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Tuesday, 4 September 2018

Dear Sir/Madam

## **COMMUNITY HOUSING AND HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE**

A meeting of the Community Housing and Health (Overview and Scrutiny) Committee has been arranged to take place **WEDNESDAY, 12TH SEPTEMBER, 2018 at 6.00 PM IN THE COMMITTEE ROOM** District Council House, Lichfield to consider the following business.

Access to the Committee Room is via the Members' Entrance.

Yours Faithfully

A handwritten signature in black ink, appearing to read 'Neil Turner'.

Neil Turner BSc (Hons) MSc  
**Director of Transformation & Resources**

**To: Members of Community Housing and Health (Overview and Scrutiny) Committee**

Councillors Mrs Baker (Chairman), Mrs Evans (Vice-Chair), Miss Shepherd (Vice-Chair), Ball, Bamborough, Mrs Boyle, Mrs Constable, Eadie, Hoults, Humphreys, Mosson, O'Hagan and Ray  
SCC Councillor Mrs Eagland



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## AGENDA

1. Apologies for Absence
2. Declarations of Interests
3. Minutes of the Previous Meeting 3 - 6
4. Work Programme 7 - 8
5. Presentation from New Disables Facilities Grants Provider Verbal Report
6. Health and Wellbeing Strategy Delivery Plan 9 - 48
7. Allocations Scheme 49 - 66
8. Community Lottery Scheme 67 - 72
9. **Standing Items**
  - a) Lichfield District Health Provision
  - b) Staffordshire Health Select Committee



**COMMUNITY HOUSING AND HEALTH (OVERVIEW AND SCRUTINY)  
COMMITTEE**

**31 MAY 2018**

**PRESENT:**

Councillors Leytham (Chairman), Mrs Evans (Vice-Chair), Miss Shepherd (Vice-Chair), Mrs Banevicius, Mrs Boyle, Hoult and O'Hagan.

(In accordance with Council Procedure Rule No.17 Councillors attended the meeting).

**1 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Bamborough, Mrs Constable, Mrs Eagland and Councillor Ray.

**2 DECLARATIONS OF INTERESTS**

Councillor O'Hagan declared a personal interest as he is currently employed by the Southern Staffordshire and Shropshire Mental Health Service based at Burton Queens Hospital.

**3 MINUTES OF THE PREVIOUS MEETING**

The Minutes of the Meeting held on 26 March 2018 previously circulated were taken as read, approved as a correct record and signed by the Chairman.

**4 TERMS OF REFERENCE**

The Terms of Reference taken from Article 6 of Part 2 of the Lichfield District Council Constitution were approved however, Councillor Evans noted that this committee were responsible for "Local crime and disorder matters" but said she also sat on the Lichfield District Safer Neighbourhood Panel as an outside representative and she felt this was duplicating effort. Mr Davies advised that the Lichfield District Safer Neighbourhood Panel was part of the Police & Crime Commissioner's structure and not Lichfield District Council and so was not a duplication.

**5 UPDATE ON THE MERGER OF BURTON HOSPITALS NHS FOUNDATION TRUST AND DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST**

The Committee welcomed Kevin Downs, Director of Finance & Performance from Derby Teaching Hospitals and Alison Wynne, Director of Strategy & Partnerships from Burton Hospitals NHS who presented an update on the merger of Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust. They advised that clearance for the acquisition (merger) had been given by the Competition & Markets Authority at Phase 1 and all appointments had now been filled on the Executive Teams. It was reported that the name for the new Trust was to be "University Hospitals of Derby & Burton NHS Foundation Trust" and the date for the merger set as 1 July 2018. The presentation illustrated the journey so far and the time line as well as the principles for the merger. A question and answer session then followed the presentation and discussions on the major problems within the hospitals took place.

It was asked if residents would still have the same choices as offered now and it was reported that there would be no change to the costs but a better offer for care provided. It was noted that there were some efficiency savings taking place and Members expressed their concerns regarding the quality of services that would be experienced. When asked if quality could be compromised, it was reported that anything that affects patient care was considered by the Care Quality Commission and it was envisaged that quality would improve with the joining of the expertise of two Trusts. Continuing with questions around financial matters, it was asked if Consultants would have access to specialist equipment and it was reported that they would and the use of artificial intelligence would be a great improvement for outpatient care. Examples given were the electronic distribution of x-ray and scanned images across sites.

Much discussion centred around bed blocking and it was reported that there had been the equivalent of two wards obstructed at Derby Hospital by patients in acute beds who were really in the wrong place and there had also been a need to cancel elective surgeries to accommodate these acute patients as there were not enough beds available. It was suggested to alleviate this issue, a 'discharge to access beds' model would be introduced and this would free up acute care beds but still allow for the right care packages to be in place before discharge. It was asked who would pay for aftercare as the Health Department say it is for Social Care and Social Care say it should be the Health Department. It was noted that this was a national issue, however, there had been a newly appointed Chief Executive for Public Health and hopefully this problem would be rectified over time.

An update was requested regarding the proposed Urgent Treatment Centres at both the Lichfield Samuel Johnson Community Hospital and The Sir Robert Peel Hospital in Tamworth which should be taking over from the Minor Injury Units and it was reported that this was still on track to happen although further discussions were needed with Commissioners and a need for a sustainability and transformation plan.

When asked, it was confirmed that no redundancies were due to take place and there would be no negative impact or duplication of staff. They would be looking at the logistics of the staff and plan ahead. They were even looking at a dedicated bus service between Derby and Burton for patients as well as staff. Mr Downs also confirmed he was awaiting planning permission for a new multi-storey car park as well.

Mr Downs and Ms Wynne were thanked for their attendance.

**RESOLVED:** It was agreed to circulate the Presentation and ask the visitors back to this committee in either January or March 2019 for another update.

## **6 WORK PROGRAMME**

Members considered the Work Programme and it was agreed to add "update on the merger of Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust" to January or March 2019 and the word "not" to the item "Discharge to Assessment" details.

## **7 STANDING ITEMS**

### **LICHFIELD DISTRICT HEALTH PROVISION**

Following on from the last meeting, the Chairman said that Burntwood was still awaiting development. He said there was definitely a shrinking market of GP's and discussions took place around the Home Office now refusing work permits.

## **STAFFORDSHIRE HEALTH SELECT COMMITTEE**

The Chairman reported that the meeting of the Staffordshire Health Select Committee had taken place last night and the All Age Disability Strategy for Staffordshire was to be implemented. He advised that the draft policy actually targeted children born with disabilities and their journey although it did make reference to adults with disabilities as well. The Chairman said Councillor White had got it and it was emphasising what people can do and not what they cannot do. He said the draft policy would now be adopted across Staffordshire. Members felt a holistic approach from all teams was not being done in at the moment in Staffordshire and this led to different teams not communicating effectively. It was noted that in Staffordshire our special schools are full and so many children are sent outside of the area.

## **AIR QUALITY IN LICHFIELD**

Following on from discussions at the previous meeting, a Briefing note had been prepared on the Air Quality in Lichfield and this was circulated and published on Brian for the members' attention.

(The Meeting closed at 8.10 pm)

CHAIRMAN

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**COMMUNITY, HOUSING AND HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE DRAFT WORK PROGRAMME FOR 2018-19** (Version 3)

Item	31 May	12 Sep	10 Jan	07 Mar	Details	Link to CHH Top 10	Officer	Member Lead
<b>Policy Development</b>								
Terms of reference	✓				To remind the Committee of the terms of reference and suggest any amendments		CLL	N/A
General Health Service Review (standing item)	✓	✓	✓	✓	To update Members on GP Provision in the District and proposals emerging for Samuel Johnson and Sir Robert Peel Hospitals	N/A	GD	CG
Feedback to and from Staffordshire Health Select Committee (standing item)	✓	✓	✓	✓	The Chairman of the Committee is the LDC representative on the County Council's Health Select Committee and will feed back on any items of relevance to Lichfield District residents. Councillor Mrs Eagland is the County Councillor representative on the Select Committee with a remit to feedback to the local Health Panel / Committee	N/A	GD	DB / JE
Merger of Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust	✓		✓		Update on the merger from representatives of the Trusts	N/A	GD	n/a
Presentation from new contractor for Disabled Facilities Grants		✓			To invite representative to a meeting	N/A	LR	AY
Development of a Community Lottery		✓					GD	AY
Allocations Policy		✓					LR	AY
Community Safety Delivery Plan			✓				SB	AY

**COMMUNITY, HOUSING AND HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE DRAFT WORK PROGRAMME FOR 2018-19** (*Version 3*)

<b>Item</b>	<b>31 May</b>	<b>12 Sep</b>	<b>10 Jan</b>	<b>07 Mar</b>	<b>Details</b>	<b>Link to CHH Top 10</b>	<b>Officer</b>	<b>Member Lead</b>
Review of Jigsaw			✓				SB	AY
Housing Assistance Policy			✓				LR	AY
Health & Wellbeing Strategy Delivery Plan		✓					LR	AY



# Health and Wellbeing Strategy Delivery Plan 2018-2021

Report of Councillor Ashley Yeates, Cabinet Member for Regulatory Services,  
Housing and Wellbeing



Date: 12<sup>th</sup> September 2018  
 Contact Officer: Gareth Davies/Lucy Robinson  
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 Key Decision? YES  
 Local Ward Members All, as applies to the whole of Lichfield district.

**Community,  
Housing and  
Health (Overview  
& Scrutiny)  
Committee**

## 1. Executive Summary

- 1.1 At its meeting on the 26 March 2018, Members of this Committee endorsed the Council's first emerging Health and Wellbeing Strategy (HWS). Since this time minor revisions have been made to the Strategy and a Delivery Plan has been developed.
- 1.2 The HWS explores the Council's impact on the health and wellbeing of residents, identifies service areas and activities that impact on the wider determinants of health, builds on the evidence contained in our Strategic Plan, provides a picture of the key local health and wellbeing indicators and highlights areas for improvement. The Delivery Plan contains the objectives, actions and outcomes needed to address our identified priorities. These have been informed mostly by commitments in existing and emerging policies and strategies from teams across the Council, bringing them together into one document.

## 2. Recommendations

- 2.1 That Members consider and comment on the HWS Delivery Plan at **Appendix A**.
- 2.2 That Members recommend the revised HWS at **Appendix B** and the HWS Delivery Plan to Cabinet for approval.

## 3. Background

3.1 The District Council is responsible for the delivery of many services that impact in some way on the health and wellbeing of our residents and we have a key part to play in many wider determinants of health such as planning, housing and leisure. We are therefore well placed to help towards Lichfield being a district where improved health and wellbeing is experienced by all and it remains a good place to live for current and future generations.

3.2 Central to the Strategy and Delivery Plan is a 'Health in all Policies' (HiAP) approach that is being developed and led across Staffordshire by the County Council; this is a collaborative, evidence-based approach to improving health by incorporating health considerations into decision-making and is at the core of our Strategy.

3.3 At its meeting on the 26 March 2018, this Committee endorsed the emerging HWS. Since this time a delivery plan has been developed to support it and minor revisions have been completed to the Strategy following feedback from Members of this Committee and Leadership team. The Delivery Plan provides

further details on how and where we will address the priorities and objectives identified in Section 8 of the HWS.

### 3.4 The revisions to the Strategy include:

- the addition of Figure 2 and supporting text to Section 4 (page 5), describing the areas of public health that can be positively impacted by district councils and
- a reduction of the number of priorities from 4 to 3 with subsequent amendments to Table 2 (page 11). This reflects comments that HiAP is a driver for achieving outcomes of the HWS rather than an outcome of it.

3.5 A two year time frame has been set for the first HWS to enable HiAP and our partnership with Freedom Leisure to be developed. This is a continual learning process; data and targets/outcomes will be further developed as intelligence is collated during the first year of the plan to reflect changes in the published health indicators used to formulate our evidence base. The approach and level of intervention in relation to health and wellbeing is the subject of constant change at a national and regional level; the HWS and Delivery Plan needs to be fluid and flexible to reflect this and will therefore be subject to an annual review.

Alternative Options	1. To do nothing and not have a Health and Wellbeing Strategy and Delivery Plan.
Consultation	<p>There has been much consultation to develop the HWS and Delivery Plan including:</p> <ul style="list-style-type: none"> <li>• a Health and Wellbeing Working Group of officers representing Regulatory Service, Housing and Wellbeing, Leisure and Operational Services and Economic Growth service areas.</li> <li>• liaison with Staffordshire County Council's Consultant in Public Health, Senior Commissioning Manager for Public Health Strategy &amp; Policy and Commissioning Manager for Public Health Strategy and Policy who are all supportive of and have given their endorsement of the draft document</li> <li>• a Lecturer in Environmental Health at Birmingham University read the draft Strategy and has provided positive feedback.</li> <li>• endorsement from this Committee for the draft HWS and inclusion of subsequent feedback from Members</li> </ul>
Financial Implications	There are expected to be no negative resource or financial implications as activities included in the Delivery Plan will be within agreed budgets. £54,000 of residual Locality Commissioning funding is available to spend specifically on delivery of the HWS and to help take forward a Health in All Policies approach. Proposals to spend this fund will be finalised once a work plan for HiAP is agreed and published by March 2019.
Contribution to the Delivery of the Strategic Plan	The Strategic Plan 2016-2020 sets out what we want to achieve in four main themes. The development of the Strategy will contribute most significantly towards the themes of 'healthy and safe communities', 'clean, green and welcoming places to live' and also 'a vibrant and prosperous economy'.
Equality, Diversity and Human Rights Implications	It is not anticipated that this Strategy will have any negative implications for equality, diversity or human rights. The final draft of the Strategy will be discussed and evaluated by our Equality Impact Assessment group during September 2019.
Crime & Safety Issues	None identified

RISK	Risk Description	How We Manage It	Severity of Risk (RAG)
A	The Delivery Plan presents an incomplete account of the most pressing health and wellbeing indicators for the district.	The first version of the Strategy provides the basis for the Delivery Plan and will apply for a relatively short period (2018-2020). We recognise that there is much work to do in adopting HiAP, as well as developing our partnership with Freedom Leisure who manage our leisure centres. The 2020 update will include more extensive consultation with external stakeholders, particularly with Public Health colleagues and organisations within the community and voluntary sectors who deliver services. It will allow time for unexpected omissions and changes in the available evidence base to be identified and included within the update.	Green
B	The priorities cannot be achieved within the timeframe set.	As above; shortcomings can be identified and modified once reviewed. Actions to address the priorities include existing and emerging commitments/agreements by teams across the Council. Many of the objectives and outcomes within the priorities involve modification of well-established behaviours or health indicators; as such it is anticipated that some priorities within this HWS will continue to be identified in future revisions, with some objectives demonstrating incremental improvements due to their nature and our reasonable capacity to effect change. A monitoring matrix will be issued in the first quarter of 2019 to measure progress against the identified priorities. This will be used to inform future HWS updates.	Green
C	There are insufficient resources to deliver the Delivery Plan	The objectives and their associated actions and outcomes represent existing and emerging commitments by teams across the Council.	Green

#### Background documents:

Relevant web links:

Lichfield District Council Strategic Plan - <https://www.lichfielddc.gov.uk/Council/Performance-efficiency/Downloads/Strategic-plan-2016-2020.pdf>

Staffordshire Health and Wellbeing Board draft Strategy Consultation -

<https://www.supportstaffordshire.org.uk/news/staffordshire-health-and-wellbeing-board-draft-strategy-consultation>

Lichfield Locality Profile – <https://www.lichfielddc.gov.uk/Residents/Community/Community-funding/Downloads/Lichfield-locality-profile.pdf>

Lichfield District Public Health Profile 2017 - <http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000194.pdf>

Lichfield District Physical Activity and Sports Strategy - <https://www.lichfielddc.gov.uk/Residents/Sports-fitness-and-wellbeing/Physical-Activity-and-Sport-Strategy.aspx>

7 Domains of Wellbeing – <https://www.whatworkswellbeing.org/product/local-authority-wellbeing-indicator-sets-and-guidance-only/>

Public Health Outcomes Framework - <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0>

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# APPENDIX A: Health and Wellbeing Strategy Delivery Plan 2018-2020

Draft at 20 August 2018

The delivery plan set out below is a central element of the Council's Health in All Policies commitment, providing further details on how and where we will address the priorities and objectives identified in Section 8 of the Health and Wellbeing Strategy. This is a continual learning process; data and targets/outcomes will be further developed as intelligence is collated during the first year of the plan to reflect changes in published health indicators used to formulate our evidence base.

