUSINESS

To note the appointment from 1st April 2013 of the South East Staffordshire & Seisdon Peninsula Clinical Commissioning Group as a Responsible Authority on the Lichfield District Safer Community Partnership under Schedule 5 of the Health and Social Care Act 2012. The CCG will also be represented at the Working & Performance Group of the Lichfield District Safer Community Partnership – Lesley Bovington

14. FUTURE AGENDA ITEMS

To receive suggestions for future agenda items. Noted to date:

Progress report on partnership activity to mitigate the impact of welfare reform (November meeting)

15. NEXT MEETING

Tuesday, 19th November 2013 at 4.00pm, Lichfield District Council

Tuesday, 25th March 2014 at 4.00pm, Lichfield District Council

Note: Lichfield District Council welcomes offers from partners to host meetings of the District Board. Accommodation at District Council House is held as a contingency.

MINUTES



LICHFIELD DISTRICT BOARD

Held at 4.00 pm on 26 March 2013 at Lichfield District Council, District Council House, Frog Lane, Lichfield

Present:

Elected Members:
 Councillor Mike Wilcox (in the Chair), Lichfield District Council
 Councillor Colin Greateorex, Lichfield District Council
 Councillor Erica Bayliss, Staffordshire Fire Authority

Representatives from Partner Organisations:
 Debbie Baker representing Business and Economic Partnership
 Dr John James representing the South East Staffordshire and Seisdon Clinical Commissioning Group
 Tim Hyde representing Staffordshire and Rescue Service
 Kate McConnell representing Staffordshire Probation
 Graham Morley representing South Staffordshire College
 Temporary Inspector Richard Morris representing Staffordshire Police
 Sandra Payne representing Lichfield and District and Community and Voluntary Sector Support
 Jon Topham representing Public Health Staffordshire
 Julie Walker representing Strategic Housing Partnership

In attendance: Lesley Bovington, John Brown, Pat Leybourne, Helen Spearey and Diane Tilley of Lichfield District Council and Wayne Mortiboys the District Commissioning Lead of Staffordshire County Council

Apologies: Councillor Ian Pritchard

| Minute Number | Minutes | Action |
|---------------|---|--------|
| 1 | <p>Welcome</p> <p>Councillor Mike Wilcox welcomed everyone to the meeting and in particular asked Tim Hyde, John James, Pat Leybourne, Richard Morris, Sandra Payne and Diane Tilley to introduce themselves and provide background to their organisation and involvement with the Board. It was noted that Rose Vakis the Director of Lichfield and District Community and Voluntary Sector Support was retiring that day and the thanks of the Board were recorded for her work.</p> | |
| 2 | <p>Action Notes from Previous Meeting - 20 November 2012</p> <p>The minutes of the previous meeting held on 20 November 2012 were agreed and the following action point noted:-</p> <p>(a) Enhanced Joint Strategic Needs Assessment</p> <p>Jon Topham updated the Board on progress with the countywide JSNA (to which each individual eJSNA had contributed). Now that public health has transferred to local government and Clinical Commissioning Groups have been formally established, it is timely</p> | |

| Minute Number | Minutes | Action |
|---------------|--|--------|
| | <p>to consider how partners will work together to develop and deliver local priorities to improve the health and well being of Lichfield District residents. A countywide health and Well being Strategy has been drafted and we need to consider how this will be implemented locally. Following a recent meeting of health partners, it has been proposed that a new Health and Well Being Group be established within the LSP, Chaired by public health in the first instance. .</p> <p>Debbie Baker raised the issue of the effect of accessibility to services by the workforce having regard to the current difficult economic climate, the fear of the workforce to lose wages and the threat of redundancy.</p> <p>Graham Morley requested that the work of the Group be reported back to the Board on a periodic basis.</p> <p>Decision</p> <ul style="list-style-type: none"> a) That the establishment of a Health and Wellbeing Group for Lichfield District be approved. b) That the notes of the Group be circulated to the District Board for information | |
| 3 | <p>Lets Work Together</p> <p>Helen Spearey presented the previously circulated report which described progress made during the last year and highlighted issues which needed to be considered going forward. Sandra Payne (Project Manager of LWT) referred to the Action Plan which had been set out in the report and gave details of training that had been completed. Work was continuing in order to embed the model including the patchwork tool. Councillor Colin Greatorex asked if individual case studies could be more personalised so that the objectives and benefits of LWT could be more easily understood. In answer to a question from John James Sandra Payne stated that a measure of success would be for every home visitor to have training and know what the Lets Work Together Project was about with the use of Patchwork being key.</p> <p>It was noted that on 22 January, a multi agency development day had been held to consider the longer term sustainability of the project including a) embedding training; b) dealing with referrals and c) maintaining momentum. .</p> <p>Funding has been made available by Improvement and Efficiency West Midlands towards the continuation of the project and it was proposed that CVS would continue to manage the project, including this funding, for the coming year. It was felt that a separate LWT Steering Group was no longer required and in future the Health and Well being Group (referred to above) could oversee the LWT project on behalf of the LSP.</p> <p>Decisions:</p> <p>The District Board:</p> <ul style="list-style-type: none"> 1) Noted that funding is being secured from Improvement and Efficiency West Midlands (IEWM) to support the development of a technical solution to the sustainability issues currently being faced by the Let's Work Together (LWT) project. 2) Noted that Lichfield CVS will be the accountable body for this piece of | |

| Minute Number | Minutes | Action |
|---------------|--|--------|
| | <p>work.</p> <p>3) Noted that a Project Board will be established to lead on the delivery of the IEWM sponsored project proposal.</p> <p>4) Agreed that £21k of the budget available for LWT be allocated to CVS to support the ongoing management and administration of the project until 30 April 2014 and that the tasks set out above 'Keeping the Momentum' be the focus of CVS activity during this period.</p> <p>5) Agreed that the current LWT Steering Group be disbanded and strategic leadership and performance management for the LWT project be undertaken by the emerging Health and Wellbeing Group.</p> <p>6) Noted that options for the future sustainability of the project/model at a countrywide level will be investigated.</p> <p>(Sandra Payne left the meeting when the recommendations were considered.)</p> | |
| 4 | <p>Impact of Welfare Reform</p> <p>Pat Leybourne presented a detailed report on the impact of welfare reform brought about by the Welfare Reform Act 2012 and made particular reference to the under occupancy (sometimes called bedroom tax) and Council Tax Benefit abolition and replacement by Council Tax Support. In addition reference was made to other changes including the Benefits Cap, Changes in Local Housing Allowance and Universal Credit. Julie Walker added information about action that Bromford Housing was taking to mitigate the affect on those affected and it was noted that this was likely to be around 500 people. Reference was made to the potential for under occupying residents to have lodgers but this could have consequences on their current benefit entitlement. This may change in October 2013 when the Universal Credit System comes into affect. Councillor Mike Wilcox emphasised that the District Council, together with Bromford Housing, would do all that was possible to assist and protect the vulnerable.</p> <p>Diane Tilley asked the Members of the Board to consider the content of the report and give consideration to how they could assist in the process people more self sufficient and less vulnerable. Lesley Bovington added that the Lichfield District In To Work Group had met on 25 March 2013 and the Group was attended by Tina Evans from Job Centre Plus who had given information about ways to assist.</p> <p>Decisions:</p> <p>1) That the Impact Report submitted be noted.</p> <p>2) That the Partnership activity detailed be endorsed.</p> <p>3) That a further report be submitted to the Meeting of the Board due to be held on 19 November 2013 so that the impact of the changes could be assessed.</p> | |
| 5 | <p>Housing Strategy for Lichfield District 2013 - 2017</p> <p>Helen Spearey introduced a report on the Housing Strategy for Lichfield District 2013-2017 and referred to the Draft Strategy Document that had been circulated. It was noted that the Strategic Housing Partnership had endorsed the Strategy and that support for Home Energy Advice was</p> | |

| Minute Number | Minutes | Action |
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| | <p>increasing and was becoming more successful. Wayne Mortiboys added that Staffordshire County Council had also endorsed the report and referred to the emerging Local Plan which should enable more affordable housing to be developed.</p> <p>Decisions:</p> <ol style="list-style-type: none"> 1) That the Strategy Document be endorsed. 2) That the involvement of the Strategic Housing Partnership in the future review and monitoring of the Strategy and its delivery plan be endorsed. | |
| 6 | <p>Partnership Delivery Plan</p> <p>Wayne Mortiboys presented a report on the District Boards achievements in 2012/13, Lesley Bovington provided details of the proposed Lichfield District Strategic Partnership priorities for 2013/14 and Temporary Inspector Richard Morris presented a report on the Lichfield District Safer Community Partnership Partnership Plan for 2013-2014.</p> <p>The contents of the reports were noted with particular reference to the low level of violent crime in Lichfield and the positive picture for the District of Lichfield presented by the Lichfield District Safer Community Partnership. With regard to the Welfare Reform changes it was anticipated that shop lifting and petrol station thefts were likely to be categories where there would be an increase in activity.</p> <p>Decision</p> <p>That the report submitted be received.</p> | |
| 7 | <p>Supporting Families in Lichfield District</p> <p>Wayne Mortiboys presented an updated report from which it was noted that there were now 31 families receiving support and he gave details of the extent of that support. It was noted that Staffordshire is one of the top 25 Authorities in the country for families with complex needs. It was noted that a Job Centre Plus Officer was to be appointed to cover Lichfield, Tamworth and Burton to assist with this work.</p> | |
| 8 | <p>Voluntary and Community Sector Projects</p> <p>Lesley Bovington presented a report on progress made on Voluntary and Community Sector Projects funded by the District Board and provided details of various schemes.</p> <p>Decision:</p> <p>That the report be noted.</p> | |
| 9 | <p>Talent Match</p> <p>Sandra Payne submitted details of work connected with Talent Match and indicated that the second stage of the Business Plan for the Big Lottery was now being undertaken. It was noted that a meeting was due to be held on 28 March 2013 to discuss scoping the project with agencies.</p> <p>Decision:</p> <p>That the report be noted.</p> | |

| Minute Number | Minutes | Action |
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| 10 | <p>Staffordshire Strategic Board</p> <p>Councillor Mike Wilcox presented the Minutes of the Staffordshire Strategic Board Meeting held on 6 December 2012.</p> <p>Decision:</p> <p>That the contents of the Minutes be noted.</p> | |
| 11 | <p>Value of the Local Strategic Partnership in Lichfield District</p> <p>Diane Tilley informed the Board that she, as the new Chief Executive of Lichfield District Council, was considering all ways by which improvements could be made and indicated that she would be sending Members of the Board a note seeking their views on how the Lichfield District Board should work in the future. Diane Tilley suggested that a reduction in bureaucracy and potentially a reduction in the number of meetings could be options.</p> <p>Decision:</p> <p>That the intention to survey Partners be noted.</p> | |
| 12 | <p>Date and Time of Future Meetings</p> <p>It was noted that future meetings would be held on Monday 24 June and Tuesday 19 November 2013 and Tuesday 25 March 2014. The location of the next meeting would be determined in due course.</p> | |
| 13 | <p>Councillor Erica Bayliss</p> <p>Councillor Mike Wilcox informed Members that this would be the last meeting that Councillor Erica Bayliss would attend as she was not standing for re-election to Staffordshire County Council in May 2013. The thanks of the Board to Councillor Erica Bayliss for her work were recorded.</p> | |
| | (The Meeting closed at 6.00 pm) | |



Lichfield District Board

25th July 2013

LIVING WELL IN STAFFORDSHIRE – HEALTH AND WELL BEING STRATEGY 2013 - 2018

INTRODUCTION

To provide colleagues with an opportunity to comment on the draft Health and Well Being Strategy for Staffordshire in order to inform a response from Lichfield District Board.

BACKGROUND

The Health and Social Care Act 2012 introduced a requirement for every upper tier Local Authority to establish a Health and Well Being Board which brings together representatives of the key players who contribute to the improvement of health and well being for the local area. The Staffordshire Health and Well Being Board (HWB) has been meeting in shadow form for the last eighteen months and held their first official meeting (open to the public) on 13th June. Every HWB Board has a number of statutory obligations to meet including the production of a Health and Well Being Strategy. The Staffordshire HWB Board launched their Strategy at their inaugural meeting and also initiated a period of consultation which ends on 5th September.

The Health and Well Being Strategy

A copy of the Strategy 'Living Well in Staffordshire' is attached at **Appendix A**; a full colour version is available from <http://www.engagingcommunitiesstaffordshire.co.uk/conversation-staffordshire/> and copies will be available at the Board meeting. The main thrust of the Strategy is that the rising costs of health and social care are unsustainable and the current projections for growth in spend need to be addressed by investing more into preventative services.

Priorities

Within the general context of improving health and well being outcomes and reducing inequalities in health and life expectancy, the Strategy takes a 'life course' approach, recognizing the importance of the right prevention, early intervention and good quality care and support at the different stages of life. These five 'life course' themes cover the whole period from conception to end of life care. The Strategy identifies twelve areas for action:

| 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 Local Strategic Partnership has a great deal to contribute to the achievement of the above; the Strategy highlights responsibilities for education, employment, community safety, housing, the environment, licensing, leisure and culture as contributions to improving the health and well being of people who live in Staffordshire. Partners also have excellent knowledge and insight into the needs of local residents and can articulate these to other

commissioners of services or make decisions to invest their own resources to meet these needs. The District Board (and particularly the Business and Economic Partnership) has an important role in business support, helping to grow existing businesses and attract new ones in to the area; businesses bring employment and employment brings choices about lifestyle and other factors which are the underlying determinants of health. Lichfield District has a relatively affluent community and overall the health of the local community has improved over the last decade; however, there are still health issues to be dealt with including the nine year gap in life expectancy between different wards within the District and the life expectancy of women (District wide) which is nine months below the national average.

Delivery

The Strategy and the twelve areas for action is very 'high level' and will need to be backed up by delivery plans setting out more detail around achieving the aspirations set out. The Strategy prioritises three of the areas for attention during 2013/14 which include:

- Parenting (which has a key contribution to make to improve the life chances of 'troubled families')
- Alcohol use - alcohol related admissions to hospital for both conditions wholly related to alcohol (eg. alcoholic liver disease) and alcohol attributable admissions (eg. unintentional injury) have increased in Lichfield District
- Supporting the frail elderly - between 2001 and 2011, the number of Lichfield District residents above the age of 85 has increased by 41% (an increase of over 650)

Shifting resources

The total amount invested in health and social care is much increased compared with a decade ago; during this time the proportion that is spent on intensive and specialist services has grown at a faster rate than that allocated to early help and prevention. To spend more on early help and prevention means spending less on reactive intensive support. The Strategy gives some examples of where Staffordshire appears to spend more than average on intensive support; if spend patterns could be changed then funding would be released to invest in prevention and early help. However, shifting resources in this way could have significant implications on existing health and social care providers, for example making it potentially necessary to reconsider the existing system of three acute hospitals within the county, leading to a different model of care. These types of decisions can be challenging and unpopular with the public but without them, demand for health and social care will considerably outstrip the available budget.

Links to other strategies

The HWB Strategy refers to the interrelationship with other Strategies including the Police and Crime Plan of the Police and Crime Commissioner (given links between substance misuse / mental health and anti social behaviour / violence including domestic abuse). The Health and Well Being Strategy recognises that the key route for delivery will be through the strategies, commissioning plans and investment decisions of the partners which comprise the Health and Well being Board.

Engagement

The HWB Board must demonstrate how they are involving the local community in the development of their Strategy and the Board has commissioned Engaging Communities Staffordshire (ECS) to project manage the engagement activity. This activity is planned to take place between now and 5 September. The Health and Well Being Board has decided that this engagement should be focused not on a formal consultation of the Strategy, but more on engaging the public of Staffordshire in how it should be delivered, as part of the ongoing statutory responsibility of the Health and Well Being Board on the involvement of the public and service users.

To facilitate this process, the Board has developed some questions - attached at **Appendix B**. Partners can access this questionnaire at <http://www.engagingcommunitiesstaffordshire.co.uk/conversation-staffordshire/> and may wish to respond individually and encourage colleagues and local people to reply. In addition the Strategy and the questions have been posted on the District Council's and CVS's website. It will be useful to have a good response from Lichfield District residents as this will provide intelligence to inform local planning going forward.

The Health and Well Being Group for Lichfield District has considered the Strategy and has drafted a response for the District Board to consider. This is attached at **Appendix C**.

In addition, a meeting of Voluntary Voice has been arranged for 23rd July and verbal feedback from this event will be provided at the Board meeting.

RECOMMENDATIONS

The Board is asked to:

- i) Note the Health and Well Being Strategy 2013 – 2018 attached at **Appendix A**
- ii) Receive verbal feedback from the local consultation event - Voluntary Voice
- iii) Comment on the draft response to the Strategy – attached at **Appendix C**.

Author: Helen Spearey

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Living well in Staffordshire

APPENDIX A

Keeping you well
Making life better



Our Five Year Plan 2013–2018
Staffordshire Health and Wellbeing Board

‘Prevention is better than cure’



Foreword by the joint chairs of the Health and Wellbeing Board

Staffordshire is a good place to live.

Our communities compare favourably on many measures of wellbeing with the rest of the West Midlands and with England, but the global economic crisis has affected our county, increasing the level of need and reducing the resources available for public services. In addition, our very success over recent decades means that many more of our most vulnerable people live to a ripe old age, often needing considerable help, especially in later life.

As the leaders of the main public services across the county, members of Staffordshire's new Health and Wellbeing Board are clear that the way public services currently operate is not sustainable and must change. We must move away from a situation where too many of our services are reactive, helping people only when things have gone wrong, often at great expense.

Instead, we must support local people to live and work in safe, pleasant and resilient communities, to control their own lives and shape their own wellbeing. In this way, people will enjoy longer lives with a better quality of life.

Our ambition requires radical transformation of services for the public across Staffordshire.

Councillor Robert Marshall

Joint Chair, Health and Wellbeing Board and
Cabinet Member for Health and Wellbeing,
Staffordshire County Council

People will need to take on much greater personal responsibility for their own wellbeing, making the right choices when these are open to them. At the same time, we need to recognise and understand those people who are vulnerable or at risk, so that we can focus on prevention and early help for them.

This will only be possible if we can shift resources currently used in intensive reactive services to invest in services that identify needs at the earliest possible stage and stop them getting worse.

This strategy sets out our priorities for action.

It is intended to strike up informed debate across Staffordshire, engaging local people, carers and advocates, service providers, and public bodies. These conversations will refine our approach and guide its implementation over the coming years.

We believe that the publication of this strategy will be heralded as the moment Staffordshire became united in its effort to make best use of the social and financial resources available to improve the health and wellbeing of people who live here.

Dr Johnny McMahon

Joint Chair, Health and Wellbeing Board and Chair,
Cannock NHS Clinical Commissioning Group

Section 1:

The Context of Staffordshire

Staffordshire is a county characterised by a diversity of people and place. As a large county, covering a range of rural and urban settings, Staffordshire's communities compare well with the rest of the West Midlands and England.

Residents tell us they feel proud of their heritage and are happy to live in an environment rich in natural beauty and full of economic potential.

Health and wellbeing is important to them. When asked to describe their main measure of quality of life, top priorities include being fit and healthy, having access to strong social networks, and having the ability to be a productive member of their local community.

Staffordshire's population has changed considerably over the last decade. We now have an older population, with a 25% increase in the number of people aged 65 and over in the ten years between 2001 and 2011. This is greater than the national rate of change.

The county is also more ethnically diverse, with an increase in the black and minority ethnic population, which now includes around 86,500 people, roughly 10% of the total.

These demographic changes have contributed to a changing health and wellbeing profile for the county.

Although the overall health of the population has improved in recent years, with people living longer and fewer people dying from major illnesses, significant inequalities exist across the county. Life expectancy rates vary by up to 12 years between different areas and communities.

The nature of community needs has also changed, with increased demand for support with long-term conditions, vulnerability to becoming a victim of crime, mental illness, substance misuse and increased rates of obesity.

In particular, an aging population has required a shift to support people to maintain an independent life, with great scope for modern technology to help them remain in their own homes.

The economic structure in Staffordshire has also changed considerably in recent years, along with ways of working and patterns of employment.

Manufacturing remains a key sector for the county, but the public sector now provides around a fifth of all jobs. There has also been growth in rural employment, with an increase in the range of industries represented, as well as the number of roles.

These changes have seen an increase in part-time working and also a rise in youth unemployment, which continues to be the focus of national and local economic development strategies.

Crime and anti-social behaviour continue to fall in Staffordshire, but there is still more to be done.

'Troubled families' cost taxpayers well over £100m a year in Staffordshire, and pressure on limited budgets is worsening, with an increase in the number of children living in poverty and the number of looked after children.

Inadequate housing causes, or contributes to, many preventable diseases and injuries, including respiratory, nervous system, and cardiovascular disorders, and cancer, as well as reducing mental health and wellbeing. At a national level, it is estimated that poor housing costs the NHS at least £600m per year.

Although the rate of house building has fallen over the past six years, the provision of affordable housing in Staffordshire has increased annually since 2007 (other than between 2011 and 2012). House prices in Staffordshire fell by 1.2% between 2012 and 2013, suggesting that more accommodation is available for families and individuals. This is supported by increasing sales volumes. Nonetheless, national data suggests that homelessness rates are continuing to rise and affordability remains an issue, particularly in rural areas.

Based on figures from 2012, 22% of households in the West Midlands are in fuel poverty, higher than any other English region. This rate is higher in rural households (24%) and higher still in households where adults are unemployed.

A key driver of housing need within any given area is population change. Greater levels of population increase the need for housing and jobs to support it, alongside the full range of community and commercial services. District and borough council spatial strategies are being developed to take account of changing to our population.

Addressing health inequality in Staffordshire requires two things: organisational change in the way the public sector designs and commissions

services, and behavioural change in the number of people making healthy lifestyle choices.

Staffordshire's history of innovation, self-reliance and adaptability suggests that, with the leadership of the Health and Wellbeing Board, its residents will rise to the challenges that these changes present.

More detailed information on Staffordshire may be found in the Enhanced Joint Strategic Needs Assessment at www.staffordshire.gov.uk/YourHealthInStaffordshire and in the 'Staffordshire and Stoke on Trent Story' at www.staffordshireobservatory.org.uk/research/thestaffordshirestory



Section 2:

Our Vision

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

Staffordshire's Health and Wellbeing Board brings together the main public service organisations that have responsibility for improving the health and wellbeing of people who live here.

It includes representatives from:

- Staffordshire County Council, with its responsibilities for social care, public health, education, and economic development,
- District and Borough Councils, with their responsibilities for housing, the environment, licensing, leisure and culture,
- NHS Clinical Commissioning Groups, responsible for health services,
- Staffordshire Police and Crime Commissioner and Staffordshire Police, with responsibilities for improving community safety,
- NHS England, responsible for primary and specialist healthcare, and
- Healthwatch, the community champion for users of health and social care services, in the form of Engaging Communities Staffordshire.

While each of us has a unique perspective, we are united in our vision for the future.

Our shared vision reflects the many elements that lead to a long and healthy life and the contribution that each of our organisations makes to them. We cannot fully achieve our aims for local people without working together, towards a shared goal.

In taking forward this vision, the key partnerships across the county, including:

- Staffordshire Strategic Partnership
- Staffordshire Local Enterprise Partnership
- Staffordshire Education Trust

will work together, to ensure that there is real impact for the people of Staffordshire.

We will also develop solid links with the voluntary and community sector, with district and borough level partnerships and with the Health and Wellbeing Board for Stoke-on-Trent.

Section 3:

Principles

Working together to lead transformational change

“Through leadership, influence, pooling of our collective resources and joint working where it matters most, we will make a real difference to the lives of Staffordshire’s people.”



Staffordshire's Health and Wellbeing Board is committed to transforming public services that contribute to local health and wellbeing.

We will show the courage and determination to do the right thing and Staffordshire's people will hold us to account.

Although we have all made great efforts to improve our services over recent years, we recognise that, in the face of unprecedented budgetary pressures, a step-by-step approach to change has not and

cannot achieve enough.

We are committed to re-look at the work of our organisations and those we commission to deliver services on our behalf

In so doing, we have adopted the following key principles.

Tackling the wider determinants of health and wellbeing

Health and wellbeing is influenced by a wide range of social, economic and environmental factors, some of which are influenced by large-scale universal trends and others by individual behaviour.

For Staffordshire's 850,000 residents, this means dealing with a range of challenges, from the more traditional issues in public health, such as keeping fit and eating healthily to wider impacts on health such as finding rewarding employment, getting a good education and securing comfortable housing.

For example, people with a better education tend to live longer and be less likely to suffer from depression. The majority of Staffordshire's children and young people achieve the expected national standards of education attainment, but there are differences in how well a young person is likely to do, dependent on where in the county they live. This is particularly the case at Key Stage 4 and in relation to post-16 learning and skills.

Investing in early help and prevention

With growing pressure on limited public resources, we need to fundamentally change the way we support people to be healthy and well.

than on preventing crises through early help and advice that enables people to stay independent and well.

Experience shows that we have been too focused on supporting people when things go wrong, rather

Figure 1: Distribution of Health Need and Health Spend in Staffordshire (2010/11)

Figure 1, for example, shows that we use a large part of the NHS budget to support people with severe disease. Yet these people represent only a small proportion of the total population, with perhaps ten times as many people in Staffordshire already on the road to serious ill health.

