



A community development and engagement approach to support the health and wellbeing of Sutton Coldfield's residents

The ambition

"We intend to listen to ensure that people have a real opportunity to help shape the outcomes we all strive to achieve. We recognise that we are the level of local government in our town that is closest to our residents. This proximity is both an honour and a real opportunity for us to be distinctive in our approach."

Royal Sutton Coldfield Town Council Strategic Plan 2017 - 2019

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October 2018

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1. Background

The purpose of this report is to identify the community engagement and development requirements to support the health and wellbeing of Sutton Coldfield residents (**Appendix 1**). The descriptors of health and wellbeing have been set out by Public Health England and NHS England (**Appendix 2**) and this report aligns with them.

In order to arrive at an agreed focus for the work, it was proposed to analyse available local data, review relevant reports and plans and interview a range of individuals and organisations, including Sutton Coldfield Town Council elected members.

The work formally began in May 2018. At the May local elections there was a change in electoral wards, doubling from four to eight¹, and those elected to the Town Council. Data and narrative references in this report relate to the four previous wards as of October 2018 the available data was not yet co-terminus with the new boundaries.

A number of conversations took place which reflected the broader operational context, networks and resources of the Town as a whole. It is fully expected, therefore, that both general and specific recommendations arising from this report, if they are accepted, can be prioritised against the eight wards using a combination of the data, feedback and a pragmatic application of local knowledge.

Finally, since the initial discussions that were held in late 2017 the relatively new Town Council has continued to mature and other potential influences on its work have emerged, both locally and Birmingham-wide, that require the Town Council's attention. For example, projects that relate to the Town's physical space (environmental, public realm, new housing and transport) as well as these activities relating to population health and wellbeing. Effective, connected community engagement is recommended to develop proposals in each of these spheres, so that they reflect resident's needs and aspirations and deliver an integrated approach to both people and place.

¹ Sutton Four Oaks, Sutton Mere Green, Sutton Reddicap, Sutton Trinity, Sutton Vesey, Sutton Walmley and Minworth, Sutton Wylde Green and Sutton Roughley, replacing Sutton Trinity, Sutton Four Oaks, Sutton New Hall and Sutton Vesey from May 2013.

2. Approach

Evidencing priorities

In April 2018 a preliminary meeting took place with the Strategy and Staffing Group where the approach was discussed. It was proposed to undertake an examination of the available local data and focus on distinctive population demographics in the first instance. It was not the intention to exclude other demographic categories, but recognised that with a population of nearly 100,000 residents this would enable Town Council elected representatives and the staff team to prioritise the activity to take place between 2018 – 2022, the current electoral period.

The intention is that additional activities will be introduced in subsequent years as a result of the learning generated by the proposed community engagement activities that will be conducted. This approach will enable the Town Council to build its knowledge and capacity and develop strategic and operational relationships with a range of public, VCSE (voluntary, community and social enterprise) and private sector partners.

In June and July 2018 digital data maps and initial desk research were presented to Councillors. The Town Council is fortunate in having a number of members with knowledge of statutory and VCSE health and wellbeing activities and the presentation stimulated further thoughtful discussion. It helped to create, too, a shared understanding of what might be prioritised and the context for eventual allocation of resources.

The Town Council is ambitious and has an opportunity to apply funds generated through the precept to any identified solutions. Adopting an evidenced-based approach to these priorities and engaging the community in shaping activities, will enable the council to provide a robust narrative on how this money will be spent, that can be communicated more widely.

Analysing the data

Work began in May with a data analysis using [SHAPE](#), a digital platform sponsored by Public Health England developed by [parallel](#). It is used by Sustainability and Transformation Plan areas (STPs), Clinical Commissioning Groups (CCGs), NHS Trusts, NHS England, local authorities. SHAPE is a suite of atlases that contains multiple open data sources; the main ones are:

- map data from Ordnance Survey
- demographic data from Office of National Statistics, NHS Digital, NHS England
- clinical activity data from Public Health England, amongst others

The SHAPE Place Atlas sits within SHAPE and is free to use by Sutton Coldfield Town Council, as a government body. The Town Council can review: its own ward and output area level data; the CCG and STP boundaries; the location of service providers, such as GP surgeries, hospitals and medical centres; infrastructure (schools, railways, ambulance and fire stations). Data layers can be turned on and off, for example indices of deprivation, health data, journey times by foot, car and bicycle to health service providers.

Information is presented in different formats, such as site markers, heat maps, graphs and charts (**Appendix 3**). This formed the basis of the two presentations and should be read in conjunction with this report [[attached](#)]. Some public bodies request their own locally available data to be added to SHAPE and examples of customised dashboards were described, too.

Birmingham City Council (BCC) will have access to granular data through its work with the Public Health Observatory and Sutton Coldfield Town Council may have other information, for example, on its community assets. Both could be helpful to the delivery of activities set out in this report.

Community development

In addition to the data, it was important to consider Sutton Coldfield's cultural, political and spatial context (for example, its open spaces and meeting places). To better understand this a community development approach was adopted by holding, where possible, face-to-face meetings with a range of people (**Appendix 4**). The relevant roles of interviewees ranged from strategists and deliverers and from different organisations and sectors. It included Sutton Coldfield Town Council members and staff, BCC officers, staff from relevant VCSE organisations, their trustees and the volunteers helping with projects. It also included speaking to members of the public who were benefitting from their activities and services. Meetings took place in various premises, in a number of the eight wards, providing 'a feel' for the town and telephone interviews were also conducted. This combined approach enabled identification of:

- recurring issues/themes/ideas
- richness and complexity of non-statutory services
- priorities and common ground
- opportunities to collaborate

Collaboration

Different parties explained that there were some historical tensions between Sutton Coldfield and BCC. In practice there was evidence of more actual and potential collaboration between statutory and non-statutory services, at City and Town level, than had been assumed. Indeed, some BCC staff were excited by the Town Council's approach and potential to collaborate, given the complementary nature of some of the activities. It is hoped, therefore, that this proposal and approved recommendations will help strengthen the relationship.

Plans and reports

This report has considered existing plans and reports from different sources. Bearing in mind that the council was only formed in 2016, the Sutton Coldfield Town Council Strategic Plan 2017 – 2019 provides an early indication of the direction of travel. The plan contains a swathe of actions identified within three corporate aims which, through their delivery, offer early opportunities to engage with the community. This and other reports are covered in more detail in Section 4.

Initial findings

Initial information revealed that some community engagement and development resources were being considered or provided by other organisations. This could mean that previously anticipated tasks could become more manageable - learning can be taken from others' experience and resources more efficiently applied.