	Priority 1 - Encourage people of all ages to have more active and healthy lifestyles and take control of their own health and wellbeing					
Objectives	Actions	Outcomes	Timescale	Key Contributing Services/Teams	Funding Source	Priority wards
Develop and support initiatives which enable people to be more active, with a particular focus on tackling inactivity	Work with Live at Home Lichfield and Burntwood to offer weekly dance and exercise classes	✓ 1 dance class and 1 chair based exercise class per week helping 100 unique individuals	March 2019	Leisure & Operational Services and Freedom Leisure  Licensing & Partnerships  Food & Health & Safety	Community and Voluntary Sector grant funding  Leisure and Operational Services outsourcing contract  LCB residual funding for health and wellbeing activities	Burntwood Central Boney Hay & Central Chadsmead Chase Terrace Chasetown Curborough
	Work with South Staffordshire Cruse Bereavement Care to develop regular drop-in group activity sessions	✓ 50 drop in group sessions with an average of 15 attendees per session	March 2019			
	Work with Freedom Leisure to: <ul style="list-style-type: none"><li>use ward-level low-income data to target residents from deprived areas through a ‘street of week’ campaign offering a free programme or activity of their choice</li><li>deliver physical activity programmes in partnership with schools, targeting children of all ages</li><li>Leisure maintain an offsite focus and work collaboratively with partner organisations to ensure a targeted and equitable provision</li><li>develop a health membership to engage those from local GP referral programmes and social prescribing opportunities throughout Lichfield District</li></ul>	✓ 15 low income families	April 2019			
		✓ 20 Programmes	December 2020			
		✓ New focus and developing baseline	September 2019			
		✓ 10 Memberships	September 2019			
Reduce childhood and adult obesity	Work with Staffordshire County Council’s Everyone Health service to Signpost adults aged over 50, living in the identified wards of Chasetown, Chadsmead and Curborough for support with public health interventions.	✓ Everyone Health promoted	December 2020			
	Work with Freedom Leisure to: <ul style="list-style-type: none"><li>offer both Family Leisure centre memberships at an affordable price and specific activities and events created for families with a health improvement element</li></ul>	✓ 150 Family Memberships	April 2020			

	<ul style="list-style-type: none"> <li>introduce a Healthy Lifestyle Activity programme targeting inactive overweight adults, using our spatial evidence base and information sharing with partner organisations, e.g. GP surgeries</li> <li>work with Streetgames to deliver the 'Let's Get Physical programme' which is designed to engage inactive and overweight children from disadvantaged areas</li> <li>collaborate with other partner agencies as appropriate to ensure all outcomes within the emerging Leisure and Operational Services Health and Wellbeing Delivery Plan are successfully achieved</li> <li>promote National Campaigns - support campaigns such as Public Health England One You, Sport England's This Girl Can, Dry January and market at specific groups</li> </ul>	<ul style="list-style-type: none"> <li>✓ 120 adults Engaged</li> <li>✓ 432 children engaged in weekly activities</li> <li>✓ 36 community sessions held benefiting 720 attendees</li> </ul>	April 2020  December 2019  March 2019  March 2019			
	Work with Staffordshire County Council and its Public Health development team to develop a placed-based approach for early intervention and ensure that Health in All Policies (HiAP) is a success in Lichfield District.	<ul style="list-style-type: none"> <li>✓ HiAP introduced</li> <li>✓ Measures of local public health indicators developed with SCC</li> </ul>	December 2018 December 2020			
Develop a more informed and empowered district and inspire healthier food choices and eating habits	Support an environment that makes healthy eating an easy and accessible choice and encourages more families to eat healthily	<ul style="list-style-type: none"> <li>✓ Define/establish baseline of catering premises offering 'healthier' food choices</li> <li>✓ Develop plan for increasing the number of catering premises offering healthier food choices</li> </ul>	December 2020  December 2020	Development  Leisure & Operational Services and Freedom Leisure	Food & Health & Safety  Community and Voluntary Sector grant funding	Boney Hay & Central Chadsmead Chase Terrace Chasetown, Curborough, Fazeley
	Work with partner organisations including Birmingham University to establish the potential for a 'Healthy Eating' rating system pilot for food premises across the district, with a focus on urban centres	<ul style="list-style-type: none"> <li>✓ Daily fruit and vegetable consumption is increased beyond 2.51 portions per day</li> <li>✓ All staff in public facing roles have been briefed in the HiAP approach, and are able to signpost customers for further help or advice</li> </ul>	December 2020  October 2019	Food & Health & Safety  Communications	Leisure and Operational Services outsourcing contract	

**APPENDIX A: Health and Wellbeing Strategy Delivery Plan 2018-2020**

Draft at 20 August 2018

	Work with relevant partners to help people access the information and services they need to improve their health and wellbeing (e.g. promotion of digital resources)	✓ Customers receive more integrated and well-informed engagement and customer service experience and are signposted to digital health and wellbeing resources	October 2019		LCB residual funding for health and wellbeing activities	
	Ensure partner organisations in front line roles understand local health and wellbeing concepts and can 'Make Every Contact Count' (MECC)	✓ More people are making healthier lifestyle choices, reducing the prevalence and severity of poor health	December 2020			
Improve mental wellbeing	Increase participation of activities which build confidence and self-worth	✓ Public Health indicators show improved mental wellbeing amongst children and young adults vs 2016	December 2020	Leisure & Operational Services and Freedom Leisure	Community and Voluntary Sector grant funding	All
	Deliver Mental Health First Aid (Young People) Training to all the Active Lichfield workforce and volunteers.	✓ 15 Members of Staff and 5 volunteers	March 2019	Communications		
	Work with Live at Home Lichfield and Burntwood to offer 'wellbeing walks' for older people	✓ 2 wellbeing walks per year	March 2019	Licensing & Partnerships		

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Priority 2- Support older and vulnerable people in our communities to live and age well						
Objectives	Actions	Outcomes	Timescale	Contributing Services/Teams	Funding Source	Priority wards
Reduce social isolation of older and vulnerable people	Making every contact count to further improve identification, engagement and referral of people at risk	✓ Front Line staff can identify and effectively respond to people who may be vulnerable and signpost accordingly	Summer 2019	All front line staff	Community and Voluntary Sector grant funding	Boney Hay Chasetown Leomansley Stowe Fazeley Curborough Armitage with Handsacre and Chase Terrace
	Work with Freedom Leisure to deliver the walking for Health programme for the over 60s	✓ 50 over 60s recruited	December 2020	Leisure & Operational Services and Freedom Leisure		
	To develop links with isolated members of the community through engagement with health carers, churches and GP surgeries and support those identified to access activities	✓ 30 isolated individuals supported	December 2020	Licensing and Partnerships		
	Work with Live at Home Lichfield and Burntwood to offer: <ul style="list-style-type: none"><li>a befriending service through home visits, telephone and post</li><li>weekly lunch clubs</li><li>weekly outings</li><li>focussed support for men</li></ul>	✓ 250 individual benefitting ✓ 6 lunch clubs per week benefitting 180 individuals ✓ 1 trip or outing per week ✓ 4 activities piloted to engage new male members	March 2019 March 2019 March 2019 March 2019	Customer services (Connects)		
	Work with Places of Welcome Plus to open additional venues	✓ 6 new additional venues each offering 2 hours of support per week to 50 new visitors	March 2019			
	Work with Action on Hearing Loss to provide monthly ‘Hearing Check and Information Drop-in’ sessions in selected areas and ‘Community Information Days’	✓ 800 individuals engaged through 2 sessions per month and 4 information days	March 2019			
	Work with partners to provide Dementia Awareness training to staff and external colleagues Support the CCG and partners on Dementia awareness amongst local businesses and residents in Lichfield District	✓ Greater awareness of dementia issues amongst frontline staff ✓ Greater awareness of dementia issues amongst employees of local businesses	December 2020 December 2020			
Reduce proportion of	Warmer Homes Greener District (WHGD) will: <ul style="list-style-type: none"><li>continually update local knowledge to improve</li></ul>	✓ 200 vulnerable households assisted annually ✓ 40 home visits to fuel poor and	March 2020	Housing Strategy  Private Sector	Energy Insulation Capital	Chadsmead Chasetown Bournvale



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fuel poor households	monitoring, targeting and allocation of resources for fuel poor households <ul style="list-style-type: none"><li>increase collaboration with districts, boroughs and other organisations across the county to maximise opportunities from Energy Company Obligation (ECO) and similar schemes</li><li>maintain a prominent role within the emerging local integrated care offer</li></ul>	vulnerable households annually <ul style="list-style-type: none"><li>✓ 20 referrals for funded energy efficiency measures annually</li><li>✓ Collaborative partnerships between Staffordshire authorities has increased funding within the district, supported hard-to-engage households and reduced the local excess winter mortality index to below 20<sup>1</sup></li></ul>	March 2019	Housing		Longdon
Reduce the proportion of excess winter deaths			March 2019			
			September 2020			
Employment, training and volunteering opportunities are fully promoted	Build community capacity through Community and Voluntary Sector funding programme	✓ Proportion of households experiencing financial stress is below the national average (of 28%) in all wards	December 2023	Economic Growth	Community and Voluntary Sector grant funding	Boney Hay & Central Chadsmead Chase Terrace Chasetown Curborough Armitage with Handsacre Fazeley
	Promote Lichfield’s commercial potential			Housing Strategy		
	Work in partnership with Talent Match and Support Staffordshire to offer volunteering and training opportunities to young people not in education, employment or training (NEET)	✓ 8 NEET young people supported	December 2020	Housing Options		
	Work with South Staffordshire Cruse Bereavement Care to recruit and train volunteers	✓ 6 additional volunteers recruited and trained	March 2019	Customer Services (Connects)		
	Work with the Let’s Get Physical programme to recruit volunteers	✓ 5 additional volunteers recruited and trained	March 2019	Development Management		
	Work with Live at Home Lichfield and Burntwood to recruit and train volunteers	✓ 25 new volunteers recruited and 75 unique volunteers trained	March 2019	Licensing and Partnerships		
	Work with Places of Welcome Plus to recruit and train volunteers including members of the target audience	✓ 18 additional volunteers recruited at 6 new venues ✓ 4 volunteers recruited and trained	March 2019			
	Full participation in the Shaw Trust ‘Work and Health Programme’ <sup>2</sup>	✓ Council actively participating	March 2020			

<sup>1</sup> The EWM index is calculated so that comparisons can be made between sexes, age groups and regions, and is calculated as the number of excess winter deaths divided by the average non-winter deaths, expressed as a percentage. An EWM index of 20 shows that there were 20 per cent more deaths in winter compared with the non-winter period.

<sup>2</sup> The Work and Health Programme is a Welfare to Work programme commissioned by the Department of Work and Pensions (DWP). It is designed to improve employment outcomes for people with health conditions or disabilities and those unemployed for more than two years: <https://www.shaw-trust.org.uk/Services/Work-and-Health-Programme>

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Promote Support Independent Living in Staffordshire (SILIS) and increase personal independence	<ul style="list-style-type: none"> <li>Work with the SILIS partnership including Millbrook Healthcare Ltd and Staffordshire County Council to promote SILIS</li> <li>Work in the SILIS partnership to monitor the contract with Millbrook and ensure successful delivery of home adaptations enabled through Disabled Facilities Grants (DFG)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Residents needing advice or support receive an improved Home Improvement Agency experience</li> <li>✓ At least 80 residents per annum receive DFG funded adaptations in their homes</li> <li>✓ Average waiting times between initial DFG grant application and installation are reduced</li> </ul>	December 2018	Housing Strategy  Licensing and Partnerships	Better Care Funding for DFG's of c£900,000 per annum	Colton and the Ridwares, Boney Hay and Central Boley Park Chasmead Chasetown Curborough Summerfield and All Saints Bonehill All
	Work with South Staffordshire Cruse Bereavement Care to support grieving households to live more independently at home	✓ 85 households supported and where appropriate	March 2019			
	Work with Live at Home Lichfield and Burntwood to offer: <ul style="list-style-type: none"> <li>computer classes providing older people with skills to remain independent</li> <li>assisted shopping services</li> <li>dementia day care sessions and carer support and respite</li> <li>a prompted telephone support service to individuals living with memory loss</li> </ul>	<ul style="list-style-type: none"> <li>✓ Signposting/referral to the Methodist Homes for the Aged (MHA) Live at Home project and Action on Hearing Loss</li> <li>✓ 6 computer classes per week</li> <li>✓ 25 households benefiting from assisted shopping</li> <li>✓ 2 dementia day care sessions per week</li> <li>✓ 150 telephone prompts monthly</li> </ul>	March 2019  March 2019 March 2019 March 2019			
	Work with Places of Welcome Plus to provide information sessions GPs and practice staff to raise awareness of the barriers people with hearing loss face and potential solutions	✓ 2 targeted GP information sessions	March 2019			
Reduce the number of people experiencing serious injury from falls	Work with internal teams and external agencies/Service Level Agreement (SLA) partners to reduce harm to those at risk of falls by: <ul style="list-style-type: none"> <li>developing evidence based interventions for older populations, e.g. physical activity, better nutrition and appropriate housing</li> <li>identifying trip hazards within and around the homes of vulnerable people they visit, to identify personal characteristics which may place individuals at higher risk of falls, and</li> </ul>	<ul style="list-style-type: none"> <li>✓ Falls at-home amongst the frail and elderly and consequent serious injuries, visits to Accident and Emergency (A&amp;E) and hospitalisation are reduced</li> <li>✓ Developers are committing to increasing the choice of affordable and age/ability appropriate housing in new developments</li> </ul>	December 2020  December 2020	Housing Strategy  Private Sector Housing & Environmental Health  Development  Licensing and Partnerships	Community and Voluntary Sector grant funding  Private sector housing funding	All

## APPENDIX A: Health and Wellbeing Strategy Delivery Plan 2018-2020

Draft at 20 August 2018

	<ul style="list-style-type: none"> <li>• make appropriate referrals to other services as appropriate; MECC</li> </ul>			Leisure and Operational Services		
Reduce housing inequalities by preventing homelessness and increasing the number of affordable homes	<ul style="list-style-type: none"> <li>• Maximise delivery of new affordable homes</li> <li>• Provide affordable homes grant funding to Approved Registered Provider(s) to enable new affordable homes</li> <li>• Gather evidence for a new Housing and Homelessness Strategy 2019-2022</li> <li>• Revise our Housing Assistance Policy to ensure that emergency home repair assistance funding is available to help those most in need</li> <li>• Support more benefits qualifying households through our revenues and benefits services to ensure income maximisation</li> </ul>	<ul style="list-style-type: none"> <li>✓ Delivery of our target of 158 new affordable homes annually means that more residents have been housed in good quality affordable homes and are less likely to experience rent/mortgage/utility arrears</li> <li>✓ Fewer homelessness applications are being made</li> <li>✓ Reduced use of and time spent in temporary accommodation</li> <li>✓ Fewer households are living in inappropriate housing</li> </ul>	<p>March 2021</p>    <p>December 2020 December 2020 December 2020</p>	<p>Housing Strategy</p> <p>Housing Options</p> <p>Revenues and Benefits</p> <p>Private Sector Housing</p>	<p>Commuted sums (a grant to support affordable housing development)</p> <p>Emergency Home Repair Assistance grant</p>	All

Priority 3 – Improve workplace health, wellbeing and safety						
Objectives	Actions	Outcomes	Timescale	Contributing Services/Teams	Funding Sources	Priority wards
Lichfield District Council to become a smoke-free, low fat, low-sugar, active workplace	Lead by example towards making the Council workforce a healthy workforce by: <ul style="list-style-type: none"> <li>• promoting physical activity as part of the working day</li> <li>• providing regular active-workplace activities including pedometer challenges, martial arts and various aerobic sessions, to encourage a more active lifestyle.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Healthy eating, living and working information is available on Brian</li> <li>✓ Staff are encouraged to incorporate movement into their daily work schedules</li> <li>✓ 200 employees participating in regular workplace activities</li> </ul>	December 2018 December 2019 December 2019	Food, Health and Safety Leisure and Operational Services Communications		LDC workplaces
Incorporate mental health awareness as a core focus in the emerging People Strategy	Through the People Strategy: <ul style="list-style-type: none"> <li>• Advocate the 'Time to Change' national campaign<sup>3</sup> or similar</li> <li>• Foster more trust and openness between staff and their line-managers</li> <li>• Ensure an environment where staff are able to talk in confidence with managers</li> </ul>	<ul style="list-style-type: none"> <li>✓ Council employees have the confidence to discuss any mental health issues with their managers</li> <li>✓ Employees have access to support to prevent reaching crisis point</li> <li>✓ The number/duration of recorded absences for stress/psychological reasons is reduced</li> </ul>	March 2019 March 2019 March 2020	Corporate Services Communications		LDC workplaces
Promote healthy and safe workplaces to further reduce the risk of accidents, mental stress and sickness absence	<ul style="list-style-type: none"> <li>• Continue to target our interventions on areas having the greatest impact on ill health reduction</li> <li>• Ensure that premises under our control for health &amp; safety enforcement only have interventions if risk management is failing</li> <li>• Develop partnerships with small local businesses and larger national companies based in our district, to provide consistent and proportional advice on health &amp; safety issues at both local and national levels</li> </ul>	<ul style="list-style-type: none"> <li>✓ Improved work/life balance and employee satisfaction (self-reported)</li> <li>✓ Fewer recorded workplace accidents</li> <li>✓ Fewer recorded absences due to work-related ill-health</li> </ul>	March 2020 March 2020 March 2020	Food, Health and Safety		All

<sup>3</sup> Time to Change is a growing movement of people changing perceptions about mental health: awareness campaigns aim to improve public attitudes towards people with mental health problems, reduce discrimination and challenge stigma. Local authorities can access resources to help promote this: <https://www.time-to-change.org.uk>



# HEALTH AND WELLBEING IN LICHFIELD DISTRICT- OUR EMERGING STRATEGY 2018-2020

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## Foreword

*Draft statement by Cabinet Member for Regulatory Services, Housing and Wellbeing*

Welcome to our first Health and Wellbeing Strategy. It sets out how a whole range of council services and activities contribute towards the health and wellbeing of local residents - from homelessness prevention and environmental protection, to leisure and parks and supporting our voluntary and community sector. I am aware that many important council decisions on such matters as planning, housing and economic development also have an important impact on the health and wellbeing of our local communities.

While we certainly have a key role to play through the services and facilities we provide, our ability to influence behaviours amongst the population is limited, and as we are also challenged significantly by ongoing financial pressures we will need to prioritise what we do.

In the wider context although our contribution is relatively small, a Health in All Policies approach will strengthen our local impact. By working in partnership with the Staffordshire Health and Wellbeing Board, other organisations and local communities we can increase our overall contribution and lead us to a healthier, more sustainable future.

Add Photo and signature etc

## 1. Introduction

Health, wellbeing and the quality of life in Lichfield District is generally better than the England average and in recent years life expectancy has increased and employment rates have improved. However, we face many challenges many of which are associated with our ageing population and our latest Public Health profile tells us that there are improvements to be made in some areas.

This emerging Strategy explores the ways in which the council has an impact on the health and wellbeing of residents through our services. It identifies service areas that impact on the wider determinants of health and highlights existing council activities which contribute to good health and wellbeing. It builds on the evidence contained in our Strategic Plan, highlights areas for improvement and sets out our priorities for action.

The council is not the lead agency on all of the services and initiatives highlighted in the Strategy but we have identified where the council can add value by promoting, providing support for or contributing to these in other ways.

Through a Health in All Policies (HiAP) approach explored in section 5, the Strategy's longer-term intentions are to inform and influence our policy making and decisions, and to provide a foundation for delivering future activities relating to maintaining or improving health and wellbeing. As we recognise that there is much to do in adopting HiAP, as well as developing our partnership with Freedom Leisure who manage our leisure centres, we have set a two year time frame for our first strategy to allow time for this work to be done.