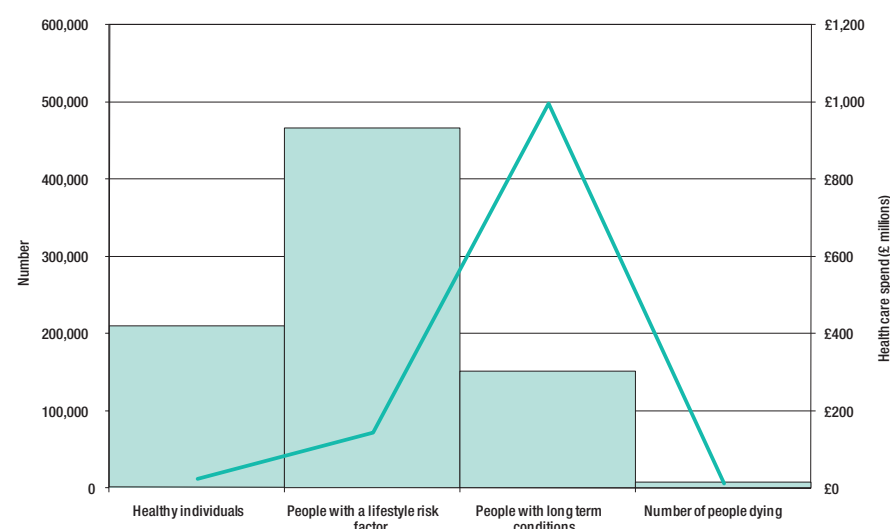


Figure 2: The Scale of the Financial Challenge for Staffordshire (£m)

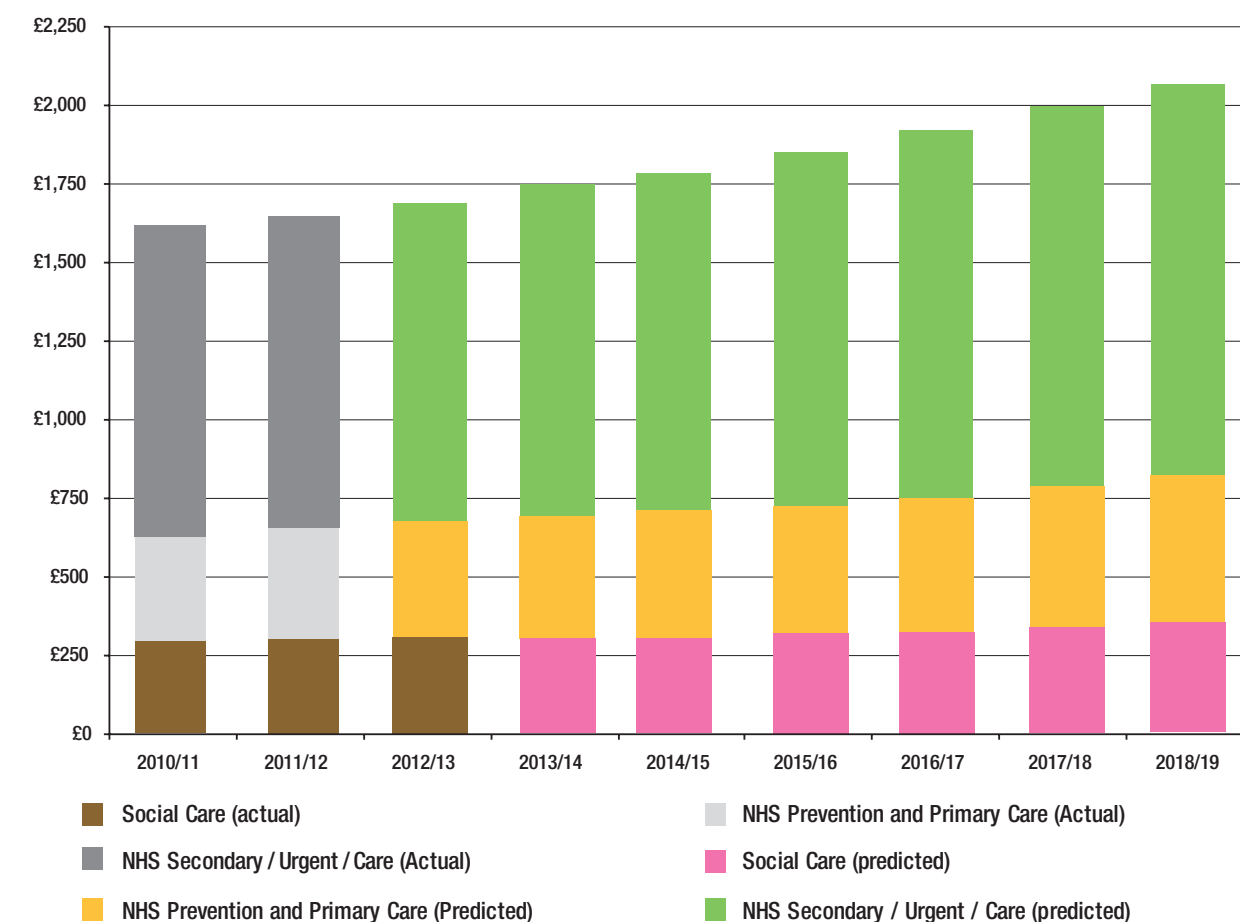


Figure 2 shows how, if current trends were to continue, the cost of providing social care and NHS services would inexorably rise year on year. Based on the existing way of providing services, by 2018/19 an extra £62m a year would be required to meet the predicted £365m social care bill. An extra £230m would be needed to meet the predicted £1.25bn acute hospital care cost. This would mean a total predicted funding gap of £292m. This increase, against the backdrop of financial recession and diminishing resources is unsustainable. Given that there will be no additional funding available, this extra £292m across social care and acute services would have to come from funds that could otherwise be spent on

prevention. That figure is more than three quarters of the approximated £400m currently spent on prevention and primary care services. This would have a severe impact on the county's ability to fund preventative services that can reduce demand for expensive acute services in the future, which in turn would raise costs even higher, creating a 'vicious circle' of ever-increasing demand and costs.

Reactive care is expensive. On average:

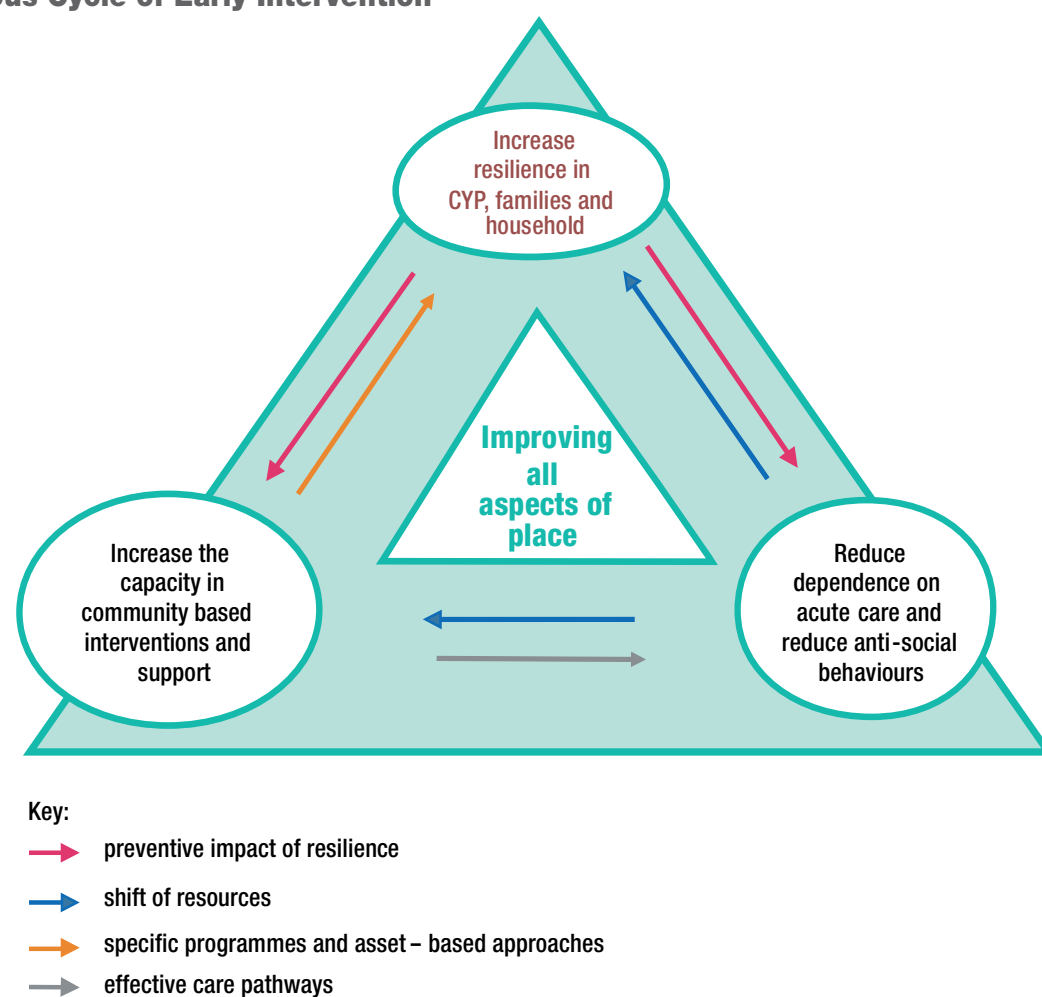
- One non-elective patient admission to hospital costs £1,674
- One day spent in a mental health acute hospital bed costs £312
- One week in a residential care home for an older person costs about £585
- One month with a foster family costs about £2,760
- One case of criminal 'violence against the person' has a total social and economic cost of almost £14,000
- A year in prison costs an average of over £37,000 per prisoner
- A one-year order involving probation supervision and drug treatment costs about £1,400

By contrast, it has been estimated that preventative health services delivered in the community save £4 for every £1 spent, while every £1 spent on drug prevention saves £10 on treatment and may prevent a drug user committing crime to the value of £36,000 a year.

Staffordshire's Health and Wellbeing Board is committed to supporting families to avoid crisis, with all the poor life experience this involves.

We want to invest more in spotting problems early, so that we can stop these getting worse. By doing this, not only will the people we support have a better quality of life, we will also make better use of the limited money we have. This will require bold action to change the way we decide which services are needed and how these services are delivered.

Figure 3: Virtuous Cycle of Early Intervention



Section 4:

Values

Staffordshire's Health and Wellbeing Board is committed to the transformation of a whole system of services and processes that affect the health and wellbeing of local people. This is a huge and difficult task.

As such, it is essential that the work of the Board is guided by strong, meaningful and shared values that are founded in what Staffordshire's people say is important to them.

Living safe and well in my own home

People enjoy a much better quality of life if they are able to live in their own home and remain part of their local community. We will support solutions that are built around people's ongoing home life and independence, taking account of their housing needs. As part of this, we need to ensure that local communities are safe and are supportive of all of their members, especially those who are vulnerable.

In light of the findings of the recent inquiry into Mid-Staffordshire Hospitals NHS Foundation Trust by Robert Francis QC, a key element of this will be to build systems based on quality of experience, which properly safeguard vulnerable people and allow us to act quickly and decisively if things go wrong.

The role of Engaging Communities Staffordshire on the Health and Wellbeing Board is to ensure that the views and experiences of patients, service users, and communities are at the heart of our approach

We support solutions that are built around the person, that provide services of the highest quality and demonstrate respect, dignity and fairness.

Living my life my way, with help when I need it

People experience greater wellbeing if they have control over their own lives and are able to make choices about what happens to them. Information, advice and guidance enables most people to do this by allowing them to draw on the support and services available to everyone. However, the most vulnerable people in our communities may need extra support. We will place great value on solutions that offer targeted support at an early stage, reducing inequalities by helping vulnerable people to achieve the wellbeing others take for granted.

Making best use of taxpayers' money

The organisations represented on the Health and Wellbeing Board spend around £3.5bn a year – more than £4,000 for every person living in Staffordshire.

As public service organisations, we will ensure that every tax payer gets quality, value for money services.

This means that we will always look for the best person or organisation for the job. In some cases, this will mean delivering services ourselves and in others, it may mean other organisations delivering services on our behalf – particularly those in the voluntary sector.

Treating me as an individual with fairness and respect

Staffordshire's public services should be based on the principle that people deserve to be treated as individuals, receiving support of a standard that we can all be proud of.

Priorities

Reducing health inequality

There are significant differences in life experience and health outcomes between people living in the best parts of Staffordshire and those in the most deprived areas. This is shown in Figure 4.

Figure 4: Inequalities in Staffordshire

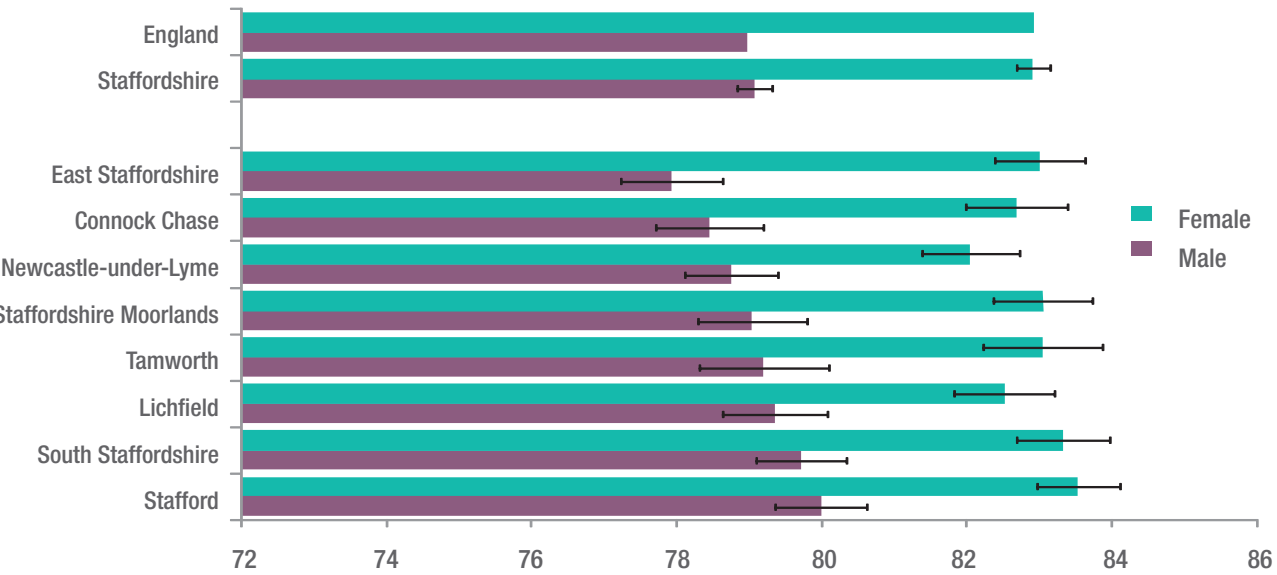
| | | Least deprived areas | Most deprived areas |
|---------------------|---|----------------------|---------------------|
| Health | Claim incapacity benefit | 3% | 12% |
| | Have a limiting long term illness | 14% | 23% |
| | Smoke | 16% | 34% |
| Education | Get a least five GCSEs A*-C | 70% | 37% |
| | 16-18s not in education, training or employment | 4% | 15% |
| | Claim free school meals | 4% | 33% |
| Work | Become a professional or manager | 36% | 12% |
| | Are employment deprived | 5% | 19% |
| | Live on benefits | 6% | 26% |
| | Have no access to a car or van | 8% | 42% |
| Home and family | Live in poverty as a child | 5% | 39% |
| | Live in income deprived households | 4% | 28% |
| | Live in poverty when they are aged 60 and over | 8% | 32% |
| | Are part of a lone parent family | 3% | 11% |
| | Live alone as a pensioners | 10% | 16% |
| Experience of crime | All crime | 3% | 15% |
| | Anti-social behaviour | 2% | 10% |
| | Burglary | 0.3% | 0.6% |
| | Deliberate fire | 0.1% | 0.6% |
| Life expectancy | Life expectancy for men (years) | 81 | 74 |
| | Life expectancy for women (years) | 85 | 79 |

The ultimate measure of wellbeing is healthy life expectancy. A healthy life is likely to be both longer and happier.

Overall, life expectancy in Staffordshire is 79.1 years for men and 82.9 years for women. Looking at the duration of good health, men can expect

to live 69 years without disability, and women 72 years. In other words, both men and women can currently expect to spend the last ten years of their lives in poor health. Figure 5 shows how this varies across the county.

Figure 5: Life expectancy at birth, Staffordshire residents, 2009-2011 (provisional)



Yet too many people do not live to these ages, and too many experience avoidable ill-health and disability for many years before they die.

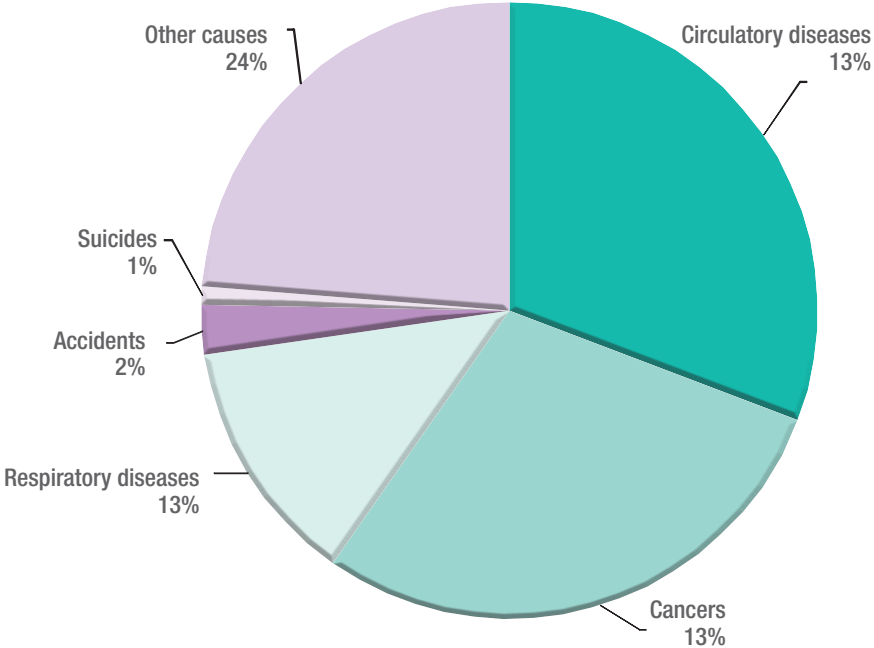
Around 8,000 people die every year in Staffordshire. About a third of them are aged under 75 and can be considered to have died prematurely.

We know why people die early in Staffordshire: almost three quarters of deaths are due to long term conditions such as cardiovascular disease, cancer and respiratory diseases. Suicide and accidents are the biggest killers of young people, especially young men. See Figure 6.

There are 148,000 adults and 8,300 children living with at least one long term condition in Staffordshire.



Figure 6: Common causes of deaths in Staffordshire, 2009-2011



Our traditional approach has been to react to the causes of early death – so if someone is found to have cancer, we care for them and treat them but very little is done about preventing the cancer in the first place. This is shown by where we currently spend our money.

In 2012/13, the NHS in Staffordshire spent £1bn on secondary, emergency and ongoing care, which is well over half the total amount spent by the NHS across the county.

Similarly, of the £545m spent each year in total by Staffordshire County Council (excluding schools), £303m is spent on social care for people whose needs are assessed as being substantial or critical and on children who have been taken into care. This equates to just over half of the total spent. For a number of complex reasons, the trend for health, educational and social outcomes for looked after children remains poor nationally. There is a high rate of teenage pregnancies, substance abuse, mental health problems and a lower life expectancy amongst looked after children and as such these young people often require extra support from the local authority.

If we continue as we are, Staffordshire's ageing population will lead to an unmanageable surge in demand for health and social care services. Although people will live longer, these will not be healthy years. Instead, long-term chronic ill health

and mental illness will increase, especially in the over-65s.

In numerical terms, this would mean that, by 2022, there might be 14,000 more people with unhealthy lifestyles, 29,000 more people with early onset disease, 9,000 more people with severe disease, and 600 additional deaths a year. As noted earlier, care and support for these people could cost an additional £292m a year and would need to be found from public services such as schools, leisure, or highways, impacting on our communities and the health and wellbeing of future generations.

We want to change this. We want to tackle the causes of health inequality and early death by focussing on early help and prevention, not by reacting to crisis.

We will support people to take active control of their own health and wellbeing.

This kind of long term behaviour change will need us to work with communities to challenge long held cultural values, raise aspirations and provide the tools they need to shape their own futures.

To do this, we need to consider people's lives in their full complexity.

A 'life-course approach' focuses on a person's experience of health, from the moment of conception through childhood and adolescence to adulthood and old age.

By looking at the circumstances in which people in Staffordshire are born, grow up and live, we can identify key factors generating poor health and early death and then put the services in place to address these problems at the earliest possible stage.

By acting now, in 2022 we could see 78,000 more people leading healthy lives, 10,000 fewer people with early onset disease and 3,000 fewer people with severe disease.

The difference between acting and failing to act could be up to 700 deaths a year – every year.

Twelve areas for action

Over the five years covered by this strategy, we will work together to address the 12 priority areas for action shown in Figure 7. By focusing on a small number of priorities, we will have the biggest possible impact on health and wellbeing across the county.

Our priorities draw on the evidence presented in the Enhanced Joint Strategic Needs Assessment (eJSNA) for Staffordshire, which is supported by detailed assessments done for each of the eight districts and boroughs across the county.

Figure 7: The twelve areas for action

| 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 |

Starting Well

The highest priority in the Marmot Review was the aim to give every child the best start possible as this is crucial to reducing health inequalities across the course of someone's life.

Priority 1 – Parenting: The quality of parenting a child receives has a big impact on their chances in life. Good parenting enables children to have a good start and to achieve their maximum potential. Giving children a good start breaks the cycle of deprivation that can otherwise continue for generations.

Priority 2 - School readiness: The foundations of human development are laid in early childhood, so good indicators of future health and wellbeing are the early skills they learn in readiness for school. This includes the development of language, motor and social skills. The early years are a very sensitive period when it is much easier to help the developing social and emotional structure of the infant brain, and after which the basic architecture is formed for life. If children have the social and emotional capability to be 'school ready' at the age of five, this will have a significantly positive impact on the rest of their lives.

Figure 7: continued

| | |
|---|--|
| <p>Growing Well</p> <p>Children, young people and adults who are supported to reach their potential can have greater control over their lives and their health and wellbeing.</p> <p><i>Priority 3</i> - Improving educational attainment: Areas of low educational attainment and skills are often associated with high levels of worklessness, deprivation and poor health. In Staffordshire there are variations in the number of pupils achieving five or more A*-C GCSE grades that we will need to address.</p> <p><i>Priority 4</i> – Reducing those who are not in</p> | <p>education, employment or training (NEET): The number of 16-18 year olds not in education, employment or training varies from under 4% in Stafford to 9% in Cannock Chase. We need to reduce these differences and ensure that young people can participate in a productive and fulfilling life.</p> <p><i>Priority 5</i> - Children in Care: The safety of children and young people in care is a priority for every organisation that works to protect children. We need to do more to ensure that the chances in life for young people in care are the same as for those who are not. We want young people in care to reach their full potential.</p> |
| <p>Living Well</p> <p>Enabling good lifestyle choices means that people in Staffordshire can lead long and healthy lives.</p> <p><i>Priorities 6 and 7</i> - Reducing harm from alcohol and drugs: An existing priority is to reduce harmful levels of alcohol consumption and alcohol-related harm in Staffordshire. The effects of alcohol and drug misuse impact on all areas of health and community safety, and have far reaching effects across society.</p> | <p><i>Priority 8</i> - Promoting healthy lifestyles and mental wellbeing: Nearly 500,000 adults in Staffordshire have at least one lifestyle risk factor, either being a smoker, consuming too much alcohol, having a diet low in fruit and vegetables or not taking enough physical exercise. Many people have more than one lifestyle risk factor. In some areas existing targets are not being hit, or trends are moving in the wrong direction.</p> |
| <p>Ageing Well</p> <p>By helping people to live independently and be in control of their lives, we can support older people to be healthy and well.</p> <p><i>Priority 9</i> - Dementia: Amongst people aged 65 and over, over 10,000 people in Staffordshire were estimated to have dementia in 2010. This is expected to rise to over 14,000 by 2020. Many cases go undiagnosed. Of the 10,300 expected cases of dementia in Staffordshire, only 4,200 are recorded on GP registers.</p> <p><i>Priority 10</i> – Falls prevention: The numbers</p> | <p>of deaths from accidental causes, including falls, is higher amongst the over 65 age group in Staffordshire, partially in Cannock Chase, Lichfield, Stafford and Tamworth.</p> <p><i>Priority 11 – Frail elderly:</i> Many older people are living with one or more long-term medical condition and for a significant number, getting older brings frailty, instability, immobility, incontinence or dementia. As we age we tend to use health and social services more. The challenge faced by member organisations of the Health and Wellbeing Board is to work together to provide good quality personalised care.</p> |
| <p>Ending Well</p> <p>Ensuring good quality care and support at the end of someone's life.</p> | <p><i>Priority 12 – End of Life:</i> When someone reaches the end of their life, we will ensure that they are well cared for and, as far as possible, are in a place of their own choice.</p> |

The focus for 2013/14: parenting, alcohol use and supporting the frail elderly

Parenting

Getting the best start in life is an important factor in a person's future health and wellbeing.

Good parenting is not only essential for a safe, happy and healthy childhood, it sets children up to reach their potential and lead a successful adult life.

In Staffordshire, we know that a child's wellbeing varies with age. Over 5,000 children are identified as being in need, with nearly a third of these being under the age of 5 years.

Our eJSNA highlights a number of important areas, ranging from obesity to educational attainment and unintentional injuries, where we need to work together to support good parenting and improve health and wellbeing for children. We will develop new ways of supporting parents that start during pregnancy and continue into a child's early years. We will build stronger universal services that are available to all families and will work together to build resilient families and communities who are supported with early help to stop problems getting worse.

Alcohol use

Around one in four adults in Staffordshire drinks more than the recommended amount of alcohol. This leads to a wide variety of health, crime and social problems, many of which affect our communities and particularly the elderly and vulnerable.

Across the course of someone's life, many harmful effects can be experienced due to alcohol: foetal alcohol syndrome (FAS) in unborn babies, chronic health conditions (such as hypertension), mental health deterioration and death from liver disease.

Alcohol consumption also contributes directly to the number of crimes committed, makes victims more vulnerable, and is often a significant factor in road traffic accidents and accidental dwelling fires that lead to death or life threatening injuries.

Alongside partners such as the Probation Service, we will work through the Alcohol and

Drug Executive Board (ADEB) to oversee the development and delivery of a strategy to reduce alcohol-related problems in Staffordshire. The strategy will involve initiatives to educate and prevent problems, provide early help when issues arise, treat the most entrenched problems, regulate the availability of alcohol and enforce legal restrictions.

Supporting the frail elderly

The way in which we support people to age well and to keep their health and independence is of considerable importance to our communities.

Staffordshire has an increasing population of older people, and the number of residents aged over 75 years is expected to double by 2033.

Too many elderly people are experiencing vulnerabilities that can be avoided or better managed. Over half of adult protection referrals relate to people aged 75 and over, while malnutrition amongst older people in nursing and residential care settings is estimated at 40-45%.

Dementia is expected to increase in an ageing population and there are significant numbers of people with undiagnosed long-term conditions. We also need to do more to support carers.

A new model of 'anticipatory care' will be developed to support people who are elderly and frail. The new approach will help to identify and manage long term conditions. It will ensure that we provide seamless care and support that focuses on the needs and wishes of the elderly person so that they can keep their independence and quality of life for as long as possible. This work will be driven by a number of new local Accountable Care Partnerships.

Shifting Resources

It has been known for many years that there are significant benefits to be gained from a greater focus on early help – the old adage that ‘prevention is better than cure’ has long applied.

Although we have started to make some shifts in resources, notably in the area of services for people with learning disabilities, examination of data for the system as a whole suggests that we have in fact been moving in the wrong direction.

While the absolute amount of resource available in 2013 is significantly greater than was the case a decade ago, the proportion devoted to intensive and specialist services has grown at a faster rate than that allocated to early help and prevention. As noted earlier, we now spend more than £1.3bn across health and social care reacting to the symptoms of ill health and current trends would mean this would increase to almost £1.6bn by 2018/19.

If we are to focus on early help and prevention rather than reaction at a point of crisis, we must change how we use the resources available to us.

To spend more on prevention and early help means spending less on reactive intensive support. This should quickly become a virtuous circle, where increased focus on prevention and early help reduces the need for later intensive intervention, releasing further resources for prevention and early help.

By reducing spending on emergency intervention we would release millions of pounds to significantly increase spending on prevention. A large increase in the resources available for prevention would allow us to conduct prevention programmes that will improve outcomes for residents and make considerable savings in the future.

An example of this strategy can be found in Nottingham, where the local authority has invested heavily in a comprehensive early intervention package of support for 0-5 year olds and their parents / carers. This has boosted Nottingham’s Foundation Stage results to above the national average. Unfortunately, budget pressures have restricted how much local authorities can spend

on early intervention. However, if Nottingham were able to invest another £1.6m per year to roll out Family Nurse Partnerships to all teenage parents eligible for the programme, it has been predicted that this would save £4m-£8m by the time these children were 15 as well as improving the health and well being of a considerable number of families in their community. This money could then be further reinvested in other prevention programmes.