Some interviewees were tentative in their optimism, based on experience of previous short-term interventions from statutory agencies and projects of a couple of years. The Town Council should seek to provide assurance that, notwithstanding strategic reviews, this work is not a 'programme' or 'project', and that the Council's commitment to health and wellbeing is both structural and will be sustained.

It should be noted that this report could not feasibly reflect the views and activities of every active group or agency; it marks the start of the conversation on health and wellbeing, between the Town Council and the community, not the conclusion.

Thank you

Particular thanks go to Olive O'Sullivan, Sutton Coldfield Town Council Clerk for her guidance, advice and liaison with members. Thanks too, to members of her team, for organising meetings with a range of people and organisations in a compressed period of time and to those who freely gave of their time to participate.

3. Executive Summary and recommendations

Priorities

The following health and wellbeing priorities were identified from the data and discussions. They are interdependent - the first two setting out the approach to achieve the following three:

1. engage residents to inform activities and support them to address their own health and wellbeing priorities
2. support the VCSE sector to deliver these improvements
3. improve the quality of life of an aged and aging population
4. improve the quality of life of those cared for and their carers
5. improve the lives and opportunities for disadvantaged young people

Key themes emerged within these priorities which are inherent to this report's recommendations. They can be summarised as the desire to feel one or more of the following: included, connected, active, safe. These reflect the six pillars of the Town's Strategic Plan (Cleaner and Greener, Safer Sutton, Proud to be Sutton, Healthier and Happier, A Bright Future, Sutton Events).

Functions

Clear functions emerged for the Town Council to:

- Co-ordinate and convene
- Communicate
- Collaborate
- Catalyse

Sutton Coldfield's Councillors reflect the different interests and priorities of their community and this helpfully means that there are likely champions for different priorities and functions. There are, though, direct and indirect resource implications. For example, the additional staff and activity costs of implementing proposals and Councillors' time commitment to participate and feed back progress in their ward, to sub committees, working groups and the full council, so that efforts are co-ordinated and communicated across the town.

Longer-term strategic goals

The Town Council has the potential to set long-term aspirations; the short and medium-term actions will help identify the appropriateness, appetite and available resources to deliver them. For example:

- the success of the Concerts in the Park has demonstrated an appetite for the potential development of the Town's substantial arts and cultural activity into a comprehensive programme encompassing new areas (types of activities, audiences and geographies) to help address the five priorities.
- Sutton Park boasts 2,400 acres; it is a National Nature Reserve and designated as a Site of Special Scientific Interest and one of the largest urban parks in Europe. It is a huge health and wellbeing asset. In addition to the more obvious opportunities for exercise and recreation, the space could be ambitiously reimaged as an ['outdoor community centre'](#).

- the Town Council could consider becoming a [Dementia friendly community](#) and, in the longer term, an [Age friendly community](#)
- the Town Centre Regeneration proposals create a platform for involving residents in the long-term aspirations for Sutton Coldfield, so that these proposals reflect their health and wellbeing needs
- the [Commonwealth Games 2022](#) could act as a stimulus for a health and wellbeing countdown campaign and a focus for volunteer recruitment where residents could be trained to act as ambassadors for the Town and could continue to be supported to volunteer for local organisations, after the event

Town Councillors care deeply about the health and wellbeing of their community, with each member bringing personal and professional insights that motivate them in their roles, beyond party politics. This, combined with the interest of BCC health and wellbeing leads in collaborating with the Town to achieve its new place-based focus, along with the knowledge and networks of the VCSE to reach residents, provides an opportunity to think and act boldly.

None of this, though, has to happen immediately. Setting long-term goals will create a platform for deeper community engagement to absorb views and ideas and bring people on board – potentially co-funders and creators - and produce a manageable work programme.

Recommendations

The recommendations below summarise actions and responsibilities within short, medium and long-term timescales²:

1. Short-term: October 2018 – March 2019

- i. establish a Health and Wellbeing Sub Committee with clear terms of reference
- ii. recruit and fill the following posts:
 - Programme Delivery Manager, Neighbourhoods
 - Programme Delivery Manager, Communities
 - Community Engagement Officer
- iii. develop a six-month action plan with resources identified to:
 - fulfil a number of the actions identified in the Sutton Coldfield Strategic Plan 2017 – 2019
 - fulfil preparatory actions in this Health and Wellbeing report, and
- iv. approve resources to help deliver engagement activities (commissioned/temporary resources/grants)
- v. identify any further Town Councils working groups, how they will be appointed and how they will operate
- vi. convene a meeting of statutory and voluntary sector providers to discuss existing activities, share knowledge, collaborate etc.
- vii. publicise activities and create regular feedback loop communications to residents - ‘you said, we listened, we did’

2. Medium-term: April 2019 – September 2019

- i. develop a Neighbourhoods and Communities Action Plan 2019 - 2022 which supports the delivery of the Town Council’s Strategic Plan 2017 – 2019. Develop SMART³ objectives,

² Specific functions that the Town Council can fulfil are described in Section 9

³ Specific, Measurable, Achievable, Realistic, Timebound

- informed by short-term engagement activities and identify immediate and medium-term resource requirements - people, infrastructure (premises, technology, support), funds
- ii. establish evaluation baseline: of residents' sentiments, during engagement activities, event evaluation forms household polling etc.
- viii. phased roll-out of Community Plans in all remaining wards, phased 2018 – 2022
- ix. publish and communicate termly progress reports including how residents were engaged and involved
- iii. identify additional data requirements to inform long-term goals and access, if available, from Birmingham City Council or commission
- x. brand and launch new look information resource (digital and/or printed)
- xi. undertake a Town Council visioning session to identify long-term goals

3. Long-term: October 2019 – March 2022

- i. apply outcomes of Community Plans to develop long-term actions for each ward
- ii. develop action plan to achieve outcomes of visioning activities
- iii. identify and agree collaborative activities with BCC
- iv. review roles and resources

4. Review of plans and reports

Local

The Sutton Coldfield Town Council Strategic Plan 2017 – 2019 was reviewed. The Town Council had already invited comments on the proposals before finalising it. Key actions under each of the three priorities relevant to this report and the Council's roles are summarised below and can be found in full in **Appendix 5**.

Corporate priorities

Priority 1. To represent Sutton Coldfield's interests on key strategic issues facing the Town (1.3, 1.4, 1.6).

Priority 2. To work with the local community and partners to ensure that the Town becomes a more vibrant, better served, more prosperous, cleaner, greener safer and inclusive place in which to live, work and enjoy life (2.1 – 2.20).