## 2. Our Vision

Our vision is inspired by the healthy and safe communities theme of our Strategic Plan:

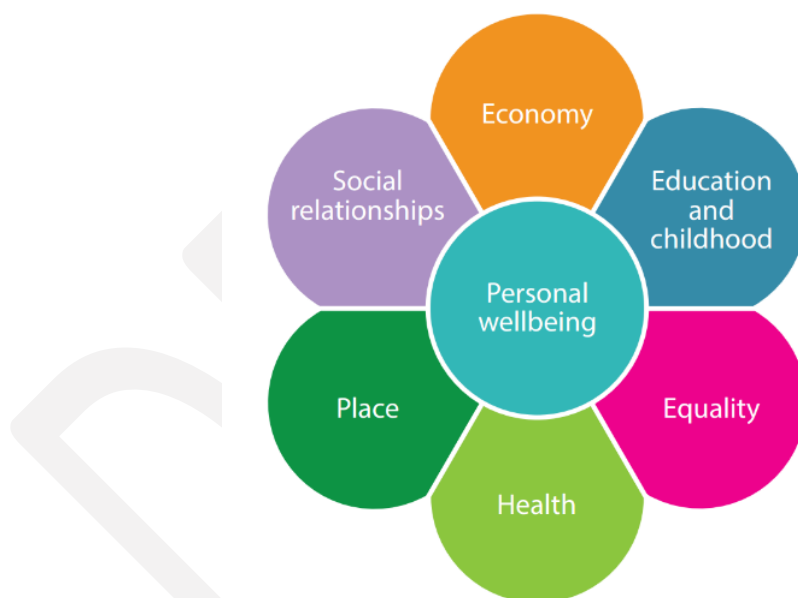
***"We want local people to live healthy fulfilled lives, have access to opportunities to be active and experience improved health and wellbeing".***

### 3. What is Health and Wellbeing?

So what is health and wellbeing? A person's health and wellbeing is influenced by many things; this includes where you live, your income, education, how you interact with your local community and the lifestyle choices you make. The environment that surrounds you is also very important; for example, access to local transport and what shops, facilities and services are available in your community.

When we think of health we often consider our physical resilience and our ability to prevent, recover from and live free of illness, injury or disability. Wellbeing is about feeling good and functioning well; these things are possible when our basic human needs (food, water, shelter, warmth, safety) are met and we successfully take care of our needs including education, family relationships, friendships, employment, income and fun.

Wellbeing is shaped by a complex combination of influences and there are no established indicators to measure wellbeing at a local authority level. However, the Framework for Wellbeing indicator set below created by the local wellbeing indicators project<sup>1</sup> is useful to look at. The framework is built around 7 domains that contribute towards wellbeing: personal wellbeing, economy, education and childhood, equality, health, place and social relationships.



*Figure 1 Understanding local needs for wellbeing data: measures and indicators scoping report*

The District Council is responsible for the delivery of many services that impact in some way on all of these domains and we have a key part to play on many related wider determinants of health such as planning and housing. We are therefore well placed to help to ensure that Lichfield is a district where improved health and wellbeing is experienced by all and that it remains a good place to live for current and future generations. In section 6 we explore health and wellbeing indicators in relation to these domains to present a profile of the district.

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<sup>1</sup> The local wellbeing indicators project was co-commissioned by Public Health England and ONS in collaboration with the What Works Centre for Wellbeing and Happy City that aimed to scope out adult wellbeing indicators that are needed and can be used at a local level. (Helen Brown, 2017)



## 4. Why are we developing this Strategy?

The health and wellbeing of our residents is very important to us. Our aim is to make best use of our fortunate status as a district council to positively influence the wider determinants of health and wellbeing thereby helping our communities become more self-sufficient and ensuring people have the support and opportunities to help themselves so that we can better assist those in most need (see figure 2 below).



Figure 2: The district offer to residents for the wider determinants of health (Source: District Councils' Network 'District Action Plan on Public Health')

Our **Strategic Plan 2016-2020** sets out our vision to be a strong, flexible council that delivers good value, quality services and helps to support a vibrant and prosperous economy, healthy and safe communities and clean, green and welcoming places to live.

Under the healthy and safe communities theme of our Strategic Plan we have set out how:-

*"We want local people to have access to opportunities to be active and live healthy, fulfilled lives. We want to prevent social isolation and loneliness, particularly in older members of our community. We want our communities to be safe and for people to be less worried about crime and anti-social behaviour. We want to encourage and support people to volunteer and help shape their communities, and be an active part of local life".*

This strategy supports delivery of the overall vision of our strategic plan and will be a useful tool to aid delivery of several outcomes, in particular:

- More people will be active and healthy
- More people will be involved in volunteering and community activity
- More people will be living independently at home
- There will be more affordable homes in the district
- Our heritage and open spaces will be well maintained or enhanced
- More people will use parks and open spaces

It will also support our **Local Plan Strategy 2008 and 2029** which will shape the physical, economic, social and environmental characteristics of the district.

The Strategy will also contribute towards the delivery of several outcomes of our **Physical Activity and Sport Strategy (PASS) 2016 – 2020**<sup>2</sup> in particular:

- Reduced inactivity and a healthier population - a reduction in inactivity levels in turn contributing towards health improvement of the population
- Reducing inequalities - engaging those that would benefit the most in being more active to reduce inequalities in participation between different social groups

We are currently reviewing the PASS in line with Sport England and plan to consult on a revised strategy by 2019. We are also working with Freedom Leisure who now manage our leisure centres to develop the approach that they will take to support the council achieve its objective to improve health and wellbeing and will be developing joint outcomes with them to deliver this. A Leisure Services Health and Wellbeing Action Plan is in development which will incorporate these outcomes and will be incorporated into our Delivery Plan.

As well as achieving our own strategic outcomes we are committed to working in Staffordshire to help deliver the **Sustainability and Transformation Plan (STP)**, as we recognise our key role as a provider of local services and how pivotal we are to developing a healthy policy framework for some of the wider determinants of health. Furthermore, we are committed to supporting the work of the Staffordshire Health and Wellbeing Board and delivery of its **Health and Wellbeing Strategy for 2018 – 2023** with its aim to help people to stay as well as they can to reduce the growing pressure on services. These are both explored further in section 5.

There are other potential benefits to the council in developing and implementing this strategy including:

- It will help us to develop new, and strengthen existing, networks and partnerships
- It can be used as a foundation for attracting external funding to achieve health related outcomes
- Improved health and wellbeing will mean that more residents maintain their independence for longer and in the long term demand for Disabled Facilities Grants (DFGs) and other services and interventions will be more manageable
- We will have a healthier, happier, better informed and more productive workforce and population

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<sup>2</sup> <https://www.lichfielddc.gov.uk/Residents/Sports-fitness-and-wellbeing/Downloads/Lichfield-District-Physical-Activity-and-Sport-Strategy.pdf>

## 5. National and sub-regional context

Since 1 April 2013 all upper-tier (such as Staffordshire County Council) and unitary local authorities in England have been responsible for local public health services and improving the health of their local population as set out in the **Health and Social Care Act 2012**. The Act also established **Health and Wellbeing Boards** where key leaders from the local health and care system work together to improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services. They join up the commissioning of local NHS services, social care and health improvement and allow local authorities to take a strategic approach and promote integration across health, adult social care and children's services including safeguarding.

**Clinical Commissioning Groups (CCGs)** which are clinically-led statutory NHS bodies responsible for the planning and commissioning of health and care services were also created at this time. There are two CCG's covering Lichfield District- the South East Staffordshire and Seisdon Peninsula CCG and East Staffordshire CCG. Commissioning means assessing local needs, deciding on priorities and strategies and then buying services on behalf of the population from providers such as hospitals and clinics to meet identified need. CCGs' members are local GP practices that are led by an elected governing body including GPs, nurses and consultants; they remain independent and are accountable to the Secretary of State for Health through NHS England.

To involve patients and the public in the running of the NHS, **Healthwatch England** was established to represent local populations; its purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

In March 2016 the NHS in England was split into 44 planning areas which brought together local health and care organisations, the voluntary and community sector and communities. For **Staffordshire and Stoke-on-Trent**, the partnership known as **'Together We're Better'** has recently developed a **Sustainability and Transformation Plan (STP)** Public Health Prevention Programme. The strategic objectives of this new programme of reducing demand on social care, tackling cardio-vascular disease and diabetes, improving public mental health and tackling falls and frailty will be achieved through taking a life-course approach to prevention.

This is fully aligned with **The Staffordshire Health and Wellbeing Board's** emerging Health and Wellbeing Strategy for 2018 – 2023 that builds on its previous Living Well in Staffordshire Strategy 2013-2018 and wider Corporate Plan. The emerging strategy indicates that the Board intends 'to help people to stay as well as they can to reduce the growing pressure on services' through information sharing, engagement with the public, understanding and supporting communities and influencing decision making. The Board want to make sure that health is included in all policies and decisions and is promoting a **'Health in all Policies' (HiAP)** approach, which is a collaborative, evidence-based approach to improving health by incorporating health considerations into decision-making.

Through HiAP local policy making takes into account that health, wellbeing and health inequalities are largely determined by living conditions and wider social, economic, environmental, cultural and political factors. These in turn are controlled by policies and actions outside the health sector, relating to the wider determinants of health and wellbeing, such as (but not limited to) housing, planning, leisure, transport and licensing policy. We are committed to developing HiAP as a key part of our strategy and have established it as one of our priorities for action.

The STP Public Health Prevention Programme and emerging Health and Wellbeing Strategy both advocate a 'Place-based approach' – focussing on places rather than institutions as a means to achieving healthier communities and better integrated health and wellbeing interventions which more effectively encompass the wider determinants of health. Our Delivery Plan will include various actions in priority wards as part of this Place based approach.

**The Healthy Staffordshire Select Committee** is responsible for the scrutiny of matters relating to the planning, provision and operation of health services, including public health in Staffordshire. Comprising County councillors and one councillor from each district/ borough, the Committee scrutinises the work of the Health and Wellbeing Board and is developing a working relationship to enable this to be undertaken effectively and constructively. Our representative on this is the Chair of our **Community, Housing and Health Overview and Scrutiny Committee** which scrutinises council decisions and services that relate to community, housing and health as well as health services commissioned and provided by the NHS. This involves looking at provisions relating to the health of the community, including those services commissioned and provided by the NHS that are delegated to the District Council by the Staffordshire Health Scrutiny Committee.

## 6. Local context

### Health and wellbeing profile of our district

Around 102,700 people live in Lichfield District. Our population is expected to have a small overall increase by 2025 with a much larger growth in people aged 65 and over.

When compared to the England average, the health, wellbeing and the quality of life for most of our residents is generally similar or better. The district is an affluent area: household income is higher than both the county and national averages<sup>3</sup> and at 79.1% the employment rate amongst 16-64 year olds is better than regional and national figures. However, our Public Health Profile 2017<sup>4</sup> and Lichfield Locality Profile<sup>5</sup> illustrates a number of issues and highlights some of the areas where inequalities exist, providing us with a focus for action.

This section explores the key health and wellbeing indicators that we have identified<sup>6</sup>. They are themed according to the 7 domains of wellbeing introduced in section 3 to present a structured snapshot of health and wellbeing across the district. **Appendix 1** also contains charts and maps of the district to show several of these indicators by ward to highlight areas for action.

**Table 1: Key Health and Wellbeing indicators**

Domain		In our District...
Personal Wellbeing	Mental health, happiness, anxiety, self-esteem, sense of purpose	<ul style="list-style-type: none"> <li>• At least 1 in 4 people experience mental health problems in their lives</li> <li>• Around 1,150 under 16s (8.6%) and 26,000 adults (22%) are estimated to be living with a mental health condition and 8,500 adults cases have been identified by a GP</li> <li>• The prevalence of depression amongst over 18's is nearly 7%, affecting around 5,070 people.</li> <li>• Around 5,000 pensioners live alone, with higher proportions in Fazeley, Curborough, Armitage with Handsacre and Chase Terrace wards</li> <li>• There are around 648 hospital admissions related to alcohol per year</li> <li>• There are around 10 suicides per year, similar to the national average</li> </ul>

<sup>3</sup> Average household income for the District is approximately £46,000 per year. This compares with £39,000 for Staffordshire and £40,000 for Great Britain. Variance across wards is significant, with average household income of £28,000 in Summerfield and £73,000 in Little Aston. 5 of 22 wards fare worse than the national average: Boney Hay, Chadsmead, Chasetown, Curborough and Summerfield. (Council, Early Years District Profile 2017, 2017) (Council, A Focus on Lichfield 2015, 2015)

<sup>4</sup> <http://fingertipsreports.phe.org.uk/health-profiles/2017/e07000194.pdf>

<sup>5</sup> <https://www.lichfielddc.gov.uk/Residents/Community/Community-funding/Downloads/Lichfield-locality-profile.pdf>

<sup>6</sup> Sources used: (Staffordshire Observatory 2016, Improving mental health and wellbeing outcomes); (Staffordshire Observatory 2016); (LP 2016); (PHP 2017); (Staffordshire CC Strategy Team); (BEIS 2017) (Housing Enquiries records); (PHE); (Census 2011)

Health	Physical health, resilience	<ul style="list-style-type: none"> <li>• Healthy life expectancy is 65 years for men and 67 years for women; this is longer than average but isn't improving. Women spend more of their lives in poor health than men (16 years compared to 14)</li> <li>• 1 in 4 adults are physically inactive, while just over half meet the recommended level of physical activity</li> <li>• 6.7% of adults (around 5,000 people) aged 17 or over has diabetes and 15.6% (over 14,500 people) have hypertension (high blood pressure), both worse than the England average</li> <li>• Data from the latest Sport England's Active People Survey suggests that around one in four adults are obese and almost 63% have excess weight (53,900 adults aged 16 and over) with rates being similar to England</li> <li>• More than 1 in 6 people of all ages have a limiting long-term illness, higher than the national average, with greatest prevalence in Chasetown, Curborough, Boney Hay and Central and Fazeley. However, the prevalence of limiting long term illness amongst over 65s is lower than England, suggesting younger people are disproportionately affected</li> <li>• Around 670 people are recorded as living with dementia, and at 54.2% the diagnosis rate is worse than the national average</li> <li>• 35% of people aged 65 and over experience one or more falls each year. Up to a quarter of those over 80 who fall sustain a serious injury</li> <li>• The proportion of older people who take up their offer of a seasonal flu vaccine or their offer of a pneumococcal vaccine is lower than average</li> <li>• Accidental deaths account for around 30 deaths per year with rates being higher than the England average. Accidental death rates in older people aged 65 and over are also higher</li> </ul>
Education and childhood	Education and skills, school readiness, start in life, childhood health	<ul style="list-style-type: none"> <li>• The proportion of children who had reached a good level of development at the age of five (72%) is better than the national average</li> <li>• GCSE attainment is significantly better than the England average but there are inequalities with achievement ranging from 37% in Fazeley ward to 86% in Boley Park ward</li> <li>• Around 24% of children aged four to five have excess weight (overweight or obese) with rates being similar to average</li> <li>• Around 34% of children aged 10-11 (Year 6) have excess weight with rates being similar to average</li> <li>• Breastfeeding prevalence rates at six to eight weeks remain lower than England</li> </ul>

Domain		In our District...
Place	Community & neighbourhood, crime, housing, transport & commuting, built environment, air quality, noise, natural environment, green infrastructure, sense of belonging	<ul style="list-style-type: none"> <li>• Most residents (91%) are satisfied with the area they live in. There are lower than average levels of crime and anti-social behaviour however the perception of crime is greater than the experience of crime</li> <li>• Housing affordability is an issue; the lowest quartile house price is 7.1 times the lowest quartile income and higher than the England average of 6.5.</li> <li>• 12% of children live in low income households</li> <li>• 11% (around 4,600) of households live in fuel poverty</li> <li>• There are around 70 excess winter deaths annually, a rate similar to the national</li> <li>• There is a lower proportion of people with a learning disability (45.5%) living in stable and appropriate accommodation than is the case regionally and nationally</li> <li>• We received 1,690 unique enquiries from households at risk of homelessness between 2014 and 2017; of these enquiries 393 households (23%) received homelessness prevention assistance and 191 (11%) were accepted as being statutorily homeless</li> <li>• Air quality is generally very good, however air pollution as a result of road transport has resulted in two air quality management areas at Muckley Corner and the A38 between Streethay and Alrewas.</li> <li>•</li> </ul>



Domain		In our District...
Economy	Employment, skills personal finance, financial stress, poverty, debt	<ul style="list-style-type: none"> <li>• Educational attainment and employment rates have improved but this is not universal. The gap in the employment rate between those with a long term health condition and the general population is 4%</li> <li>• There are gaps in levels of adult skills and qualifications. 1 in 10 adults aged 16-64 has no formal qualifications, higher than the England average</li> <li>• Using the Mosaic variable 'Financial Stress' 23% (23,000) of the population find it 'difficult or very difficult to cope on current income; this is lower than the national average (28%) but varies from 13% in Little Aston &amp; Stonnall ward to 36% in Chadsmead ward. Three wards are higher than the national average</li> <li>• Unemployment and youth unemployment rates (as at June 2016) were lower than the national average and performed well compared to our CIPFA district comparators</li> <li>• The proportion of people claiming out-of-work benefits is better than average (6.0% compared to 8.6%)</li> <li>• The proportion of residents aged 60 and over living in income deprived households is significantly better than the national average</li> <li>• There are 1,100 households with children where there are no adults in employment.</li> <li>• Around 2% of 16-19 year olds are not in employment, education or training (NEET), with relatively high rates in Chase Terrace, Armitage with Handsacre, Chadsmead, Chasetown and Fazeley</li> <li>• There are two lower super output areas (LSOAs) within the most deprived national quintile, representing around 4% of the total population- Chadsmead and Chasetown</li> </ul>
Domain		In our District...
Social relationships and communities	Family, marriage, partnerships, loneliness, volunteering, equality & fairness, rights, trust, social action	<ul style="list-style-type: none"> <li>• Life expectancy at birth is 81 years for men and 83 years for women, both similar to the national average. Men and women living in the most deprived areas live 7 and 9.5 years less than those living in less deprived areas respectively</li> <li>• The dependency ratio for older people is around 38 older people per 100 working age people, a trend which is increasing. 19 wards are higher than the national average, particularly around Colton and the Ridwares, Boney Hay and Central and Bole Park</li> <li>• More residents provide unpaid care compared to the England average which is around 11,600 people. In particular, 15% (3,100 people) of residents aged 65 and over provide unpaid care which is higher than the England average of 14%</li> <li>• Proportion of social isolation amongst the over 65s is 12.2%</li> </ul>

## 7. Our contribution and impact

Through our diverse range of duties and activities, we contribute and influence our residents' health and wellbeing in many ways. A summary of our main activities broken down by service area that have the greatest health and wellbeing implications locally is in **Appendix 2**. It is not an exhaustive account of what we do but illustrates key activities ordered according to the themes in our Strategic Plan.