Significant improvements to outcomes and financial savings have also been seen in other aspects of health and wellbeing. Identification and advice for harmful / hazardous drinkers can save £4.30 for every £1 spent in the average GP cluster. Brief interventions delivered in GP surgeries result in an estimated 40% reduction in alcohol consumption and a cost-saving of £123 per person. For every 100 alcohol-dependent people treated with early intervention support, 18 A&E visits and 22 hospital admissions may be prevented. This costs £40,000 and saves £60,000. Similarly, one alcohol liaison nurse at a cost of £60,000 may prevent 97 A&E visits and 57 hospital admissions, saving £90,000. An even more striking example of both the cost and patient benefits of early intervention can be seen in primary care screening. It has been suggested that, for every 5,000 patients screened for potential health problems in primary care settings, 67 A&E visits and 61 hospital admissions may be avoided. These screenings have an initial cost of £25,000, but can save up to £90,000.

Reducing our spending on emergency intervention to the level achieved by the top performing areas in England would release significant funds and allow us to increase spending on prevention by more than half.

A specific example of an opportunity of this nature can be found in nursing and residential care services for adults with learning disabilities. In 2011/12, 51% of the budget available for adults with learning disabilities was spent on residential and nursing care. This was almost a quarter more than the average spend by the surrounding shire counties, where only 42% of the budget was spent on this form of intensive care. If the Staffordshire

spend was brought in line with our peers, this would free up a significant amount of funding that could be spent on early intervention programmes to give people with learning disabilities more freedom and choice in how they receive their support.

Such radical shifts in resources would have to be accompanied by radical changes in the emergency care system.

For example, reducing demand on the acute hospital system, so that expenditure could be reduced while maintaining the quality of care, would require a significant reshaping of that system. It might, for example, require a large reduction in the number of hospital beds occupied by emergency patients – recognising that we already have many more beds than our population might suggest are required. This would make it necessary to reconsider the existing system of three acute hospitals within the county, leading to a different model of care. Similarly, reducing expenditure on residential care, through helping many people to remain independent and living in their own homes, might mean that some existing care homes were no longer required, with consequent impact on providers in that sector.

In reshaping the hospital system, it will be important for us to recognise the challenges involved. The NHS Payment by Results system means that Trusts are paid for the work they do, and so reductions in demand are matched by reductions in income. However, this does not in itself release funds for investment by commissioners in preventative services. In order to reduce their costs, hospitals need to be able to withdraw capacity in parallel to falling demand. Due to the nature of healthcare, capacity often needs to be withdrawn as whole units (such as an entire ward, an entire consultant team), rather than piecemeal. Care will therefore be required to ensure that the proposed reductions in the need for acute care are managed in such a way as to allow hospitals to match them with a phased programme of capacity reduction, which avoids the risk of the system becoming destabilised.

Key priority areas for releasing resources

The diseases that have the greatest impact on demand for intensive support are cancer, heart disease, and dementia. In 2010/2011, of the 68,700 emergency (unplanned) hospital admissions across Staffordshire, almost half were patients with one or more long term condition (47%). The most common causes of admission to hospital are for hypertension (8%), coronary heart disease (6%), and cancer (5%).

As a Board, we are committed to investing in the prevention of these diseases wherever possible, and early help for those who have been diagnosed.

Through the development of a Community Care Strategy, we will work in new ways to support older people and those with long term conditions, including physical and sensory disabilities.

The strategy will outline how local organisations will work together to meet the needs and expectations of local people. It will ensure that the services developed and delivered in partnership are modern, innovative, creative and make a real improvement to the lives of people with long term conditions.

The healthcare needs of individuals with more than one chronic condition are likely to be complex. In the past, people with multiple conditions have had several different health workers to address each of their conditions. This has led to a duplication and inefficiency, and in some cases contradictory interventions. Therefore the approach to supporting people with multiple chronic conditions must take the person involved and all of their health conditions into consideration as a whole with as few separate points of contact as possible. This will allow a more holistic, effective and efficient approach to addressing need.

Cancer

We will develop the support available to cancer patients and carers. We will ensure that diagnosis is provided as early as possible and that patients are made fully aware of the options available to support them with their decision making around their health and social care needs.

Heart Disease

We will contact people who regularly need unplanned secondary care and offer them a planned package of support that will anticipate, co-ordinate and join up the health and social care support they need.

We know that patients with a diagnosis of heart disease are high users of hospital emergency departments, but by offering early help we hope to reduce the likelihood that they will need to be admitted to hospital.

Dementia

Across Staffordshire there are estimated to be over 10,000 people living with Dementia (both diagnosed and undiagnosed) and this number is set to increase significantly over the coming years.

Our main focus is to ensure that people living with dementia get care that is tailored specifically for them and helps them to live the best life possible.

To make best use of the money we have available to us, we need to be more innovative in the way we meet the needs of people with dementia. We'll support people to remain within the community for longer by investing in memory clinics, carer support and mental health liaison in hospitals in order to manage dementia, delirium and depression.

Work is also in hand to develop 'Dementia Centres of Excellence', which will meet the needs of dementia sufferers as their health deteriorates and will reduce the need for people to be transferred from residential care to specialist units.

Section 7:

Enablers

To improve the wellbeing of Staffordshire's people through early help and prevention, we must ensure that the way we work supports change rather than hinders it.

We believe these system changes need to be made in four vital areas:

- How we make decisions (governance)
- How we work out what needs to be done (integrated commissioning)
- How we ensure there is a powerful voice for service users (public engagement)
- How we design how services are delivered (integrated provision)
- How we make decisions (governance)

The Health and Wellbeing Board will play a central role in ensuring that all parts of the system across Staffordshire work together to deliver the agenda set out in this strategy.

The Board is the only forum where the main commissioning bodies – county council, clinical commissioning groups, district and borough councils, and police – come together. It is also held accountable by the community champion HealthWatch, to ensure its debates and decisions take account of public interest.

We have a statutory duty to produce this strategy, and all of us have a statutory duty to have regard to it in developing our own organisational plans, but Staffordshire's Board will be more proactive than this.

The Board will:

- lead the big, strategic issues, setting the direction for the whole system
- will identify and resolve those issues that block progress in key areas, so that people on the ground are able to deliver the radical changes needed
- develop clear arrangements for working with the Staffordshire Strategic Partnership, Staffordshire Local Enterprise Partnership, Stoke-on-Trent Health and Wellbeing Board, district and borough health and wellbeing boards and local health and social care forums

How we work out what needs to be done (integrated commissioning)

The achievement of our vision requires that we undertake our commissioning functions in a different way than previously, taking account of the wider determinants of health as well as the clinical evidence.

It is no longer enough for us to simply work alongside each other. Instead, our commissioning needs to become truly integrated across a range of the most important topics, minimising duplication and avoiding situations where our organisations pull in different directions.

With support from the King's Fund, which has an international reputation for its expertise in this field, we have identified a number of areas where there is benefit in taking forward a deeper integration of our commissioning responsibilities, bringing together both staff and budgets.

In doing so, we will be able to draw upon the experience of the Joint Commissioning Unit, which has for the past several years undertaken a range of commissioning functions on behalf of the County Council and the two Primary Care Trusts. This work will need to have particular regard to the relationship with Stoke-on-Trent.

More locally, we will build upon the solid foundations already developed by the district and borough councils to develop integrated models of commissioning that are suited to and responsive to the specific needs and contexts of each part of the county.

How we ensure there is a powerful voice for service users (public engagement)

As the recent report of the Francis Inquiry makes clear, the voice of the local population must be at the heart of our debates, just as our communities must be the centre of everything we do.

The experience at Stafford Hospital is especially powerful for us and we are united in our commitment to ensure that we avoid such dreadful failures in care affecting Staffordshire's people ever again.



In order to strengthen the voice of people who use services (adults, children and young people alike) we have established a new organisation called Engaging Communities Staffordshire (ECS).

Building on the experience and expertise of the Local Involvement Network (LiNK), ECS will go far beyond the remit for Healthwatch to become a centre of expertise and knowledge about the people of Staffordshire.

It will have a key role as an independent organisation to collate and challenge all the available information about how people experience health and social care services, undertaking new research where necessary, and drawing on this to present a clear and persuasive contribution to the debate.

Through its full membership of the Health and Wellbeing Board as the provider of Staffordshire's HealthWatch, ECS will provide a powerful connection with the people of Staffordshire, ensuring that their voice is heard at every stage.

In addition, there is a raft of communication mechanisms in place locally that will complement the countywide work of Healthwatch, in particular scrutiny through District and Borough councils.

How we design how services are delivered (integrated provision)

Over the past few years, health and social care commissioners have changed their focus from direct delivery of services to improving outcomes for people in Staffordshire by securing delivery of services through other organisations.

In putting Staffordshire's people at the centre of every service we commission, and by ensuring that we always seek the best organisation for the job, we have the opportunity to take dramatic steps to stop hand-offs that make no sense to service users and absorb energy and resource.

At the same, we can seek to establish the right mix of providers with different strengths and areas of expertise.

The integration of community health care and adult social care in the Staffordshire and Stoke-on-Trent NHS Partnership Trust is delivering a service with much less fragmentation and duplication, with original savings estimates of £31.5m per annum. Its work delivers more preventative and early-response work than under the previous system to 1.2m people. The benefit of this integrated system underpins the intention to develop the thinking, through the establishment of Independent Futures (services for people with lifelong disabilities) and Families First (services for children and families) into a provider model. This works across traditional sector boundaries to deliver real, holistic benefit.

Section 8:

Measuring Success

Joint Health and Wellbeing Strategy Outcomes

It is important for the Health and Wellbeing Board (HWB) to adopt outcomes that provide assurance that progress is being made towards the overarching Joint Health and Wellbeing Strategy (JHWS) vision.

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

And principle:

“Through leadership, influence, pooling of our collective resources and joint working where it matters most, we will make a real difference to the lives of Staffordshire’s people.”

To this end a number of overarching indicators are proposed:

| Priority Area | Indicator | Baseline | Baseline Date |
|---------------|---|--|---------------|
| Vision | Proportion of people reporting feeling happy yesterday | 71.9% | 2011/12 |
| | Proportion of people feeling very satisfied or satisfied with their local area as a place to live | 95% | 2012 |
| | Proportion of people who live in a strong, safe and supportive community | Aspirational indicator for development | |
| Principle | Proportion of people who report a positive experience of using services | Aspirational indicator for development | |
| | Proportion of people who report strongly agreeing or agreeing that local services are successfully dealing with a range of issues | Baseline to be collected | 2013 |
| | Proportion of Staffordshire Plc budget spent on early intervention and prevention | TBC | TBC |

Role of the Joint Strategic Needs Assessment (JSNA)

The JSNA is a process that identifies the current and projected health and wellbeing needs and assets of the local population.

The Staffordshire JSNA adopts an ‘outcome based approach’ and considers indicators that illustrate outcome that are within the Health and Wellbeing Boards (HWB) responsibility. To this end a Health and Wellbeing Board Outcome Framework (HWB OF) has been developed (appendix A). This is informed by indicators included in the national outcome frameworks for the NHS, Adult Social Care and Public Health with a specific focus on indicators that are shared by more than one framework. Over the next year the HWB OF will be reviewed and additional outcome indicators

proposed by stakeholders will be considered for inclusion. One of the products of the Staffordshire JSNA process will be a needs profile focussing on the indicators listed in the HWB OF.

The JSNA needs profile will be used to inform the Joint Health and Wellbeing Strategy (JHWS). It supports the identification of priority areas for action. The JHWS is a five year strategy but will be reviewed on an annual basis in the light of new data to check the priorities are still appropriate.

The HWB OF indicators that are relevant to the priority areas will receive specific attention from the HWB as these provide an indication of progress in the priority areas. For the first year these are listed below:

| Priority Area | HWB OF Indicator | Baseline | Baseline Date |
|---------------|---|--------------------------|---------------|
| Parenting | School readiness - Proportion of children achieving a good level of development within Early Years Foundation Stage | 68% | 2012 |
| | Child development at 2-2.5 years | Baseline to be collected | 2013 |
| | Healthy weight in 4-5 year olds Healthy weight in 10-11 year olds | 77.3% 65.5% | 2011/12 |
| | Vision indicators for parents (27% n=~460) | Baseline to be collected | 2013 |
| Frail elderly | Proportion of people receiving social care who receive self-directed support and those receiving direct payment | TBC | 2011/12 |
| | Quality of life for people with a long term condition | Baseline to be collected | 2013 |
| | Effectiveness of reablement services | Baseline to be collected | 2013 |
| | Vaccination uptake in 65+ - PPV Vaccination uptake in 65+ - Flu | 66.8% 71.4% | 2011/12 |
| | Vision indicators for 65+ (24% - n = ~400) | Baseline to be collected | 2013 |
| Alcohol | Alcohol related admission to hospital | 448 per 100,000 | 2012/13 Q2 |
| | Under 75 mortality from liver disease | 12.9 per 100,00 | 2009-11 |

The role of performance management

The HWB OF and the JSNA needs profile are not performance management tools. The Health and Wellbeing Board will identify activities to be commissioned to achieve the priority outcomes. Performance measures that provide a golden thread between the outputs of these activities and the desired outcomes will be identified. These will provide the basis for performance management

Section 9:

Making the Transformation

The argument for shifting resources to focus on prevention and early help is strong, but in reality, it has barely begun.

The reasons for this are complex and are affected by organisational, funding, social, political, and systemic factors that can lead to organisations and professional groups pulling against each other, rather than together.

Embedding change into existing organisations

A key test of whether we have genuinely changed the way we work across Staffordshire will be the extent to which the ambitions set out in this strategy are reflected in the delivery plans of our member organisations.

A standalone implementation plan for this strategy would be an expression of failure, as it would indicate that we have failed to influence the mainstream work of our organisations.

The key route for delivery for this strategy will therefore be through the Staffordshire County Council Strategic Plan, the Police and Crime Plan of the Police and Crime Commissioner, the plans of the NHS Clinical Commissioning Groups and of the district and borough councils.

The contribution of these various plans will be reviewed by the Health and Wellbeing Board, but we are clear that it is neither our role to monitor them or to hold individuals to account for delivery of the details within them. Rather, we will seek to hold each other to account for our respective contribution to the achievement of our shared vision.

Pace of change

That a change of focus to prevention and early help can be achieved has been demonstrated by the Staffordshire Fire and Rescue Service.

Recognising that avoiding a fire starting is even better than putting it out quickly, the Service has placed great emphasis on active fire prevention efforts, drawing on available data to identify those people most at risk of a fire.

Not only has this led to a significant reduction in the number of fires over the past several years, but the trusted position of fire officers within the community has allowed them to provide early warning to other public services about people becoming vulnerable.

However, we need to be realistic about the pace of change that is possible.

We cannot just focus on future generations, we also need to maintain appropriate support for people already experiencing ill health, or heading towards it, so that we can minimise its impact and maximise their quality and length of life.

Our priorities must therefore be a balanced mix of short-term investment to meet current needs and medium-term support for people at risk of becoming vulnerable or in the early stages ill health, alongside a longer-term focus on prevention and early help that will improve wellbeing and tackle avoidable ill health in the first place.

Appendix A

Health and Wellbeing Outcome Framework

| | |
|--|--|
| Key: | |
| Coloured Text: Health and Wellbeing Strategy Priority Outcomes | 1. Public Health Outcomes Framework |
| Bold Text: Health and Wellbeing Strategy Year One Priority Outcomes | 2. Adult Social Care Outcomes Framework |
| Italicised Text: Data not yet available | 3. National Health Service Outcomes Framework |
| | 4. Childrens Outcomes Framework |
| | 5. Clinical Commissioning Group Outcomes Framework |
| | 6. Feeling the Difference Survey |

Specific aim: Improving the wellbeing of the population, satisfaction with lives, the social capital of communities and their satisfaction with their local services

- People feel satisfied with their lives (1,6)
- **People feel happy (1,6)**
- People don't feel anxious (1,6)
- People feel the things they do in their life are worthwhile (1,6)
- **People feel satisfied with their local area as a place to live (6)**
- **People agree that local public services are successfully dealing with a range of issues in their area (6)**
- **People live in a strong, safe and supportive community**
- **People have a positive experience of using services**
- People feel satisfied with the overall level of service provided by the police, the criminal justice system, the county/city council, the district/borough council, the fire and rescue service, their GP, their local pharmacy, their local hospital (6)

Specific aim: Improving the wider determinants of health which affect health and wellbeing and health inequalities

- *People in prison who have a mental illness (1)*
- Sickness absence rate (1)
- Killed and seriously injured on England's roads (1)

- *Domestic Abuse (1)*
- Violent crime (including sexual violence) (1)
- Re-offending levels (1)
- The percentage of the population affected by noise (1)
- Statutory homelessness (1)
- Utilisation of outdoor space for health reasons (1)
- *Fuel poverty (1)*
- *Social isolation (1,2)*
- *Older people's perception of community safety (1,2)*
- Smoking prevalence – adult (over 19s) (1)
- Diet (1)
- Excess weight in adults (1)
- Proportion of physically active and inactive adults (1)
- Recorded diabetes (1)
- Take up of NHS Health Check by those eligible (1)
- Self-reported wellbeing (1)
- Hospital admissions as a result of self-harm (1)
- Suicide (1)

Specific aim: Preventing people from dying prematurely

- Life expectancy (M/F) (1,3)
- Infant Mortality (1,3,4)
- Under 75 mortality from CVD (1,3,5)

- Under 75 mortality from respiratory disease (1,3,5)
- **Alcohol related admissions to hospital (1, 5)**
- **Under 75 mortality from liver disease (1,3,5)**
- Under 75 mortality from cancer (1,3,5)
- *Excess mortality rate in adults with mental illness (1,3)*
- *Potential years of life lost (PYLL) from causes considered amenable to healthcare (3,4,5)*
- *Successful completion of drug treatment (1)*
- *People entering prison with substance misuse issues who are not previously known to community treatment (1)*

Specific aim: Improving children's health and wellbeing from neonatal to 19 years

- Babies born at a healthy weight (1,4)
- Babies breastfed (1,4,5)
- Mothers who smoke at time of delivery (1,4,5)
- Under 18 conceptions (1,4)
- Children in poverty (1,4)
- **Child development at 2-2.5 years (1,4)**
- **School readiness (1,4)**
- **Healthy weight in 4-5 year olds and 10-11 year olds (1,4)**
- Pupil absence (1,4)
- 16-18 year olds not in education, employment or training (1,4)
- GCSE (5 A-c incl English and Maths)
- Hospital admissions caused by unintentional and deliberate injuries in under 18s (1,4)
- Emotional wellbeing of looked after children (1,4)
- Smoking prevalence – 15 year olds
- Tooth decay in children aged five (1,4)
- Chlamydia diagnosis (15-24 year olds) (1,4)
- Population vaccination coverage (1,4)
- Unplanned hospitalisation for asthma, diabetes and epilepsy and lower respiratory tract infections in under 19s (3,4)
- *Children and young people's experience of healthcare (3,4)*
- *Admission of full term babies to neonatal care (3,4)*

- *Incidence of harm to children due to failure to monitor (3,4)*

Specific aim: Enhancing quality of life for people with long term health, care and support needs

- **Social care/health related quality of life for people with long term conditions (2,3,5)**
- People feel supported to manage their condition (1,2,3,5)
- Carer reported quality of life (2,3)
- *Improving people's experience of integrated care (2,3)*
- Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (2,3)
- **Proportion of people receiving social care who receive self-directed support and those receiving direct payment (2)**
- Emergency readmissions within 30 days of discharge from hospital (1,3,5)
- **Effectiveness of reablement services (2)**
- Estimated diagnosis rate for people with dementia (1,3,5)
- *Dementia – a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (2,3)*
- Adults with LD/ in contact with secondary MH services who live in stable and appropriate accommodation (1,2)
- Employment of those with a LTC including adults with LD or who are in contact with secondary MH services (1,2,3)
- **PPV vaccination uptake in 65+ (1)**
- **Flu vaccination uptake in 65+ (1)**
- Hip fractures in 65+ (1)
- Falls and injuries (1)



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If you would like this information in large print, Braille, audio tape/disc, British Sign Language or any other language, please ring 0800 051 8371

Health and Wellbeing Strategy – Consultation Questions

“A once in a lifetime opportunity to fundamentally transform health and improve outcomes for Staffordshire people.”

As the Staffordshire Health and Well Being Board, we are the local organisations responsible for commissioning health and social care services in the county – the County and District Councils, the GP led Clinical Commissioning Groups, NHS England and Staffordshire Police. Importantly, Healthwatch Staffordshire represents the public voice on the Board.

Together, we have a shared ambition to build a health and social care system that delivers improved outcomes for our communities in the most efficient and effective way possible. To help take this forward, we have developed a joint Health and Well Being Strategy which will shape services over the next five years.

We now need your views on how we take forward this strategy, and how we work together with all the residents of Staffordshire to improve health and well being across the county. Full details on how to respond are shown below.

1. How we use of funding and resources

The strategy sets out our intention to spend more on preventing ill health and supporting communities, rather than the current situation where the majority of our resources are used to provide services once someone is unwell or in crisis. Due to the economic situation there is not enough money to keep dealing with problems in the same way as we have done in the past so we need to shift our spending into prevention. The evidence shows this can be more effective, less costly and results in a better quality of life.

Q: How do you think we should use public sector resources to help promote healthy living and reduce the demand for services such as hospitals, GPs and the Police?

The following are some examples of what we could do – which of these do you think we should focus on in addition to your own suggestions?

- ☐ Spend more money on community facilities such as safe places to play and leisure services?
- ☐ Do more to encourage people to stop smoking?
- ☐ Help people reduce the amount of alcohol they drink?
- ☐ Provide more community support for the elderly?
- ☐ Support people to make healthy eating choices and exercise
- ☐ Support communities more to develop their own solutions?
- ☐ None of the above

Q. What should we stop doing or do less of?

2. Our priorities for year one of the Health and Wellbeing Strategy

Parenting: Getting the best start in life is very important for a child's future health, happiness and their life expectancy. We have agreed that one of our first priorities should be to focus on promoting good parenting in Staffordshire so that all children in the county reach their full potential.

Q. What do you think would make the most impact on helping children in Staffordshire get the best start in life?

The following are some examples of what we could do – which of these do you think we should focus on in addition to your own suggestions?

- ☐ Making sure as many mums who can breastfeed?
- ☐ Spending more money on nurseries and early years provision?

- ☐ Providing more information and advice on parenting techniques?
- ☐ Supporting communities to develop their own support for parents?
- ☐ Supporting flexible working arrangements for those caring for children?
- ☐ None of the above

Alcohol use and harm from drugs: Around one in four adults in Staffordshire drink more than the recommended amount of alcohol, leading to a wide variety of health, crime and social problems, many of which affect our communities, particularly the elderly and vulnerable.

Q: What do you think we can do that will have the biggest impact on reducing harm caused by alcohol and drugs?

The following are some examples of what we could do – which of these do you think we should focus on in addition to your own suggestions?

- ☐ Trying to influence the Government to change licensing laws and minimum pricing?
- ☐ Increasing restrictions on where alcohol can be consumed?
- ☐ Providing more services to support people with reducing the amount they drink?
- ☐ Doing more with schools and colleges to talk to young people about alcohol and drugs?
- ☐ Better identification of people with, or at risk of, drinking or drug problems
- ☐ Supporting communities more to develop their own solutions to these problems?
- ☐ None of the above

Supporting the frail elderly: The way we support people to age well and to maintain their independence is of considerable importance to our communities, and a real challenge for delivering this Strategy. We want to change the way we deliver support to the elderly to provide more coordinated care where it is needed and to the high quality standards our residents deserve.

Q: What do you think would make the biggest difference to help people live independently and well for as long as possible?

The following are some examples of what we could do – which of these do you think we should focus on in addition to your own suggestions?

- ☐ Provide more transport services to help people access services in their local area?
- ☐ Support more voluntary organisations to provide care to people in their community?
- ☐ Improve the availability of good quality housing and accommodation?
- ☐ Establish more support for carers?
- ☐ More investment in housing and suitable accommodation
- ☐ Support further integration of health and social care services?
- ☐ Supporting communities to develop their own support for older people?
- ☐ None of the above

3. How will we measure success?

We need to be able to demonstrate the impact of our strategy over time. We want to make sure the decisions we have made improve the quality of life for people in Staffordshire and that we have made the right choices in how we have used our resources and spent your money.

Q: What do you think we should do to measure the success of our strategy?

4. Your role in helping to make things better

Now we have explained our priorities we want to hear from you how you can support us achieve our ambitions for improving the health and wellbeing of people in Staffordshire. We all have a role to play and we want to understand more about what you think you can do live well and lead a healthy life.

Q: What action do you need to take to help improve your own or your communities health and well being?

Have your say – how to respond

You can also follow us on twitter – @ConvoStaffs or Facebook Conversation Staffordshire
If you wish to speak to us directly, please call us on 0800 051 8371

Health & Wellbeing Strategy 'Living Well in Staffordshire'

Feedback from:

Lichfield District Board
Lichfield District Health and Wellbeing Board

Our comments are given below

How we use funding and resources

Q1 - How do you think we should use public sector resources to help promote healthy living and reduce the demand for services such as hospitals, GPs and the Police?

- Resources should recognise local differences, and ensure that investment and delivery plans are sufficiently 'fine grained' that they can take account of local needs and assets. Lichfield is very different to some other areas of Staffordshire but still has areas of significant need (ageing population, areas of deprivation etc)
- There are some very simple wins like Let's Work Together; which is a Lichfield inspired piece of work with strong buy in across many public sector organisations. We would recommend embedding LWT across Staffordshire as a key universal prevention resource
- We agreed with the approach to focus on a smaller number of cross cutting issues, such as alcohol, which affect many agencies. We think that mental health / mental wellbeing should also be considered
- Resources are going to be an issue – increasing demand is happening at the same time as public sector spending is being severely cut. This has to mean more voluntary effort, more individual responsibility (throughout the life course) and more targeting of resources where they are needed most.
- Is it possible to take things out of 'boxes' and agree cross cutting themes from HWB Strategy, Police and Crime Plan, Troubled Families etc - can we use our resources better by understanding and promoting a cross cutting approach? Focus on some 'wicked issues' such as alcohol and mental health – which affect many individuals and agencies.
- We do have lots of people who are ageing but also many people (at least in Lichfield District and probably elsewhere in the county) who are retired, healthy, able, with skills, knowledge and time that they could invest in the community with all the rewards that could bring to themselves and others. Can we do more to capture and use this asset? Can we develop and implement a countywide ageing well strategy?
- As a priority we should seek to support communities to develop their own solutions - support could be from a range of things such as;
 - Community development approaches e.g. Asset Based Community Development
 - Making use of existing infrastructure contracts (SCYVS / VAST / ENTRUST)
 - Better use of public buildings to support communities - removing barriers rather than putting them up (H&S security etc)
 - Financially (SCC examples would include Community Wellbeing Fund or Local Community Fund)
- Most of the LSP partners are advocates, commissioners and providers of services which affect the underlying determinants of health. The long term impact of the wider determinants should positively impact on how we allocate our resources in the future. We think there should be a greater emphasis on tackling the wider determinants of health.

- Ultimately, we agree that more funding needs to be shifted into preventative services / interventions but acknowledge that redirecting funding away from acute services, whilst demand remains, will require determined effort and significant behavioural and organisational change
- If we are to prevent the need for an individual to require more intensive / acute / expensive care there needs to be a better join up and better understanding by all partners of the way they do and could be contributing to preventative services. We need to strengthen partnerships
- We suspect that more research is needed on the cost / benefits of the preventative interventions and underlying determinants? We would like to see this work being taken forward by the Staffordshire Intelligence Hub.
- Don't forget local areas are a good source of local intelligence – the eJSNA are valuable resources

Q2 - What should we stop doing or do less of?