Many of the actions are clear candidates for delivering a public engagement exercise. There are different ways that this could be approached, for example:

- the actions listed could be grouped into an engagement cluster with specific interest groups (for example 2.2, 2.10, 2.11 via a local history group)
- the actions could be grouped as an engagement cluster with a specific sector, for example 2.7, 2.8, 2.15, 2.16, 2.17, 2.20 via the voluntary and community sector
- a whole town exercise could take place on a specific topic, such as cycling (with closed and open questions developed with knowledgeable people and organisations), or on listed actions

Different methods could be applied, for example, where the action is locational (e.g. signage, litter hot-spots, installation of defibrillators), a visual engagement exercise, such as planning for real could be undertaken.

Linking the town council's priorities to local residents' knowledge around such specific actions would help establish it as a listening council. A potential spin-off could be more people volunteering for or participating in the resulting activities. Further suggestions should be sought to inform future plans. In addition, if one or any of these approaches is adopted, it will also be important include a feedback loop on the outcomes - *'you said, we listened, we did'*.

Priority 3. To enhance the organisational management, capacity and efficiency of the Town Council in addressing the needs of the community

The activities and approaches described above would help address actions 3.4 and 3.5 and *'provide [a] framework for creating opportunities to raise awareness of and encourage community participation in the work of the Town Council'*. Development of the actions using SMART⁴ objectives or similar, would also help fulfil action 3.6.

⁴ Specific, Measurable, Achievable, Realistic and Timebound

Whilst temporary additional capacity may be required to deliver the actions, the specific responsibilities and named leadership within the Town Council team should also be identified.

Community Plans

Two Community Plans have so far been produced. The Falcon Lodge plan responds to the needs of the new Sutton Reddicap ward and occupies around two thirds of the ward⁵. The plan sets out its four key priorities:

1. A better and joined up offer for young people
2. Targeted support to vulnerable households through family support and for older residents
3. Continued investment in community assets and community organisations
4. Improved communications with communities of Falcon Lodge

These priorities informed and align with the overall recommendations in this report. A Community Enabler post is proposed for Falcon Lodge, resourced by the Town Council; the new posts recommended in this report will help ensure that the work in Falcon Lodge is connected to the work across the rest of the Town.

Coordinating and catalysing

There are six wards without a Community Plan. Some interviewees felt that there was a focus on activities in the centre of the Town (even when they were operating out of the Town centre themselves). It is recommended that Community Plans are rolled out across the Town as a tool for community engagement, to inform and contribute to the priorities set out in this report. This could also be useful in engaging residents in public realm and neighbourhood regeneration proposals.

Sutton Coldfield Social Inclusion Plan

The Social Inclusion Working Group was established prior to the May 2018 local elections. Following this the group reconvened whilst the review of the community engagement and development requirements to support the Town's health and wellbeing was under development. Social inclusion is integral to health and wellbeing and it is clear that there is an overlap between the focus of this report and that of the group. The Council's working groups and sub committees, however, have different levels of governance and given the scope of the health and wellbeing work to be undertaken it is recommended that a Health and Wellbeing Sub Committee be formed to oversee this work.

As the Town Council expands its activities (including regeneration, public realm etc.) this would also be a good point to review and clarify the formation of all sub committees and working groups, for example, how they are established, their membership, terms of reference including reporting requirements, delegated decision-making and approvals processes and resources.

Sutton Coldfield, Town Centre and Retail Market Assessment

The April 2018 looks in detail at retail prospects for the Town, reviewing the commercial health of the retail sector, consumer trends and competition outside of Sutton Coldfield. The contents of the report will inform the Sutton Coldfield Regeneration Partnership's work. There are direct implications for residents' and visitors' health and wellbeing, ranging from accessibility, mobility and environmental quality considerations, to the opportunity to use key locations for the promotion of

⁵ Falcon Lodge Community Plan 2018 - 2022

information, aids and signposting. The Town Council should consider, therefore, how it involves residents and businesses in the development of regeneration proposals.

City region

Birmingham City Council reports

As the Town Council was only established in 2016, it is in the early stages of developing its relationship with BCC. This relationship is considered throughout this report and will no doubt continue to evolve as the Town Council's role matures. The Town Council's Strategic Plan 2017 – 2019 sets out:

'Over time discussions will be progressed with the City Council to examine what services/community assets might be most appropriately transferred to the Town Council (p6)'.

and *'It may also [sic Town Council] in future generate some income through services delivered and from external grants (p9)'.*

The **BCC Budget Consultation Document 2018 – 2019** (December 2017)⁶ was reviewed. The following relevant statements was made:

'There will be a rise of 2.99 per cent in the City Council's base element of Council Tax. And, in recognition of particular pressures on adult social care, there will be a further 1 per cent rise for the social care precept. In total, this is a rise of 3.99 per cent.'

- BCC has had budget cuts of over £642m since 2010
- BCC require additional annual funding of £191m by 2021/22
- BCC expect to have to make savings of £111m per annum by this time
- an ability to raise a 'Social Care Precept' by increasing Council Tax by a further 3% in 2018/19 to provide extra funding to meet costs of social care

The BCC proposals aim to:

- *'enable vulnerable people, such as those with learning disabilities or mental health problems, to access services in the community'*
- *'avoid hospital admissions ... investment in the community will improve older people's resilience and move to a 'last resort' scenario for residential services'*
- *'enable and empower people to develop and receive services in their own community by working closely with local GPs, communities and the Voluntary Sector'*
- *'to move away from institution-based care to local community based activities'*

The **BCC Plan 2018 – 2022** sets out 5 Outcomes and priorities; the following are relevant to Sutton Coldfield's plans:

Outcome 3: Birmingham is a fulfilling city to age well in.

Priority 1: We will work with our citizens to prevent social isolation, loneliness, and develop active citizenship

⁶ Approved [Birmingham City Council budget 2018 - 2019](#) which includes the budget up until 2022.

Priority 2: We will improve care for older people

Priority 3: Citizens and communities will have choice and control over their care and improved resilience and independence

Outcome 5: Birmingham residents gain the maximum benefit from hosting the Commonwealth Games

There are clearly mutual goals and benefits - both for residents and resource requirements - from close collaboration between the principal local authority, the Town Council and the Town's VCSE organisations. Ensuring an integrated approach with BCC's reorganisation of social services, where social work will be community based, should be an integral part of the plans to improve and enhance community health and wellbeing for the Town's residents. This is referenced in Section 10 and 11.