## 8. Our priorities for action

In Appendix 2 we have demonstrated the positive impacts that many of our services and activities have on the health and wellbeing of our residents, however in section 6 we have seen that many health and wellbeing indicators are in need of improvement.

From reviewing the evidence in section 6 we have identified 3 priority areas to initiate our overarching commitment to **develop a council wide Health in all Policies (HiAP) approach**, building upon our existing promise of 'making every contact count'. Through high-level strategic leadership we will ensure **all** emerging policies, strategies and decision making processes take into account and

monitor their health and wellbeing impacts. In so doing we will better understand both our contribution scope for continual improvement for the benefit of our communities.

Our priorities for action are to:

1. **Encourage people of all ages to have more active and healthy lifestyles and take control of their own health and wellbeing**
2. **Support older and vulnerable people in our communities to live and age well**
3. **Improve workplace health, wellbeing and safety**

For each priority we have set ourselves a number of objectives which are detailed in the table below along with the rationale for their selection. Our Delivery Plan in **Appendix 3** sets out our detailed actions and shows how different service areas will work together and in partnership with a wide range of organisations to achieve these priorities and deliver our objectives.

**Table 2: Priorities for action and objectives**

<b>Priority 1: Encourage people of all ages to have more active and healthy lifestyles and take control of their own health and wellbeing</b>	
<b>Objectives</b>	<b>Rationale</b>
Develop and support initiatives that enable people to be more active, with a particular focus on tackling inactivity	<ul style="list-style-type: none"> <li>• Levels of inactivity in adults have not decreased in recent years</li> <li>• Insufficient physical activity is one of the leading cause of chronic, limiting diseases (cardiovascular, cancer and diabetes) and premature mortality.</li> <li>• Exercise promotes good mental and cardiovascular health regardless of weight, particularly for middle-age and elderly people.</li> <li>• Physical activity levels are known to vary by household income.</li> <li>• Sports club participation and physical activity is associated with higher emotional wellbeing for children</li> <li>• Active lifestyles and social inclusion projects can be far reaching and impact positively on people's physical and mental health</li> <li>• Average life expectancy has increased, but the number of years spent in good health has not</li> <li>• The direct cost of physical inactivity to the NHS has been estimated at £1.06 billion (2006/07 prices) across the United Kingdom, based on costs associated with five conditions: coronary heart disease, stroke, diabetes, colorectal cancer and breast cancer. (Allender et al 2007).</li> <li>• A recent report from Public Health England (2014) estimates the total UK-wide cost of inactivity as £7.4 billion a year.</li> </ul>
Reduce childhood and adult obesity	<ul style="list-style-type: none"> <li>• Levels of obesity in adults and children are increasing across the district.</li> <li>• Obesity increases the risk of chronic illnesses, psychological health problems and reduces life expectancy</li> <li>• Obesity is linked to at least 10 types of cancer and is the second most preventable cause of cancer after smoking; maintaining a healthy body weight reduces this risk</li> <li>• Obesity (similarly with poor diet and physical inactivity) is strongly linked to increased risk of developing type 2 diabetes, and the age of initial diagnosis of this disease is decreasing. This can be a limiting disease and in many cases it is preventable through positive lifestyle changes</li> <li>• Adults and children from poorer households and deprived areas are more likely to become obese</li> </ul>

	<ul style="list-style-type: none"> <li>• Good or bad food habits formed in early childhood often pervade into adulthood</li> </ul>
Develop a more informed and empowered district and inspire healthier food choices and eating habits	<ul style="list-style-type: none"> <li>• Good information can inspire healthier life choices and reduce unnecessary demand on services</li> <li>• Average number of portions of vegetables consumed daily for adults is lower than for the region and England at 2.51 portions</li> <li>• The proportion of the adult population meeting the recommended '5-a-day' on a usual day is lower than for England at 56.3%</li> </ul>
Improve mental wellbeing	<ul style="list-style-type: none"> <li>• People living with mental health problems are often marginalised, vulnerable to discrimination and stigma and face obstacles to accessing services</li> <li>• Life expectancy for people living with severe mental illness is reduced by as much as an estimated 9-24 years</li> <li>• About half of mental health problems are established by age 14 and three quarters by age 24</li> <li>• Every £1 invested in innovative district council reduced-cost schemes and free access to leisure services generates up to £23 in value, and is as important to mental health as it is to physical health</li> </ul>
<b>Priority 2: Support older and vulnerable people in our communities to live and age well</b>	
<b>Objectives</b>	<b>Rationale</b>
Reduce social isolation of older and vulnerable people	<ul style="list-style-type: none"> <li>• Social isolation has been linked to increased morbidity and mortality, including degenerative brain diseases, depression and suicides</li> <li>• Older people are at increased risk of depression due to factors such as having a long-term physical health condition or disability, retirement, social isolation, loneliness or bereavement</li> </ul>
Reduce the number of fuel poor households	<ul style="list-style-type: none"> <li>• Housing remains a key wider determinant of health and a central component of the relationship between poverty and health</li> <li>• Long-term exposure to a cold home can affect weight gain in babies and young children, increase hospital admission rates for children, and increase the severity and frequency of asthmatic symptoms</li> <li>• Children in cold homes are more than twice as likely to suffer from breathing problems, and those in damp and mouldy homes are up to three times more likely to suffer from coughing, wheezing and respiratory illness, compared with those with warm, dry homes</li> <li>• Struggling with high energy bills can have an adverse impact on the mental health of family members</li> <li>• Fuel poverty may affect children's education – for example, if health problems keep them off school, or if a cold home means there is no warm, separate room to do their homework (Royston, 2013)</li> <li>• Every £1 spent by district councils improving 100,000 homes where residents are otherwise likely to require treatment due to issues of excess cold could save the NHS £34.19 over 10 years. The total annual cost to the NHS in England of cold homes is £1.36bn</li> </ul>
Reduce the number of excess winter deaths	<ul style="list-style-type: none"> <li>• Evidence suggests that excess winter deaths can be prevented. National research shows that winter deaths increase more in England compared to other European countries with colder climates</li> <li>• It is more than just lower temperatures that are responsible for the excess mortality, for example unsuitable housing for frail people</li> </ul>



Employment, training and volunteering opportunities are fully promoted	<ul style="list-style-type: none"> <li>• Being unemployed can have a negative impact on subjective wellbeing and mental health</li> <li>• The decline in wellbeing is beyond what would be expected from a decline in income from not having a job – unemployment can affect wellbeing by diminishing our sense of purpose and by reducing our social connections<sup>7</sup></li> </ul>
Promote Support Independent Living in Staffordshire (SILIS) and increase personal independence	<ul style="list-style-type: none"> <li>• The proportion of our residents aged over 65 is very high and increasing, indicating more future demand for Disabled Facilities Grant (DFGs)</li> <li>• Around 90 residents have grant funded adaptations each year</li> <li>• Around 80% of DFG requests are to enable improved access to and within homes and to provide level access showers</li> <li>• Every £1 spent by a district council adapting 100,000 homes (through DFGs) where a serious fall is likely to otherwise occur could save the NHS £69.37</li> </ul>
Reduce the number of people experiencing serious injury from falls	<ul style="list-style-type: none"> <li>• Around 420 over 65s are admitted to hospital following a fall, and 120 have hip fractures</li> <li>• About 45% of people over 80 who live in the community fall each year, between 10-25% of which will sustain a serious injury<sup>8</sup></li> <li>• Around 29% of fallers were not discharged to their usual place of residence with 17% being discharged to another hospital; 3% being discharged to a care home; 2% discharged to a temporary place of residence (80 people)</li> </ul>
Reduce housing inequalities by preventing homelessness and increasing the number of affordable homes	<ul style="list-style-type: none"> <li>• Housing affordability continues to be an issue</li> <li>• The number of homelessness applications and households being accepted as statutorily homeless has increased in recent years</li> <li>• The number of unique homelessness enquiries and homelessness preventions has decreased over recent years</li> <li>• The introduction of the Homelessness Reduction Act presents opportunities for us to further assist homeless households and households at risk of homelessness</li> </ul>

### Priority 3: Improve workplace health, wellbeing and safety

Objectives	Rationale
Lichfield District Council to encourage employees to become a healthier, more active workforce	<ul style="list-style-type: none"> <li>• With a health in all policies approach the council will be committed to leading by example</li> <li>• There are opportunities for us to promote a healthier, more active workplace</li> <li>• Encouraging workplace health and wellbeing principles is consistent with the ongoing transformation to become a council which is 'fit for the future'</li> <li>• A healthier workforce/place is a happier, more productive workforce/place</li> </ul>
Incorporate mental health awareness as a core focus in the emerging People Strategy	<ul style="list-style-type: none"> <li>• Stress and mental health issues amongst council employees accounted for 476 days lost in 2016/17 – this is 8.6% of all absence</li> <li>• Wellbeing has a direct link to our equalities agenda and there is significant evidence to show that looking after the mental health of our employees makes business sense and increases productivity</li> </ul>
Promote healthy and safe workplaces to further reduce the	<ul style="list-style-type: none"> <li>• The most commonly reported causes of occupational ill health in Great Britain are:</li> </ul>

<sup>7</sup> Brown, H

<sup>8</sup> Falls and fractures: effective interventions in health and social care, Department of Health, 2009

risk of accidents, mental stress and sickness absence	<ul style="list-style-type: none"> <li>○ Musculoskeletal disorders, accounting for 41% of all work-related ill-health cases and 34% of all working days lost due to ill health; and</li> <li>○ Work-related stress, accounting for 37% of all work-related ill-health cases, and 45% of all working days lost due to ill health</li> </ul>
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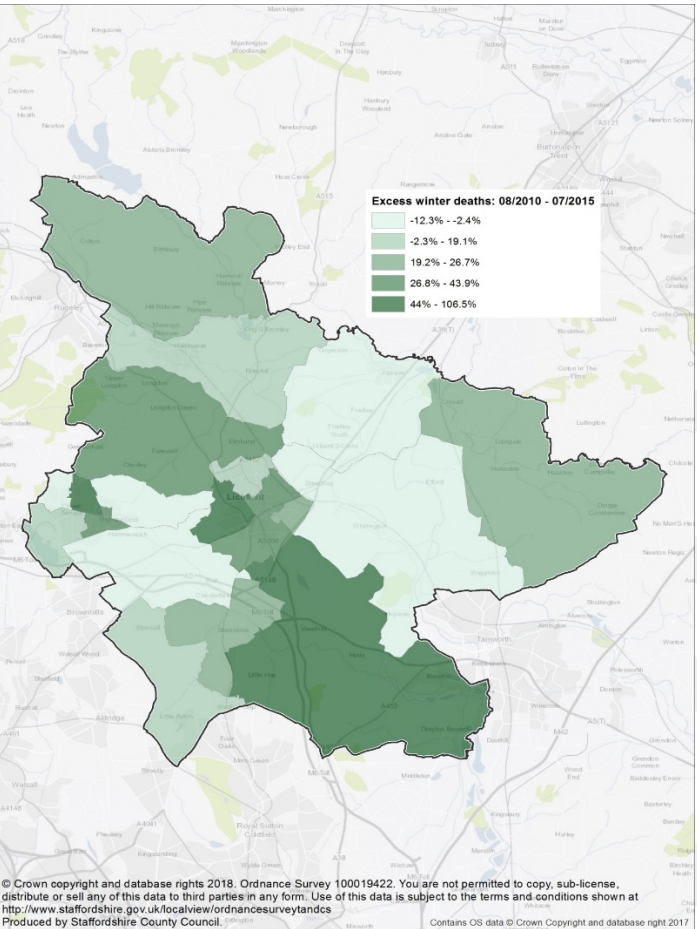
## List of Appendices

1. Maps and charts of key health and wellbeing indicators
2. Our contribution and impact
3. Our Delivery Plan- to follow

DRAFT

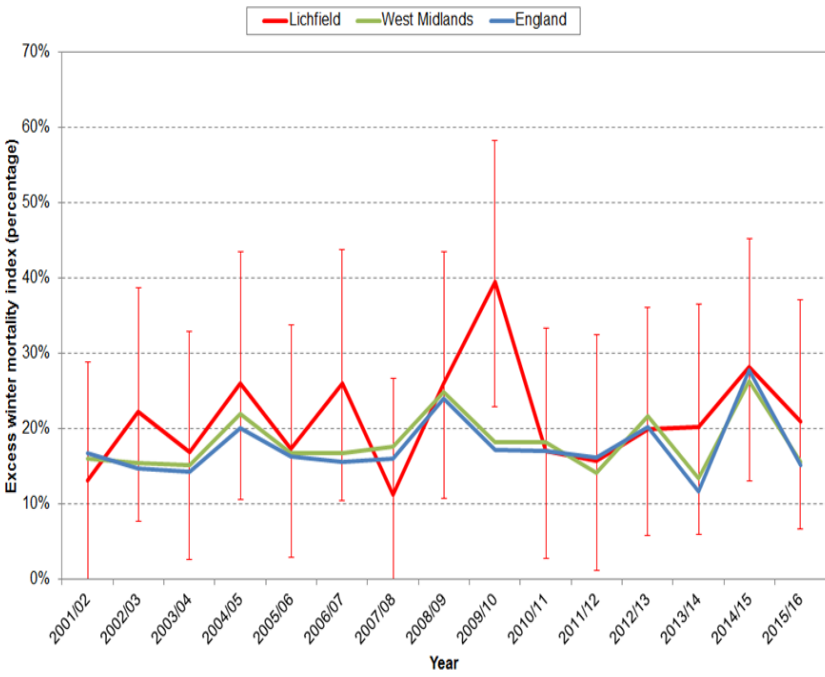
# Appendix 1 – Maps and Charts of key Health and Wellbeing indicators

Map 1: Excess winter deaths in Lichfield, August 2010 to July 2015



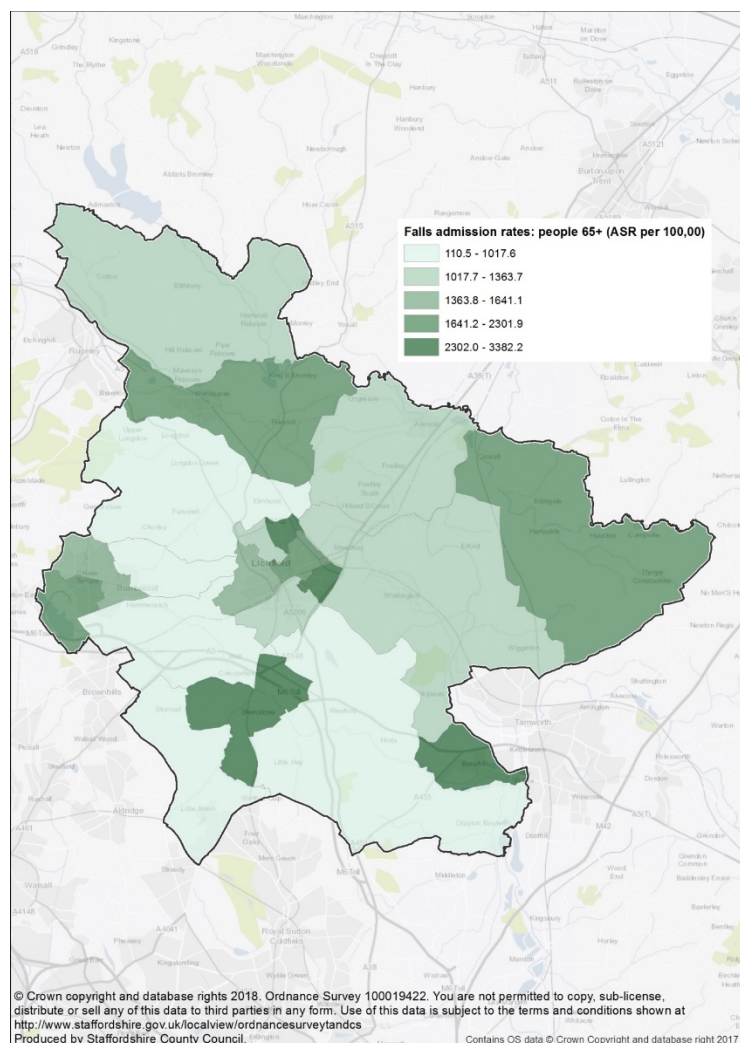
Source: Primary Care Mortality Database, Office for National Statistics and Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

Figure 2: Trends in excess winter mortality



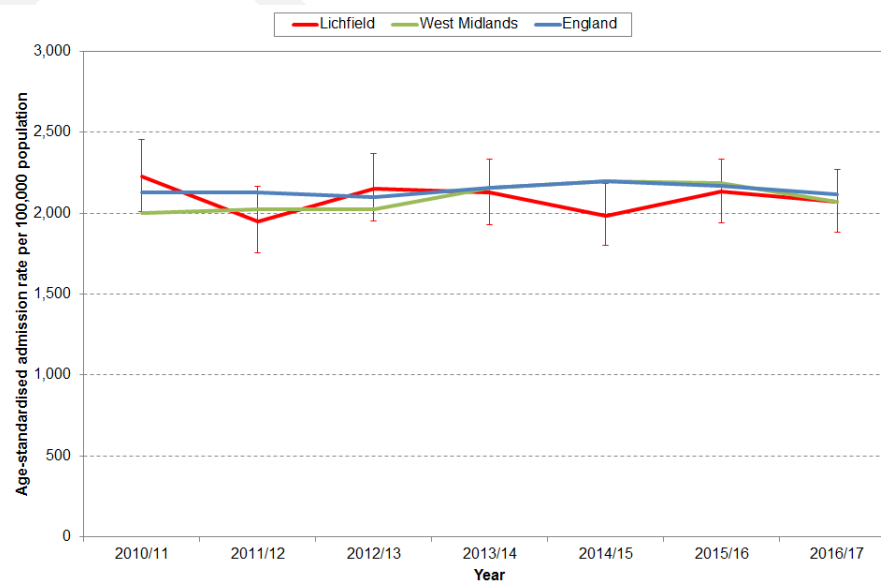
Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