- We should identify and stop duplication of services and multiple agency interventions with the same household / service user. We must consider all options before making an admission to hospital or care home. We should evaluate the impact of preventative work on our commissioned services & explore approaches that are proven to work
- Universal services should focus on those most in need and we should stop subsidising services for those who are not in need - geographically or socio-economically.
- We need a grown up conversation with the public and public, about future strategy for delivery of services. A conversation that emphasises a shift from traditional acute type / crisis interventions. Withdrawal from hospitals and buildings has to be on the agenda

Our priorities for year one of the Health & Wellbeing Strategy

Q1 - What do you think would make the most impact on helping children in Staffordshire get the best start in life?

- More direct intervention is needed during early pregnancy with vulnerable or potentially vulnerable families and parents. More 'hands on' support from voluntary networks.
- Improved quality and availability of Information, Advice and Guidance (IAG) for young people and their parents. It is important to differentiate the messages (to children and adults) as children get older and go through different transitions.
- As a public sector we know certain things will happen from the day they are born and we have many opportunities to deliver those messages. We could plan delivery of IAG much better at significant transitions when we already transact with the parents - registration of birth, health visitor visits, immunisations, nursery / pre-school attendance / application for primary school place, parents evenings etc etc.
- Support the "Think2" early years provision in targeted wards (Chadsmead, Curborough, Stowe, Summerfield, Boney Hay & Chasetown) and encourage take up of free childcare provision from those parents we visit and whose children would benefit most. Practically, there is a need for additional provision in the North Lichfield ward which cannot be serviced at present due to lack of a suitable venue - what assets across the partnership do we have that could be used for this sort of provision?

Q2 - What do you think we can do that will have the biggest impact on reducing harm caused by alcohol and drugs?

- Doing more with young people to highlight the long term affects and dangers of substance mis-use (drugs / alcohol / smoking) but also to emphasise "the social norms" and that most young people don't drink or take drugs.
- Delivery needs to be a a wide range of contact points.; youth clubs, sports clubs, uniformed organisations like scouts / guides, school nurse visits, GPs, PCSOs etc etc and through creative and innovative use of social media and peer groups. Similar opportunity exists with adults particularly to "hidden drinkers" - those drinking in the home as a relaxation activity.
- A strong focus on age alcohol sales & confiscate alcohol from under 18s in possession - followed up by parental visit and use of sanctions such as health education events (same concept as Road Safety awareness course for adults caught speeding - but to include parents and child). Zero tolerance approach to underage drinking and smoking

Q3 - What do you think would make the biggest difference to help people live independently and well for as long as possible?

- Tackle social isolation and try to reduce loneliness. We should collectively support friendship groups and then take services to these hubs ie health screening, immunisations, energy efficiency advice etc etc. Opportunities range from lunch clubs / craft groups / Tea Dances / University of the 3rd Age / volunteering / walking groups / exercise groups. Also ensure continuity of care for those who cannot leave their homes but who need our services (social care & health mainly) so that a relationship develops, and the impact of loneliness and isolation deminishes on the person
- Financially support voluntary organisations who provide befriending services to engage with those living alone in old age or with specific vulnerabilities (ie Mental Health or Learning Disabilities) - particularly, and with sensitivity, targeting those who we know to have recently lost their partners in old age - range of alert systems to this life event from registration of death, changes in electoral registration paperwork, GPs patient knowledge.
- Support for community transport type initiatives that reduce isolation and improve access

How will we measure success?

- Through an improvement in the inequalities indicated on page 12 of the document. Closing the gap would be a great start but longer term we should be seeking to improve the situation for everyone so that the thresholds improve and the gap closes at the same time.
- By tracking the balance of spend between acute and preventative services; track hospital admissions and preventable deaths.
- Monitor the gap between life expectancy (and other performance indicators) between the least and most deprived areas and ensure that the gap closes

Your role in helping to make things better

- Use local partnership structures to support the roll out of the JHWBS – in Lichfield the Health & Wellbeing Board (which feeds into the District Board) offers an opportunity to do this

- The voluntary and community sector could have lots to offer but we do not yet understand whether this sector has the potential to deliver. A county-wide discussion about who holds the ring on this and what strategies are needed to support the expansion of the third sector is critical
- Health scrutiny role could be important in supporting delivery, plus elected Member involvement, especially in discussions around shifting resources. We need to engage and take local people with us.
- Local partnerships can help us access communities and residents, we can help with this

July 2013



Lichfield District Board

25th July 2013

Emotional health and wellbeing services for children and young people in Lichfield District

INTRODUCTION

This report seeks to make District Board members aware of new developments in emotional health and wellbeing services for children and young people within the District as part of two pieces of countywide work.

Furthermore, to start the discussion amongst District Board partners as to whether there is an appetite to jointly commission elements of support through the new framework.

BACKGROUND

Early intervention in mental health or emotional/behavioural problems has been shown to achieve improved outcomes for children, families and wider society such as increased learning and educational attainment, improved behaviour and attendance at school, better physical health, improved long term mental health and reduced health and social care costs. Voluntary and community organisations have an important role to play in providing effective, high quality early intervention services as they are local, flexible, trusted, informal and friendly. Currently VCSOs provide a relatively small proportion of early intervention mental health and wellbeing services.

The Commissioning Team for Care (Childrens) at Staffordshire County Council has been focusing on improving the choice and quality of emotional health and wellbeing services commissioned by Staffordshire County Council, for children and young people presenting at a Tier 2 level.

A number of positive developments are currently underway including:

- The commissioning of an online emotional health and wellbeing support service for young people aged 11 upwards. The service called **Upside** is delivered by Barnados and will offer the opportunity for young people to talk to a trained professional using email and live chat. This will be offered on weekday, and weekend evenings between 5pm and 11pm. The service will also offer a comprehensive website, where young people, parents and professional can access a wealth of information. Young people can access support about a range of issues that may affect their emotional health and wellbeing including, anxiety, low mood, bullying, relationships and family problems. It is expected that the Provider will refer to community services should there be a need for direct, face to face intervention. This service is now live and can be accessed at <http://www.upsideonline.co.uk/> Barnados are currently engaged in a programme of marketing and information sharing with schools and others.
- Staffordshire has successfully applied to be a BOND (Better Outcomes, New Delivery) pilot site, and a number of activities are currently underway. BOND is a Consortium led by YoungMinds, comprising Youth Access, Place2Be, the Mental Health Foundation; EBPU (Evidence Based Practice Unit) FPM Training, Lisa Williams Consultancy, the Rees Consultancy and Cernis. The partnership is advised by the Afiya Trust which

brings expertise and knowledge of BME communities. The BOND team have committed to working within Staffordshire to fully understand the needs of children and young people with emotional health and wellbeing needs in this area and to engage schools and Voluntary and Community Sector Organisations in developing successful commissioning based approaches to supporting these children and young people. Member organisations of the District Board would be welcomed partners to these discussions. Staffordshire's special schools have been particularly interested in looking at how they can become commissioners of the voluntary sector as part of this initiative. More information can be found at http://www.youngminds.org.uk/training_services/bond_voluntary_sector

- The commissioning of an Emotional Health and Wellbeing Framework Agreement is currently at the procurement stage and will be operational by the 1st October 2013. (Please see attached diagram). Providers will offer service to children aged 5 - 18, and where appropriate, their parents/carers. The framework will serve as a "catalogue" for commissioners/funders to call off quality assured, evidence-based and professional services to meet local need.

OUTLINE PROPOSAL

In the first instance, Staffordshire County Council intends to provide a small amount of start-up funding to the framework to offer emotional health and wellbeing support to children and young people following an assessment of need from Local Support Teams. However, the framework has the potential to be developed locally and used as a tool for jointly commissioning services within locality areas or for individual agencies to commission directly for services they require. Staffordshire County Council is open to these approaches and would be happy to discuss other creative or innovative ideas. District Board partners who choose to make use of the framework agreement stand to make substantial savings in terms of time and human resource in the commissioning cycle.

Staffordshire County Council intends to make its District Children's Commissioners available to support schools, LSTs and others to become commissioning ready. This may include helping relevant parties to scope out what children and young people and their parents/carers need; to specify what sort of services are required to meet those needs and to help identify what outcomes are required and how these should be measured.

RECOMMENDATIONS

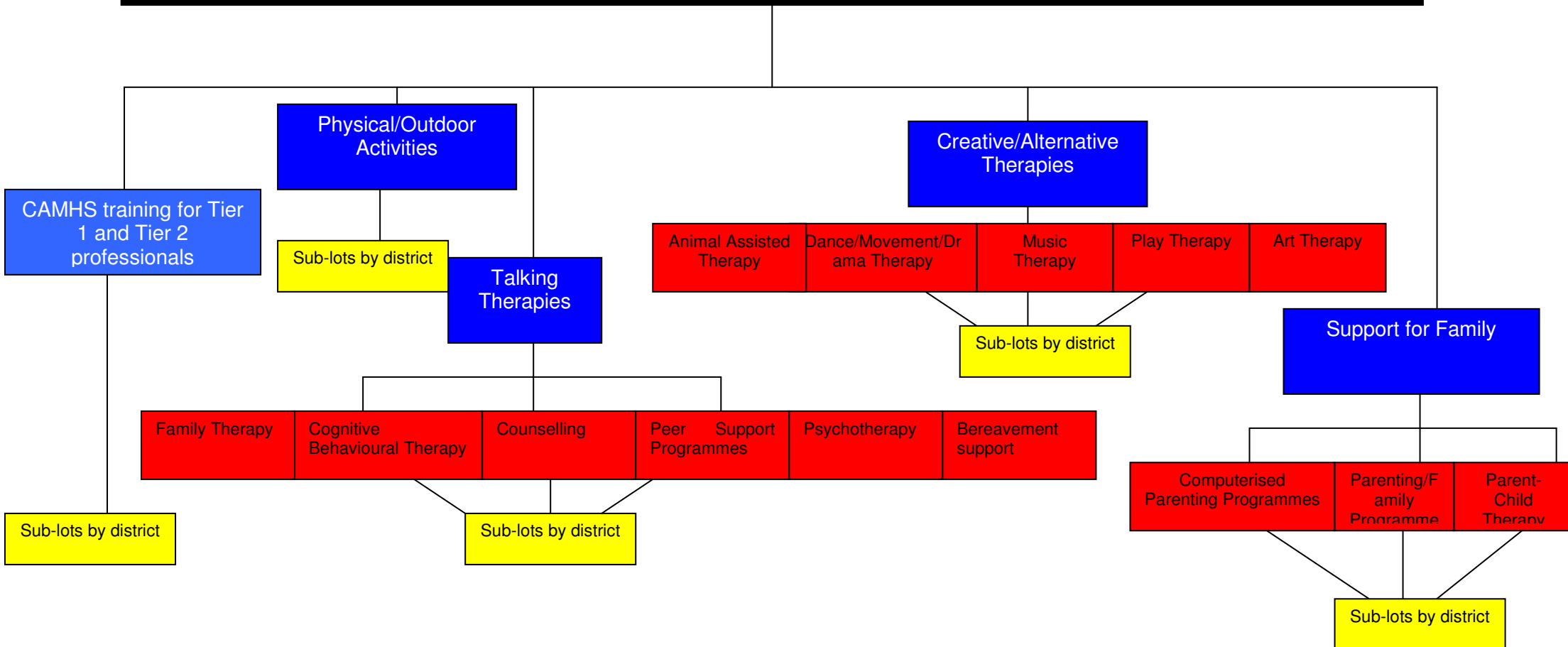
- Board members note the developments of the UPSIDE online support now available through Barnardos
- Board Members note the development of the BOND project. Interested parties can obtain more details by contacting Vicki Hancock, Commissioning Officer - Care (Children's) on 01785 895514 or at vicki.hancock@staffordshire.gov.uk
- Board members consider the potential of jointly commissioning emotional health and wellbeing services now available through the new Framework Agreement. Interested parties can obtain more details by contacting Debbie Nash, Children's Commissioner (Lichfield) on 07800 626492 or at debbie.nash@staffordshire.gov.uk

Wayne Mortiboys

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EMOTIONAL WELLBEING SERVICES FRAMEWORK



CATEGORIES

SUB -LOTS

SUB-CATEGORIES



Lichfield District Board

25th July 2013

Police and Crime Plan 'Safer, Fairer, United Communities for Staffordshire' 2013- 2018

INTRODUCTION

The Police Reform and Social Responsibility Act 2011 requires Police and Crime Commissioners to produce a Police and Crime Plan that sets out a strategy for policing and crime reduction over a four year period to take effect from 1st April 2013 and cover the period up to 31 March 2017 or until a subsequent Plan is issued following an annual review.

Building on the initial draft document released in the spring the PCC for Staffordshire has recently released his final Plan 'Safer, Fairer, United Communities for Staffordshire' for consultation; the consultation period is until the end of August 2013.

The Police and Crime Commissioners were elected last November for a period of four years; the next election will take place in May 2016.

'SAFER, FAIRER, UNITED COMMUNITIES FOR STAFFORDSHIRE'

The PCC recognises Staffordshire is a relatively safe place with a continued reduction in crime. He acknowledges however there are big challenges ahead including the risk of terrorism, serious organised crime and the changing nature of crime such as cyber-crime.

The Plan intends to build on some of the excellent work that is already taking place and is co-ordinated with other strategies across Staffordshire, in particular plans supporting the Health and Wellbeing, Safeguarding Boards and the Stoke-on-rent and Staffordshire Local Enterprise Partnership. Following the wider consultation process a series of delivery plans will be developed to ensure there is an understanding of expectations and accountability through clear governance arrangements.

The approach taken in the development of the Plan is evidence and intelligence based taking account of the Chief Constable's strategic assessment of policing need, Community Safety Assessments and needs analysis across the sector, for example through Staffordshire Observatory insight.

The PCC has set out four priorities for 2013 – 2018:

- **Early intervention 'tackling root causes before they become a problem'** by developing a Staffordshire wide Early Intervention Plan (EIP) to build resilience in families and communities; creating new opportunities for young people by rolling out Staffordshire Young Police Cadets providing opportunities for at least 180 young people; identifying and intervening sooner with those at greatest risk of becoming involved in crime and anti-social behaviour; mentoring those at risk of offending and providing diversionary activities for young people.

- **Supporting Victims and Witnesses ‘making it easier for victims and witnesses to receive the support they need’** by providing a ‘one stop’ easy access support mechanism for victims and witnesses; introducing a case tracker system for victims and witnesses; better treatment of victims and witnesses; promoting and developing Victim Champions across Staffordshire; developing community resolution, Restorative Justice and other appropriate mediations along with greater scrutiny.
- **Managing Offenders ‘preventing offending in the first place and reducing the likelihood of re-offending’** by working with partners to achieve a multi-agency approach to the key determinants which create offending behaviour (education, employment, housing and accommodation, mental health and drug and alcohol issues); by ensuring a tough approach to offenders reluctant to change and offering support to those that are; expanding the approach to managing offenders; developing community resolution, restorative justice and other mediation approaches to tackling offending; working with local businesses and employment sector to provide meaningful opportunities for young and adult offenders; particular focus on business crime, rural and wildlife crime and offending.
- **Public Confidence ‘making sure everything that happens contributes to individuals and communities feeling safer and re-assured’** by involving local people and communities in delivering local solutions; increasing visibility of policing’ ensuring local residents are better informed and involved; supporting those that need specialists support, information, advice and guidance.

The role of the PCC is to determine the policing, crime and community safety objectives for the area and then ensure they are met. The annual budget in Staffordshire at his disposal to achieve this is approximately £185.4 million of which £182.7 million is currently spent in directly commissioning Staffordshire Police. From the balance, £1.2 m has been allocated to a local Community Safety Fund which should provide continuity to Community Safety Partnerships from 2013/14. In addition, local organisations/communities will be able to apply for funding from a ‘People Power’ fund (£500,000) set aside to help fight crime at the most local level and £1m to fund the running costs of the PCC’s Office. £4.1m has been set aside for capital expenditure.

GOVERNANCE

Partnership governance structures for community safety and crime and disorder across Staffordshire have not yet been adapted to reflect the new role of the Police and Crime Commissioner. In the main, structures reflect previous legislative requirements and are based on local government areas; in Staffordshire, the County Council, Stoke-on-Trent City Council and the eight District/Borough Councils.

Current governance arrangements are built on the provisions of the Crime and Disorder Act 1998 which requires responsible authorities to work together in formulating and implementing strategies to tackle crime and disorder in their local area. In 2007 the Regulations set out the way that community safety partnerships (CSPs) should carry out their functions, requiring the preparation of:

- A partnership plan for their local area, setting out their priorities
- A county level community safety agreement, setting out how CSPs in the county might more effectively implement priorities through joint working.

Reflecting the changes in the statutory environment, the Police Reform and Social Responsibility Act 2011 and the Crime and Disorder (Formulations and Implementation of Strategy) Regulations 2012 update the requirements to necessitate co-operation and joined up working between responsible authorities and the PCC both in developing strategy and exercising their functions.

However, the legislation and guidance does not prescribe how this should be done; current arrangements in Staffordshire are being reviewed to avoid duplication and enable a more effective delivery.

WHAT IT MEANS FOR LICHFIELD SAFER COMMUNITY PARTNERSHIP

As you would expect, there is a great deal of synergy between the current Community Safety Partnership Plan for the Lichfield District and the new Police and Crime Plan as both documents are evidence based. Matters of note include:

Early Intervention

- A considerable amount of early intervention work is already in place including the Local Support Team and the Anti-Social Behaviour Group (ASBAG) which can underpin proposed new developments including the Staffordshire Young Police Cadet Scheme.
- Over the last five years there has been a 50% reduction in reported incidents of anti-social behaviour across the district which has been down to a number of early intervention projects not least 'Positive Futures'. Based in Burntwood it is open to all young people across the district but particularly those at risk who are referred to the project by partners including the Police, Prevent and Deter Workers, Youth Workers, Local Support Teams and the ASBAG.

Supporting Victims and Witnesses

- In 2011 Lichfield District Safer Community Partnership secured funding from the 'Proceeds of Crime' fund to extend the work of the Tamworth ASB Champion into the district. Promotion and development of Victim Champions across Staffordshire is included within the PCC's Plan. The current funding comes to an end in September 2013; a request to continue this funding until the end of March 2014 is to be made to the Working and Performance Group using Partnership reserves recently identified. Funding will be sought from the PCC to continue this project from March 2014.
- The Independent Domestic Violence Advisors (IDVAs), Independent Sexual Violence Advocates (ISVAs) and the Family Justice Centre are also projects that support the Priority to Support Victims and Witnesses and are local projects.

Managing Offenders

- Reducing re-offending is a statutory requirement for community safety partnerships; for Staffordshire this service is provided through the Integrated Offender Management unit based in Stafford. Locally the Partnership supports the 'Lives Released' project instigated by Lichfield Churches Criminal Justice Forum which aims to mentor prisoners released with sentences less than 12 months which currently excludes them getting help from statutory bodies.
- We are pleased to see the PCC has recognised the need for a multi-agency approach to those with mental health issues that become embroiled in crime and anti-social behaviour.
- In May 2011 we became involved in a national project that looked at the different ways in which this type of issue was being addressed across the country. An appreciation of the various issues around this subject has enabled us to work more effectively with our partners. We are moving forward with ECINs which links into the PCCs call for new joined up ways of providing information to support our combined priorities.
- Currently business, rural and wildlife crime are not included specifically within our Partnership Plan. Any issues raised like this would be dealt with through our Partnership Briefings or the Joint Operations Group. If they were identified as an issue for us during the next strategic assessment process during the autumn they would be included in the Partnership Plan from April 2014.

Public Confidence

- Fear of crime historically has been difficult to tackle; Lichfield took the lead in bringing together the eight district/borough councils to tackle this issue through the Community Pride initiative some time ago.

Implementation

- We welcome the input of the PCC in integrating the community safety agenda to that of the Health and Wellbeing Board, Safeguarding Boards and the Local Enterprise Partnerships and look forward to developing this at a local level.
- In support of the Plan the PCC is to develop an estimated thirty delivery plans with partner agencies; we look forward to taking part in this development. We recently represented the eight local community safety partnerships on a working group to develop a Staffordshire Crime Reduction Strategy.

- Information specific to the 'People Power Fund' (local solutions for local communities) and community safety fund have not yet been received

RECOMMENDATION

The Board is asked to:

- i) Provide any feedback on Police and Crime Plan to the Community Safety Manager (Jenni Coleman) for inclusion in the local response.
- ii) Further reports be presented to the District Board as additional information is received from the Office of the Police and Crime Commissioner.

Author *Jenni Coleman*

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Comments from the Community Safety Working and Performance Group for consideration by the District Board on 'Safer, Fairer, United Staffordshire' Police and Crime Plan 2013-2018

- We welcome the underlying theme throughout the document which reinforces the importance of partnership working to achieve the results we need; we are fortunate in Staffordshire to have a very solid bedrock on which to build both at local and county level. The desire for more joined up working was also endorsed by Lichfield District Council's Community, Housing and Environmental Health Overview and Scrutiny Committee who also welcomed the planned community engagement opportunities
- It is good to note that the PCC will work closely with other partnership forums, particularly the Health and Wellbeing Board and the LEP. There is much in common between the PCC Plan and the HWB Strategy documents. Many of the underlying determinants of health are also underlying determinants of crime. Both documents stress the need for a 'sea change not small change' by shifting resources towards prevention and away from costly intensive reactive services provided by large institutions, whether these are hospitals or prisons.
- Let's Work Together which is a Lichfield District inspired project is a multi agency initiative that aims to help people live healthy, safe and independent lives by training home visitors (police, fire officers, health professionals and council workers) to spot dangers in the home that might not traditionally be part of their work area, and to explain to residents how they can get extra help and support. **We would recommend embedding LWT across Staffordshire as a key universal prevention initiative**
- We acknowledge and welcome the identification of common priorities for health and well being and community safety and note that the 'life course' approach as advocated by Michael Marmot is relevant to both, in particular Priority 1 – Parenting, and Priorities 6 and 7 – Reducing harm from alcohol and drugs.
- We welcome the PCC's priority around supporting people with mental health needs; an issue for many agencies, where the level of need is insufficient to trigger access to mental health services. This can lead to a lack of ownership to solve intractable problems which can affect not only the individual but the surrounding neighbourhood e.g. persistent hoarding. There seems to be a lack of support for people whose needs are quite complex and require intervention from a range of agencies. These people are more at risk of being a victim of crime or a repeat victim. In May 2011, Lichfield became involved in a national mental health project that considered different ways this type of issue was being addressed and therefore we look forward to the short term multi agency work to deliver improved outcomes being extended into our area.
- We note that the PCC Plan also reflects the Building Resilient Families and Communities (Troubled Families) agenda and the Early Intervention priority within the PCC Plan. **How will the Staffordshire wide Early Intervention Plan relate to the emerging Family Intervention Project that is under development at present, could they be developed together?**
- We welcome the PCC's intention to draw up delivery plans in order to achieve action and change on the ground; we **strongly recommend to keep these as simple as possible and consistent with other strategies and plans**. The common priorities across the PCC and HWB Strategies present **a real opportunity** for single and unified delivery plans to be developed and subsequently endorsed by all partners through the Staffordshire Strategic Partnership.
- We agree that the response to crime and community safety issues needs to be tailored to take account of local circumstances and would like to see more of an emphasis on Staffordshire in the Plan. Lichfield District is an area of relatively low crime rates however there are hot spots which need particular attention. The majority of crimes are concentrated around the city centre, but there are also hotspots within residential areas, for example during 2012/13, there was 182 reported incidents of ASB in Chasetown compared to only 14 in Little Aston
- Restorative Justice Level 1 (face to face or indirectly via a mediator) and Level 2 (Neighbourhood Justice Panels) is still in its infancy within the district; any support from the OPCC in developing RJ would be very helpful.

- We welcome the Staffordshire Young Police Cadets and look forward to the launch of this initiative in Lichfield District. **How will the OPCC ensure that the scheme targets young people at risk of becoming disaffected and not just those who are already motivated and pursuing positive activities?**
- The proposal to recruit 200 Community Special Constables and to deploy some of them in rural areas who often feel overlooked is particularly relevant to Lichfield district as we have such a large rural area.
- We welcome the intention to commission at local level by shifting the balance of funding to prevention and early intervention; however, **more details on how and when this will be taken forward would be welcome.** We have appreciated the half year of funding which the PCC has made available to Community Safety Partnerships across the county and this has achieved some positive outcomes locally. However, this funding will soon run out and effective schemes will shortly be facing closure. The PCC may already be aware of the significant cuts which are taking place at Lichfield District Council which is threatening the existence of a range of preventative services including community development and positive futures. We would wish specifically to commend the following projects for ongoing funding by the OPCC, and will present detailed submissions on these under separate cover:
 - Positive Futures (Priority: Early Intervention)
 - ASB Champion (Priority: Supporting Victims and Witnesses)
 - Family Justice Centre (Priority: Supporting Victims and Witnesses)
 - Development of the ECins system (Priority: Managing Offenders)

We would further suggest that these initiatives should be considered not only for financial support to continue within Lichfield District, but as best practice exemplars to be rolled out across the county.

- With regard to organising people and resources for the future (Stage 2 transfer) can we seek **clarification what this will actually mean in respect of staff and resources for the Lichfield district** as we would not wish to see any further reductions in services in our area.
- We note that governance arrangements are still to be worked up but would **recommend retaining a strong local dimension** as local intelligence and on the ground delivery are critical to effective policing and community safety.



Safer, Fairer, United Communities for Staffordshire

2013 – 2018



Office of the Police and
Crime Commissioner
STAFFORDSHIRE



Have your say online



www.twitter.com/StaffsPCC



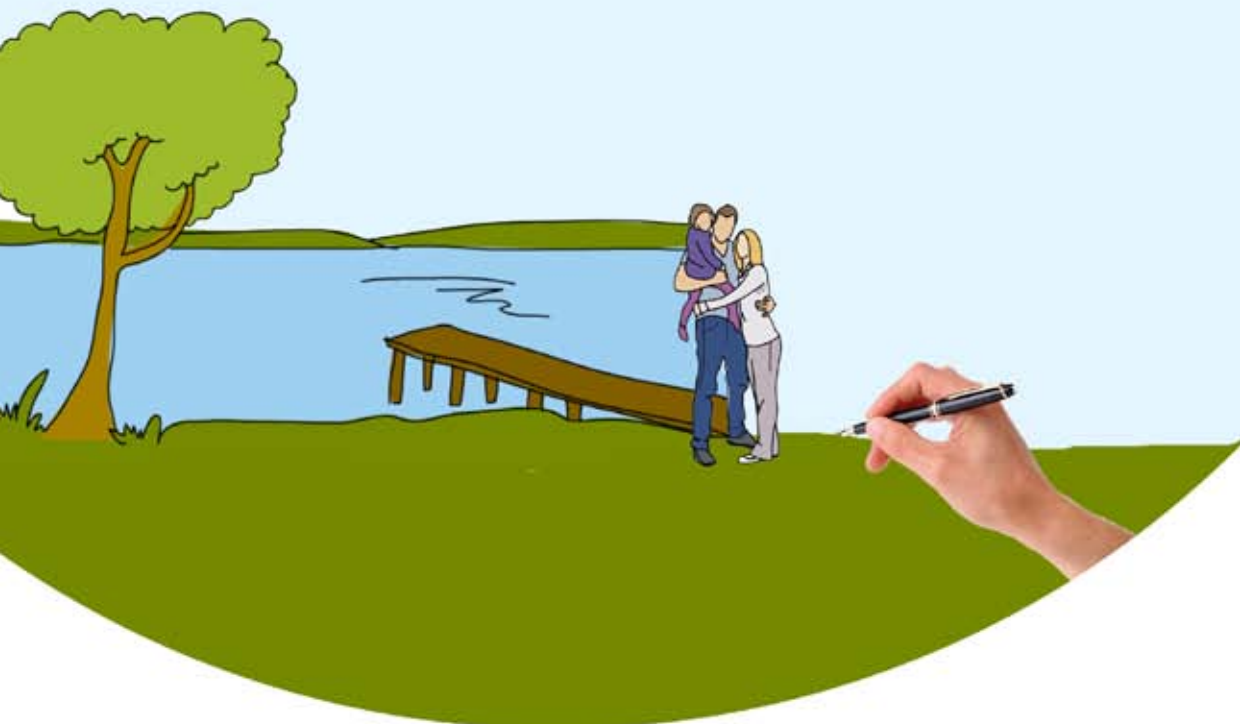
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www.staffordshire-pcc.gov.uk



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Foreword

Matthew Ellis

Police and Crime Commissioner
for Staffordshire

Achieving safer, fairer, united communities has to be a joint effort. Public agencies, the voluntary sector, businesses and communities themselves all need to work together to achieve success. This is going to be difficult, but doing it would benefit the everyday lives of most of the population.