Finally, Birmingham City Council produces and has access to granular data that Sutton Coldfield may not be aware of and may be of use, in particular its **Public Health Observatory**, which could help with the Town's future planning, for example, population projections. Two hard copies of **BCC reports** were reviewed:

- Sutton Coldfield District 2015, which provided general demographic data and specific health data for the former district
- Sutton Coldfield Constituency Economic and Employment Profile (March 2015); Economic Research and Policy Economy Directorate

The data from these reports is covered in Section 5.

National-to-local context

Devolution of power

There is a continuing trajectory for the devolution of power and resources from central to local government and from local government to communities. This is covered in more detail in Section 6. The policy commitment is further demonstrated in the shift to person-centred care, which means that an individual should be empowered to choose the type of care that suits their circumstances whether it is from a formal or community-based 'service', or both. The Town Council's proposals to support the VCSE in providing services and activities to improve and enhance the health and wellbeing of residents, supports public policy of person-centred care. The NHS Midlands and Lancashire Commissioning Unit [Strategy Unit](#) slides set the scene for and geographically define [Neighbourhood Working](#), and how the latest NHS developments focus on integrated partnerships, planning and places.

Local government collaboration

In 2018 the National Association of Local Councils (NALC) and Local Government Association produced the report, [One Community: A guide to effective partnership working between principal and local councils](#). The report provides guidance on how principal local authorities (the city council) and local authorities (Sutton Coldfield Town Council), can collaborate. The report contains a number of case studies of where this has been successful, including joint programmes and investment. It was clear in conversations that this is a desired outcome for both tiers of local government.

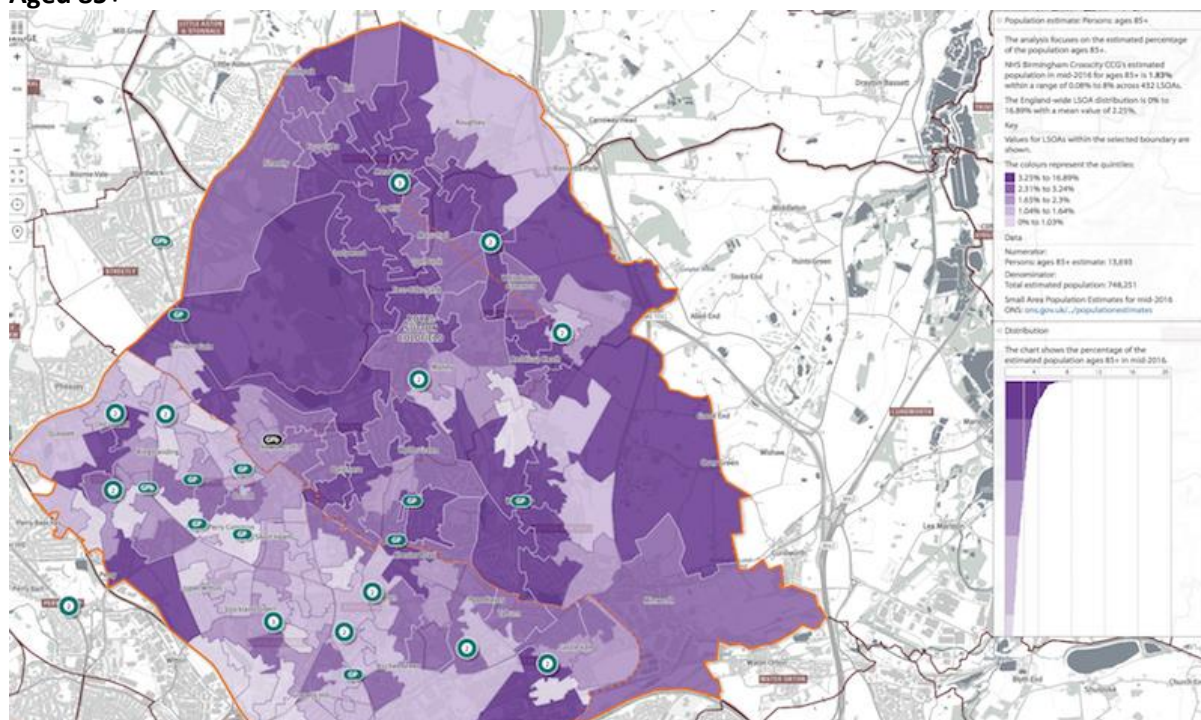
Sutton Coldfield demographic and health data

The **BCC hard copy reports** for Sutton Coldfield contained baseline data from June 2015⁷:

- 2013 estimated population of Sutton Coldfield 94,679 (8.9% B'ham)
- 1.8% fall within most deprived 20% of England
- under 75s death and infant mortality lower than B'ham and England rates
- 2011 census 11.3% of population BME groups – lower than Birmingham and England
- life expectancy for men 81.9 years (B'ham 77.6, England 79.4); females 85.5 (B'ham 82.2, England 83.1). BCC 2015
- 2013/14 prevalence of dementia in Sutton Coldfield second highest in B'ham (Hodge Hill highest)

A review of the **SHAPE Place Atlas** provided a more detailed profile for Sutton Coldfield. In each of the online searches, there are five shades of colour for each data layer reviewed which correlate to data quintiles. The darker the colour/shade, the higher the significant value of a particular data set (e.g., deprivation, age etc). For example:

Aged 85+



It would be helpful for the narrative and data below to be read in conjunction with the powerpoint slides [attached](#) produced for the presentations and circulated to Town Councillors.

⁷ Hard copies of BCC data were provided for review for this report

It should be noted that there are a couple of LSOAs⁸ returning the highest rating in more than one category, suggesting that these should be considered priority areas for health and wellbeing interventions.