Map 2: Admission rates from falls in older people aged 65 and over in Lichfield, 2015/16



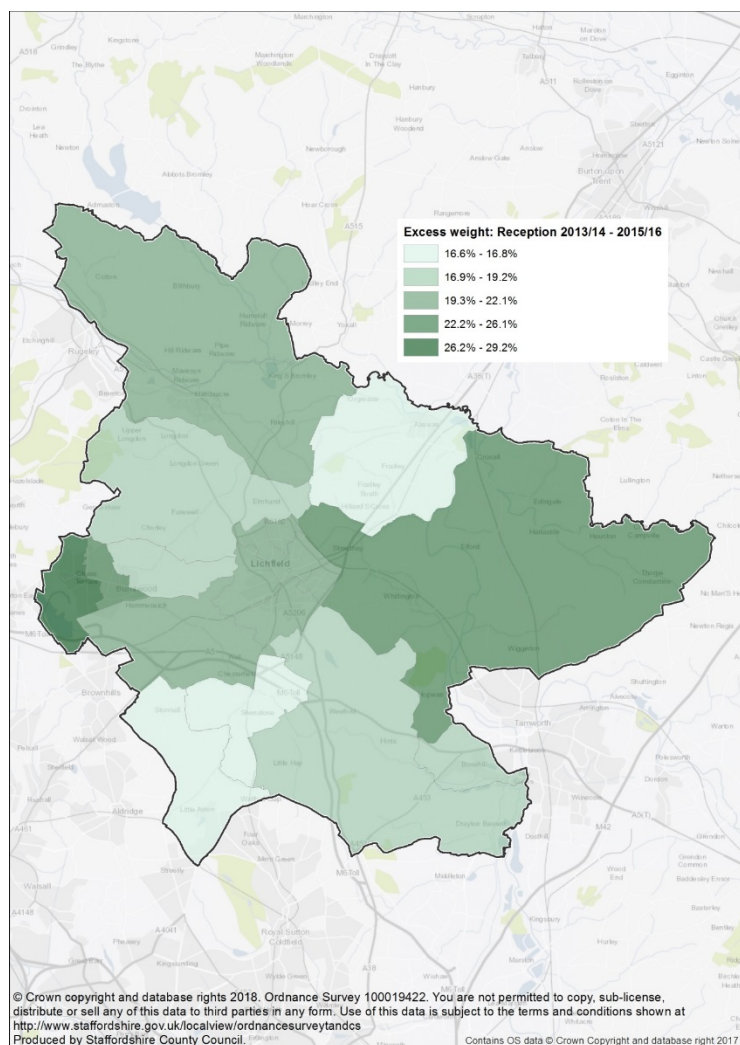
Source: Midlands and Lancashire Commissioning Support Unit (MLCS) and Mid-Year Population Estimates, Office for National Statistics, Crown copyright

Figure 3: Trends in falls admissions in people aged 65 and over



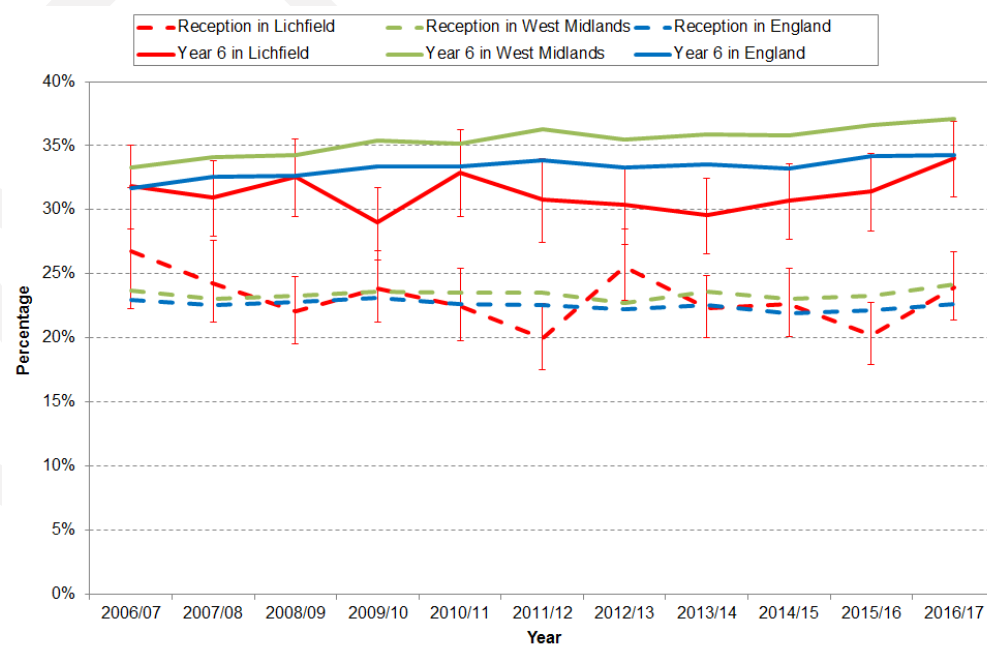
Source: Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/>

Map 3: Childhood obesity rates for Reception in Lichfield, 2013/14 to 2015/16



Source: Public Health England

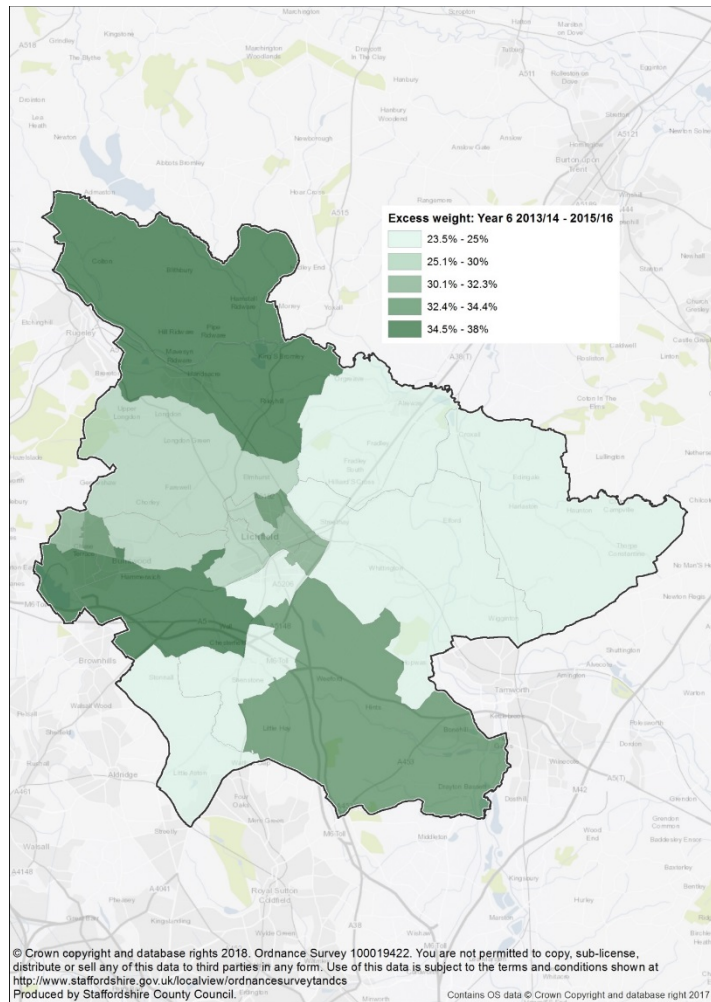
Figure 4: Trends in children with excess weight



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

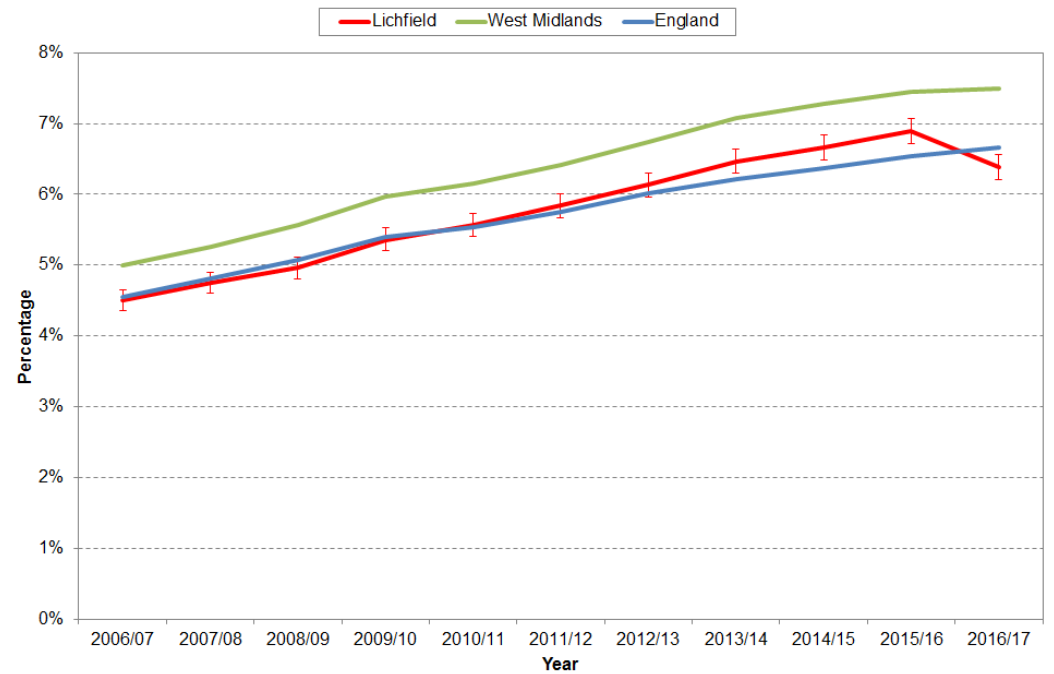


Map 4: Childhood obesity rates for Year 6 in Lichfield, 2013/14 to 2015/16



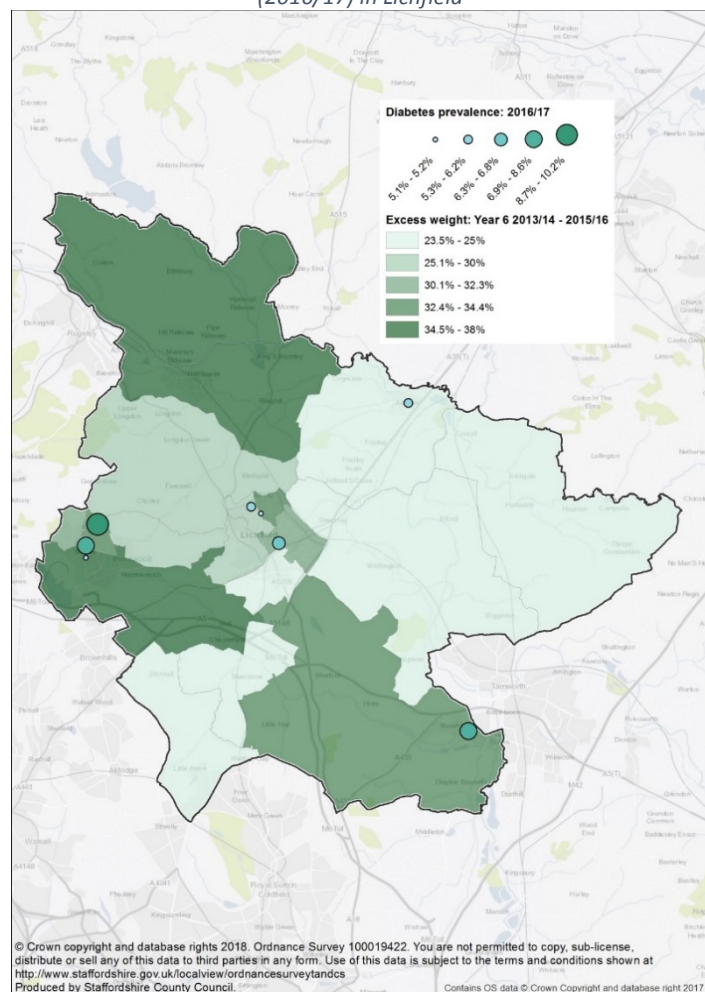
Source: Public Health England

Figure 5: Trends in diabetes prevalence (aged 17 and over)



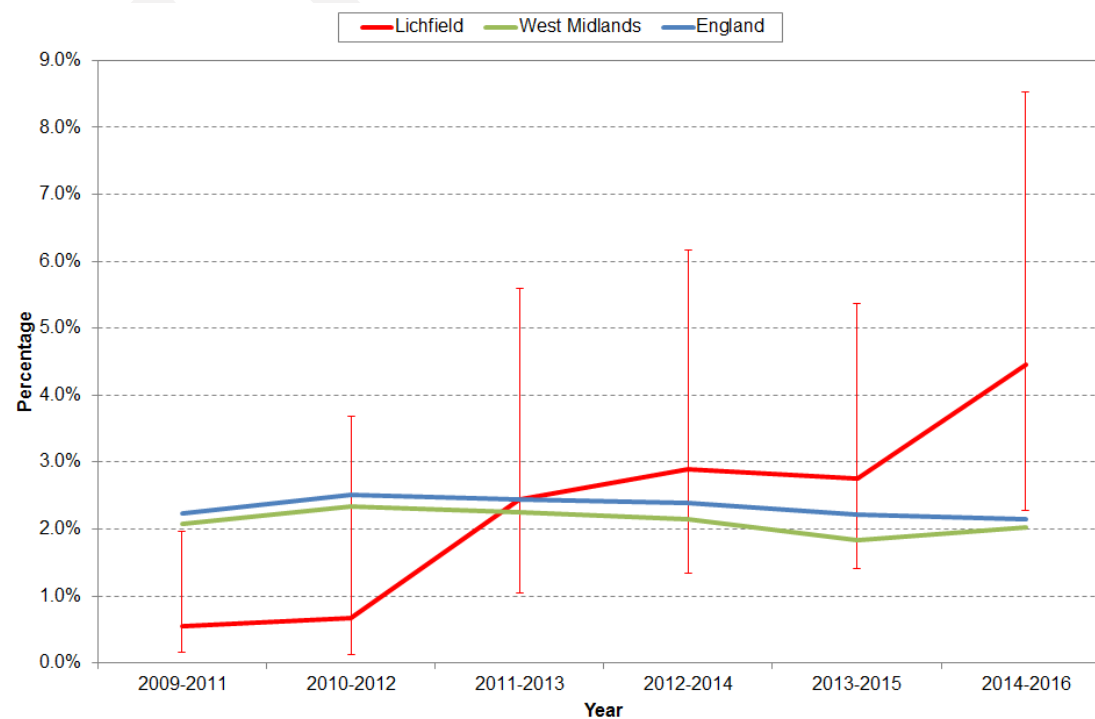
Source: Quality and Outcomes Framework (QOF), Copyright © 2017 Health and Social Care Information Centre. The Health and Social Care Information Centre is a non-departmental body created by statute, also known as NHS Digital

Map 5: Childhood obesity rates for Year 6 (2013/14 to 2015/16) and adults with diabetes (2016/17) in Lichfield



Source: Public Health England and Quality and Outcomes Framework (QOF), Copyright © 2017 Health and Social Care Information Centre. The Health and Social Care Information Centre is a non-departmental body created by statute, also known as NHS Digital

Figure 6: Sickness absence rates



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

## Appendix 2 – Our contribution and impact

Strategic Plan	Summary of service area contribution	Health and Wellbeing impacts
<b>Vibrant and prosperous economy</b>  More local jobs and more people in employment.  More new businesses locate in our district. More businesses succeed.  More visitors and greater visitor spend in our district.  A regenerated Lichfield City centre and an improved retail offer in Burntwood.	<p><b>Economic Growth</b></p> <p>The Economic Growth service promotes, facilitates and helps to deliver economic prosperity across the District. The two core functions of this service are Spatial Planning (planning policy); and Economic Development. Other functions include tourism, car parking, city/town centre CCTV and major development projects.</p> <p><b>The Economic Development Team:</b></p> <ul style="list-style-type: none"> <li>• engage with local business and community groups raising awareness of business support information to the local community</li> <li>• assists local businesses to identify their workforce needs and to match these to the existing skills-base or training being offered to local residents</li> <li>• support existing businesses to grow and develop and encourage the formation of new employment opportunities</li> <li>• collaborate with developers and investors to increase the opportunities for job creation and encourages more economic activity for all areas of the district</li> </ul> <p>The LPS has identified and sets out specific commitments to enhance local economic prosperity, which will increase good quality employment opportunities for residents, in particular though:</p> <ul style="list-style-type: none"> <li>○ Section 9: Economic Development and Enterprise elements;</li> <li>○ Core Policy 8: Our Centres; and</li> <li>○ Place Policies including Policy Lichfield 3: Lichfield Economy and Policy Burntwood 3: Burntwood Economy</li> </ul>	<p><b>Health and wellbeing impacts</b></p> <ul style="list-style-type: none"> <li>• We are working to improve the quality of employment options for residents. Better employment opportunities are known to improve personal wellbeing.</li> <li>• Self-esteem is strengthened by good education and employment experiences.</li> <li>• Having a very low income, or experiencing economic deprivation is associated with low wellbeing.</li> <li>• Behaviours such as drinking, smoking and lack of exercise are far greater among the long-term unemployed than among people in employment; these effects can last for several years even after a person has found employment.</li> <li>• Negative growth (national/local recession) is worse for wellbeing; positive growth is good for it</li> <li>• We can nurture and support Lichfield District's entrepreneurial talent</li> <li>• The ability to access appropriate services within Lichfield and Burntwood centres is important to developing the district's economy; this is an area of ongoing focus</li> </ul>
<b>Clean, green and Welcoming places to live</b>	<p><b>The Spatial Policy and Delivery Team</b> are responsible for Plan Making in the District; the current Development Plan is the Local Plan Strategy (LPS). The LPS and the evidence that supports this document includes a number of Planning Policy measures that promote healthy communities. Focusing on enabling enhanced opportunities for healthier living and lifestyles choices ensures an environment where the healthy choice is the easy choice. In Summary relevant policy areas are listed below:</p>	<p><b>Health and wellbeing impacts</b></p> <ul style="list-style-type: none"> <li>• The Local Plan Strategy has been created to promote good health, social and cultural wellbeing for all of our residents, and to reduce the severity of health and other inequalities.</li> </ul>



More affordable homes in the district.