This strategy is about how different organisations and the public go about making a real and sustained difference to reducing crime, anti-social behaviour and the most regional and serious organised crime as well as the risk of terrorism. It's about never losing the aspiration of being crime free, or at least securing really significant reductions overall. It's about policing that's more visible, and people across Staffordshire having the confidence that it's 'there' on demand when they need it because it's not just about being safer, but also about feeling safer.

One size doesn't fit all so we'll ensure there are local solutions for local people. Policing, community safety and the wider criminal justice system must reflect the needs and circumstances of each local area. For example, Stoke-on-Trent's localities have different challenges to Staffordshire's districts and boroughs which themselves are each different.

The best help for victims is helping them avoid becoming a victim in the first place. This new 'agenda' signals greater focus and investment to intervene early and to prevent crime, anti-social behaviour or other issues before they happen. It means the police, local authorities and other agencies joining up better to tackle what causes crime, not just the effects of it. I'll also encourage, support and sometimes provide money for communities through the **Commissioner's People Power Fund** to implement local solutions which address identified community safety issues.

But if someone does become a victim, it's about treating them as an individual, not a statistic. It means simplifying and making it easier to use the myriad of services they find themselves involved with. The very services that are there to support them can be complex, fragmented and anything but user friendly. For example, people's experience of the courts and criminal justice system can be as taxing and traumatic as the original incident, for both witnesses and victims.

Wherever people live they have a right to expect as safe an environment as possible. Being accustomed to higher crime levels in an area, and therefore accepting, it must be challenged. Parts of Stoke-on-Trent and Staffordshire have higher levels of crime, but that doesn't mean it should be accepted as the 'norm', or that the area is less important. The causes and effects should be tackled with greater rigour than before in those places.

We need new ways to provide information that's joined up, and communicate it in a meaningful way, and at a time that suits you, me and everyone else. Too many people who become involved, for whatever reason, with policing and criminal justice find they have to fit 'the system' rather than 'the system' fitting them. This can even be true for police officers and other professionals working within 'the system' itself.

As well as being incredibly frustrating, it's costing tax payers far more than it should do and the quality of service as well as the outcomes for everyone involved could be so much better. It's time to raise the bar.

Tackling reoffending is critically important to making a lasting impact on reducing crime. The approach to prolific and repeat offending will be tough and uncompromising. That said, where offenders are willing and able to mend their ways for the long term, they must be supported by all relevant agencies to make that life change permanent. The evidence is clear that 'breaking the cycle', which is often generational, really works. By managing and working with offenders and families that are chaotic or have dysfunctional lives, crime will reduce faster, wider and for the long term. Intervening earlier with people at risk of slipping into this kind of behaviour will also lessen the burden on public services in the future, meaning tax payers will pay less and the social impact on communities that crime and wrong doing has will diminish for us all.

Every agency contributing towards the priorities set out will also need to be transparent and open in both day-to-day operations and how they make decisions. Given the challenging economic climate that everyone faces over the coming years, it is even more important to be open, honest and straightforward about decisions and priorities. It's important that the public is confident in how their money is spent and confident it's being spent effectively.

The challenge is getting the 'whole system' to work better for all of us. Whilst there have been successes in joint working, the opportunity to do that much wider than ever before now arises for Staffordshire and Stoke-on-Trent because of the Police and Crime Commissioner (PCC) role. The role is not an answer in itself, but the statutory influence the PCC carries across policing, criminal justice and community safety means that there is an opportunity to raise ambitions, provide a consistently joined-up approach that serves people better and uses shrinking resources more effectively than ever.

It requires sector wide improvement and change, not just tinkering around the edges to make bits of the system better.

Obvious, lasting success will only happen if everyone plays their part and raises their collective ambition for sea change, not small change. It

won't be easy because of the sheer breadth of public and other agencies that need

to commit to this. Crucial to making it happen are the Crown Prosecution Service (CPS), Probation Trust, NHS and Mental Health Trusts, Courts & Tribunals Service, Youth Offending Service, Further Education, Job Centre Plus, town and parish councils, district and borough councils, housing associations, community, voluntary and business sectors, Staffordshire Police, Staffordshire County Council and Stoke City Council, Prisons and other parts of the National Offender Management Service as well as the Office of Police and Crime Commissioner. Government Departments also need to show new flexibility to secure better results for Staffordshire people.



This is not 'pie in the sky' or blind ambition. The evidence is there that organisational silo working and lack of focus on outcomes that matter to real people, along with a tendency by some to adopt an 'it's always been done this way' culture, does get in the way of more effective services serving our population better and more cost effectively. I also want everyone involved to be honest and brave by stopping things that haven't worked in the past, or don't join up properly, in favour of starting things that do.

I am, however, certain that Staffordshire and Stoke-on-Trent are better placed than any other part of the country to do something really significant over the next few years. There's tremendous work and real innovation already going on and the ambition to do better I've found during the first few months in Office is clear. It simply needs sparking. I promised to say it how it is, and be honest and frank about the things that work, the things that don't work and things that need to change to meet the challenges and aspirations at the heart of this strategy.

It's a genuine and unique chance for all ambitious and willing partners to step up for the benefit of people who live here, do things differently where that needs to happen and aim higher than ever before to secure a safer, fairer, united future for all our communities.



Matthew Ellis - Police and Crime Commissioner for Staffordshire

"It's not NHS, CPS, Police or Council money... it's all public money."

"Scrap silo thinking, work to common goals - spend better, achieve more"



Introduction

Being bold and innovative to achieve results is at the heart of the Safer, Fairer, United Communities strategy.

// It's now time to raise ambitions and take innovation a step further than ever before.

This strategy sets out how this can be done together, and how everyone has a part to play.

Anyone or any organisation with an interest in making Staffordshire safer will be encouraged to get involved, and commit to their part in making this happen. //

Matthew Ellis



The nature of crime, keeping our communities safe and being able to respond to broader social issues is complex, so no single agency can achieve what needs to be done alone.

Staffordshire's Police and Crime Commissioner is throwing down a challenge to all stakeholders and agencies to make Staffordshire safer by working towards the same agreed goals.

Local solutions for local communities are key to understanding that Staffordshire's communities are not all the same, and a one-size fits all approach will not work. Through this there will be an improvement in community safety and a reduction in crime and anti-social behaviour.





What's needed?

A recognition of the needs and priorities of Staffordshire

Staffordshire by way of its geography, its people and communities and its infrastructure has, in the same way as other places, particular needs, areas requiring development and priorities that the PCC wants to reflect in this strategy:

Through the police and other organisations developing the operational delivery plans that support the strategy, the PCC will gain assurance that all of the specific needs, development areas and priorities are acted upon. He will do this by making sure the approach taken is evidence and intelligence based; this will mean that the Chief Constable's strategic assessment of policing need, community safety needs assessments, needs analysis across the sector e.g. through Staffordshire Observatory insight and the analysis provided by other partners is robust and strong, leading to action that is appropriate and well-judged.

As one example, the PCC has already made strides in identifying evidence of improvement that can be made in supporting people with mental health needs that find themselves involved with community safety and criminal behaviour issues; the positive impact has been for short-term multi-agency development work to take place that delivers better support to police officers and others that become involved with people in need of mental health services, which in turn results in improved outcomes for those people in need.

Mental health is not the only specific area where operational delivery plans should identify opportunities for improvement; this strategy will focus on four key priority areas but within these there will be specific areas that require a similar approach e.g. domestic abuse, sexual abuse, the night-time economy, alcohol and drug abuse, regional and serious organised crime, cyber crime, business crime, rural crime and a large number of other areas. This list is not exhaustive but provides a view of the scale of the undertaking that will be overseen by the PCC.



A new and more mature relationship with Central Government

Decisions are needed that produce the right results for Staffordshire. National priorities must be addressed and the PCC will ensure that Staffordshire helps to deliver these. However the main focus will be on priorities and issues that are important to local people and communities.

The new Police and Crime Commissioner's role means Staffordshire's voice is heard clearer than ever before at a national level. That new voice at national level must be used to influence and shape policy and legislation so that it benefits the people of Staffordshire and Stoke-on-Trent. Our approach in Staffordshire should set the standard for other areas of the UK.

On behalf of everyone involved, the Police and Crime Commissioner will:

- build a new and more mature relationship with Government seeking greater local autonomy and flexibility in the way finances are distributed to help deliver on the priorities set out in this strategy
- seek more flexibility around national commissioning arrangements, for example in national probation and offender management services
- be clear to Government when national input and flexibility is required to provide solutions to local problems.

This ambitious agenda is much broader than policing requirements, and through new freedoms and flexibilities there could be radical improvements in outcomes.



Galvanising of support

Across Staffordshire and Stoke-on-Trent, the PCC will galvanise support and effort towards a common goal.

This includes:

- adopting a strategically collaborative approach to encourage everyone to work together to make Staffordshire safer
- being clear about who is best placed to deliver each part of this complex agenda and ensuring partners support each other in their efforts, whilst maintaining clarity on accountability
- commissioning more at a local level by shifting the balance of funding committed to prevention and early intervention.

Staffordshire Police has a big part to play. The Police and Crime Commissioner working with the Chief Constable, is critical to ensuring an improved and effective police service, but it's not just about the police. With a wider focus, the PCC expects commitment from all relevant public sector agencies and the support of local businesses and local people to achieve real outcomes in a much more cost effective way.



Building on what has been done already

This strategy is co-ordinated with others across Staffordshire, particularly with the plans of the Health and Wellbeing Boards and the Stoke-on-Trent and Staffordshire Local Enterprise Partnership. There is excellent work already underway through these plans and the PCC will support this.

// There are examples where agencies across Staffordshire and Stoke-on-Trent are already at the forefront of national thinking. This strategy will build on these foundations and sets a benchmark for others across the UK to follow. This builds on previous successes, takes account of the views of local people and organisations and tackles important issues head on. //

Matthew Ellis

All this is just the start. Following wider consultation, the task now is to develop a series of delivery plans, so that everyone understands what is expected and can hold each other to account through clear governance arrangements.

Key points:

- influence Central Government more than before to get the best for Staffordshire and Stoke-on-Trent
- at a local level, all agencies and the public have a part to play in making communities safer, whilst spending tax payers money more effectively than ever before
- local approaches focused on the needs of local areas because one size doesn't fit all
- delivery plans that get the job done and governance arrangements that provide clear accountability.



Policing and Crime

Occurrence in Staffordshire

Staffordshire is recognised as a relatively safe place to be with crime generally reducing. However, parts of Staffordshire and Stoke-on-Trent have higher levels of crime and anti-social behaviour that need to be targeted. There are also big challenges ahead that bring risk to this broadly positive picture; the squeeze on public sector finances, the risk of terrorism and serious organised crime and the changing nature of crime such as cyber-crime.

Staffordshire Police are recognised as being effective. A range of other stakeholders, at both a local and Staffordshire wide level have also played their part in helping to reduce crime here.

| Year | No of crimes |
|-----------|--------------|
| 2009 - 10 | 76,036 |
| 2010 - 11 | 70,632 |
| 2011 - 12 | 65,559 |
| 2012 - 13 | 59,403 |

Amongst the Police and Crime Commissioner's responsibilities is the 'totality of policing' across Staffordshire and a requirement to ensure that the police contribution to meeting the broader outcomes of this strategy is efficient, effective and responsive. This means the PCC will:

- set the overarching vision and strategic objectives for Staffordshire Police
- set the policing budget and the amount of council tax for policing purposes (the precept)
- ensure the Chief Constable delivers policing priorities, in line with the direction set out in the Safer, Fairer, United Communities Strategy.

Strategic policing requirement

The Strategic Policing Requirement (SPR) identifies the national threats that police need to address and ensure that they are prepared for. These threats include terrorism, public order, serious organised crime, major incidents that threaten public safety and large scale cyber-crime.

The PCC must ensure that sufficient resources are made available to meet these threats and that the Chief Constable maintains a state of readiness to respond and is able to demonstrate the effectiveness of what is in place at any time.

Organising people and resources for the future (Stage 2 transfer)

The Police and Crime Commissioner employs all support staff in Staffordshire Police. The creation of the Police and Crime Commissioner role means there is a need to decide how staff and resources are used in the most effective way by the Police and Crime Commissioner and the Chief Constable. The arrangements will be agreed formally with the Home Office for implementation by April 2014.

Accountability

The Police and Crime Commissioner is responsible for ensuring the Chief Constable delivers policing priorities, as set out in this Safer, Fairer, United Communities strategy.

The PCC's policies and decision making are scrutinised by the Police and Crime Panel, which will also provide support and guidance on direction and delivery plans.

As someone in elected office, the PCC will ultimately be held to account through the ballot box in May 2016.

The relationship, involvement with and engagement of local people, partners and communities in determining local policing priorities is essential in ensuring that local needs are met. To this end the PCC has adopted an open door policy for all and will keep local people informed and updated through regular newsletters, public meetings, email updates and the wider media.

Key points:

- **crime continues to reduce in Staffordshire, but should be better**
- **galvanising cross agency support for doing this is essential**
- **the Chief Constable is accountable for the delivery of policing priorities as set out in this strategy**
- **the Police and Crime Commissioner is accountable to Staffordshire people and will maintain an approach based on trust, openness and keeping them well informed**
- **people and resources are organised to deliver in the best way possible.**

Priorities 2013 – 2018

Focusing on what matters to local people

The PCC has set out four clear priorities:



Early intervention

“tackling root causes before they become a problem”

.....



Supporting Victims and Witnesses

“making it easier for victims and witnesses to receive the support they need”

.....



Managing Offenders

“preventing offending in the first place and reducing the likelihood of reoffending”

.....



Public Confidence

“making sure everything that happens contributes to individuals and communities feeling safer and reassured”

.....

Priority

Early Intervention

Early Intervention



Tackling root causes before they become a problem

What's known

Evidence shows that the best way of preventing crime and having a positive impact on community wellbeing, quality of life and safety is to stop problems from arising in the first place. It is necessary to intervene early in the lives of individuals and families who have started to experience problems and support them to make new life choices and lift their aspirations. Being able to develop the approach to early intervention is therefore vital and when successful can impact positively on everything else involving the other priorities within the strategy.

There are a number of interrelated factors that can heighten the risk of individuals and families becoming involved in criminal or anti-social behaviour, if not addressed soon enough.

The family can influence criminal behaviour - The first few years of a child's life are crucial for development. Unstable parental situations, poor parenting, domestic violence, alcohol and drug misuse, poor mental health and poor living conditions all impact on criminality. Problems can be addressed at an early stage and often this stops them becoming more complex and damaging.

The community and the environment can also impact on criminal behaviour and wrong doing - High rates of crime and anti-social behaviour are more likely to occur in areas of deprivation. It is necessary to influence ways to 'design out crime' in our communities. Through careful planning of housing and other amenities.

Aspirations, education and employment can affect the likelihood of criminal behaviour - Leaving school without qualifications and not having a suitable job to go to, when combined with other social disadvantages, can lead to criminal behaviour.

Behaviours - A person's early life experiences and their behaviour at a young age often sets their life course; anti-social behaviour, low-level criminality and substance misuse are also known to be major factors in leading to offending or dysfunctional behaviour in later life. By ensuring that prompt actions are taken to identify and then address these matters, generational life cycles can be broken.

It makes real sense to rethink our approaches, and shift our focus towards intervening early to tackle the root causes of crime before they become a problem.

There is a strong evidence base that highlights the benefits of intervening early - leading to improved outcomes for our communities, and cash savings down the line.

The Next Steps, An Independent Report to HM Government, January 2011

“Our intention is to provide a new focus on intervening earlier, thereby ensuring that opportunities exist for everyone, from young children, through to teenagers and young adults and for families as a whole.”



What's going to be done?

- **develop a Staffordshire wide Early Intervention Plan (EIP)** that develops an approach which builds resilience in families and communities so that they can thrive and ultimately place fewer demands on public sector resources in the longer term
- **create new opportunities for young people** – By rolling out the Staffordshire Young Police Cadets, providing an opportunity for at least 180 young people from diverse backgrounds, to develop new skills and self-confidence in the service of our communities. It aims to boost links between the police and young people and promote good citizenship. It isn't about recruiting police officers – it's about using a uniformed and disciplined environment to develop young people, shape their outlook and make a difference to communities
- **help the right people at the right time** - Identify families earlier who are at greatest risk of becoming involved in crime and anti-social behaviour and intervene sooner. Ensure that the right actions and support mechanisms are in place and build on the programmes that are already working in local communities. Families and children can be supported to lead more stable lives, increasingly free from the precursors to potential anti-social or criminal activities by using approaches such as Family Courts and Family Group Conferences
- **divert, through mentoring, those who are at risk of offending** – As a priority, mentoring programmes targeted at those people who may be at risk of engaging in criminal activity will be developed. These programmes will aim to inspire those taking part to make different life choices, lift their aspirations and contribute positively to their community. This could result in improved behaviour, better attendance at school and being a positive example to others
- **provide opportunities through positive activities** - Introducing new positive activities in sport, the arts and culture or any pastimes that will attract young people. These diversions will provide opportunities, a raising of expectations and a more positive and constructive outlook for them.

CASE STUDY

Staffordshire's Young Police Cadets

The new Young Police Cadets for Staffordshire were a key election pledge of the PCC and will strengthen links between the police, young people and communities, and promote good citizenship.



Money for the scheme will come from business sponsorship, ensuring value for money for taxpayers, and the continuity of front line policing budgets. Each cadet will have their own police cadet uniform and work with members of Staffordshire Police to help keep communities safe and reassured.

This could mean giving out safety advice to local people or helping to find out about their concerns. They'll also learn more about how we track down criminals, the equipment we use to fight crime, and have a go at operational personal safety training.

Cadets can also work towards Duke of Edinburgh bronze, silver and gold awards which could involve hiking, climbing and orienteering.

Priority

Supporting Victims and Witnesses



What's known?

Being a victim can be truly damaging and have lasting impacts on feelings of safety and wellbeing. This is not only about the incident itself, but all too often the complexity, fragmented nature and quality of the services that the victim and their families can access, has an affect.

For witnesses carrying out their civic duty, services can be disjointed and unreliable meaning multiple court visits and poor support. Many witnesses say they would be less likely to become involved a second time.

The very services that are there to support both victims and witnesses can be anything but user friendly meaning that the experience they have of the courts and criminal justice system can be as taxing and traumatic as the original incident.

The 'Feeling the Difference' survey asks 1,650 people every 6 months what they think about the police and other community safety organisations. It reveals that victims of crime are significantly:

- less likely to be satisfied with their neighbourhood as a place to live
- less likely to feel safe in their neighbourhood after dark
- more likely to believe crime and anti-social behaviour (ASB) is increasing, even if it isn't
- less likely to believe the police will be there when you need them
- less likely to believe the police are dealing with what matters
- less likely to have confidence in the police

The Police, support organisations and the wider criminal justice system need to improve the experience and the quality of services that support victims and witnesses. The 'system' must fit the needs of individuals rather than victims and witnesses being expected to fit the 'system'.

This will include:

- being professional, respectful and sensitive at all times
- tackling the evident weaknesses of the 'system', for example, by improving information, advice and support to individuals
- responding positively to victim and witness calls for reassurance regarding their safety and protection when participating in the criminal justice process
- expanding the range of justice options open to victims, for example community payback and restorative justice.

A system that fits the individual

Ensuring that victims, witnesses and their families are supported in a way that recognises their individual circumstances and places them at the very heart of all criminal justice processes, is vital.

Victims and witnesses must be treated as individuals, with the respect and empathy that their cases deserve, rather than as a number in an administrative system. Clearer ways for victims to access timely, relevant and seamless support and information from agencies will be introduced.

Mediation involving both offender and victim

The criminal justice system is not always the best way to deal with lower levels of wrong doing or crime. Restorative Justice offers the opportunity for victims to be in control; this will often be about recompense, sanction or closure. This will mean victims and offenders take an active role in determining the outcome of a case, where offenders are encouraged to take responsibility for their action and to repair the harm they've done. This could be apologising, returning stolen money, or community service. The aim is to ensure that the sanction is a pragmatic solution shaped around the victim's wishes without the need to go through the courts and more formal criminal justice processes.

A better criminal justice process

More responsive and efficient criminal justice processes are fundamental to ensuring better results for victims, including reducing delay in cases being taken to court. At present the management and administration of criminal cases is more focused on how the professionals involved carry out their roles rather than the needs of victims and witnesses. This needs to change and we will work with the police, the CPS, the courts and other key stakeholders in the judicial system to ensure the system fits people rather than people having to fit the system.

Avoid duplication and manage case files effectively

The criminal justice system currently relies too much on traditional and cumbersome methods involving reams of paperwork being transported from place to place and a disconnect in the sharing of information. This often leads to abandoned or delayed cases, blockages in the criminal justice process, inconvenience to everyone involved and costs to the tax payer that are far greater than they need to be.

Digitalising the criminal justice system so that technology is used to provide a faster, safer and more cost effective outcome is vital and will help to free up time, and allow much more effort and resource to be focused where it really matters - on front-line activity. This could mean electronic transfer of files between all those involved, more witness and victim interviews at home via digital media so that it's more convenient for them, wifi in courtrooms and a 'system' that works in a more efficient, safe and cost effective way.

Protecting those who are more at risk of being a victim or a repeat victim

Some people are more likely to be a victim because of vulnerabilities. For instance, if they are elderly or disabled or even where they live. Those who have been victims may be at greater risk of becoming a repeat victim. Significant effort has been deployed into identifying and supporting those people. However, despite increased effort the evidence shows that this is not always working because of the sheer scale of the problem. The PCC recognises this and will put more effort into targeting support to those most vulnerable and preventing repeat victimisation.

CASE STUDY - MASH

The Multi-Agency Safeguarding Hub (MASH) brings together a range of partners involved in the safeguarding of vulnerable children and adults. It has shown how better and more timely information sharing can have a real benefit to ensuring the safety for some of the most vulnerable in society, and improving results.

Through a joined up, Staffordshire wide approach, we expect all agencies to work collectively to ensure the right support is in place. Businesses who are victims of crime will not be forgotten, and through better information sharing we will develop a real confidence in Staffordshire as a great place to do business.

What's going to be done?

The Police and Crime Commissioner will ensure that victims have the opportunity to shape their case in a fair, joined up, person centred way through these priority actions:

- develop a victim and witness gateway (Staffordshire Victim and Witness Support Service), where the work of support organisations is joined up in an understandable way. This will provide a 'one stop' easy access support mechanism that is available at a time and in a way that suits individuals and their circumstances
- introduce a password protected internet case tracker to provide victims or witnesses with personalised information to keep them informed and up to date as to the status and progress of their case
- ensure that systems, training and procedures reinforce the need to treat victims and witnesses with respect, accounting for them as individuals as well as their circumstances. Victims will experience more timely contact from skilled staff and will be protected from potential harm
- promote and develop the role of Victim Champions more widely across Staffordshire as part of the support arrangements
- develop community resolution, Restorative Justice and other appropriate mediation along with greater scrutiny around how this type of sanction is applied.

FOCUS ON: Restorative Justice

Restorative Justice schemes offer a tailored approach towards ensuring a better outcome for both offenders and victims. It means the most appropriate outcomes to the level and seriousness of the offence.

Restorative Justice is managed at three levels:

Level 1 – usually for minor offences or non-criminal incidents like anti-social behaviour and can often be dealt with at the scene.

Level 2 – is generally appropriate for more serious offences or if there are several victims, offenders will meet victims during a conference with a Neighbourhood Resolution Panel, made up of volunteers from the community. They will help talk through the issues and come to a resolution.

Level 3 - for serious offences like burglary, robbery or even rape, Restorative Justice takes place post-conviction, usually while the offender is in prison. The victim will have the opportunity to meet the offender face-to-face to ask questions and explain the impact of the crime.

Research from the Ministry of Justice highlights that the majority of victims chose to take part in a face to face meeting with the offender when offered by a trained facilitator.

Typically, 85% of victims taking part in Restorative Justice are satisfied with the process, and the frequency of re-offending is reduced by around 27%. Experience shows that we can generate savings of £9 for every £1 spent on Restorative Justice.

Priority

Managing Offenders

Offenders



Preventing offending in the first place and reducing the likelihood of re-offending

What's known?

Analysis has highlighted four key risk factors associated with offending behaviour.

Substance misuse – Over 60% of adult offenders have substance misuse issues directly linked to their offending behaviour and many offenders have needs in relation to both drug and alcohol misuse.

Employment, education and training – 20% of adult offenders and 40% of young offenders have issues with their employment, education or training directly related to, or showing some association with, their offending behaviour. For many, a poor education and an inability to get a paying job will result in offending and reoffending behaviour.

Accommodation – Almost 17% of adult offenders have difficulties obtaining permanent accommodation and just over 50% of young offenders have issues with their living arrangements, for instance, not being able to live at home, or obtain alternative accommodation.

Mental health problems – These issues are prevalent amongst both adult and young offenders. There is a strong relationship between mental health problems and certain types of crime, with higher-level-of-need-offenders associated with criminal damage, sexual offences and domestic burglary needing more support.

We need a joined up approach to prevent offending in the first place, to reduce the likelihood of re-offending, and to improve the wider life outcomes of offenders in Staffordshire.

All of those delivering this strategy will have a role to play, whether that's through early intervention, or more targeted activity tailored to the circumstances of offenders.



Where offending does take place the aim is to manage it swiftly and efficiently, with appropriate justice being done and being seen to be done.

Through working effectively across relevant agencies to address offending, public protection will be strengthened, better outcomes will be achieved and the quality of life for Staffordshire's people will improve.

There are no 'typical offenders' in Staffordshire and Stoke-on-Trent, and there can be many reasons and factors as to why people become involved in crime and anti-social behaviour. Profiling of offenders has identified a number of common factors though:

- the most prolific age range for offending is between 15 and 24-years-old
- men in this age group make up almost half of the total number of offenders in Staffordshire
- re-offending is generally higher amongst under-18 year olds than adults – 35.3% compared to 20.4%
- offenders are most likely to live in the most deprived areas and the areas recording the highest levels of crime.

Preventing offending

Focussing on preventing offenders from becoming prolific offenders will ensure that justice is effective. Key to this is tackling the root causes that have led people to offend, and support them to avoid reoffending. There are some excellent examples of schemes already in place to tackle persistent offenders, including the Integrated Offender Management (IOM) Programme which is working with around 750 offenders across Staffordshire. Developing this approach further and learning from both within and outside of Staffordshire about what works is vital if the desired impact is to be achieved.

The evidence base about those actions that are most likely to reduce offending and reoffending is good; the IOM programme is working well within limited parameters. However, the challenge is still significant and only through a fully coordinated approach will this be met effectively.

FACT

Research shows that up to 25% of Staffordshire Police officers' time is often used on dealing with mental health related incidents.