In Sutton Coldfield, and selecting the data layers relevant to this proposal and highest in significance, based on 2012 population data:

Deprivation

- Index of Multiple Deprivation, where the lowest quintile is 0.48 – 8.37 and the highest is 33.89 – 92.6 there are two lower super output areas (LSOAs) in the top quintile, with values of 33.94 and 40.32
- Income Deprivation Affecting Older People, where the lowest quintile is 0.01 – 0.08 and the highest is 0.29 - 0.92% there are two LSOAs in the top quintile, with values of 0.33 and 0.34
- Income Deprivation Affecting Children, where the lowest quintile is 0.00 – 0.06 and the highest is 0.31 - 0.92, there is one LSOA in the top quintile, with a value of 0.33
- Health Deprivation and Disability, where lowest quintile is -3.33 to -0.76 and the highest is 0.76 to 3.46, there is one LSOA in the top quintile, with a value of 1.06
- Barriers to Housing and Services deprivation, where the lowest quintile is 0.44 – 12.31 and the highest is 30.36 – 72.59, Sutton Coldfield has several LSOAs in the top quintile, with values over 30. It should be noted, though, that a number of these are large geographical LSOAs that are sparsely populated which is likely to contribute to this figure. The focus might be given to the denser urban areas that are high on this deprivation scale
- Economic skills and training deprivation, where the lowest quintile is 0.01 – 5.93 and the highest 33.84- 99.5, there is one LSOA in the top quintile, with a value of 42.81

Age - 2016 ONS estimates of percentage of each age group within an LSOA's population

Young people

- 0 – 4 years, there are only four LSOAs in the top quintile. For 5 – 17 years - where the lowest quintile is 0.35% to 12.27% and the highest 17.82% to 47.79% - there are eight LSOAs in the top quintile, although only a few of these are in more densely populated areas. Only four LSOAs have 18 – 24 year-olds in the top quintile

'Young elderly'

- 45 – 64 years where the lowest quintile is 0.69% to 22.23% and the highest is 30.08% to 42.64%, there are a number of LSOAs in the top quintile

⁸ Output areas (OA) were created for Census data, specifically for the output of census estimates. The OA is the lowest geographical level at which census estimates are provided. The minimum OA size was 40 resident households and 100 resident people, but the recommended size was rather larger at 125 households. These size thresholds meant that unusually small wards and parishes were incorporated into larger OAs. The total number of 2011 OAs is 171,372 for England and 10,036 for Wales. There are now 181,408 OAs, 34,753 lower layer super output areas (LSOA) and 7,201 middle layer super output areas (MSOA) in England and Wales. For more information, look at the [ONS website](#).

Elderly

- 65+ where the lowest quintile is 0.26% to 11.2% and the highest is 25.12% to 60.79%, there are a number of LSOAs with mid 20 to mid 30 percentages
- 75+ where the lowest quintile is 0.11% to 4.58% and the highest is 11.37% to 39.7%, there are many LSOAs in the top quintile
- 85+ where the lowest quintile is 0% to 1.03% and the highest is 3.25% to 16.89%, there are many LSOAs in the top quintile. The highest of these is also the highest for Health Deprivation and Disability

Whilst the SHAPE place atlas doesn't provide local population projections (but BCC is likely to have these) it is easy to identify the key areas where the 'young elderly' live. If the Town is moving towards a preventative model then health and wellbeing activities, information campaigns and services – in conjunction with statutory and voluntary providers – could be encouraged and developed in the 'young elderly' areas. In addition, the age profile of the Town should be considered alongside any economic development and regeneration plans.

Health

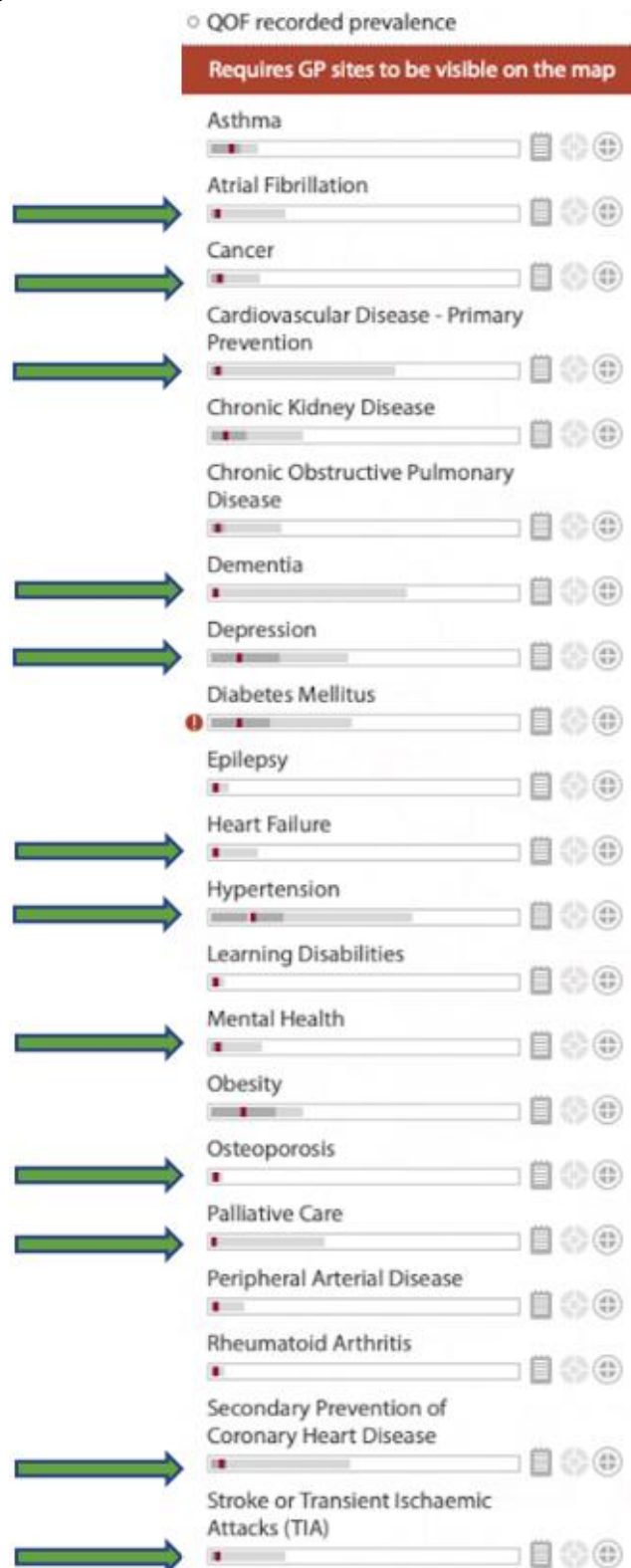
The following information is taken from the QOF indicators (Quality Outcome Framework) also hosted on SHAPE. This is the information submitted by GP practices to NHS England and is for the period 2016 /17⁹. The full list of health conditions is in **table 1** below, with those of likely significance for Sutton Coldfield indicated by an arrow.

Appendix 6 contains screenshots for more detail on each of these highlighted conditions of significance and their geographical locus. Each marker on the screenshot indicates a GP practice the name of which appears in the right hand panel. Where there is a circle with a number in the centre, this indicates the number of practices in the area. This can be expanded on SHAPE to show individual practices, the numbers of patients registered and by gender and age group and more detail on the prevalence of the specific health condition.