Our heritage and open spaces will be well maintained or enhanced. Our streets will be clean and well maintained.

More people will use parks and open spaces

New homes, office, retail and manufacturing spaces will be built or developed in line with our Local Plan and planning guidance.

- green infrastructure, open spaces, landscapes and natural resources
- economic development, enterprise, retail, employment and education
- sustainable transport infrastructure
- biodiversity, protected species and habitats
- sustainable development (including housing need, affordability and delivery), connecting communities, climate change and mitigating its impacts
- preserving the natural, cultural, artistic and heritage assets of the district
- access to amenities to support and encourage positive health and wellbeing

The Local Plan Strategy has 15 Strategic Priorities covering a wide range of topics. In particular Strategic Priority 11: Healthy & Safe Lifestyles, supported by Core Policy 10: Healthy & Safe Lifestyles and Core Policy 11: Participation in Sport and Physical Activity

### Development Services

The Development Service promotes, shapes and delivers sustainable development and economic growth across the District through the implementation of the LPS and other statutory regulations. The teams and their activities are:

#### The Development Management Team:

- make sure that the adopted planning policies are delivered through robust determination of planning applications and appeals, and that safety, health and wellbeing issues are considered and delivered throughout the planning process
- work closely with developers, individual applicants and a broad network of consultees to achieve high quality and sustainable design, layout and scheduling of developments and to regulate the use and development of land in the public interest
- evaluate issues such as pollution or nuisance arising from development activities or use following completion, health and safety impacts on the community, green infrastructure, housing density and conditions, building materials, resources and aesthetics
- seek to maximize opportunities for enhancing biodiversity, accessible greenspace, canopy cover and play spaces, and where these cannot be reasonably achieved on site set the requirements for alternative provision to offset any shortcomings
- seek to enhance transport choice with a particular emphasis on encouraging active transport such as walking and cycling

- The environment in which people live can influence personal health and wellbeing. We seek to improve the quality and affordability of housing, and mix of use on sites, all of which are demonstrable determinants of health and the relationship between poverty and health
- Living near greenspace and in well-connected communities is associated with an increase in wellbeing
- Our emphasis on considerate, evidence based, strategic local design and development principles promotes good health, access to employment, goods and services and encourages more sustainable transport options including active movement. This also helps in preventing unnecessary declines in both air quality and road noise and safety
- The provision of open space and good public transport promotes outdoor physical activity and improved health and social interaction
- Through the Community Infrastructure Levy we are able to improve the quality and availability of a range of infrastructure for our residents
- The quality of the natural and built environment can influence health challenges. By formulating our policies to protect and enhance the local natural and built environments, heritage and culture we help to positively influence community pride and sense of place and subjective wellbeing, and improve the viability of neighbourhoods
- Our arboriculture requirements for new developments help to modulate extremes in

	<p><b>The Planning Enforcement Team:</b></p> <ul style="list-style-type: none"> <li>• establish effective controls over unauthorised development where it assists with the preservation and enhancement of the qualities of both the built and natural environment and to protect public amenity</li> <li>• address complaints relating to high hedges and unauthorised works to Listed Buildings and protected trees.</li> </ul> <p><b>The Building Control Team</b> are part of a joint service across the districts of South Staffordshire which implement the Building Regulations in our area to ensure the health and safety of people in and around buildings.</p> <p><b>The Lichfield and Tamworth Joint Waste Service Teams:</b></p> <ul style="list-style-type: none"> <li>• help to keep Lichfield's streets and environment clean and safe</li> <li>• help to preserve the quality of the spaces where we live, work and spend leisure time</li> <li>• help mobility impaired and vulnerable people with bin collections through our assisted bin collection service</li> <li>• help residents learn about how to recycle and dispose of waste responsibly.</li> </ul>	<p>temperature, improves air quality and provides protection from the sun.</p> <ul style="list-style-type: none"> <li>• Enforcing against unauthorised development prevents the significant negative consequences it can have for individual households, communities and the environment.</li> <li>• Effective housing Standards enforcement and Building Control help to keep building and areas safe, healthy and accessible.</li> <li>• Over 50% of our waste is now being recycled, helping to keep our environment clean</li> </ul>
<p><b>Healthy and safe communities</b></p> <p>More people will be active and healthy.</p> <p>More people will be involved in volunteering and community activity.</p> <p>Fewer people and families will be homeless.</p> <p>More people will feel safer and less</p>	<p><b>Leisure and Operational Services</b></p> <p>Leisure and Operational Services has a strategic and operational role in improving the health and wellbeing of the district's residents as they aim to ensure that all leisure and operational services and facilities are utilised and maintained effectively in order to deliver improved health outcomes. Our primary assets include our leisure centres, parks, open spaces and outdoor sports facilities and the opportunities they present. The service is undergoing a significant transformation and as part of this process the management of two of our leisure centres have been outsourced to a specialist provider Freedom Leisure to bring about much needed improvements to both sites and focus resources on non-facility based provision.</p> <p><b>The Health and Wellbeing Development Team:</b></p> <ul style="list-style-type: none"> <li>• takes the strategic lead for the delivery of the PASS</li> <li>• works in partnership with a diverse range of organisations having a local, regional and national reach, for example Sport Across Staffordshire and Stoke-on-Trent County Sports Partnership (SASSOT), Sport England, other local authorities, national governing bodies, schools, colleges, universities and sports clubs</li> </ul>	<p><b>Health and wellbeing impacts</b></p> <ul style="list-style-type: none"> <li>• Active lifestyles and social inclusion can make people healthier, happier and more likely to be successful in academic and professional life</li> <li>• A more active population can help enrich lives, build civic pride, create stronger communities, generate economic prosperity, and ensure that the District is a better place</li> <li>• Being active from a young age develops better emotional wellbeing and overall wellbeing</li> <li>• A sense of belonging comes from a sense of relatedness; a connection to other people</li> <li>• Our participation in the Sportivate and Positive Futures projects saw around 600 young people complete sport related programmes per year, and</li> </ul>

<p>worried about crime and anti-social behaviour.</p> <p>More people will be living independently at home.</p>	<ul style="list-style-type: none"> <li>• promotes and supports health and wellbeing through a 'Healthy Walks' programme, mental wellness events, half marathons and fun runs</li> <li>• has important roles in community building and education by supporting and enabling a variety of activities with schools/ community groups and having a strong volunteer base</li> </ul> <p><b>The Parks Team:</b></p> <ul style="list-style-type: none"> <li>• maintains the District's historic parks, green and open spaces</li> <li>• ensure the parks consistently achieve Green Flag Awards, recognising their role as important contributors to our positive health and wellbeing and in mitigating the stresses of modern living</li> <li>• focus on maximizing the potential of Parks and Open Spaces to contribute to improved health outcomes</li> <li>• produce a comprehensive activity programme of nearly 200 large and small scale events (e.g. FUSE festival, Lichfield Proms).</li> </ul> <p>A Health &amp; Wellbeing Action Plan is being developed to cover the period 2018 – 2021 and this is reflected in the Delivery Plan in Appendix 3. The PASS is currently under revision with Sport England and this will further help to identify where to target our interventions.</p> <p><b>Regulatory Services, Housing and Wellbeing</b></p> <p>The activities of the Regulatory Services, Housing and Wellbeing team is extensive, covering strategic housing and homelessness activities, environmental health, community safety, licensing and emergency planning. Many of the things we do have an impact on individual and community health and wellbeing through our roles as a facilitator, enabler, enforcer of standards, and consultee through the planning and licensing regimes.</p> <p><b>The Housing and Health Strategy and Housing Options Teams:</b></p> <ul style="list-style-type: none"> <li>• deliver homelessness prevention and housing options services in accordance with the statutory duties of the Homelessness Reduction Act</li> <li>• supports the delivery of new affordable housing</li> <li>• enable delivery of DFG's to facilitate adaptations, supporting disabled people to live more independently and comfortably and remain in their existing homes for longer</li> </ul>	<p>physical activity sessions for disabled children and adults</p> <ul style="list-style-type: none"> <li>• The council promoted a 'step-challenge' in February 2018 to encourage an active workplace</li> <li>• Our parks are accessible places with a calendar of events suitable for the needs and abilities of all of our residents and user groups</li> <li>• Individuals who are experiencing difficulties tend to approach community and voluntary organisations earlier than they do statutory organisations</li> </ul> <p><b>Health and wellbeing impacts</b></p> <ul style="list-style-type: none"> <li>• Our interventions help prevent around 130 households each year from becoming homeless.</li> <li>• We process homeless applications, and offer a range of support to all households who are accepted as becoming or being statutorily homeless</li> </ul>
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- oversee the administration of emergency home repair (HRA) grants for vulnerable residents whose homes present a serious risk to their health
- help residents to improve their home's energy efficiency, stay warmer in winter and reduce their energy bills and impacts of fuel poverty through our Warmer Homes, Greener District initiative and, where possible, bring in external funding to enhance this.

**The Environmental Protection Team:**

- investigate complaints about noise, smoke, dust, odour and other nuisances
- monitor and formulate action plans to improve local air quality
- deal with pest control problems and stray dogs
- take action in relation to defective private sewerage systems
- take enforcement action in relation to a range of environmental crimes relating to waste, dog fouling, fly posting, graffiti, etc
- enforce housing standards, primarily in the private rented sector, particularly where hazards have been identified which represent a significant risk to occupants
- arrange for empty and problematic premises, which can be a draw for anti-social behavior, to be boarded up

**The Food, Health and Safety Team:**

- conduct food safety inspections ensuring the distribution and quality of premises serving fast food and alcohol as well as places where people are permitted to smoke are not disruptive to health
- investigate and work to reduce outbreaks of food poisoning and waterborne infections such as Legionnaire's disease both in commercial premises and at home
- conduct workplace health and safety inspections, particularly within warehousing, retail, catering and leisure premises. Two key areas of work related ill-health that we address are stress and manual handling/accidents
- we help to keep workplaces safe for employees and customers through the use of prohibition notices and, where necessary, prosecuting offenders

**Our Community Safety, Licensing and Partnerships Team:**

- work to prevent crime, disorder, public nuisance, anti-social behavior, substance abuse, fear of crime and harm to children and vulnerable adults

- We provide a comprehensive housing advice service including tenants' rights, maintaining a tenancy, accessing the local housing register and money advice
- Being able to live independently at home is fundamental to our sense of wellbeing. In 2016/17 we completed 90 DFGs with a combined value of nearly £800,000. This enabled the installation of much needed adaptations to improve accessibility to and within the homes of mobility impaired households ; around 4 in every 5 applications included a level access shower
- Living in unsuitable conditions can have severe consequences for our health and wellbeing. In 2016/17 WHGD helped 38 vulnerable households benefit from over £100,000 of funding energy efficiency measures for vulnerable 38 households, including elderly and fuel poor. Combined, these fuel poor and elderly households will save a further £100,000 over the life of the installations
- WHGD also provided specialist, bespoke advice to 172 households and supported a further 52 vulnerable households through home visits, helping people to live more affordably and comfortably
- Emergency home repair assistance grants are available to vulnerable home-owners whose home poses one or more serious or danger-to-life hazards
- Poor quality housing is associated with higher stress and poorer health. We help to keeping housing safe for occupants and pleasant for communities, for example through the use of improvement notices and by carrying out works in default, often helping protect the rights of tenants

- administer the licensing and permitting of premises, individuals and events e.g. taxi drivers, tattooists, tanning and beauty salons, alcohol suppliers, street traders, zoos, pet shops, houses of multiple occupancy (HMOs) owners, mobile home owners and businesses
- help protect children, young people and families from coming to harm by implementing our safeguarding policy and procedures
- support the voluntary and community sector through our funding prospectus for 2018-2021, in particular for organisations that support residents to resolve and cope with issues such as domestic abuse, loneliness, social isolation, self-harm and to prevent suicide.

### **Economic Growth**

#### **Spatial Policy and Delivery Team:**

The Spatial Policy and Delivery Team fulfil the 'Healthy and Safe Communities' objectives of the Strategic Plan through the LPS by incorporating the guidance and obligations of the National Planning Policy Framework (in particular Section 8: Promoting Healthy Communities) and by defining the following core policies and strategic priorities:

- More people will be active and healthy:
  - Strategic Priority 11: Healthy and Safe Lifestyles
  - Core Policy 10: Healthy and Safe Lifestyles ,
  - Core Policy 11: Participation in Sports & Physical Activity,
  - Policy HSC1: Open Space Standards,
  - Policy HSC2 Playing Pitch & Sports Facility Standards.
  - Core Policy 4: delivering our Infrastructure
- Fewer people and families will be homeless:
  - Core Policy 1: The Spatial Strategy
  - Core Policy 6: Housing Delivery
  - Policy H1:A Balanced Housing Market
  - Policy H2: Provision of Affordable Homes
  - Policy H3: Gypsies Travellers & Travelling Show people.
- More people will feel safer and less worried about crime and anti-social behaviour:
  - Core Policy 10: Healthy & Safe Lifestyles
  - Policy BE1: High quality Development

- Poor air quality, noise and other sources of pollution and nuisance can significantly impact health and wellbeing; we work to minimise these effects where we can. Our effective environmental protection work helps to maintain healthy, clean and safe communities
- We carry out over 1,000 food safety interventions per year, helping over 97% of food outlets achieve expected hygiene and safety standards
- Safeguarding activities keep communities safe for example, by helping prevent radicalisation, domestic abuse, modern day slavery and sexual exploitation of adults and minors. We contribute to the Police and Crime Commissioner's priorities, for example around early intervention and supporting victims and witnesses
- Through the Locality Commissioning Board we have provided long-term, valuable support to community and voluntary organisations who work to improve the lives of some of the most vulnerable people in the district. This same assistance is now provided through our new Voluntary and Community Sector Funding Prospectus
- Volunteering has a positive impact on the individual and local community and that community and voluntary organisations are close to communities and well placed to support those who are vulnerable and disadvantaged
- The broad strategic delivery context Local Plan Strategy significantly enhances the capacity for other teams to positively influence health and wellbeing

<p>A council that is fit for the future</p>	<p><b>Revenues, Benefits and Customer Services</b></p> <p>Our Revenues, Benefits and Customer Services 'Connects Team' is the 'face' of the Council and often the only part that residents interact with and they fulfill an extremely wide range of customer needs over the phone or in person such as:</p> <ul style="list-style-type: none"> <li>• advising, referring, signposting and advocacy</li> <li>• housing benefit and local council tax support advice and assistance</li> <li>• requests for financial assessments relating to benefits, document verification or paying for care at home</li> <li>• logging complaints (noisy neighbours, dog fouling, waste, etc.);</li> <li>• assistance with blue badge online applications as not everyone has access to computers or a family member who can assist them with the application process</li> <li>• work closely with residents who fall into arrears with their council tax payments and are unable to resolve this by themselves</li> </ul> <p>Team members are trained and qualified in delivering professional customer service and some have also had specific additional training in both 'Right Advice First Time' (RAFT)<sup>9</sup> and safeguarding.</p>	<p><b>Health and wellbeing impacts</b></p> <ul style="list-style-type: none"> <li>• Not all service requests from residents have an obvious link to health and wellbeing, though the information and support the team provide contributes to it in many cases</li> <li>• We ensure that people are and feel listened to and that their views are important to the council</li> <li>• We are able to notice and act upon changes in the health and wellbeing and general welfare of customers who contact us frequently, either by phone or in person and can act accordingly</li> <li>• We offer a relationship with the council that customers can trust, and provide a safe space for vulnerable people</li> <li>• Through our signposting work we direct vulnerable customers to vital services including WHGD, food banks and other community support projects</li> <li>• We provide financial assessments and assistance for people receiving care in their homes or who are going into residential care</li> </ul>
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[Appendix 3 – Delivery plan to follow](#) (note that this will incorporate actions in the Leisure Services Health and Wellbeing action plan that is in development)

<sup>9</sup> Right Advice First Time (RAFT) is a project to facilitate closer working between agencies offering advice by sharing good practice, adopting common standards and jointly developing services to ensure that residents have access to quality advice to meet their individual needs.



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DRAFT



## Report of Councillor Ashley Yeates, Cabinet Member for Regulatory Services, Housing and Wellbeing



Date:	12 <sup>th</sup> September 2018
Agenda Item:	Allocation Scheme
Contact Officer:	Gareth Davies/Lucy Robinson
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Key Decision?	YES
Local Ward Members	All, as applies to the whole of Lichfield district.

## Community, Housing and Health (Overview & Scrutiny) Committee

### 1. Executive Summary

- 1.1 The Council is required to have an allocation scheme in place that determines who is eligible and qualifies for social housing<sup>1</sup> in the District and how priority is determined between applicants. The introduction of the Homelessness Reduction Act 2017 and the imminent review of the Homes Direct IT platform that operates the current housing register has given the Council the opportunity to review its allocation scheme and also consider how to replace the operating system of the register with an IT platform that better meets our needs.
- 1.2 This report sets out issues with the current allocation scheme and housing register and proposes a revised scheme that reflects current legislation, guidance and local priorities. It also proposes that the Council continue to work in partnership with Bromford to manage and administer the housing register on our behalf and jointly develop a bespoke housing register that will be built around our revised allocation scheme and other specific requirements.

### 2. Recommendations

- 2.1 That Members consider and comment on the revised allocation scheme at **Appendix A**.
- 2.2 That Members recommend the revised allocation scheme to Cabinet for approval.
- 2.3 That Members consider and comment on the proposals to move away from Homes Direct and to review the Service Level Agreement with Bromford to continue to manage and administer the housing register on the Council's behalf.

### 3. Background Information

#### Legislation

- 3.1 The Housing Act 1996 requires local housing authorities (regardless of owning housing stock) to have an allocation scheme in place that determines who is eligible and qualifies for social housing in its area and how priority is determined between applicants. The allocation scheme must allow priority for those applicants classed as having reasonable preference<sup>2</sup> for accommodation, however the local

<sup>1</sup> Social housing in this context refers to both social rented and affordable rented homes.