There are better equipped agencies to ensure that people with potential mental health problems receive care and support and are not criminalised because police officers have to attend such incidents. Those agencies need to be made fully responsible.

Mental Health Review May 2013

What's going to be done?

The Police and Crime Commissioner will ensure a focus on prevention, efficiency through joint working and effective commissioning underpins everything that is done.

- get all public sector agencies to understand their responsibilities and meet their obligation in preventing offending and reoffending. Responding to the evidence about the key determinants, which create offending behaviour is vital; education, employment, housing and accommodation, mental health and drug and alcohol issues all require a multi-agency approach, but it is also essential that individual agencies take action
- ensure a tough and uncompromising approach to offending. Offenders will be brought to justice and there will be a particular focus on the management of prolific offenders if they can't or won't reform. If an offender is willing and able to move on from past behaviour, then the support necessary will be there to help them do that
- expand the approach to managing offenders to be broader, encompassing harm-based crime and intervening earlier to stop people becoming prolific offenders or progressing to more serious crime
- develop community resolution, restorative justice and other mediation approaches to tackle offending. This will lead to a better protected public, helping to prevent reoffending, and ensuring that offenders have a sense of ownership and understand the impact of their actions
- work with local businesses and the employment sector, for example Job Centre Plus, to provide meaningful opportunities for young and adult offenders to get jobs and become involved in work placements, matching their skills bases to any openings that may emerge
- give a particular focus to business crime and rural and wildlife crime and offending, areas that have not traditionally benefitted from a developed approach that has delivered better outcomes.



CASE STUDY

Integrated Offender Management

The vision of the Integrated Offender Management (IOM) programme is to reduce crime and enhance the safety of our communities by preventing today's offenders becoming repeat offenders.

Our focus is on tackling the causes of offending behaviour to break the destructive cycle of crime, and enable offenders to make amends to their victims and communities.

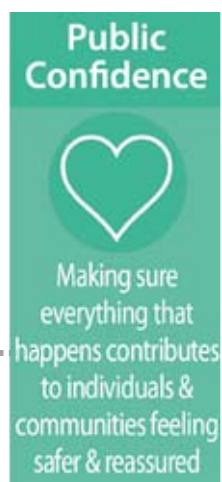
The programme brings together local agencies and their resources to target the most prolific offenders and take the right action at the right time.

The IOM programme comprises a number of key elements including:

- **Early Intervention – identifying opportunities to build in more effective pre-emptive work, giving a good start for children to prevent future criminal behaviour; specifically those who are recognised as being at risk of becoming next generation offenders.**
- **Short Sentenced Offenders (serving less than 12 months) – ensuring that targeted provision is given, at an early stage in sentences, as well as on exit, to provide relevant support to this group who currently pose the highest national rates of re-offending.**
- **High Crime Demand Families – breaking the cycle of crime in families with a history of inter-generational offending through strengthening family relationships and working closely across all agencies to help prevent offending.**

Priority

Public Confidence



What's known?

Although crime is falling, fear of crime is increasing. This impacts on communities as well as individuals and quality of life. It's a serious problem.

The results from the 'Feeling the Difference' survey show that around 13% of residents felt in fear of the possibility of being a victim of crime over the last 12 months (Wave 14, Autumn 2012). Survey findings indicate that there are four main factors influencing fear of crime in Staffordshire:

- A person may have been, or know someone who has been, a victim of crime
- Living in an area of high crime and/or anti-social behaviour
- A person may have been negatively influenced by the media, and/or
- Some people and communities feel particularly vulnerable and isolated (socially or geographically).

Fear of crime is increasingly difficult to tackle. Better protection for those people who are victims of crime or who are vulnerable to crime is essential, as is reassurance to local communities.

Increasing visibility and improving information, advice and guidance across the range of agencies involved in promoting safety will also be key.

Building public confidence

A responsive, public facing and visible police force is at the very heart of the PCC's priorities. Public access to services needs to be built around a number of flexible communications channels, including face to face, emergency and non-emergency responses and clearly understood information.

A real effort to maximise joint working opportunities needs to be made through joined up information which is responsive to individuals, communities, businesses and organisations. The PCC will ensure that people are better informed, able to make the choices which suit them and have greater independence.

People in Staffordshire will feel safer and reassured through greater visibility of the police, better and stronger representation within communities and better information. All of the activities in this strategy, as well as the PCC's on-going focus to minimise bureaucracy and modernise services and approaches, are concentrated on one clear underpinning goal – freeing up more time where it matters – for front line activity.

The recruitment of 200 new “Community Special Constables” to police on a part time, voluntary basis, only in the communities where they live rather than other parts of the wider area, provides local reassurance because the officers know the local community and the local community know them. Whilst not suitable in every area it will provide for rural communities a modern twist to the old ‘village bobby’ and would be in addition to a community’s local police officers. By investing in this extra new resource, the challenges of large sparsely populated communities can be addressed. A particular focus will be on rural crime adding to the development of rural and wildlife crime units.

The PCC will engage proactively across Staffordshire, asking people what really matters to them and their communities and shaping services, information and solutions accordingly. The relationship, involvement with and engagement of local people, partners and communities in determining local priorities is essential in ensuring that local needs are met. To this end the PCC has adopted an open door policy for all and will keep local people informed and updated through regular newsletters, public meetings, email updates and the wider media.

What’s going to be done?

The PCC is looking to improve public confidence through these priority activities:

- involve local people and communities in delivering improvements, recognising that knowledge and expertise is not only contained within those that work for statutory and other formal organisations for example, as is already taking place through Neighbourhood Justice Panels and Neighbourhood Watch Schemes
- increase visibility of policing, including the introduction of 200 new and extra “Community Special Constables” to police the communities they live in and ensure police vehicles are appropriately marked and liveried, reinforcing responsive and visible policing across Staffordshire
- provide local people and communities with accurate information regarding the true picture of crime and anti-social behaviour in their area and what is being done about it through the work of the PCC, the police, criminal justice partners, local authorities, the NHS and other partners. Ensuring that the people of Staffordshire are better informed and involved is key in increasing public confidence and reducing the fear of crime
- support those people that need specialist support, information, advice and guidance to get it in a timely and effective way. For victims of crime this will mostly be delivered through the proposed ‘victim gateway’ (see Priority 2: Victims) but for others it could be about safeguarding, advocacy, counselling, or signposting to activities that would help resolve a problem.



CASE STUDY

Using social media to boost Public Confidence

A key way communities can feel safe and reassured is by engaging with their local police in a way that empowers them to get involved. Social media helps inform communities and reassure them that the police are tackling the issues that matter.

Staffordshire Police are nationally recognised for their operational use of social media. Recently, the force used its Facebook and Twitter sites to appeal for help in finding a missing teenager. Within seven hours of publishing, 104,608 people had seen the appeal, it was shared 1,694 times and 248 community members gave the force feedback to let officers know where it had been shared.

A few hours later the teenager was found safe and well. The girl's mother commented on Facebook: "... just want to say a massive thank you to everyone who shared her details & helped us get her home safe & soundthank you also to all police who have been fantastic.....I can't even begin to tell you how grateful I am and am so relieved to have her back XX".

Informed and involved communities are confident and reassured. Staffordshire Police will continue to build its digital engagement over the coming years.



Working Together

Safer, Fairer, United Communities and its key priorities are underpinned by four principles that inform the thinking behind all that is proposed. Being clear about what needs to be done, the outcomes that will be achieved and the action necessary is key to delivery.

Delivering the priorities of the Safer, Fairer, United Communities strategy won't just happen because it should. The PCC will work to ensure that the approach in Staffordshire is underpinned by ways of working, or principles that enable delivery to happen. These are:

- commissioning and co-production
- partnership and collaboration
- transparency
- value for money.

Commissioning and co-production

The Police and Crime Commissioner's (PCC) role is to determine the policing, crime and community safety objectives for the area and then work to ensure that these are met. The annual budget of the PCC is approximately £185.4 million of which £182.7 million is currently spent in directly commissioning Staffordshire Police. When set against approximately £7.5 billion spent in the public sector in Staffordshire every year, it is a relatively small, but vital sum.

It's therefore important that the PCC is able to influence the commissioning and investment of other agencies in Staffordshire, and identify those actions that bring multiple benefits to local communities and partner organisations. The PCC places engagement at the very heart of commissioning – ensuring that all stakeholders have a voice and are integral to designing the right solutions.

An example of multiple benefits is effectively addressing drug and alcohol abuse, which will not only improve community safety and reduce crime, but also lead to far reaching benefits for both individuals and our communities, including reducing public sector costs and improving the life chances of those affected by substance misuse.

It is estimated that every £100 spent on drug treatment can prevent a crime from being committed, and that current drug treatment provision saves £960m to the public purse, and helps to prevent 4.9 million crimes in England every year.

The commissioning approach will be based on a thorough understanding of the needs of Staffordshire residents, communities and businesses, and link to the priorities identified in this plan. The intent is to support projects based on needs and on best practice that delivers sustainable, long-term benefits, promoting bold new approaches.

Because Staffordshire is diverse, with major urban centres and significant rural communities, commissioning, at a local level is essential, using intelligence from Community Safety Partnerships and other local stakeholders. The PCC will support those best placed to deliver the services needed, including community groups, the voluntary sector and statutory agencies.

Through effective joint commissioning that ensures the best use of the overall resource available, the PCC will bring together contributions, ideas and priorities in the best interest of Staffordshire.

Partnership and collaboration

There are many thriving and committed partnerships that are working to make communities safer, or addressing issues that impact on crime and community safety. The PCC is uniquely placed to work with these partnerships, identifying successes, looking for improvements, establishing new initiatives, driving change where necessary and working in a spirit of cooperation.

The Staffordshire Strategic Partnership has a good track record of making a real difference and bringing partners together; clarifying their commitment, involvement and resources around its two key priorities:

- Staffordshire will have a thriving economy
- Staffordshire will be a safe, healthy and aspirational place to live.

The PCC will look to strengthen these relationships, working alongside the partnership forums that already exist, such as the two Health and Wellbeing Boards, Safeguarding Boards and the Stoke-on-Trent and Staffordshire Local Enterprise Partnership (LEP). The real value here will be in delivering improvements, and making a real difference. This approach relies on effective partnership and collaborative working to address crime and wider community safety in Staffordshire.

In taking the broad view set out in this plan, the PCC will also look to deliver improvement through sharing resources, intelligence, understanding and opportunities with partners. Too often partnership working is signed up to strategically, but this is not always carried through because of constraints and barriers. The PCC will challenge and address these issues when they stand in the way of progress.

Transparency

Every agency contributing towards the priorities of this plan will need to be transparent and open in both day-to-day operations and how they make decisions.

The PCC will ask the right questions and share information with local people about the use of public money. Given the challenging economic climate faced over the coming years, it is even more important



to be transparent and straightforward about decisions and priorities.

Staffordshire Police are reviewing current arrangements for transparency and openness, considering the opportunities to make positive changes, whilst avoiding operational risks. It is also critical that there are similar approaches for all partners, and that scrutiny arrangements and engagement opportunities are truly effective.

The PCC will also ensure that the right processes are in place for managing conduct and complaints through Staffordshire Police with any trends and areas of concern reported and managed through discussions with the Chief Constable. Learning from these will be taken forward and lead to genuine improvements to processes and for the outcomes of residents, communities and businesses.

Through the Police and Crime Panel, the PCC is held to account for the key decisions that are made, as well as the development of strategy and policy related to community safety activity in Staffordshire.

The PCC is committed to providing clear, timely and honest communication on progress towards delivering the priorities and actions set out in this plan, and will report back in a timely manner around how we're performing against them.

Value for money

The PCC has a duty to ensure value for money, as do those who provide services directly to the public. Under the Police Reform and Social Responsibility Act (2011) the Chief Constable has a specific duty to achieve value for money and this will be a key aspect of the Police and Crime Commissioner holding him to account. Both the Police and Crime Commissioner and the Chief Constable will also ensure increased social value across everything that is done.

The vision towards a greater focus on early intervention will be fundamental in ensuring that services are not only more integrated, but that real financial savings are achieved.

The PCC will reduce bureaucracy and waste, and improve efficiency in all aspects of this plan, including procurement. The PCC will work with the different partners that are signed up to it to make the best use of all the resources that are available, and hold them to account for delivering outcomes and real benefits for Staffordshire. Collaboration and partnerships do have a real focus on value for money and this will be maintained and improved into the future.

The PCC will also ensure that procurement is effective and efficient, and that funding allocated for use by others e.g. through Community Safety Partnerships, achieves good results.

There is an opportunity to ensure that the support services, that underpin operations, offer the very best value for money, and help to achieve the improved outcomes set out in this plan. The PCC will investigate opportunities for shared services and facilities where these are appropriate, whilst ensuring the very best in quality. Will look at how shared facilities will be identified, to ensure improved access to services in the ways that suit them and how technology can be used to an optimum level.



Implementation

Realising the priorities set out in this plan will rely on the shared commitment and ambition of all local stakeholders. Intervening early and tackling potential problems at their root causes provide the chance to improve outcomes for our people, communities and businesses using collective resources in the most effective way.

The priorities set out in this plan need to be shaped to allow for the diverse nature of Staffordshire's communities, and their own circumstances, whilst ensuring a better quality of life for everyone.

Alongside the priorities and activities set out in this strategy, the PCC will produce more detailed plans outlining how our priorities will achieve the overall vision. These plans will reflect how the PCC supports and works with a range of providers in designing the right approaches to ensure the best outcomes for our residents and communities.

In realising improved outcomes across Staffordshire in line with our priorities, the Office of the Police and Crime Commissioner will develop joint commissioning arrangements, and investigate the pooling and aligning of budgets across stakeholders to provide clarity across all partners over their contributions.

Commissioning for improved outcomes requires innovation and commitment to ensuring best value for money, as well as ensuring the social value of services we commission. By focussing on early intervention, the PCC will be working closely with and influencing, a whole range of agencies including those improving life chances for young people, ensuring people live in safe environments, tackling mental health issues and dealing with the effects of substance misuse.



Performance management

This Safer, Fairer, United Communities strategy sets out the policy priorities and actions that we will develop and take forward during the PCC's term of office. A responsive performance management framework, centred on making a real difference to the outcomes to be achieved, will help do this.

The Police and Crime Commissioner's role includes holding the Chief Constable to account for Statutory Policing, which alongside the performance measures set out throughout this plan, will form the basis of regular performance discussions between the Police and Crime Commissioner and Chief Constable. These discussions will monitor progress against delivery, decide any actions to improve performance, when and where necessary.

Because so much of what is proposed relies on a range of agencies working effectively together, the Office of the PCC will work in close partnership to develop the mechanisms against which performance against key priorities can be measured. All partners need to be clear about where their accountability lies and this will be set out in more detail in the performance framework appendix document.

Transparency is a key principle and gives Staffordshire's people a real opportunity to judge performance. The PCC will publish regular information on performance and the management of resources. The key high-level performance objectives that will be delivered through each priority are set out in the table below.

The performance framework provides a clear statement of action against each priority. This will be supported by a range of measures agreed across a number of stakeholders and effectively aligned to the priorities. The measures, which are currently being developed, will ensure a clear mechanism for recognising delivery against these, as well as identifying where further focus is needed. The performance framework will report against the statements below to demonstrate progress against the priorities set out in the Safer, Fairer, United Communities strategy.



Finance and Resources

Budget

The PCC has approved a revenue budget of £185.4 million over the 2013/14 period. This is funded from a range of different sources:

- Government Police Grants - £119.7m
- Localisation of Council Tax Benefit Grant (LCTB) - £8.4m
- Community Safety Fund - £1m
- Council Tax (net of LCTB) - £56.3m



Of the £185.4m, some £182.7m has been delegated to the Chief Constable to fund his Operational Delivery Plan.

From the balance, to reflect the importance of ensuring that priorities are based around what really matters to our local communities, the PCC has allocated £1.2m to a local Community Safety Fund, providing continuity of funding to local community safety partners for 2013/14.

In addition, local organisations will be able to apply for funding from a "People Power" Fund set aside to help fight crime at the most local level. In addition, £4.1m is set aside to finance capital expenditure and there is £1m to fund the running costs of the PCC's Office.

Precept

The PCC is committed to ensuring the best value for money for all council tax payers across Staffordshire, and made the firm decision to freeze council tax in 2013/14. This means that the annual council tax precept for a standard Band D taxpayer has been frozen at £177.61.

Making best use of resources across Staffordshire

Throughout this plan, the PCC has emphasised the importance of working in partnership to achieve improved outcomes for Staffordshire's residents, communities and businesses. Making the best use of our resources is fundamental to this, and through identifying joint commissioning and working opportunities, partners across Staffordshire will work together to ensure that every pound of the £7.5 billion of public money in Staffordshire is used as effectively as possible and is used to support the local economy wherever possible. This could be through utilising local suppliers, developing consortia arrangements that are based in Staffordshire and employ local people and focusing on the work of voluntary, community organisations and small businesses that particularly support the rural economy.



Governance

Partnership governance structures for community safety and crime and disorder across Staffordshire have not yet been adapted to reflect the new role of the Police and Crime Commissioner. In the main, these structures reflect previous legislative requirements and are based on local government areas; in Staffordshire, the County Council, Stoke-on-Trent City Council and the eight District / Borough Councils.

Current governance arrangements are built on the provisions of the Crime and Disorder Act 1998 and the Crime and Disorder (Formulation and Implementation of Strategy) regulations 2007. The 1998 Act requires responsible authorities (commonly referred to as a Community Safety Partnership (CSP)) in a local government area to work together in formulating and implementing strategies to tackle crime and disorder in their local area. The 2007 Regulations set out the way that CSPs should carry out their functions, requiring the preparation of: -

- a partnership plan for their local area, setting out their priorities
- a county level community safety agreement, setting out how CSPs in the county area might more effectively implement priorities through joint working.

Reflecting the changes in the statutory environment, the Police Reform and Social Responsibility Act 2011 and the Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2012 update the requirements from earlier legislation and guidance to require co-operation and joined-up working between responsible authorities and elected policing bodies (the PCC) both in developing strategy and exercising their functions.

The legislation and guidance does not prescribe how co-operation and joined-up working should be assured. However, the development of revised governance arrangements can assist in providing this assurance. Together with partners, the PCC is reviewing current arrangements and is looking to identify improvements that can assist the delivery of the Safer, Fairer, United Communities strategy.

Find out more and have your say:



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Notes



Lichfield District Board

25th July 2013

STAFFORDSHIRE FIRE AND RESCUE SERVICE CORPORATE SAFETY PLAN – Local Priorities for 2014 - 2017

INTRODUCTION

Staffordshire Fire and Rescue Service is required to produce an Integrated Risk Management Plan (IRMP) / Corporate Safety Plan (CSP) on behalf of the Fire and Rescue Authority (FRA) and the communities of Staffordshire and Stoke on Trent.

This requirement is legislated within the Fire and Rescue Services Act 2004 through the Fire and Rescue Service National Framework for England 2012 and seeks to set out the organisational priorities for the period of the plan.

The current CSP (2011-14) is in its third and final year and the mandate has been agreed to begin work toward development of the next CSP.

BACKGROUND

This project aims to develop and implement the CSP 2014-17 which will remain within a 3 year planning cycle paying due regard to the requirements of the National Framework and other legislative acts. A comprehensive plan has been developed and an independent external perspective (quality assurance) of our approach to consultation and engagement has been given by Rhion Jones and Elizabeth Gammel from the Consultation Institute which indicated that we were undertaking the development of the next CSP in an effective, innovative and inclusive way

OUTLINE PROPOSAL

The initial phase of consultation is scheduled to take place during June, July and August and includes focus groups and development workshops with our own staff (operational watches and support teams), with community groups based in our community fire stations, other existing community groups and all members of the wider partnership.

Appendix 1 includes the full proposals for the next CSP 2014-17.

RECOMMENDATIONS

A recommendation to be made for the board to review the attached documentation, Version 12 of the Draft Corporate Safety Plan, and identify whether any amendments should be made or additional information considered

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Organisational Priorities

Priority 1. Risk analysis and planning (Directorate: Prevent and Protect)

Our principle – To know and understand the current and emerging risks faced by our communities and our Firefighters

Why is this principle important to us:

The communities of Staffordshire and Stoke on Trent acknowledge that their Fire and Rescue Service is high performing and excellent value for money. We aim to maintain this strong reputation and deliver the safest and highest quality services in the right place, to the right people and at the right time with no compromise to community or Firefighter safety.

To do this we will continue to listen to, work with and educate our diverse local communities to find out what matters most, to help them better understand the risks they may face, how we can make them safe from fire, safer on our roads and safer in the face of the new threats we see in our daily lives whether that be from the impact of extreme weather or acts of terrorism.

Through obtaining and analysing information we will be able to plan, prepare and prioritise our efforts on the most vulnerable in society, reducing waste work whilst helping our communities to improve their health, wellbeing and quality of life, whether children and young people, families or our ageing population.

Through gathering information on risks across Staffordshire and making this available when needed, we can ensure that our Firefighters can be fully prepared to deal with any incident, keeping them safe and unharmed.

Through engagement people have told us that success can be measured by ensuring that we:

Our communities said: 'Reduce the risk of me having an emergency incident at home, at work or on the road'

Our staff said: 'Help to keep me safe when I respond to an emergency incident'

Our partners said: 'Work with us to better understand what people need and want'

Our practices - to deliver against this principle we will:

- Analyse local and national risks to increase our knowledge and understanding of the problems facing our communities
- Gather data and intelligence to understand the demands on the Service and ensure change is based on knowledge
- Use information to help us to focus and shape how we do things across the service and locally, reducing demand and the likelihood of emergency incident happening, making us better prepared for all emergencies should they occur
- Invest in and enhance our consultation, engagement and involvement with our local communities, partners and business
- Get to know what our diverse communities look like so that we can target the right resources to those most in need at the right time
- Actively listen to our communities better so that we have a clear vision and purpose as we commit to making Staffordshire the safest place to be, doing sensible things to prevent emergencies from happening and protecting our communities
- Gather and use risk information to assess the risks posed to our Firefighters and inform how we train and prepare them to safely tackle emergency incidents in their communities when they happen
- Develop secure ways to share information between all partners both locally and nationally to help us do things better together
- Use the right resources in the right place at the right time, contributing to the wider community safety and crime reduction agenda whilst reducing waste saving money and making our staff and communities safer

- Develop measures to capture meaningful data which will help us to assess how we have performed and to learn and improve
- Ask our staff, communities and partners what they think of the services we have provided and how they can think we can improve

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Priority 2. Engaging with and involving our communities (Directorate: Prevent and Protect)

Our principle – To work together with our communities to improve quality of life

Why is this principle important to us:

We want to work with our communities to help them live their lives better and to help others.

By learning about and getting to know our local communities we will be in a stronger position to unlock the untapped skills and strengths at their core, giving people a voice in deciding how to shape their Fire and Rescue Service, to help themselves, to help others and to have a better quality of life.

Your community fire stations are at the heart of your cities, towns and villages. They are part of the fabric of local life and a focal point to help us raise awareness about what we do, to educate and to work together to build a safer and more resilient Staffordshire, prepared for the challenges we must face together.

Through talking with and listening to local communities and promoting volunteering opportunities we can help them to take responsibility for their local community fire station facilities and work together to tackle local issues which are most important to them, reducing demand on our services and helping us to improve safety where it is needed most.

Through engagement people have told us that success can be measured by ensuring that we:

Our communities said: 'Help me to live my life better and to help others'

Our staff said: 'Engage with and educate our communities to help them to help themselves and allow me to use my time better to support those most at risk'

Our partners said: 'The untapped potential in our communities can reduce demand and help us all improve how we work'

Our practices - to deliver against this principle we will:

- Build strong relationships with people in our local communities and celebrate their diversity
- Educate our communities to help them understand our purpose and what we do
- Ask communities to help to shape their Fire and Rescue Service
- Ask local people to take greater control and ownership of their community fire stations
- Work with local people from all walks of life helping to identify and remove any potential barriers and encourage community and voluntary groups to unlock limitless potential, creating vibrant communities, promoting local values, a sense of ownership and pride
- Give local communities greater choice in how they can become involved with their Fire and Rescue Service through volunteering to support and add value to what we do; using a wealth of local knowledge, skills and experience to help us shape and deliver the services they need, to play an active part in helping to solve local problems and to work together to improve their own lives and to make their local communities a great place to live
- Raise awareness of our Community Interest Company to create an environment where local people can take responsibility for local initiatives and see the results of their own efforts
- Encourage our communities to work alongside us to manage and evolve community fire stations in a way which will boost local ownership and help communities to help themselves; reducing the reliance and demands on our service and the impact of fire and other emergencies.

Priority 3. Culture, Leadership and Learning (Directorate: People)

Our principle – Invest in and develop our workforce to ensure that we continue to be a high performing organisation

Why is this principle important to us:

We want to make sure that all of our staff are given the right learning and development to be safe and do their job well, contributing to and feeling and valued part of a high performing organisation, maintaining our current strong cultural position and our preparedness for change going forward.

The people who work for your Fire and Rescue Service are professional, dedicated and passionate about keeping their local communities safe from fire and other emergencies. We will continue to invest in their learning, development, health, safety and wellbeing to ensure that they can do their job well throughout a positive and fulfilling career ensuring that we have the right people with the right skills and behaviour in the right place and at the right time.

Through engagement people have told us that success can be measured by ensuring that we:

Our communities said: 'Make sure your staff can do their job safe and well'

Our staff said: 'Invest in me to allow me to do the best that I can to make myself and my community safe'

Our partners said: 'Help us to create the same strong culture seen within Staffordshire Fire and Rescue Service which places a unique value on every person'

Our practices - to deliver against this principle we will:

- Invest in our people for the future
- Celebrate success and support improvement through learning
- Ensure that our staff appraisal process is effective and provides a needs based focus for individual investment and improvement
- Provide our staff with high quality training, development and learning opportunities to ensure that they work safely in whatever job they do
- Ensure that we are a flexible learning organisation, unlocking the potential in our people to ensure that we offer them opportunities to grow and develop to help us deliver the best possible services despite being a smaller team and facing unprecedented financial challenges and increased demand
- Develop opportunities for all staff to gain transferable skills enabling them to undertake meaningful roles in support of different areas of the service giving us capacity, resilience and flexibility for the future
- Provide all staff with opportunities to engage in all aspects of volunteering, particularly to support our broad community safety work and successful initiatives providing opportunities for people in our communities
- Build upon our strong cultural of openness, honesty and trust, with the fitness, health and wellbeing of our staff central to being a successful organisation
- Reduce the likelihood and impact of sickness whilst developing improved evaluation to better understand the success and quality of service we provide to them as highly valued employees
- Raise awareness in our communities about our purpose and what we do to underpin recruitment and volunteering opportunities to help us to shape our service to reflect the needs and profile of local communities, ensuring we have the right people, with the right skills in the right place at the right time

Priority 4. Commissioning and partnerships (Directorate: Prevent and Protect / Organisational Development)

Our principle – To work in partnership to deliver a high quality public service

Why is this principle important to us:

Evidence shows that we are all working towards the same goal and by working together in a smarter way we can deliver high quality services at a reduced cost to our communities.

We know that the risks faced by our diverse local communities are varied and are likely to change over time due to the impact of welfare reform, health and social care issues resulting from an ageing population, the financial pressures on our County from a fragile economy, the impacts of climate change and the changing face of terrorism.

These risks coupled with reduced budgets for shrinking public services means that we are likely to see increased demand making it more important to work together with our partners and communities to continue to deliver the essential services to everyone, with focus on the most vulnerable, recognising that prevention is better and more cost effective than cure.