The information to focus on is the darkness of the colour on the GP practice as this is an indicator of the prevalence of the condition in that area (as determined by the registered patients). SHAPE Place Atlas also provides the location of Care Homes. This information could be used to engage local public, VCSE and private sector providers in activities, once there is a clearer idea of the interventions and being proposed.

⁹ 2017/18 data will be published at the end of October 2018.

Table 1 QOF Indicators



6. Community Engagement and Development overview

Context

Community engagement is no longer peripheral to the relationship between local authorities and the electorate. It is central to informing and achieving devolution of power and resources, as set out in a number of pieces of Government policy and legislation:

- [The Localism Act](#)
- [The Social Value \(Public Services\) Act](#)
- [The Neighbourhood Planning Act](#)
- [Community Rights](#)

In addition, the Government's commitment to devolution deals, such as the [West Midlands Combined Authority Devolution Deal](#) provides a blueprint for further devolution between principal and local authorities and thereafter their communities. The BCC Overview and Scrutiny report, [Partnership Working: BCC and Parish / Town Councils](#) (Dec 2017), makes specific reference to Sutton Coldfield Town Council (and New Frankley in Birmingham Parish Council) and considers the nature of the relationship now, and what could and should be achieved moving forwards. A number of the points raised in this report are structural issues, for example, points of communication between the principal and local authority and lack of clarity on decision-making or powers to act upon matters within the Town.

There is a commitment to resolving these as part of the developing relationship between the City and Town Council. Where there is the will, opportunities to collaborate – for example, enacting ideas and activities arising from community engagement opportunities – should become more straightforward.

Community development

The [Scottish Community Development Centre](#) (SCDC) describes community development as an approach which:

'seeks the empowerment of local communities, taken to mean both geographical communities, communities of interest or identity and communities organising around specific themes or policy initiatives. It strengthens the capacity of people as active citizens through their community groups, organisations and networks; and the capacity of institutions and agencies (public, private and non-governmental) to work in dialogue with citizens to shape and determine change in their communities'.

Table 2 visualises the 'building blocks' to community development. Community engagement, participation and capacity building and learning are, then, the methods that inform the approaches to community development.

Table 2

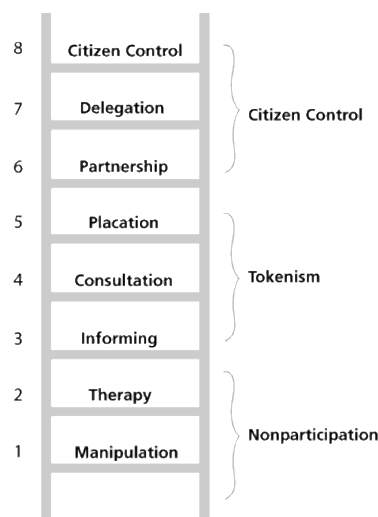


A more detailed explanation of community development from SCDC can be found [here](#).

Public participation

In relation to the Town Council's role, Sherry Arnstein's 1969 ladder of citizen participation, table 3, remains relevant today; it could be argued that the mandate to create the new Town Council and its aspirations hereafter, are reflected in steps 6, 7, 8. The ladder is reflected in the [Local Government Association's](#) guidance on the integration of health and social care services and in the [Health Foundation's](#) report on *Engaging communities for health improvement*.

Table 3



Arnstein's Ladder (1969)
Degrees of Citizen Participation

Community engagement

Whilst the UK Government has not formally adopted national standards or principles for community engagement, those adopted in Scotland and Wales provide useful frameworks for the Town's engagement activities. The Town Council could consider agreeing its own set of principles.



National Standards for Community Engagement (Scotland)

NATIONAL PRINCIPLES FOR PUBLIC ENGAGEMENT IN WALES

<p>1 Engagement is effectively designed to make a difference Engagement gives a real chance to influence policy, service design and delivery from an early stage.</p> <p>2 Encourage and enable everyone affected to be involved, if they so choose The people affected by an issue or change are included in opportunities to engage as an individual or as part of a group or community, with their views both respected and valued.</p> <p>3 Engagement is planned and delivered in a timely and appropriate way The engagement process is clear, communicated to everyone in a way that's easy to understand within a reasonable timescale, and the most suitable method/s for those involved is used.</p> <p>4 Work with relevant partner organisations Organisations should communicate with each other and work together wherever possible to ensure that people's time is used effectively and efficiently.</p> <p>5 The information provided will be jargon free, appropriate and understandable People are well placed to take part in the engagement process because they have easy access to relevant information that is tailored to meet their needs.</p>	<p>6 Make it easier for people to take part People can engage easily because any barriers for different groups of people are identified and addressed.</p> <p>7 Enable people to take part effectively Engagement processes should try to develop the skills, knowledge and confidence of all participants.</p> <p>8 Engagement is given the right resources and support to be effective Appropriate training, guidance and support are provided to enable all participants to effectively engage, including both community participants and staff.</p> <p>9 People are told the impact of their contribution Timely feedback is given to all participants about the views they expressed and the decisions or actions taken as a result; methods and form of feedback should take account of participants' preferences.</p> <p>10 Learn and share lessons to improve the process of engagement People's experience of the process of engagement should be monitored and evaluated to measure its success in engaging people and the effectiveness of their participation; lessons should be shared and applied in future engagements.</p>
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These Principles were developed by Participation Cymru working with TPAS Cymru, under the guidance of the Participation Cymru partnership. Endorsed by The First Minister of Wales, The Right Hon. Idris Jones AM on behalf of the Welsh Government. Further guidance on the National Principles can be found at www.participationcymru.org.uk March 2011

The Local Government Association has produced information on [communication and engagement](#) in relation to health and social care and a guide to developing relationships between councils and their community called [New Conversations](#). The [Locality consultation toolkit](#), whilst designed to support Neighbourhood Planning, and [MyCommunity](#) platform both provide considerable information and signposting to support those wishing to deliver projects identified through community engagement activities. There is audience and topic specific guidance, too, such as the LGA's [Councillor's workbook on engaging with young people](#) and, in relation to health and wellbeing, the NHS has produced guidance on [involving people in health and care](#).

Community engagement goals

Where and how?

The Town Council should identify the purpose of its community engagement activities and then identify the approach it might need to take. For example, it could develop community fora such as the area based ones set up by [Selby District Council](#) or the health related ones established by [West Norfolk CCG Community Engagement Forum](#) or commission a co-ordinated approach to a key topic, such as the [Chain Reaction](#) project for older people in Newcastle.