<sup>2</sup> Reasonable preference or priority must be given to the following categories of people – those that are homeless, including those not classed as priority need and those found to be intentionally homeless, people occupying unsanitary or overcrowded housing,

authority can decide what level of priority to award within their own scheme based on local knowledge and priorities. The Localism Act 2011 gave local authorities freedom to allow councils to better manage their waiting lists and tailor their allocation priorities to meet local needs and circumstances, in particular, to decide what classes of person are and are not 'qualifying persons' for the purpose of their allocation scheme.

- 3.2 The guidance<sup>3</sup> issued by government on allocating social housing makes it clear that it is a scarce resource and therefore it is in the public interest to restrict access to ensure that sufficient social housing is available for local people who are on low incomes or otherwise disadvantaged, and would find it particularly difficult to find a home on the open market.
- 3.3 The revised allocation scheme has been developed in response to the introduction of the Homelessness Reduction Act (HRA) in April 2018 which places a greater emphasis on the local authority to prevent and relieve homelessness. The current allocation scheme<sup>4</sup> that was implemented in August 2013 requires updating to allow the Council to discharge its duties under the new legislation and better reflect local priorities.

### **The Housing Register**

- 3.4 The District Council has a long history of working in partnership with Bromford and has held a Service Level Agreement with them to manage and administer the housing register on our behalf since 2003.
- 3.5 The housing register is currently operated through Homes Direct, a choice based lettings (CBL) platform shared by several RPs in partnership across the Midlands. The Homes Direct Partnership will be reviewing the use of the Homes Direct IT platform in 2019, with the potential to move away from this to another provider. Bromford have already confirmed that they have given notice to Homes Direct to cease the use of this from July 2019 due to a significant investment in their own IT systems following a merger with Merlin Housing. They are currently in the process of developing their own software to provide them with the functionality to allow them to let their homes in a more efficient manner across the whole Bromford group outside of their existing nominations agreements<sup>5</sup> with local authorities.
- 3.6 The changes within the Homes Direct Partnership and Bromford have given us the opportunity to review whether the Homes Direct platform is the best way of operating the housing register moving forward. The platform has distinct benefits: it is a single register for all social housing in the District and also allows applicants the ability to bid for homes owned by all RP's in the partnership with homes outside of the District. However, it does have two significant drawbacks:
- Homes Direct has a self-verification process which means an applicant can register themselves based on their own assessment of housing need. Often applicants will place themselves in a priority band higher than the scheme allows, which is only discovered at the point of offer when any supporting evidence is checked and verified by Bromford. This leads to a delay in offers of accommodation being made which has a financial impact for the RPs as it increases void times and increases customer expectations which can lead to complaints.

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those who need to move on medical and welfare grounds, people who need to move to a particular locality in the district, where failure to do so would cause hardship.

<sup>3</sup> Communities and Local Government (2012) Allocation of accommodation: guidance for local housing authorities in England.

<sup>4</sup> Lichfield Lettings Scheme (2013): <https://www.lichfielddc.gov.uk/Residents/Housing/Housing-advice/Downloads/Lichfield-lettings-scheme.pdf>

<sup>5</sup> The current nominations agreement with Bromford is dated from 2006 and gives Lichfield District Council nomination rights to 75% of allocations to true void stock. This agreement is currently suspended while the joint scheme is in place through Homes Direct.

- Limited reporting functionality means that Homes Direct cannot provide quality housing demand data that we could use to influence future housing development and identify gaps in support/services to provide tailored provision.

- 3.7 Bromford have confirmed that they want to continue to work in partnership with the Council to manage and administer a new housing register and have agreed for us to be a part of the new IT system that they are developing. However, in order for this to happen and enable the new register to be shaped around our requirements we need to fit into Bromford's IT development programme scheduled to commence in autumn 2018.
- 3.8 Given our preference to move away from Homes Direct, nomination agreements are being reviewed with all other RPs with stock in the District to outline the percentage of vacant homes to be nominated to by the Council. This will enable us to continue to work closely with RPs to fulfil their legal and regulatory obligations to cooperate with the Council in discharging our legal duties, and to assist in meeting local housing needs.

### The revised Allocation Scheme

- 3.9 To facilitate the short timescales, a joint District Council and Bromford officer project group has been meeting since March 2018 to review the allocation scheme and future provision of the housing register. After completing a thorough review of the current scheme and considering changes in legislation and guidance, several significant changes to the scheme are proposed. These include strengthening the qualification criteria allowing access to the scheme, in particular to increase the local connection criteria to a minimum 2 year residency<sup>6</sup> in line with guidance<sup>7</sup>. Unacceptable behaviour and housing related debt have been defined with the consequences of these outlined. Those who own their own home, and/or have the financial resources to resolve their own housing needs, in addition to those that are not in housing need will no longer qualify to join the register.
- 3.10 We have also taken the opportunity to review the priority bands to be more reflective and realistic about the local housing picture by adding, removing, moving and amalgamating some of the existing priority categories. We have changed from Bands A, B, C and D to Emergency, 1, 2 and 3. All key changes to the scheme are outlined in **Appendix B**.

Alternative Options	<p><b>Allocation scheme</b></p> <ul style="list-style-type: none"> <li>• To do nothing: this isn't an option as it is a legal requirement for the local authority to have an allocation scheme in place as a way of prioritising applicants to vacancies in social housing.</li> <li>• Continue with the existing allocation scheme: this is outdated and does not reflect the Council's new duties under the HRA or emerging local priorities.</li> </ul> <p><b>Housing register management</b></p> <ul style="list-style-type: none"> <li>• <b>Appendix C.</b></li> </ul>
Consultation	<p>There has been significant consultation to date to develop the allocation scheme, feedback and actions from this are summarised in <b>Appendix D</b>.</p> <ul style="list-style-type: none"> <li>• Engagement with RP's that own and manage affordable housing stock within the District to shape the proposals, with further consultation on the draft allocation scheme.</li> <li>• Consultation with councillors at two briefing sessions in July, with a key changes documentation sent to all councillors for comment.</li> <li>• Further consultation with customers and key stakeholders will commence once the scheme has been approved in principle by Cabinet.</li> </ul>

<sup>6</sup> Previously the minimum residency to the District was 6 out of 12 months, however this criteria will still stand for those customers who are presenting as having a prevention or relief homeless duty.

<sup>7</sup> Department for Communities and Local Government (2013): Providing Social Housing for Local People.

Financial Implications	<b>Appendix C.</b>
Contribution to the Delivery of the Strategic Plan	The Strategic Plan 2016-2020 sets out what we want to achieve in four main themes. The development of the strategy will contribute most significantly towards the themes of 'healthy and safe communities', 'clean, green and welcoming places to live' and also 'a vibrant and prosperous economy'.
Equality, Diversity and Human Rights Implications	An Equalities Impact Assessment (EIA) and wider impact assessment have been completed to ensure we have met our legal obligations under the Equality Act and actions have been identified to reduce any negative impact where possible. The EIA has assessed how the changes are likely to affect applicants and will shape how we consult with them to minimise and mitigate any negative effect as a consequence of the changes.
Crime & Safety Issues	None identified

RISK	Risk Description	How We Manage It	Severity of Risk (RAG)
A	Lack of resources delays the allocations scheme or associated business rules/processes.	Fortnightly meetings of the project group timetabled with action points allocated, early intervention if schedule slips, explore additional resources if required.	G
B	Scheme does not meet approval from elected members.	Briefing sessions with Members and key changes documentation circulated for comment. Briefing note and regular updates to the Cabinet Member for Regulatory Services, Housing & Health.	A
C	Consultation with stakeholders requires significant changes.	Early dialogue with stakeholders, with opportunities for engagement to feedback on proposals. RP consultation event held 05/07/2018 where key changes outlined, followed by circulation of draft revised allocation scheme for comment.	A
D	Equality Impact Assessment identifies significant changes.	Consideration given to equality issues throughout the process. Team member appointed for overall responsibility for compliance. EIA will be published alongside allocation scheme.	A
E	The software does not have the required functionality to accommodate the allocation scheme and associated housing register.	Early warning indicators provided by Bromford. Fall back positions explored at early stages to ensure existing provision is continued or alternatives sourced and costed.	G
F	The contract with Homes Direct ends before the new software solution is deployed.	Early warning indicators provided by Bromford. Alternative options explored at an early stage to ensure existing provision is continued or alternatives sourced and costed.	G
G	Reputational risk to the Council if the communication to applicants is not well managed and timed.	Early communications with applicants regarding the changes, especially to current band (A to D) and the need for reapplication. Offer support to transfer to the new system to those who require it. Look at incentives for the move, e.g. continue with original application date for those who remain in a similar priority. Wider impact assessment to consider those negatively impacted by the changes with early dialogue with these applicants to minimise impact.	A
H	Costs of software development unknown, potentially costs become prohibitive and	Early warning indicators provided by Bromford. Alternative options explored at an early stage to ensure existing provision is continued or alternatives sourced and costed. Seek early internal approval for any increased costs.	A

	procurement rules breached.		
I	Statutory obligations not met in relation to discharging homeless, prevention and relief duties.	Scheme to reflect statutory requirements. Internal expertise within the group of the legal requirements on the allocation of accommodation and homelessness. Completed document to be checked by the Council's Audit Team.	A
J	Lack of choice exercised by applicants leads to an increase - in reviews of the suitability of accommodation or refusals	Only applicable if we moved away from a CBL scheme - need to ensure areas of preference selected by the applicant if looking at direct matching, and a statement on choice/preference is to be included in the final scheme documentation.	G

#### Background documents:

Relevant web links:

Lichfield District Housing Strategy 2013-2017 - <https://www.lichfielddc.gov.uk/Residents/Housing/Housing-strategy/Download-our-housing-strategies>

Lichfield Lettings Scheme (2013): <https://www.lichfielddc.gov.uk/Residents/Housing/Housing-advice/Downloads/Lichfield-lettings-scheme.pdf>

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# Allocations Scheme Review 2018 – Key Changes

## Qualifying & Non Qualifying Applicants

The points in bold demonstrate the key changes.

### Local Connection

- Lived in the district for at least the last 2 years at the point of application, changed from 6 out of the last 12 months residency.
- Applicants that are engaging with LDC to resolve their homelessness and owed a prevention, relief or full statutory homeless duty and meet the local connection criteria of living in the district for the last 6 out of 12 months included to ensure we can meet priorities under the HRA.
- Lived in the district for 3 out of the last 5 years at the point of application.
- A young person who has been looked after, fostered or accommodated by the local authority and has been placed in the district for the last 2 years, or was previously resident in the district prior to this placement.
- Currently employed in the district; **either on a permanent or temporary contract running for a minimum of 6 months, usually those working less than 16 hours per week will be treated as non-qualifying.**
- Close adult relative(s) where a **meaningful relationship** exists who currently live in the district and have done so for the last 5 years.
- Any other special circumstances (these will be exceptional), such as domestic abuse, harassment or witness protection.
- Serving or former members of the armed or reserve forces will be allowed to apply with no local connection if they apply within 5 years of leaving.
- Existing social housing tenants who wish to move into the area for employment reasons (restrictions apply) will be allowed to join the housing register.

### Unacceptable Behaviour

Includes behaviour which, should they have been a tenant of a RP at the time, would have resulted in a breach of tenancy conditions, such as:

- ASB or noise nuisance.
- Harassment or intimidation.
- Violent or aggressive behavior, including verbal, physical or intimidating behavior resulting to a referral to the police.
- Perpetrators of domestic abuse.
- Offending behavior - e.g. drug dealing, racially motivated attacks or hate crime.

List not exhaustive, each case dealt with on own merit.

Applicants, or members of an applicant's household, found guilty of such behaviour will be excluded from the scheme for a minimum of 6 months. Following this time, applicants can reapply where they can evidence a demonstrable change in this behaviour.

## Housing Related Debt

Housing related debt over £100 where regular payments cannot be evidenced over the last 6 months will be unable to join the housing register. Housing related debt is defined as:

- Rent arrears
- Service charge arrears
- Court costs
- Reasonable rechargeable repairs
- Loans made by the Local Authority to an applicant in respect of a rent deposit scheme or prevention work.

Acceptance onto the list is on the condition that regular repayments are maintained, which will be checked prior to any offer being awarded.

## Age

Applicants will need to be aged 18 or over, unless:

- Accepted by LDC as having a statutory homeless duty owed, or
- A young person who has been looked after, fostered or accommodated and has a duty of care accepted under the Children's Act 1989

In both cases applicants will have successfully completed pre-tenancy training and deemed ready for independent living and have a trustee to sign the tenancy on the applicant's behalf.

## Sustainability

Applicants deemed unable to sustain a tenancy without support, and have refused this support are unable to join the housing register.

## Financial Resources and Home Ownership

Those applicants who have the financial resources to resolve their own housing circumstances, including homeowners, will be unable to join the housing register. This is defined as:

- Households with a gross income (excluding non-dependants income) of over £60,000.
- Savings and/or assets over £16,000.

If homeowners are accepted onto the housing register, they must be able to prove at point of offer they are in the process of selling their home.

## Exception Cases

In all cases of qualification the application will be assessed on its own merit, taking mitigating factors into account where the applicant can evidence them.



## Priority

### Emergency Band

Current – Band A	Proposed – Emergency Band	Change	Impact
Owed a full homeless duty	Owed a full homeless duty	n/a	n/a
Short of 3 bedrooms	Statutorily overcrowded	Wording change	n/a
Prohibition order	Unsanitary/unsatisfactory housing	Wording change	n/a
Demolition order	Regeneration	Wording change	Only open to transfer applicants, private rented or owned would need to apply through homeless route.
Supported accommodation move on, including care leavers	Supported accommodation move on	n/a	Care leavers given own category for monitoring purposes
-	Care leavers move on	New	See above
Medical/disability	Emergency medical	Wording change	n/a
Domestic abuse/harassment	Domestic abuse/harassment	n/a	n/a
Under occupancy of LA, HA or private rent	Under occupancy of LA or HA where there is a financial impact on the tenant	Removed under occupancy in private rented sector, now only for transfer applicants who are in financial difficulties and cannot afford the under occupancy charge.	Under occupancy no longer recognised in the private sector, if there is a large financial impact of this, will be able to access housing options advice on unaffordability grounds.  Priority remains high for applicants where there is a financial impact, other under occupancy falls to Band 1 to make best use of stock.
Releasing an adapted property in the rented sector	-	Moved into lower banding as not an emergency need, now for transfer applicants only	Lesser priority for those releasing adapted properties back into the stock and only applies to transfer applicants where we have a control of who is allocated the property on its return.
Significant social welfare	-	Removed	Only 4 applicants (0%) in this category of the waiting list, only 10 applicants in the last 3 years.
Significant hardship	-	Removed	No applicants in this category or for the last 3 years.
Leaving the armed forces	-	Removed	Currently no applicants on the waiting list in this category, and only 5 applicants in the last 3 years appearing here. Within the legislation have to award priority to armed forces in certain

			categories, we will do this by giving them additional preference in the bands they are placed in, therefore in some cases giving them greater priority than before.
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## Band 1

Current – Band B	Proposed – Band 1	Change	Impact
Homeless households where no duty is owed, including non-priority and intentional cases/	Homeless households where no duty is owed	Removed intentional households from priority banding, now in Band 2	Households who are deemed as intentionally homeless (have done or failed to do something to cause their homelessness) will be awarded Band 2 where they qualify for housing.
Short of 2 bedrooms	Overcrowded households	Change from 2 categories of overcrowding in Band B and Band C to one in Band 1	Some applicants will remain the same priority, others will increase.
Move closer to employment	Local workforce earning under £23,000	Wording change	Priority only given to those applicants working in the area on a low income.
Loss of tied accommodation	-	Removed	Not required as would deal with under the homeless legislation.
Relationship breakdown	-	Moved to Band 2	Lesser priority to reflect pressures on the waiting list.
Leaving prison	-	Removed	Not required as would deal with under the homeless legislation.
Mortgage affordability	-	Removed	Not required as would deal with under the homeless legislation if deemed as unaffordable.
Children under 10 in upper floor flat	-	Removed	Removed due to pressures on the housing waiting list, in addition applicants being rehoused where housing need still remains. This will affect 5% of the waiting list, or 52 people. This will need to be managed well to avoid complaints.
-	Releasing an adapted property in demand	Lowered from Band A	Moved down priority list as not considered an emergency band, however remains as making best use of stock.
-	Under occupancy of LA/HA	Lowered from Band A, removed private sector	Moved down priority list as not considered an emergency band unless impacting upon financially however remains as making best use of stock.
-	Homeless relief duty	New	To reflect new duties under the HRA.
-	Urgent medical	Moved from Band C	Priority increased to reflect demands for adapted properties and on DFG's, lesser medical

			priority will no longer be recognised.
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## Band 2

Current – Band C	Proposed – Band 2	Change	Impact
Short of 1 bedroom	-	Moved to Band 1	Increase of priority
Sharing facilities	-	Removed	23 applicants (2%) currently on the waiting list within this category, and 63 over the last 3 years. Current Government rulings for under 35's based on LHA rate is shared accommodation, seems counter intuitive to have a priority banding for this under these circumstances.
Minor disrepair/poor property condition	-	Removed	Currently no people on the waiting list in this category, and none over the last 3 years. Minor disrepair and property condition should be completed by the owner or landlord of the property and should not mean the applicant requires a move.
Move closer to family or friends for care/support	Move to area to be near family/ friends for care/support, access specialised facilities or employment	Enhanced	New categories added to include welfare and hardship reasons.
Lower levels of hardship, medical or social and welfare needs	-	Removed	Most of this category is encapsulated in the above, however for those experiencing urgent medical, there will be an increase in priority.
Approved as foster or adoptive parents and require an additional bedroom	-	Removed	Increased priority as will now be dealt with under the overcrowded conditions.
-	Homeless prevention	New	To reflect new duties under the HRA.
-	Relationship breakdown	Moved down from Band B	Lesser priority to reflect pressures on the waiting list.
-	Intentionally homeless	Moved from Band B	Lesser priority to reflect pressures on the waiting list, only applies where applicants qualify for rehousing, e.g. no unacceptable behaviour or housing related debt.