This will need us to explore opportunities to share services whilst building capacity and capability to be effective in the delivery of a range of innovative activities to benefit our communities.

Through engagement people have told us that success can be measured by ensuring that we:

Our communities said: 'Work with others to deliver your activities well'

Our staff said: 'Work with others to deliver what our communities need in a better way'

Our partners said: 'Look for and take every opportunity to work together'

Our practices - to deliver against this principle we will:

- Identify all relevant and worthwhile international, national and local, public, private and voluntary sector partners who can help us to deliver safe, effective and efficient prevention, protection and response activities
- Identify best practice and develop new ways of working which will change the traditional shape of our service enabling our staff to better plan, prepare and train for the emergencies and challenges ahead
- Look at ways in which we can share services and information with partners to improve how we work and reduce costs
- Investigate how we can deliver our own activities and support the delivery of partner activities in innovative ways to reduce costs whilst maintaining quality and safety
- Ensure that we procure services and goods in a way which underpins our social responsibility, promoting social value, equality and environmental sustainability
- Expand our successful Community Interest Company to support the delivery of a wide variety of community safety activities and functions for the benefit of local people
- Involve our communities, staff, partners and the private sector in the Community Interest Company, to embrace social value, access grant funding, attract investment and promote sponsorship opportunities. This will enable us to reinvest in innovative projects which will improve the awareness, health, safety and wellbeing of our communities and provide financial resilience in challenging economic times
- Develop different ways of delivering home fire safety checks and other community and road safety initiatives to support our continued specialist response, maintaining quality and quantity by investing in, and training existing service providers, fire service volunteers and other voluntary groups
- Share our learning and successes to ensure that together we provide the best services to the right

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Priority 5. Community (Fire) Safety (Directorate: Prevent and Protect)

Our principle - Educate communities and business to raise awareness about fire safety, help them understand the risks they face, reduce fires, mitigate the economic impact of fire and contribute to the wider issues which impact on community safety and wellbeing

Why is this principle important to us:

We want to work with and educate our local communities to help them enjoy safer lives, reducing fire deaths and injuries in the home and in business whilst contributing to the wider community safety and wellbeing issues, tackling the root causes of fire through working with partners to educate all and protect those most at risk.

We have worked extremely hard over recent years to reduce the unacceptable and avoidable numbers of deaths and injuries caused by fire, and will continue in our conviction that prevention is better and more cost effective than cure.

Although we pride ourselves on delivering the highest quality emergency response when an emergency happens we dedicate our work to stopping the emergency happening in the first place, saving lives, protecting property, keeping business in business, reducing the impact on the environment and making Staffordshire a better place to live, work and enjoy.

Fire is an unfortunate result of many underlying issues, whether it occurs following deliberate action or anti-social behaviour or accidentally due to vulnerability caused by factors such as disability, physical or mental health, social stability, financial security or unemployment. By knowing and understanding our communities we will be better placed to target our resources and contribute to the work of our partners to add value and make a difference.

Through engagement people have told us that success can be measured by ensuring that we:

Our communities said: 'Work with others to help make my life safer'

Our staff said: 'Work together to stop fires and other emergencies happening'

Our partners said: 'Educate others to understand that prevention is better and cheaper than cure'

Our practices - to deliver against this principle we will:

- Use information to shape our service and target what we do to those who are most at risk from fire and who need the most help
- Help our communities to prepare and educate them regarding fire safety in the home and how they can take responsibility for their own safety and stop accidents happening
- Work with local communities and partners on campaigns and initiatives to reduce the number and impact of deliberate fires and anti-social behaviour
- Support businesses to promote fire safety awareness
- Share information and learning with our communities and partners to help us tackle the underlying issues which impact on the wider community safety agenda
- Establish a post incident support process which provides assistance to people and businesses following an emergency, capturing feedback to help us improve how we deliver services in the future
- Help our communities and businesses to recover following a fire, reducing the impact on families, friends, the wider community and the economy

Priority 6. Road Safety (Directorate: Prevent and Protect)

Our principle - Work in partnership to improve road safety for everyone living in or travelling through Staffordshire

Why is this principle important to us:

We want to work together to make people safer on our roads whether travelling by motor vehicle, pedal cycle, motorcycle or on foot, investing in everyone regardless of whether they live in or travel through our County.

Deaths and injuries on our roads remain at an unacceptably high level and together we must reduce the numbers and severity of accidents, working with partners to design safer roads and reducing the impact on families and communities following these tragic events.

Although people of all ages must be made aware of the dangers on our roads, younger people are more likely to be involved in a serious road traffic collision and therefore our early partnership intervention and prevention work in schools and colleges aims to change driving behaviour, ensuring that they remain safe on our roads and live a full and active life free from injury.

Through engagement people have told us that success can be measured by ensuring that we:

Our communities said: 'Work with others to help make our roads safer'

Our staff said: 'Work together to educate road users and target our safety activities where the need is greatest'

Our partners said: 'We can only succeed if we work together to educate people about the dangers on our roads'

Our practices - to deliver against this principle we will:

- Work with partners, local authorities and the Highways Agency to influence the design of roads which are safe for everyone
- Work alongside the Staffordshire Road Safety Partnership to educate and change the behaviour of drivers, motor cyclists, pedal cyclists and pedestrians when using our roads
- Work with national groups to ensure we give consistent messages and information about the hazards and risks on our roads
- Engage with vehicle manufacturers to ensure we have information about all vehicles to help us provide the best emergency response when an accident does occur

Priority 7. Fire Protection in buildings (Directorate: Prevent and Protect)

Our principle – To work in partnership to design, build and maintain a safe and sustainable built environment ensuring that if a fire does occur those inside can escape, firefighters can deal with it safely and minimal damage is caused.

Why is this principle important to us:

Fires have a negative impact on local economic growth, employment and the environment, not to mention the personal loss experienced by those that are unfortunate enough to be directly affected. The damage to local communities, families and individuals may never be repaired whilst businesses may never recover.

Through working with local designers, architects, planners, builders and occupiers and by continuing to influence national policy we can ensure that buildings in Staffordshire are safe from fire, do not burn down, protect the lives of those who occupy them and are safe for Firefighters who may need to go into them to extinguish a fire if it happens.

Affordable, safe and sustainable homes and buildings are a reality and by working together we can ensure that these are built in Staffordshire now and in the future.

Through engagement people have told us that success can be measured by ensuring that we:

Our communities said: *'Work with others to prevent fires happening in buildings and if they do to make sure they cause as little damage as possible and that everyone gets out safely'*

Our staff said: *'Make sure that if buildings do catch fire, everyone can escape, damage is limited and we can get in safely to put the fire out'*

Our partners said: *'Help us to understand what we must do to protect our buildings from fire, to make sure that anyone who is inside will be safe if a fire occurs, that we can recover quickly and that we learn in order to prevent a fire happening in the future'*

Our practices - to deliver against this principle we will:

- Advise on and enforce the Fire Safety Order 2005
- Learn and improve through post fire investigation and evaluation
- Enhance the knowledge and skills of specialist fire safety officers and operational crews to better understand building design, construction, hazards and risks
- Develop strong working relationships with local architects, building control and planning teams to ensure that we are fully involved with the design and construction of all buildings across Staffordshire
- Contribute to the design of homes and buildings which are safe, affordable and sustainable through use of fire engineered solutions including sprinklers and modern fire safety equipment
- Explore opportunities to work in partnership to achieve innovative fire safety solutions
- Lobby central government to bring about a change in national policy to legislate for sprinklers to be fitted in all new homes and buildings as demonstrated in Wales
- Advise and support building owners and occupiers regarding effective fire safety management through an effective fire safety audit process
- Undertake fire safety and operational site specific audits through a risk based inspection programme
- Develop Primary Authority Schemes which enable us to influence fire safety across business and commerce on a national basis
- Work with building occupiers to reduce the impact and costs of false alarms where a fire has not occurred and explore opportunities to recover costs where they who do not make efforts to improve
- Inspect buildings for the correct levels of fire safety and enforce improvements where safety has been compromised
- Obtain information on all risks which pose the greatest threat to the safety of Firefighters and make

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it available to them when responding to an emergency incident

- Expand our domestic post fire evaluation process to include businesses to promote learning and improvement
- To securely share this information with partners to ensure actions are taken to improve fire safety and prevent reoccurrence
- Build additional capacity through expanded roles for volunteers to help us educate and support local business following a fire

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Priority 8. Response (Directorate: Response)

Our principle – To ensure we provide safe, effective, efficient and resilient response arrangements

Why is this principle important to us:

Although we continue to work hard to prevent emergencies occurring we want to maintain a high quality response to emergencies when they happen and to ensure we have resilience in the face of all demands.

Now and in the future we will be responding to very different threats and emergencies and must also meet the tough economic challenges ahead. This means that we need to adapt our fire engines, equipment, training and systems of work to succeed and keep our communities and firefighters safe.

To meet these new threats the role of a firefighter has needed to develop, becoming increasingly technical with complex skills and knowledge required to ensure that they stay safe and do their job well.

Whilst many of these emergencies can occur anywhere, evidence tells us that we must now explore opportunities to respond differently and in a targeted way, not in isolation but alongside our communities and partners.

Through engagement people have told us that success can be measured by ensuring that we:

Our communities said: *'Be able to deal with emergencies when they happen'*

Our staff said: *'Make sure that we have the right information, trained staff, equipment and procedures to safely deal with any emergency when it happens'*

Our partners said: *'Be able to provide the same first class service despite the challenging economic pressures we must face together'*

Our practices - to deliver against this principle we will:

- Plan and prepare to respond to local and national emergencies
- Adapt how we respond to emergencies to meet the changing demands we face
- Ensure that we have competent people in the right place and at the right time
- Evaluate how we perform in order to learn and improve
- Undertake a full review of our emergency vehicles, their locations and how they are crewed to ensure we continue to provide the fastest response with the right resource when needed
- Clearly set out the response standards we expect to meet
- Complete a full review of our duty systems to ensure that they deliver the service needed to meet the demands now and in the future
- Ensure that our operational crews have information on all risks they are likely to respond to available to them when needed
- Ensure that all staff are trained to respond to the risks they are expected to face, recognising that there may be a requirement to develop and maintain different skills in different areas
- Explore opportunities to co-respond with medical teams to provide the quickest response to those requiring medical aid and interventions
- Explore opportunities for future innovation, developing new equipment and technology carried on appropriate specialist vehicles to meet the existing risks and changing demands of the future
- Plan, prepare and train for major threats and emergencies to ensure that we have the capacity and capability to meet demand alongside national and local emergency service and local resilience partners
- Make arrangements to share our resources and receive help from others in order to respond to any emergency
- Ensure that we have robust business continuity plans in place to make sure we can deliver our services at all times

- Make arrangements to ensure that we make best use of our workforce to supplement our resources at short notice if demand increases significantly
- Build additional capacity through expanded roles for volunteers to help us undertake post incident surveys to capture the thoughts of those affected to enable us to learn and improve

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Priority 9. Business Transformation (Directorate: Organisational Development & Finance)

Our Principle – To transform and improve our business through evaluation and learning

Why is this principle important to us:

We want to ensure that the way we work is safe, effective and efficient, making the best use of our resources and funding whilst embracing new technology to support our staff and improve what we do.

We continue to evolve to improve the services we deliver and are committed to ensure that whatever financial challenges we face that we do not compromise the safety of our communities or our firefighters and we minimise any potential negative impact on our partners and the services they are required to deliver.

Through challenging traditional methods of delivery and ways of working we are stripping away waste, improving what we do and demonstrating that we can do things better, at a reduced cost and in a way which is embraced by everyone in our service.

We recognise that to achieve this new must invest to save, looking forward to the future, contributing to the priorities of our partners.

Through engagement people have told us that success can be measured by ensuring that we:

Our communities said: 'Ensure my council tax is spent wisely'

Our staff said: 'Make sure that we use our budgets effectively and target what we do to deliver the best results'

Our partners said: 'We must all ensure that change does not come at the expense of others'

Our practices - to deliver against this principle we will:

- Ensure that we have a clear purpose, understand what success looks like and what we must do to achieve it
- To review and evaluate the effectiveness of our structures, systems, processes and procedures using tangible measures to improve how we work and to reduce waste
- Use what we have learned to shape our business and deliver services in a better way
- Ensure that all of our staff are fully involved in shaping and delivering improvement
- Consider the impact of change on our staff, our communities and our partners before it happens
- Inform and involve our staff, communities and partners as we evolve to improve how we work, do the right things and meet the challenges ahead to ensure we deliver change in a beneficial way whilst maintaining our core purpose
- Improve our planning culture to clearly understand our purpose and priorities so that we can use our resources in the right place at the right time to achieve the best results
- Set out measures to show what success will look like and effectively plan to deliver what we do using the right methods
- Improve the quality of our evaluation of what we do and how well we do it to ensure that we are providing high quality services at the lowest cost for our communities, reducing waste work and giving better value for money
- Make the best use of existing technology and explore how new technology can help us to deliver innovative new ways of working, giving us more capacity and freedom to provide better services
- Invest in meaningful and worthwhile research and development across all areas of the Service
- Actively support independent audit and peer challenge to scrutinise how we work, to share best practice across other Fire and Rescue Services, to identify areas of strength and areas where we can improve

Priority 10. Accountability and transparency (Directorate: Finance)

Our principle - To be accountable to our staff and our communities for how we perform

Why is this principle important to us:

We want to make sure that anyone can see how well we are performing, what difference we are making and how we are helping to make Staffordshire the safest place to be.

By working with our communities, partners and staff we will encourage scrutiny, understand what meaningful information they need, provide it in a way which is clear to understand, is easily accessible, in an appropriate format.

Through being transparent and seeking feedback on how well we do, we will be able to learn and grow, ensuring that we continually improve and deliver the best services possible to the communities who have helped us to shape their Fire and Rescue Service.

Through engagement people have told us that success can be measured by ensuring that we:

Our communities said: 'Let me know what you are doing and what effect it is having'

Our staff said: 'Let us know what we need to achieve and how well we do so that we can learn together'

Our partners said: 'Learn to appreciate and celebrate how successful you are'

Our practices - to deliver against this principle we will:

- Be accountable for what we do and how we perform
- Work with our staff, our communities and our partners to find out what they need to know about their Fire and Rescue Service
- Ensure that we store, use and share information securely and appropriately
- Communicate meaningful, timely and accurate performance information in a way is suitable and sufficient and in the appropriate format
- Provide an annual performance report and statement of assurance to clearly show how well we have performed and the priorities for the year ahead
- Ensure that our website gives easy access to clear sources of information
- Use social media and new technology to reach emerging audiences
- Publicise and celebrate success
- Recognise that we do not always get it right, learning where we can do better
- Seek feedback on our performance to enable us to learn and improve

WELFARE REFORM

LICHFIELD MULTI-AGENCY FORUM – APRIL 2013

WORK STREAMS (Updated April 2013)

The Welfare Reform Multi-Agency Forum has been established to review the impact of Welfare Reform across Lichfield District & to develop an Action Plan to mitigate the impact. The Forum has identified six key work-streams with colleagues from different agencies in the District identified to progress actions in each area.

It is envisaged that the Forum will be a time limited Task & Finish Group, with a likely end date of around December 2013. For each of the work streams the T&FG will need to consider-

- What exists now?
- What do residents need?
- What are the gaps?
- How can we prioritise need?
- What can partners offer?
- How can we enable residents to help themselves?
- Timeline
- Resource implications

For each of the Work Streams the Project Lead (L) will be required to make contact with other participants and jointly develop tangible proposals which can be reported back to the main Multi-Agency Forum.

| 1 INTERNET ACCESS | Responsibility |
|--|---|
| <p>The CAB advises that 43% of Staffs residents do not have access to a computer. In future, people will make claims online for Universal Credit and receive any Benefits directly into their bank accounts.</p> <p>The issues to consider include:</p> <ul style="list-style-type: none"> • Can partners offer Internet access to residents? | <p>Steve Lightfoot (L)</p> <p>Sandra Payne</p> <p>Philip Mantom</p> |

| | |
|---|--|
| <ul style="list-style-type: none"> • Can partners offer to print information for residents if necessary? • What Internet cafes exist? • Support from libraries? • Physical disabled/can't use keyboard • Confidentiality issues in public places • Is Broadband access available • Is IT training required • Is ongoing support available • Can Volunteers be used • Timing of info/when is it needed | |
|---|--|

| 2 GENERAL INFORMATION & ADVICE | Responsibility |
|--|--|
| <p>There has been little information from the Government & the Dept of Works & Pensions, and variable information from partners.</p> <p>The issues to consider include:</p> <ul style="list-style-type: none"> • Define what advice people might need such as <ul style="list-style-type: none"> • Dealing with loss of Benefit • Budgeting • Lodgers • Getting a job • Can we develop standard 'scripts'? • Do residents understand? • Have we engaged them? • How can we connect people to advice and support? • Have we used a range of methods (e.g. Written, online, face to face, text, local radio, etc.)? • Use follow-up phone calls | <p>Pat Leybourne (L)</p> <p>CAB rep tba</p> <p>Bromford rep tba</p> <p>Gemma Giles</p> <p>Sandra Payne</p> <p>LDC Comms (ad hoc)</p> |

| | |
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| <ul style="list-style-type: none"> • Have we used social networking? • What Housing Options advice is available? • Can we do more to promote the Housing Options web pages on LDCs site? • What Legal advice is available? • Is other advice available? • How is it available? • Where is it available? • What about empty shops/a pop up service? • How will the Transition Advice Service fit in post April (if the bid is successful)? • Where does "Lets Work Together" fit? • What advice do we give to customers with disabilities? • What is our approach to Lodgers/can residents help themselves? • How do we keep into up to date? • Training needed/opportunities for staff and volunteers (eg Jigsaw session) • Need to differentiate between those who won't understand and those who can't • Are partners being consistent in key policies? • Does Lichfield have a Discretionary Housing Payments policy, is it publicised, etc.? | |
|---|--|

| 3 MONEY/DEBT ADVICE/FINANCIAL PRODUCTS | Responsibility |
|--|---|
| <p>From October 2013, the Government will begin to introduce Universal Credit, a single benefit payment that is paid direct to the resident.</p> <p>It is anticipated that more people will require money advice and support with budgeting, and there is already a limited resource in the District.</p> <p>People will also want to access financial products but experience suggests that there are limited low cost financial products available, and those that do exist are not well publicised.</p> <p>The issues to consider include:</p> <ul style="list-style-type: none"> • Can we produce a list of sources of help? • Will residents need general money/debt advice? • Will they require access to a specialist? • How do we pick up most vulnerable? • Is the present advice freely accessible or limited by organisation/client group? • Can residents access budgeting advice/support • Can we do more to promote the 'Manage Your Money' web pages on LDC's site? • Can we include help and advice on creating economic Meals (e.g. Age Concern are promoting 'Eating Well') • Do various agencies know info exists? • What alternative payment arrangements exist • When can rent switchback from the landlord to the Housing Association • What Online support is available? • How do the following fit in – <ul style="list-style-type: none"> • Christians against Poverty – Fazeley/Mile Oak • Carers Association | <p>Wendy Holbrook (L);</p> <p>Ruth Burley;</p> <p>CAB rep tba;</p> <p>Fusion rep? (Sandra to ask);</p> <p>LDC Housing rep tba;</p> <p>Nadeem Mohammed (Sandra to ask)</p> |

| | |
|--|--|
| <ul style="list-style-type: none"> • Bromford Support • Others? <ul style="list-style-type: none"> • Can residents access basic Bank accounts? • Can we signpost residents? • What support can Fusion Credit union offer? • Can the LA pay money via Fusion to L/Ls (eg like a bursary)? • Can we link into City Save CU in B'ham? • Is Affordable credit available? • What can we do to prevent Loan sharks? • Should we try to engage with local banks? • Can we give info Pay Day Loans as high cost | |
|--|--|

| 3 MAKING BEST USE OF STOCK | Responsibility |
|--|---|
| <p>From April 2013, most residents will have to pay something towards their Council Tax. People of working age who underoccupy their homes by 1 bedroom will have a 14% cut in Housing Benefit, and those who underoccupy by 2 or more bedrooms will have a 25% cut in benefit. The Government is also introducing a benefits cap later in 2013.</p> <p>The issues to consider include:</p> <ul style="list-style-type: none"> • How can we better promote mutual exchanges (home swaps)? • What can we do to encourage down-sizing? • How about a 'speed dating' event? • Do Allocations Policies give priority to under-occupiers? • What about adapted homes • Is there an opportunity to free up homes occupied by single older people (or is this for another time)? | <p>Clive Gibbins (L)</p> <p>Julie Walker</p> <p>Sue Caley? (JW to ask)</p> |

| | |
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| <ul style="list-style-type: none"> • Should we provide incentives for people to move? • Can local charities help (e.g. Home Comforts/Bromford WRAP pilot, Michael Lowes, etc.) • Can we better use homes for rent in the Private Rented Sector to increase mobility • Are high rents a barrier if the Local Housing Allowance is lower than the rent level? • Can we set up a Facebook page to encourage swaps/give info • How about a Pop up shop via LDC for advice • Are partners being consistent in key policies? | |
|---|--|

| 4 EMPLOYMENT, TRAINING & VOLUNTEERING | Responsibility |
|---|---|
| It is critical that residents are encouraged and enabled to get back into work and that pathways to employment are created. This will include maximising meaningful volunteering and training opportunities in the District. | Lesley Bovington (L) But incorporated into "Into Work Group" |
| <p>The issues to consider include:</p> <ul style="list-style-type: none"> • Development & Promotion of Work clubs • Development of business links to create sustainable employment opportunities • Partners to let contracts with local employment clauses • Local apprenticeships • Develop courses to get people Job Ready • Provide meaningful volunteering opportunities that help people be Job Ready • Recruiting & training volunteers to run the work clubs for future sustainability • Role of Job Centre Plus changing/to give more support and advice • Talent Match project for 18-24 years to link into business (led by CVS partner delivery and links to BEP. | |

| | |
|---|--|
| <ul style="list-style-type: none"> • Developing supporter services for people with mental health issues. Consider bespoke support services for people with mental health issues, including after people get into work. • Consider bespoke support for learning disabled, eg work with COGS • Consider impact of loss of DLA and move to PIP. • Review Barriers to Employment survey done by SSNMH (Gemma Giles) | |
|---|--|

STAFFORDSHIRE STRATEGIC PARTNERSHIP BOARD

Monday 10th June 2013 – 10:00am-12:00pm
Staffordshire County Council

PRESENT:

| | |
|---|---|
| Staffordshire County Council – Chair | Philip Atkins, Leader |
| Stoke-on-Trent City Council | Nick Bell, Chief Executive |
| | Cllr Mohammed Pervez, Leader (Vice-Chair) |
| | Charlie Stewart, Assistant Chief Executive |
| Staffordshire Police and Crime Commissioner | Matthew Ellis |
| Staffordshire Police and Crime Panel | Frank Chapman |
| Staffordshire Police | Michael Cunningham, Chief Constable |
| Staffordshire Fire and Rescue Service | Chris Enness |
| NHS England | Graham Urwin, Chief Executive, Shropshire and Staffordshire |
| S-O-T and Staffordshire LEP | Judith Kirkland |
| VAST | Sajid Hashmi, Chief Executive |
| Staffordshire Probation | Simon Lomas, Head |
| Lichfield DC | Cllr Mike Wilcox, Leader |
| | Diane Tilley, Chief Executive |
| South Staffordshire DC | Cllr Brian Edwards, Leader |
| | Dave Heywood |
| Newcastle-under-Lyme DC | John Sellgren, Chief Executive |
| Stafford Borough Council | Cllr Mike Heenan, Leader |
| | Ian Thompson, Chief Executive |
| Staffordshire Providers' Association | Mike Askew, Chief Executive |

Also in Attendance: Gavin Williamson MP,, Cllr Mike Lawrence (SCC), Angela Schulp (SCC), Jacqui McKinlay (SCC), Wayne Coombe (SCC), Keith Luscombe (SCC), Andrew Donaldson (SCC), Jon Vining (SCC), Tony Baines (SCC), Sarah Taylor (SCC), Peter Davenport (SCC).

APOLOGIES: Cllr Richard Grosvenor (East Staffs BC), Andy O'Brien (East Staffs BC), David Leese (SCIO rep), Cllr Sybil Ralphs (Staffs Moorlands DC), Simon Baker (Staffs Moorlands DC), Cllr Danny Cook (Tamworth BC), Cllr Gareth Snell (Newcastle-U-L BC), Cllr Len Bloomer (Chair, Staffs Fire and Rescue), Tony Goodwin (Tamworth BC), Cllr George Adamson (Cannock Chase DC), Stephen Brown (Cannock Chase DC), Helen Trousdale (SCC), Eric Robinson (SCC), Helen Riley (SCC), Steve Burrows (SCC), Julian Blazeby (staffs Police), Ron Dougan (Stoke-on-Trent and Staffs LEP), Helen Trousdale (SCC), Wendy Woodward (SCC), Wayne Mortiboys (SCC), Gail Edwards (SCC), Tim Leese (SCC), Helen Gill (SCC).