What?

Many community development approaches are now founded on the principle of Asset Based Community Development (ABCD). The summary below is by the organisation [Nurture Development](#):

'Asset Based Community Development builds on the assets that are found in the community and mobilizes individuals, associations, and institutions to come together to realise and develop their strengths. This makes it different to a Deficit Based approach that focuses on identifying and servicing needs. From the start an Asset Based approach spends time identifying the assets of individuals, associations and institutions that form the community. The identified assets from an individual are matched with people or groups who have an interest in or need for those strengths. The key is beginning to use what is already in the community. Then to work together to build on the identified assets of all involved. The first key method of the ABCD approach is that development begins with the recognition of asset categories that can be uncovered in any community and place. When applying ABCD principles communities are not thought of as complex masses of needs and problems, but rather diverse and capable webs of gifts and assets. Each community has a unique set of skills and capacities it can channel for community development.'

There are different approaches that can be taken at different levels:

- [Skills for Care](#) sets out the potential for capacity building to develop the skills of people in the community, who are or who could complement the provision of care and support. [Think local, act personal](#) focuses on 'making it real' and helps describe how formal care and community development and engagement relate to each other with these principles:
 - **Citizenship.** People are citizens first and foremost.
 - **Health and wellbeing.** A sense of belonging, positive relationships and contributing are important to people's health and wellbeing.
 - **Conversations and building on people's assets.** Conversations with people are based on what matters most to them. **Support is built around people's strengths, their own networks of support, and resources (assets) mobilised from the local community.**
 - **Choice and control.** Support is available to enable people to have as much choice and control over their care and support as they wish.

- **Co-production is key.** People are involved as equal partners in **designing their own care and support.**
- **Equality and fairness.** The diversity of individuals and their communities recognised and viewed as a strength.

Community engagement and development activities could relate to the immediate needs of the community and/or aim to set out the long-term strategy for one ward, or the whole Town.

[Community Canvas](#) provides a framework for this and the [Community Planning Toolkit](#) itemises different approaches.

How?

It is imagined that events to develop responses between sectors and to engage with residents should be professionally facilitated. [The Design Gym](#) sets out 11 facilitation tips which could help improve the planning and execution of each community engagement activity. There are also a range of methods that can be used to conduct community engagement and participation activities, such as [The World Cafe](#) and [Open Space Technology](#) to some really practical tools described at [Seeds for Change](#).

7. Key issues

Context

The priorities outlined below are increasingly likely to require a combination of statutory and non statutory responses. This is due to the major overhaul of BCC's Adult Social Care and Health (as the statutory provider) that is underway, as outlined in its 2017 – 2021 [Business Plan](#). This sets out the move towards citizen enablement and away from institutional care towards care in locally based community facilities. It brings with it an emphasis on introducing a broader range of localised care 'suppliers' and the potential for the development of VCSE organisations, and others, as suppliers. There is an opportunity for collaboration between BCC and the Town Council, therefore, as these are seemingly mutual goals.

Within all of this there will need to be a clear distinction between those people whose needs require a high level of care where safeguarding and clinical requirements need to be met and those who are lower risk and would benefit from wider provision of activities in more community based venues across Sutton Coldfield.

Priorities

It is clear from the data analysed that providing sufficient and targeted services for Sutton Coldfield's elderly population is a priority for the Town Council. Engaging with these residents to identify their needs should be a key focus of this work, whether or not it is the final provider of these services.

A number of issues arose during meetings and interviews which are consistent nationally and locally, largely as a result of a growing elderly population and an emphasis on person-centre care. However, care should be taken when designing long-term solutions that rely on investment in capital projects, or over a sustained period – the needs of the over 75s of today, might not be the same as the significant population of the 'young elderly' and their future ambitions.

Social isolation and loneliness

While social isolation is an objective state – defined in terms of the quantity of social relationships and contacts – loneliness is a subjective experience. Loneliness is a negative emotion associated with a perceived gap between the quality and quantity of relationships that we have and those we want.¹⁰

Over half (51%) of all people aged 75 and over live alone (ONS, 2010) and loneliness has significant, evidenced [negative impact on health](#) and therefore financial impact. In 2016 1.3m 65+ years-old were classified as lonely in England. Sutton Coldfield's [loneliness heatmap](#) (Age UK) fares comparatively well, with the exception of one area which correlates with the SHAPE 'elderly with income deprivation classification'.

¹⁰Perlman, D, Peplau L. (1981) *Toward a Social Psychology of Loneliness*. Personal Relationships 3: Personal Relationships in Disorder, Pp. 31–43.

The [Campaign to End Loneliness](#) provides an overview of [the effect of loneliness on physical and mental health](#) in older people, summarised here:

Loneliness and social isolation are harmful to our health: research shows that lacking social connections is as damaging to our health as smoking 15 cigarettes a day (Holt-Lunstad, 2015). Social networks and friendships not only have an impact on reducing the risk of mortality or developing certain diseases, but they also help individuals to recover when they do fall ill (Marmot, 2010).

There was a recurrent theme amongst interviewees around loneliness and social isolation and that it could happen at any time of life. For example, there were also references to parents of young families feeling isolated as family services had been cut, as well as carers and the homeless. There was strong agreement however, that this was particularly evidenced by large numbers of elderly people and that more needed to be done to address this.

Whilst there are a number of activities available for those who feel able to leave their residence, a key question raised by councillors was how the lonely and isolated and those who don't feel able to engage are identified in the first place. This question was asked of interviewees 'on the front line' and the answers were mixed, but consistent:

- emergency services (police, fire, ambulance) sometimes become aware of an individual's situation following a 999 call; where it isn't an actual emergency, those responders do not have a clear route to identify VCSE providers who might be able to help
- people attending groups or a community venue may raise it with those local organisers, who may be able to help or signpost to activities elsewhere

Some ways in which these information and knowledge gaps could be addressed are covered in Section 9 and the potential *functions* that the Town Council could fulfil. The community engagement proposition, too, should determine, deliver and review activities in response to need. This could include improving wellbeing by focusing on health barriers to participation, as identified in Section 5, such as poor mental or physical health.

The Town Council does not need to provide all activities directly. There are a number of national organisations that have developed models at scale, for example, [The Silverline](#) or [Men's Sheds](#), who could be commissioned to set up services and engage residents in their activities in Sutton Coldfield. [Promising approaches](#) highlights nearly 30 case studies which could stimulate thinking. Activities could also be developed in partnership with established VCSE partners whose physical location corresponds to a particular hotspot, or the Council could design grant criteria to stimulate new responses to priority issues or in priority locations. This is covered in Section 10.