## Band 3

Current – Band D	Proposed – Band 3	Change	Impact
No identified housing need	-	Removed	Due to pressures on the waiting list this banding will be removed. This will be the greatest group of people affected by the changes at 37% of the waiting list or 368 people, however it is important to note we do not have a legal duty to rehouse people with no identified housing need, and this needs to be balanced against the cost (both financially and in resources) of managing the waiting list and assessing applicants with no housing need
Worsened circumstances	-	Removed	Will no longer qualify for rehousing, equates to 4 applicants (0%) of the waiting list.
Previous or current housing debt	-	Removed	Will no longer qualify for rehousing, equates to 18 applicants (2%) of the waiting list.
-	Applicants who qualify and expressed an interest in 2 bed upper floor flats or are over 50 and seeking specialist accommodation.	New	To manage the allocation of stock that is harder to let and minimise void loss for providers.

## Additional Priority

- Given for serving or former members of the armed or reserve forces when awarded a priority under the scheme.
- Given for applicants who have successfully completed the pre-tenancy training scheme when awarded a priority under the scheme.

## Offers

- Those placed in Emergency Band will only be entitled to 1 suitable offer of accommodation only (except regeneration). Refusal of a suitable offer will result in their application being reviewed and re-banded or cancelled.
- Those in Band 1, 2 and 3 will be entitled to 3 suitable offers of accommodation before re-banding or cancelled.
- Priority for adapted properties or bungalows to those people that best suit needs.

## Bedroom Entitlement

In line with benefit rules unless:

- 24 weeks pregnant.
- Two children cannot share due to a disability, evidenced by DLA middle/high rate care or PIP daily/enhanced living.
- Couple cannot share due to a disability, same disability benefits apply but also include Attendance Allowance.
- Disabled person requiring regular overnight care, same benefit rules apply.
- Foster parent or approved to adopt if they are awaiting placement for up to 52 weeks prior.

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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## Feedback and actions from consultation with Members, RP's and other stakeholders

Proposals	You Said	We Did	Actions
1. Age restrictions: Aged 18 or over, unless full duty owed by LDC, or care leaver.	No concerns raised. Would like more involvement with social services with cases.	To include within policy as stated.	To create and publish better move-on pathways and protocols with social services. Invite RPs to meetings to discuss and enable move-on and the level of support required to ensure sustainable tenancies are created.
2. Qualification Criteria	Concerns changes will mean RPs have to bypass own policies to comply with the scheme.	Qualification criteria is in relation to the nominations only, therefore outside of this percentage RPs can set own criteria.	Disclaimer added into the policy to cover RPs own lettings rules. Nominations Agreement to include reporting on RP refusals and process for challenge where unreasonable to do so.
2.1 Unacceptable Behaviour	Concerns raised over 12 month time limit. Would like clarification on stance on unspent convictions.	To include in policy as stated: open ended option would be unlawful and disproportionate, 12 months is a baseline for acceptance. Applicants will be asked to declare unspent convictions at application stage.	Disclaimer added into the policy to cover RPs own lettings rules and Nominations Agreement to include reporting on RP refusals and process for challenge where unreasonable to do so. Bromford will assess whether convictions are relevant to be excluded from the allocations scheme.
2.2 Housing Related Debt	Difference between RPs policies of amount of arrears and repayment plan length.	To include in policy as stated: concluded over £100 and 6 months payment plan is a baseline for acceptance onto LDC's allocations scheme and for nominations. Need to balance this with Homelessness duties, proposal of over £100 and repayment plan in place seems a fair way to do this.	Nominations agreement to include an information sharing protocol to enable two way transfer of information where refusals occur. Where clear rent account required, LDC need to work with providers to look at options to how to address this when applicants fall under a Homeless duty.
2.3 Sustainability	No comments.	To include within policy as stated.	To finalise pre-tenancy training and tenancy sustainment offer and circulate to RPs for comment.

2.4 Financial Resources	One RP does not restrict on income level, only value of assets.	To include in policy as stated: qualifying criteria only applies to access to LDC's allocations scheme nominations, homes let outside of scheme RPs can apply own rules.	-
2.5 Home Owners	Two RPs do not restrict home owners.	To include in policy as stated: see above comments.	Exception examples added into the full allocations scheme document.
2.3 No Housing Need	Concerns that exclusion of no housing need applicants lead to unsustainable communities on new builds.	To include in policy as stated: there is a limited supply of social housing which needs to be targeted to those in the greatest level of housing need.	Discuss with individual RPs on new build schemes the use of Local Lettings Plans where appropriate to enable the creation of sustainable communities.
3 Removal of no housing need category.	Concerns over allocating harder to let properties.	Included within this band instead is a need for specialist accommodation or 2 bedroomed upper floor flats to account for the harder to let properties.	To research the type and size of properties allocated to no housing need applicants, and consider expanding band to include any trends of other harder to let accommodation.
3.2 Local workforce earning <£23k	Threshold is too low, would prefer £30k Would like to be tarified based on preferred area to live.	Following recent case law in Hillingdon, we have decided to remove this proposal as could be open to challenge on discriminatory grounds under the Equality Act for those unable to work due to caring responsibilities or disability.	Removal from proposal.
-	Concerns raised regarding Safeguarding cases.	Would be dealt with via housing options team if moving is considered the only viable option.	-
-	Would like a more local focus, with priority given for people with a local connection to a specific location within the District.	Already have local lettings plans in place for rural exception sites. Will consider expanding these to other areas where an identified local housing need exists as evidenced by a local housing need survey.	-

## Community Lottery Scheme

Cabinet Member for Regulatory Services Housing and Wellbeing

Date: 12<sup>th</sup> September 2018

Contact Officer: Gareth Davies

Tel Number: 01543 308741

Email: Gareth.davies@lichfielddc.gov.uk

Key Decision? YES

Local Ward Affects all Wards

Members



**Community Housing  
& Health (overview &  
scrutiny) Committee**

### 1. Executive Summary

- 1.1 Each year, this Council invests in the community and voluntary sector within the District, enabling a wide range of social / wellbeing, environmental, leisure activities and support services to be provided to our residents, particularly those who need additional help and support.
- 1.2 This report seeks to gain agreement to the establishment of a Local Lottery to benefit local community groups and charities and enable them to raise funds directly and help fund the Council's support for the local Voluntary and Community Sector (VCS).

### 2. Recommendations

- 2.1 That Members consider and comment on the proposed establishment of a local lottery scheme.
- 2.2 That Members recommend that Cabinet approve the establishment of a local lottery scheme.

### 3. Background

- 3.1 Lichfield District Council has historically provided substantial financial support for the voluntary community sector across the District, helping to deliver a number of corporate aims, and we currently provide £23,000 per annum through small grants (administered through We Love Lichfield) and £177,000 per annum of funding in the form grants in excess of £5000.
- 3.2 The Council provided this funding as it recognised that a thriving and diverse voluntary and community sector is an important component of what makes Lichfield District a good place to live, work and visit. A wide range of activities, services and events are planned, organised and delivered with consequent benefits to individuals (who need help to live safely and independently at home) to the community at large (who can enjoy sporting and arts events and festivals). There are currently around 450 voluntary organisations and an estimated 12,000 residents volunteering with groups, clubs or organisations. The need for a strong third sector has become even more important as public sector funding has come under increasing pressure resulting in a range of cuts to front line services and an ever greater reliance on the community and voluntary sector to 'fill the gap'.
- 3.2 In 2015 the Council formed a Partnership with a range of organisations known as the Locality Commissioning Board to jointly award each partners funds. The partnership awarded just over £1m over the course of the 3 year funding programme. As budget pressures continue to grow on the Public Sector and partners could no longer provide this funding the partnership awarded its final funding in 2017 and will no longer operate once the evaluation of the projects that have been funded is concluded.

- 3.3 The Community Housing & Health Overview & Scrutiny Committee in March 2017 established a short life Member Task Group to consider our support of the community and voluntary sector:- specifically the future levels of investment, the required outcomes for this investment and the process that should be used to make any future investment with most other public sector partners no longer providing any funding through this process.
- 3.4 The Member Task Group recommended that Cabinet maintain the current level of funding (£177,000 per annum) and an outline commitment to do this for 3 years was approved by Cabinet in July 2017.
- 3.5 The Council currently projects a funding gap of **£1.184m** in 2019/20. It is inevitable with this level of deficit that the Council has to look at options to reduce this level of support and find ways to fill this gap to mitigate the impact on the sector.
- 3.6 A Lichfield Lottery has the potential to help all organisations to address any funding pressures they are facing. The lottery proposal will help move LDC from 'provider to enabler'. The proposal is to reduce the Council's budget for the Community and Voluntary Sector in line with the income gained for the sector from the lottery. A number of Local Authorities have established such lotteries in recent years with some success the table below provides some information on the performance of the lotteries.

Local Authority	Start date	Set up costs excluding staff time	Annual running costs excluding staff time	Amount raised by good causes selling their own tickets (per year)	Amount raised general good causes fund (per year)	Total amount raised for good causes
Portsmouth Council	05/11/16	£3,750	£350	£38,532(17/18)	£30,232 (17/18)	£68,764 (17/18)
Aylesbury Vale	Nov 15	£810.50	£698	£10,476 (Nov 15 to Mar 16) £46,582 (16/17) £58,981 (17 to Feb 18)	£4300.80 (Nov 15 to Mar 16) £18,722.20 (16/17) £20,551.80 (17 to Feb 18)	£79,532.80 (Apr17 to Feb 18)
NULBC	Jun 17	£3000	£5,443.78 (Jun to Mar)	£8,243	£4,756.60	£12,999.60 (Aug 17 to Mar 17)
Corby	Jan 17	£6,000	£3,000	£23,421 (17)	£14,424.60 (17)	£37,845.60 (1 <sup>st</sup> year of operation)
South Staffs	Nov 17	N/A	N/A one off £5000 marketing budget	Year 1 currently projected to be approx. £13,000.	Year 1 currently projected to be approx. £13,000.	£26,000 (Year 1 estimate)

- 3.7 Lotteries have long been a way of smaller organisations raising income. They are regulated by the Gambling Act 2005. There are different types of lotteries available, however in this report we are only discussing 'society lotteries'. Society lotteries are promoted for the benefit of a non-commercial society. A society is non-commercial if it is established and conducted:
- For charitable purposes
  - For the purpose of enabling participation in, or of supporting, sport, athletics or a cultural activity
  - For any other non-commercial purpose other than that of private gain
- 3.8 In all cases, lotteries have to deliver a minimum of 20% of proceeds to good causes – this report recommends a minimum of 60% of proceeds would go to good causes in the Lichfield Lottery. As we are a local authority we have to be licensed by the Gambling Commission. A council lottery would deliver benefits only to local causes; players could be assured that the proceeds will stay in the District.

- 3.9 There are two variants of society lotteries, the main difference being who issues the licence – local authorities permit small lotteries and the Gambling Commission permits large lotteries. A large society lottery:
- has proceeds that exceed £20,000 for a single draw
  - has aggregate proceeds from lotteries in excess of £250,000 in any one year
- A small society lottery:
- does not have proceeds that exceed £20,000 for a single draw
  - does not have aggregate proceeds from lotteries in excess of £250,000 in any one year
- In the case of this proposal we are considering a ‘large society lottery’.
- 3.10 The Government has recently published a Consultation document on options for amending sales and prize limits for large and small society lotteries. Which can be found via this link.  
<https://www.gov.uk/government/consultations/consultation-on-society-lottery-reform>
- 3.11 Delivery Options -the options for delivery of a lottery are either in house or through an External Lottery Manager (ELM).
- **In-house** - This option would see the setting up of the necessary posts and systems to run a lottery in-house. Currently there is no known staff experience or skill set to undertake this role. This has not been costed by Lichfield District Council, but a review of other Local Authorities reports suggests it would cost somewhere in the region of £80-100k for set-up costs alone. This would include a lottery manager and the necessary development of software systems to enable the lottery to run.
  - **External Lottery Manager (ELM)**- This option would see a partnership with an existing deliverer of lotteries in the market place. This in effect means ‘buying in’ the skills and expertise of an existing provider and sharing the risk with them to deliver the lottery. The ELM will deliver all aspects of running the lottery, from ticket payments, prize management, licensing and regulatory compliance, and share with LDC and the good causes the role of marketing.
- A review of other Local Authorities has currently only identified one provider of such services.
- 3.12 There are two parts to these type of Lottery schemes used by other Local Authorities. Local charities will be able to set up their own lottery page and will receive 50p in every pound spent by players using this method. A further 10p in every pound will go into a general good causes fund, with the remainder being put towards prizes, operating costs and VAT. The percentage split between what goes into the general good causes fund and what the Charities receive for directly selling tickets can be altered.
- 3.13 Players who do not wish to support a specific cause can still take part in the Lottery, with 60p of their ticket price going into the general good cause’s fund, which will be distributed by the Council or a nominated partner.
- 3.14 Tickets usually cost £1 with 60p going towards local organisations compared to just 28p in the pound for the National Lottery.
- 3.15 Draws are made weekly. The jackpot prize is £25,000 for a matching sequence of six numbers and other prizes include £2000, £250, £25 or three free tickets.
- 3.16 There are three well-known national lotteries running in England and Wales –the National Lottery, Health Lottery and the Postcode Lottery. Set out in the table below are some background statistics regarding those providers for comparison.

Provider	Odds of jackpot win	Odds of any prize win	% share to good causes	% to operator/owner
Euromillions	1:116m	1:13	28%	22%

<b>National Lottery</b>	1:14m	1:54	28%	22%
<b>Health Lottery</b>	1:2m	1:209	20%	22%
<b>Postcode Lottery</b>	No data available	27.5%	32.5%	No data available

- 3.17 There are no District lotteries currently being delivered. There are however a number of community groups / charities who either run lotteries or lottery-like fundraising within the District and there are a number of lotteries attached to national or regional charities such as St Giles Lottery.
- 3.18 Lotteries are the most common type of gambling activity across the world, and considered to be a 'low risk' form with respect to the emergence of problem gambling. This is due to its relatively controlled form. Any Lottery will need to help mitigate against many of the issues related to addictive gambling by
- Being only playable via by pre-arranged sign up and non-cash methods
  - No 'instant' gratification or 'instant reward' to taking part
  - Be fully compliant with the Gambling Commissions licensing code of practise, which includes self-exclusion and links with support organisations.
- Due to these factors it is reasonable to believe that this type of Lottery will not significantly increase problem gambling, and that the benefits to good causes in the District from the proceeds of the lottery, outweigh the possible negative issues.

<b>Alternative Options</b>	<ol style="list-style-type: none"> <li>1. An internal delivery model is fully developed and costed for consideration.</li> <li>2. A local lottery scheme is not set up.</li> <li>3. Alternative funding methods for the Community and Voluntary Sector are identified and implemented.</li> <li>4. The funding (or a percentage of it) any lottery creates is provided as additional funding to the Community and Voluntary Sector.</li> </ol>
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<b>Consultation</b>	1. Consultation will take place with the Local Community and Voluntary Sector .
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Financial Implications

1. It is estimated that:

Detail	One Off	Ongoing	Total
Licensing and administration		1,000	1,000
Marketing		3,000	3,000
<b>Sub Total Direct Costs</b>	<b>£0</b>	<b>£4,000</b>	<b>£4,000</b>
Officer Time	6,000	2,000	8,000
<b>Sub Total Internal Costs</b>	<b>£6,000</b>	<b>£2,000</b>	<b>£8,000</b>
<b>Total Costs</b>	<b>£6,000</b>	<b>£6,000</b>	<b>£12,000</b>

**Direct Cost Funding:**

Approved Budgets / Allowable deduction from the Lottery proceeds	£0	£6,000	£6,000
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2. Some of the above costs will be the deployment of existing capacity but some additional resources will be needed for marketing and promotion of the lottery and managing its performance and suppliers.

3. Income from the lottery will be used to assist in funding existing commitments to the VCS. Until the level of funds being raised is known it is

	difficult to anticipate the levels that may be generated. Based on the performance of other similar sized Local Authorities the aim is to generate £50,000 per annum by year 3. A review will be undertaken to ensure that the lottery is running in line with the aims set out in this report.
<b>Contribution to the Delivery of the Strategic Plan</b>	<p>Funding of the local Community and Voluntary Sector supports the strategic priorities of:</p> <ol style="list-style-type: none"> <li>1. Vibrant and Prosperous Communities by supporting our residents the local economy, jobs and training.</li> <li>2. Healthy and Safe Communities by helping people to be active and continue to live independently and be involved in volunteering.</li> <li>3. Clean, Green, Welcoming places to live by supporting organisations that encourage and support volunteers who contribute towards protecting our heritage and looking after green spaces.</li> </ol>
<b>Equality, Diversity and Human Rights Implications</b>	<ol style="list-style-type: none"> <li>1. Voluntary and community groups provide support to a range of groups and in particular children, older people and people with disabilities.</li> </ol>
<b>Crime &amp; Safety Issues</b>	<ol style="list-style-type: none"> <li>1. A number of the organisations currently supported contribute towards community safety including supporting victims and witnesses of domestic abuse and support for victims of anti-social behaviour.</li> </ol>

	<b>Risk Description</b>	<b>How We Manage It</b>	<b>Severity of Risk (RYG)</b>
A	Information from other LA's performance is limited in terms of both the numbers running these schemes and the length of time they have been operated and their local operating conditions. Limited data is available on associated staffing costs is available so inadequate resources may have been allocated. Therefore, any financial forecasts based on this data carry risk.	Annual review of performance.	Yellow
B	That the scheme does not attract sufficient ticket purchases per week to make the scheme viable. Increasing the percentage of funds available to distribute will increase the likelihood of this. If the scheme becomes unviable then it can be ceased and the Council would not reapply for its licence; the council will also have incurred financial risk in set up costs.	Ongoing review of performance.	Green
C	The Community and Voluntary Sector don't widely support the Lottery which would result in it being unsuccessful as the proposed model relies on ticket sales being largely driven by the sector.	Engagement and consultation with the sector before the decision to form the lottery is taken.	Yellow

D	Reputational, in that the scheme is seen to encourage gambling (see paragraph 3.18).	The design of the scheme and ongoing review will mitigate this risk.	Green
E	Some organisations that deliver the Council's priorities are not successful through the Lottery model	The Council will be able to distribute unspecified purchases, the percentage that goes into the central pot and its own funding to mitigate this.	Yellow
F	Has a negative impact on the fundraising activities of other good causes in the District.	Ongoing engagement with the Community and Voluntary Sector as part of its performance review.	Green

## Background documents

## Relevant web links