MINUTES:

| No. | Item | Action |
|-----|---|--------|
| 1. | Philip Atkins welcomed members and visitors to the Staffordshire Strategic Partnership (SSP) Board, particularly extending a warm welcome to Gavin Williamson MP, Parliamentary Private Secretary to Secretary of State for | |

| | | |
|----|---|--|
| | <p>Transport, as guest speaker.</p> <p>Philip expressed his delight to be reappointed as Leader of the County Council and confirmed that he is committed to the Staffordshire Strategic Partnership, endeavouring to continue to break down barriers between public and private sectors to deliver high quality services for the people of Stoke-on-Trent and Staffordshire.</p> | |
| 2. | <p>The <u>minutes of the last meeting</u> (06.12.12) were accepted as a true and correct record.</p> <p><u>Matters Arising:</u></p> <ul style="list-style-type: none"> • <u>IOM¹ and Building Resilient Families and Communities (BRFC) Progress Update</u> <p>Mike Cunningham reported that the IOM programme in Staffordshire represented a significant success for partners, reflected by the visit to offices last year by the Home Secretary, commending them on their work. There is still wide engagement from partners; an 'Evaluation Partnership' with Keele University commences in June 2013 to do an academic evaluation of the programme.</p> <p>Mike presented a paper to the Board highlighting that BRFC is a standing agenda item at the meeting of the Strategic IOM Group, as it is shown that 70% of families identified as requiring intervention are known to the criminal justice system. These represent the 'acute patients' of the programme and a preventative approach is required. Successes continue to be built upon and Mike thanked partners for their continued contributions to keep crime low.</p> <ul style="list-style-type: none"> • <u>Welfare Reforms</u> <p>Jon Vining explained that he would be co-presenting this item with Jon Sellgren, who would give an account of a district approach in respect of this subject.</p> <p>Jon Vining acknowledged that following December's Board SCC staff had met with Jill Norman (SCIO) to discuss a partnered approach to the reforms. However, at that stage, it was recognised that further understanding on how SCC would be affected by the changes was required before partner engagement could take place.</p> <p>Jon outlined work taking place at the County Council, reporting good progress that is being made in understanding the implications of the reforms on SCC services, but that there are long term, wider-reaching implications for the people claiming benefits that are going through the system.</p> <p>It has been recognised that SCC must gain understanding and focus so that key commissioners have consistent thinking around welfare reform underpinning their decisions. Jon Vining and Sarah Taylor are leading on this piece of work for SCC over the Summer of 2013.</p> | |

¹ Integrated Offender Management

| | | |
|--|--|--|
| | <p>sector, improving the skill sets of local young people and forging closer working relations between employers and education providers.</p> <p>The Trust is comprised of three task groups around: improving links between education and training providers; matching skills supply and demand and; communication and networking with wider stakeholders. Business plans will incorporate the work around the Deal and what skills are needed to match the proposals it contains. Much of this will involve engaging with schools and children as there is a mismatch between the skills that are needed and the education and training choices children are making.</p> <p>The Association of Colleges have reviewed their own terms of reference to see how they will communicate with the LEP.</p> <p>It is recognised that the Trust needs quick wins to bring it to life and an interim manager has been appointed to set the vision and brand for the next 12 months.</p> <p>It was also acknowledged that there are certain risks that need to be mitigated around districts that belong to the Greater Birmingham and Solihull LEP. Although this has meant that there is not a co-terminous situation across districts, it is important to incorporate these challenges into the work of the Education Trust to ensure that opportunities are consistently approached across Stoke and Staffordshire.</p> <p>Tony asked partners what they would expect the Trust to address and achieve. It was requested that consideration be given to how the Education Trust will reflect national as well as local strategy, as well as how it will contribute to both economic/prosperity aims and the aims of the HWBB.</p> <p>Mike Cunningham acknowledged that raising aspiration is also linked to community safety, thus there is a need to make strategic connections to ensure a sustainable and multi-faceted approach.</p> <p>Outcome 2</p> <p>Mike Cunningham, the interim lead for outcome 2, gave an overview of the second outcome report and highlighted a number of themes.</p> <p>Firstly the importance of prevention in the reduction of crime and fear of crime continues, as focus on prevention proves to be a more cost effective solution. There is also the question of how we turn 'being safe' into 'feeling safe', as typically people's fears exceed the actual level of crime in an area. This will be a component part of the PCC Plan.</p> <p>Police have a key role in this, but it needs a partnered approach in its communication.</p> <p>Mike reported that there are now key changes emerging amongst partners within the partnership landscape (such as the dual emergence of the HWBB strategy and PCC plan) that will be the main contributors to outcome priority two and it may now be the right time to address these new strategic areas and where they will fit within the governance of the SSP.</p> | |
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| | The Chair agreed and moved the meeting to the next motion around resolving new governance issues. | |
| 4. | <p><u>Health and Wellbeing Board – Links to Staffordshire Strategic Partnership</u></p> <p>Philip Atkins explained that with the emergence of the HWB strategy and the PCC Plan this year, it is now the right time to look at how these report to the SSP and support its common aims. A number of key considerations were highlighted:</p> <ul style="list-style-type: none"> • How both the Staffordshire HWBB and the Stoke HWBB feed into the SSP. • Whether there should now be CCG representation on the SSP Board. • Whether it may be more appropriate to have three priority outcomes around prosperity (associated with LEP), health improvement (HWBB) and community safety (PCC Plan). There is overlap between these areas and the work of the Education Trust and CCGs. <p>Agreed Action: It was proposed that the two priority outcomes would be re-worded to reflect the three priority areas of the SSP: prosperity, health and community safety. Also that the current governance arrangements are reviewed.</p> | Partnerships colleagues under the directive of the Chair to develop wording and proposals for consideration by the Board. |
| 5. | <p><u>Key Speaker – Gavin Williamson MP</u></p> <p>Philip Atkins introduced Gavin, who thanked the Board for providing him with the opportunity to speak with partners across Stoke-on-Trent and Staffordshire about transport and connectivity in his capacity as Parliamentary Private Secretary to Secretary of State for Transport, Rt Hon Patrick McLoughlin MP.</p> <p>As a local MP for South Staffordshire, Gavin made the observation that Staffordshire and Stoke-on-Trent's location at the centre of the country was a real influence on how it has been shaped over the years. Gavin acknowledged that transport has a key role in the delivery of the Staffordshire Strategic Partnership priority outcomes and that while infrastructure sometimes disturbs the tranquillity of our rural setting owing to busy travel networks, it is a massive benefit to our prosperity.</p> <p>Transport also plays an essential role in helping to ensure that areas and their residents reach their potential and also assuring their wellbeing, ensuring that they are able to commute across the area to find employment and raise their aspirations.</p> <p>Gavin praised the high levels of investment in transport and infrastructure that have given rise to achievements such as</p> | |

| | | |
|----|--|--|
| | <p>the upgrade to the Chase Line (of around £74m) which will help to improve rail accessibility locally and the successes of opening up a strategic employment area on the i54 site in his own constituency of South Staffs.</p> <p>He congratulated partners from Stoke-on-Trent and Staffordshire reporting that he would like to see a similar entrepreneurial spirit from more local authorities.</p> <p>Gavin appreciated that congestion is a regular problem, particularly on the M6 and A38 and A50 and both he and Board Members reported aspirations to see the extension of the managed motorway concept on the M6 and the introduction of managed trunk roads on the A38 and A50 through the City Deal proposal and the devolution of major transport scheme funding through our Local Transport Body. Philip, citing the example of the new junction serving the i54 site on the M54, explained that through joint investment by local partners rather than relying on funding from central government, it is possible to achieve such infrastructure measurements and make efficiency savings, therefore achieving better value for money as well as sustainability.</p> <p>Gavin praised the high quality bids that come from partners within Stoke and Staffordshire through the Treasury and applauded this as a true demonstration of localism in action. Gavin acknowledged that Patrick McLoughlin was originally due to attend the Board but was unfortunately on Parliamentary business. However he wished to convey the message that Patrick would very much like to visit Staffordshire in the near future.</p> <p>A question and answer session followed during which Gavin addressed particular concerns from individual Board members around traffic on the A50 and, in particular, HS2 plans. Gavin appreciated the sensitive nature of this issue and agreed to take these concerns back to the Department for Transport. He was keen to assure that whilst there are challenges presented here, there are also opportunities that can be gained for the people of Stoke-on-Trent and Staffordshire. MPs are meeting regularly to ensure that challenges are mitigated and opportunities are not lost. The Chair thanked Gavin for his time and for giving such an engaging talk.</p> | |
| 6. | <p><u>Date of Next Meeting</u></p> <p>Thursday 5th December 2013 – 10.00 am – 12.00 noon Staffordshire County Council</p> | |



Lichfield District Board

25TH July 2013

RESULTS OF THE DISTRICT BOARD SURVEY – May/June 2013

INTRODUCTION

Following discussion at the meeting on 26th March 2013, a short survey form was sent out to all Board members to seek their views on the work of the Board, its value and function, and any views they had on how it might be improved or where efficiencies could be made.

This was in recognition of the fact that there have been several new additions to the board recently as personnel in partner agencies have changed, and in light of all our efficiency agendas, to make sure we are getting the most from the opportunities the Board brings whilst keeping its value under continuous review.

A copy of the survey form is attached at Appendix A for ease of reference. The detailed responses are at Appendix B.

16 survey forms were despatched and we received 7 replies.

Thank you to all those who responded and shared their thoughts and ideas on the Board and how it could be improved.

WHAT DOES THE SURVEY TELL US?

Clearly people value the opportunity for face to face contact across key organisations and the opportunity to share plans, ideas and information. Collaboration on key projects, alignment of strategies and ensuring that a local voice is heard in developing those strategies were also seen as important.

The most positive impacts of having a District Board were seen to be that joint agreement was reached on key strategies and plans; that it provided an opportunity for networking and for sharing useful and interesting information.

The current format was seen to provide opportunity to achieve these aims and agendas were seen to cover the key issues – although some of us were too new in post to comment!

Most were accepting of the fact that no budget is available to the District Board – unless specific grants or pots of money are allocated to its control by partners over the coming months. Given that restriction on actually delivering projects, there was a wide range of responses that defined its main purpose including regular face to face contact; alignment of plans and strategies, and joint commitment of resources to projects and initiatives delivered through one or other of our partners.

THE FUTURE

In terms of what people want in future from the District Board, one respondent was keen to find out what partners want from an LSP. I hope this survey and its results answer that question for us.

One respondent wanted to see step by step review of performance against the action plan. This is contrary to the approved process for the action plan and performance reporting that was agreed at the last Board meeting. If this was felt to be something others now wished to pursue then we would need to carefully consider the added value and resource implications of such a proposal.

It is clear all see a value in attending the District Board, though slightly more of you would prefer to meet four times a year rather than the current three times a year. There was a strong sense that partnerships are essential and we must commit to them and to working together. It is also recognised that the collective worth of the Board members round the table three or four times a year is a great asset and one we must make best use of to get maximum return on partners' investment of time and energy.

There was also a recognition that substantial reduction in the bureaucracy of the partnership had been made at the end of CAA and LAA processes and that it was essential that a degree of support be retained. In looking at how we could be more efficient, the conclusion appears to be that we should make most beneficial use of the time available and plan agendas carefully; focus on strategies and plans; influencing and informing and representing Lichfield. We should also recognise that there is huge value in the partnership itself and the relationships it supports for better outcomes for our communities

WHAT NEXT?

We therefore propose to continue to run **three meetings a year** and to look to partners to identify and bring forward **key strategic issues** which we can **debate and influence** and that we should be aware of due to their potential impact on Lichfield.

Thank you for your responses and it is good to see the value of the partnership articulated and re-endorsed.

RECOMMENDATIONS

1. Note comments and responses to the District Board Survey
2. Note and endorse the continuing role of the partnership
3. Continue to support the identification of relevant and value adding subjects for debate and discussion.
4. Endorse the focus on influencing and aligning strategies and plans through debate and networking.

Author Diane Tilley

Tel & email (01543) 308001 diane.tilley@lichfielddc.gov.uk



DISTRICT BOARD SURVEY

1. Name of Organisation
2. Role in Organisation
3. What are the three main advantages of having a District Board for your role in your organisation?
4. What are the examples of positive results of issues affecting communities that have been enabled by District Board discussions in the last 18 months?
5. Are you involved in other Local Strategic Partnership Board/Partner meetings that discuss similar issues and are relevant to Lichfield? If so which?
6. Is your organisation involved in other Partnership Board/Partner meetings that discuss similar issues and are relevant to Lichfield? If so which?
7. How do you share the information from discussions at District Board?
8. In your view what is the most important purpose of the District Board?
9. Do you think it meets often enough/too often?
10. Do the agendas cover the key issues so far as you are concerned?
11. Are there other issues you would wish to address at District Board?
12. Given there is no direct budget available to District Board for commissioning work, what do you see its main purpose being?
13. Given the need to reduce spending in all areas, is there an alternative to the current District Board approach which you feel could meet the need of networking and partnership working?

Please return to Diane Tilley diane.tilley@lichfielddc.gov.uk no later than Friday 24 May 2013

District Board Survey Results – May/June 2013

Appendix B

Number of replies: 7

Replies received from:

Bromford Living
Lichfield & District CVS
Lichfield District Council (Cabinet Member)
South Staffordshire College
Staffordshire County Council
Staffordshire Fire and Rescue Service
Tamworth & Lichfield Business &
Economic Partnership

Q3: What are the three main advantages of having a District Board for your role in your organisation?

| | |
|---|---|
| Face to face contact with key organisations/networking | 4 |
| Opportunity to share plans, ideas and information | 4 |
| Approval/endorsement of Districtwide initiatives | 1 |
| Scrutiny - asking the "so what" questions | 1 |
| Development of collaborative projects (resource sharing) | 2 |
| Ensuring business and local economy is on partners' agendas | 1 |
| Strategic alignment | 2 |
| Ensuring local views and issues have a voice, inc voluntary and community sector | 2 |
| Better communications | 1 |
| Ensuring the voluntary and community sector contribute to the district's strategic priorities | 1 |

Q4. What are the examples of positive results of issues affecting communities that have been enabled by District Board discussions in the last 18 months?

Joint agreement of strategic plan
Joint consideration of health priorities and agreeing the JSNA
Partner agreement to spending on community safety budgets
Debt and financial inclusion strategy
Networking/information sharing useful and interesting
Let's Work Together
BEP acting as a conduit between the business community and District Board
Identifying and influencing opportunities for cohesive working and holistic approaches
Input to the Local Plan
Set up and commission of the Lichfield 4 Business initiative
Increased employment opportunities for the unemployed
Increased BEP activities
District Board funding support for community projects delivered by voluntary and community sector
Task and finish groups approach, e.g. Supporting Families and Let's Work Together

Q8 In your view what is the most important purpose of the District Board?

Face to face contact with key organisations - building working relationships
To obtain relevant approvals/gain partner views as part of the democratic process
To hold organisations to account and to ensure that, collectively, we are doing work of real value
To put the needs of communities first - and be held accountable for this
Information sharing
Knowledge bank
Better alignment of partners' strategic plans and objectives/strategic direction
To set strategic priorities and ensure all are working together to achieve them

To ensure value for money by avoiding duplication and pooling resources
 To ensure priorities are reviewed to check that they are still current
 To include a consideration of the potential impact - positive or negative - in the planning process
 To provide strategic direction and leadership

Q9 Frequency of meeting

| | |
|---------------------------|---|
| 3 times a year as present | 2 |
| 4 times a year | 4 |
| Regularly (unspecified) | 1 |

Other comments: using a range of venues is good

Q10 Do the agendas cover the key issues?

| | |
|--------------------|---|
| Yes | 5 |
| No | 0 |
| Too new to comment | 2 |

Q11 Any other issues you would wish the District Board to address?

| | | |
|--------------|---|--|
| Yes | 2 | 1. Would like to know what partners want from the LSP 2. A step by step review of performance against the action plan |
| No | 3 | |
| Not answered | 2 | |

Other comments: invite agenda items from partners

Q12 No direct budget for commissioning work, so what is its main purpose?

| | |
|---|---|
| Regular face to face contact for relationship building | 1 |
| Keeping partners informed | 1 |
| Gives partners an opportunity to influence/comment | 2 |
| Joint commitment of resources - joint commissioning | 1 |
| Alignment of resource and information | 1 |
| Avoiding duplication through knowledge and activity sharing | 1 |
| Team work | 1 |
| Alignment of strategies | 1 |
| Setting key priorities | 1 |
| Strategic leadership | 1 |

Q 13 Given the need to reduce spending in all areas, is there an alternative to the current District Board approach which you feel could meet the need of networking and partnership working?

3 meetings a year and share hosting duties
 Information briefings with opportunities to discuss plus annual seminar or less frequent networking events
 No alternative - must commit to it, and to ensuring it's effective.
 Annual seminar supplemented by regular checks on progress - but this might be less cost effective?
 Frequency of meeting is important to get the benefit of opportunities to co-operate.
 DB members come FOC!
 How would the District carry out its initiatives or make informed decisions without such a forum?
 Current structure is already much leaner than those set up around Local Area Agreements in the past.
 Without the DB bringing partners together, there would be a loss of connectivity and strategic overview which would reduce effectiveness and partnership working.

| | |
|--------------|---|
| Not answered | 1 |
|--------------|---|

Lichfield District Partnership

eJSNA follow up and Health and Wellbeing discussion

7 March 2013

Present:

Helen Spearey, Clive Gibbins, Lesley Bovington, Rita Symons, Anna Hammond, Sandra Payne, Wayne Mortiboys, Jon Topham (Chair)

Summary of issues for agencies

LDC - Helen, Clive and Lesley

- Economy / employment
- Housing / affordable warmth (Older People agenda)
- Leisure provision and making use of it for vulnerable / under-represented groups
- Lets Work Together

Voluntary Sector - Sandra

- Financial pressure
- Increasing numbers of people presenting with complex needs (Mental Health)
- Mental Health – integrated care and proactive activity rather than reactive

CCG – Rita & Anna

- Financial pressure – cost savings, rising costs, activity – current projections suggest a £8.5m gap (savings of £3m identified so far)
- Key areas of work – Frail Elderly and Long Term Conditions, prevention and wellbeing and alcohol
- Only areas of likely investment – alcohol (brief interventions and screening) and dementia service
- Key themes for CCG – integrated working (integrated care planning), getting better feedback about services ('soft intelligence'), shifting resources from hospitals (reduced beds) to community and prevention (a piece of work is starting about how to use community hospitals differently with less bedded provision and more of a community hub approach)
- SES CCG acts as lead for Children's Commissioning
- Key issues remain with local providers

SCC & Public Health – Wayne & Jon

- Prosperity
- Housing and infrastructure
- Education (1 new secondary and 4/5 primary schools needed)
- Vulnerable population / dementia / frail elderly
- Troubled families

- Access
- Make better use of Chasewater Park to promote healthy lifestyles

Public Health

- Changing emphasis, shift toward population prevention
- More primary prevention especially increased physical activity
- Key areas will include sexual health, NHS health checks and alcohol
- More focus on early years
- Health inequalities, health equity
- Needs based – some issues include falls / accidents, rural isolation, alcohol, pockets of need in Lichfield area

LSP issues - Lesley

- Lets Work Together
- Troubled Families
- Ageing Well

Building on eJSNA - building on what we know from the eJSNA and the priorities of each organisation

- Population level Prevention
 - Lets Work Together
 - Shifting resources
 - Access
 - Focus on key areas of need
- Issues
 - Alcohol
 - Mental Health
 - LTC / OP
- Target groups
 - Ageing population
 - Rural Communities

Staffordshire Health and Wellbeing Strategy

Needs to clarify what the NHS 'offer' will be in future and disinvestment (eg. from procedures with a limited clinical value). Noted there is a Political dimension with changing services and therefore it will be important to engage with elected members in a timely way.

Decisions

1. Agree to form a Lichfield Health and Wellbeing Group
2. Agreed to use this group as the steering group for Lets Work Together (replacing existing LWT group)
3. Agreed to invite Dr Wulf, from SSOTP
4. Seek approval from the Lichfield District Partnership for the formation of the HWB group

5. Assuming support is forthcoming, it was agreed to focus on 3 areas initially (which are reflected in the Delivery Plan 13/14 for the LSP)
 - a. Alcohol – Rita to scope
 - b. Lets Work Together – Sandra's District Board Paper
 - c. Ageing Well – Jon to scope
6. Possible other areas for discussion
 - a. Voluntary Sector Funding

Date of Next Meeting 2pm on 30 April

Venue – Lichfield District Council, Council Chamber

| | |
|---|--------|
| 1. Present: | Action |
| Helen Spearey, Clive Gibbins, Rita Symons, Sandra Payne, Wayne Mortiboys, Jon Topham (Chair), Dr Doug Wulf | |
| Apologies from Lesley Bovington, Anna Hammond | |
| 2. Notes of meeting held on 7 March | |
| Previous notes, Sandra asked that we include isolation, social support, carers issues and the healthy eating project in the voluntary sector update (page 1 Summary of issues for agencies) | Jon |
| Agreed that action notes were preferable to full minutes | |
| Aside from Sandra's comments the minutes were accepted | |
| 3. Matters arising | |
| None not already on agenda | |
| Except - Dr Wulf (Medical Director SSOTP) was introduced and gave an overview of key issues for his organisation: | |
| <ul style="list-style-type: none">• Integration of Health and Social Care – issues and opportunities – main focus on keeping people at home and out of hospital.• Management of Change programme underway at SSOTP - reorganisation including introduction of 8 District Teams (coterminous with local authorities) + 28 Neighbourhood Teams. District Managers to be in post by July• Impact of report on Mid Staffs Hospital - Trust could be part of the solution• Developing a focus on lifestyle as part of the overall service delivery with a possible shift to a clinical directorate for lifestyle services• Good Hope project to keep people out of hospital and to reduce delayed discharge• Sexual Health – just taken over Shropshire Genito-Urinary and Contraceptive & Sexual Health services. Exploring possible opportunities around GUM in Staffordshire moving forward• Prisons – there is a research project around the long term outcomes of a Wellbeing service offered to prisoners to help them develop life skills and reduce reoffending – links to troubled families and to the police were noted. | |
| 4. Terms of Reference | |
| Discussion about ToR. | |
| Jon to update draft ToR accordingly (attached with notes) | Jon |
| 5. Lets Work Together | |
| Update from Sandra - 2012/13 – Known referrals 53 / unknown referrals = unquantifiable Case studies being developed | |
| Agreed to organise reporting to the Health & Wellbeing Board as follows: | |

- | | |
|--|---------------------------|
| a. Sustainability of Lets Work Together (LWT in contract specifications, partners' engagement (especially needed from health and social care organisations), central administration, future funding solutions, cross District ownership) | Jon and Sandra to develop |
| b. Training for delivery of LWT (technical solutions, bespoke training, use of patchwork, shared cross Staffordshire training) | |
| c. Outputs – to include quantitative, also qualitative (case studies, patchwork, feedback from agencies referred to) and return on investment. | |
| d. Marketing and communications (Case studies, media strategy, web development, newsletters, partner engagement) | |
| e. Options for the development of LWT – LWT plus, LWT communities | |

Further conversation about the apparent increase in more complex cases, often around mental health. It was agreed to schedule this for a full discussion with the ambition to agree a mechanism for dealing with complex cases more effectively

Jon to schedule

6. Workstreams

Rita reported back on her scoping around Alcohol so far

- CCG target to deliver brief intervention in primary care
- Better linkages within a complex commissioning environment
- Opportunities eg links to NHS Health Checks
- Links with LWT
- Lichfield District opportunity around £13.5k one-off funding for an alcohol project
- Links to Community Safety Helen to ask Jenni Coleman to get in touch with Rita
- CCG looking for information about Brief Intervention trainers with an alcohol focus – Jon agreed to check in PH
- Rita to come back with formed ideas and proposals about the added value opportunities for LD HWB to take forward – based on need and on particular gaps or opportunities
- Relevant Link provided by Wayne
<http://www.youtube.com/watch?v=MqqOOqcHOco&feature=youtu.be>

Helen

Jon

Rita

Jon outlined the ageing well scoping document

- General acceptance that the 5 ways to wellbeing approach has some traction
- Questions around how we ensure that an Ageing Well approach also reflects existing agendas eg CCG Frail Older People
- Jon to do more work and develop the proposal for the next meeting

Jon

7. Eat Well Staffordshire

Noted, key points:

- £590k over 3 years

- Initial pilot in Lichfield – links with LWT
- Questions around dietician appointment and supervision issues
- Need to check whether the project includes Care Homes
- Jon to invite Elizabeth Margeson to the next meeting

Jon

Wayne

Wayne to circulate the Eat Well Paper (embedded)



Eat Well Project
Report.docx

8. Public Health Development Officer

Noted that discussions are underway for this post

Helen suggested that work arising from the LD HWBB would form a significant chunk of the PHDO workplan. Agreed to discuss PHDO workplan at next meeting

Jon / Helen

9. County Health and Wellbeing Strategy

Deferred, although it was agreed that the group should prepare a formal response to the consultation (June)

Jon to schedule
future meetings

10. Partner Updates

Deferred

11. Any other Business

Rita noted that the CCG has now appointed a partnership officer (Fleur Fernando) – it is likely that this post will work closely with the PHDO (s)

It was agreed to invite Jan Sensier to future meetings

Jon

It was agreed to invite a representative from the LDC leisure team to future meetings

Helen

12. Forward agenda for future meetings in 2013

July 2013

- Lets Work Together progress report
- Ageing Well - workstream
- Alcohol – workstream
- eJSNA

- County HWB strategy consultation
- Public Health Development Officer – workplan
- Eat Well presentation

September 2013

- Commissioning intentions
- Complex Cases discussion (possible link to commissioning intentions)
- Lets Work Together progress report
- Ageing Well - workstream
- Alcohol – workstream
- eJSNA - progress

November 2013

- Commissioning intentions- progress / state of play Helen
- Lets Work Together progress report
- Ageing Well - workstream
- Alcohol – workstream

13. Date of Next Meeting

Helen to ask June Green to arrange future meetings for next year

Next Meeting 4 July, 2pm in the Conference Room at LDC

Lichfield District Partnership - Health and Wellbeing Board Meeting (4th July 2013)

Present: Jon Topham, Lesley Bovington, Phil Kelly, Wayne Mortiboys, Helen Spearey, Clive Gibbins, Sandra Payne, Kevin Thompson (SSoTPT) representing Dr Doug Wulff

In attendance: Elizabeth Marginson, Project Lead, Eat Well Project
Nick Maslin, Age UK Staffordshire
Julia Veall, Engaging Communities Staffordshire

Apologies: Rita Symons and Dr Wulff

Action

1. Presentation from Age UK about Eat Well Project for Older People

EM made a presentation on the three year project (led by a partnership of Age UK, Staffordshire University, Community Council of Staffordshire, Osteoporosis Society and the Carers Association); the project is about malnutrition and aging well. The outcome will be a toolkit to provide cost effective solutions to combat malnutrition and complement services offered by the NHS. The Malnutrition Universal Screening Tool (MUST) will be delivered by volunteers for clients experiencing low-medium levels of malnutrition. The initial pilot is in Lichfield until the end of November. Some testing is being arranged before the MUST tool is used 'for real' from August. The project is working with Let's Work Together using Waistlines as the referral route. Volunteers will provide interventions including dietary advice as appropriate. KT confirmed that the dietetics team at the SSoTPT is involved in the project.

Action

Liaise with Rita in order to secure engagement by the CCG /GPs

Jon

2. Ageing Well

JT summarised the Outline Approach which had previously been circulated. Ageing Well / Five Ways to Well Being is consistent with the need to mitigate the adverse impact of ageing and is consistent with the Staffordshire Health and Wellbeing Strategy which is about shifting resources towards prevention.

Action

- Jon, Sandra and Nick to talk through next steps with a view to a broader workshop / event in September
- Give thought to who should be invited to a workshop

Jon

All

3. Notes of Last Meeting – 30th April 2013

Noted that the new Neighbourhood Teams (SSoTPT) are not entirely co-terminous with the District boundaries although the District Manager (KT) holds the budget for all services provided to adults in the District by the Trust

4. LDC – Fit for the Future

The District Council is in the first phase of a change programme which will save £1.7m by 1st April 2014. Phase 2 will include a series of service reviews to enable the Council to be more sustainable in the light of anticipated reductions in government grant going forward.

Action

- Partners to be invited to take part in relevant Service Reviews in order to ensure that a broader well being perspective can be taken into account

Helen

Action

- Partners to be involved in any future revision of the Plan for Lichfield District and discussions about strategic vision for the District

5. Health and Wellbeing Strategy

The draft HWB Strategy, 'Living Well in Staffordshire' is currently out for consultation / discussion. Comments are being requested regarding the delivery of the Strategy and the proposed priorities, also how funding can be redirected to preventative services. The HWB Group will draft a response to the Strategy for ratification by the District Board on 25th July. The CVS is arranging a meeting of Voluntary Voice which will be the main engagement activity within the District (meeting on 23rd July). JV asked to be kept informed about all engagement events and activities which are being planned.

Actions

- | | |
|---|-------|
| • Make comments on the Strategy and submit to Jon by Wednesday, 10 th July | All |
| • Co-ordinate a draft response FAO District Board | Jon |
| • Check whether there are any opportunities for engagement at the SSoTPT | Kevin |
| • Liaise with CCG to ascertain whether they could lead the presentation at the VV event | Jon |

6. Workstreams

a. Let's Work Together

Some work is underway to embed the model countywide and a group has been established to do this, linking in with Nicky Glover-Edge (SCC) on advice and guidance, patchwork etc. A separate group has been looking at an e-learning package which is suitable for use across Staffordshire. Jon and Sandra leading on this area of work

Jon / Sandra

b. Alcohol

There is still a plan to bring together three Locality Boards. JT and DCLs will be attending; a representative of the District Council will be invited to attend, to ensure local sensitivity within the tender for commissioned services.

Helen

Deferred until next meeting Rita's alcohol scoping paper

Action

- Advise the Community Safety Manager of likely involvement in the Board

7. Items to be Picked up at Next Meeting

- More complex cases; Clive and Rita to lead on this
- Public Health Development Officer

Clive / Rita

8. Date of Next Meeting

Tuesday, 9th September at 2pm. Training Room, LDC