Nutrition

A related theme arose and that was the significant impact of old age and isolation on (poor) nutrition. A number of VCSE organisations have responded by providing drop-in café or scheduled luncheon club services. A luncheon club is a pre-booked, fee-based activity and therefore will be limited in the numbers it can support and may need to provide transport to support attendance. The attendance at drop-in cafes is ad hoc. Both present opportunities to engage with an attendee on other subject matters, such as benefits, or how to keep warm, or health information; both present challenges in terms of reach and/or financial viability.

A further issue is the increasing need at food banks. It was clear during interviews – including with the service users – that the service is accessed by a range of people who struggle, through a wide range of circumstances, to provide sufficient nutrition for themselves or for their families. Attendees were different ages and from a range of socio-economic backgrounds.

As with the luncheon clubs and cafes, the food banks provide the opportunity to engage with attendees on other matters. This includes acting as an intermediary with Jobcentre Plus on benefits and housing matters or providing washing facilities. Many attendees are socially isolated or lonely, too and another aspect of the service was to create a welcoming environment for social interaction. There was a mutually respectful relationship at the one observed, with one attendee returning food from their pre-packed allocation where they already had enough of one product and another who specifically increased or decreased the number of bags requested, depending on how many dependants were living at home that week.

There is one major national organisation that provides strategic food bank services through local VCSE providers. However, there is a subscription charge to the local provider who is also required to follow specific rules around the number of allocations of food that can be made to an individual. Whilst there are benefits to this membership, many local organisations therefore choose to establish their own independent food bank to reduce costs and increase flexibility.

Being cared for; giving care

There are a range of care services that are provided in Sutton Coldfield which cover learning disability, physical disability, mental health and older adults. Venues range from residential care homes, day care centres, and care in the home and the types of provision range from statutory services, VCSE activities and groups and informal care by friends and family.

There is a train of logic which might suggest that an aging population is likely to mean that there will be a high number of people being cared for and performing caring roles. Interviews with VCSE providers emphasised the need to provide safe spaces for elderly people in particular to attend activities. This could be split into two groups:


- people sufficiently independent, mobile and/or supported, who could attend activities in a range of voluntary sector settings
- people with little or low independence and who may be vulnerable, due to a mental or physical impairment, who required access to activities in a regulated and supervised care setting. In general, this is the role of a day care centre, of which there are two in Sutton Coldfield. Places are booked in advance and are paid through privately or through a personal budget

Care experiences

The annual BCC Adult Social Care Survey reveals the experience of those receiving care. It highlights the low levels of satisfaction of Sutton Coldfield care receivers; low satisfaction over their level of care, low feelings of safety and ease of access to information stand out, see Table 4 below.

Table 4

Estimated Adult Social Care Survey measures by constituency



Rankings	Edgbaston	Erdington	Hall Green	Hodge Hill	Ladywood	Northfield	Perry Barr	Selly Oak	Sutton Coldfield	Yardley
(1A) Social care-related quality of life (out of 24)	5	4	3	2	10	9	6	1	8	7
(1B) The proportion of people who use services who have control over their daily life	8	2	5	9	10	7	4	1	6	3
(11) The proportion of people who use services who reported that they had as much social contact as they would like	10	5	1	7	4	9	6	3	2	8
(3A) Overall satisfaction of people who use service with their care and support	5	4	7	6	9	8	3	1	10	2
(3D1) The proportion of people who use services who find it easy to find information about services	6	2	8	7	9	3	1	4	10	5
(4A) The proportion of people who use services who feel safe	7	3	6	1	9	5	4	2	10	8
(4B) The proportion of people who use services who say that those services have made them feel safe and secure	2	4	7	1	9	6	5	3	10	8
Ranking based on composite of all measures	7	2	5	4	9	8	3	1	10	6

The question of why this might be the case was raised during interviews with VCSE organisations. Interpretations ranged from it reflecting poor care services, to a sense of fear created by negative media stories.

The Town might want to understand the nuances of this survey and what it might mean for it and/or statutory health and social care provision. One way to do this would be to have a presence at events, such as those scheduled in November to coincide with Carers Rights day.

Care activities

A report from Age Concern Birmingham provides information from a BCC¹¹ study on the day care environment, conducted January – March 2018. The Day Opportunities – Co-production report asked service users, carers and service providers a number of questions about day opportunities, provided by 7 internal BCC day centres (2 of which are in Sutton Coldfield), 2 allotment projects and 24 external day opportunities. The study covered clients 18 – 89 years with primary needs of learning disability, physical disability, mental health and older adults. It was not possible to identify the proportion of those four groups' responses in relation to the three questions:

1. What do you enjoy doing (at the centre and away from the centre)?
2. What don't you like doing (at the centre and away from the centre)?
3. What might you like to do (that you don't do currently) that would make you have a good day?

541 service users gave their views and their responses matched to 14 headings: Individual activities, social activities, trips/days out, community activities, cultural and religious activities, physical and sporting activities, music and performing arts, arts and crafts, volunteering and employment, education and training, life skills and health and wellbeing, transport, support, other.

'for many service users their often long standing attendance at day care is their only significant activity outside of their homes so their knowledge and understanding of what other choices might be available to them is limited'.

Nonetheless, the responses above lend themselves to criteria for commissioned services or Community Grants.

¹¹BCC Day Opportunities-Co-production Report, Stage 1 Initial Engagement, January – March 2018

It should be noted, too, that it is not clear how many older adults with complex needs and / or dementia, or their carers responded to the review. This is important as many of the people attending the two, day care facilities in Sutton Coldfield are high need and require on hand care and support that comply with health and social care guidelines and regulations. Referral to the local community facilities and groups would not, therefore, provide a guaranteed safe alternative that meets safeguarding requirements.

The costs associated with attending day care facilities are met through an individual's direct payment (personal budget). This payment does not, however, take account of the infrastructure costs of the VCSE organisations providing activities and services in these settings.

Carers' needs

BCC's website describes:

'A carer [who] is someone who looks after a relative or friend who is ill, has a physical, sensory or mental impairment, is older and frail or is affected by substance misuse.'

A carer may be a parent, spouse or partner, son or daughter, another relative or a friend or neighbour. A carer may be providing practical care, emotional support and encouragement or in many cases both.'

The importance of supporting carers was iterated in several interviews – carers rely on networks to provide them with information, support and importantly, a break from their roles, not least so that they maintain their own health and wellbeing to be able to continue to provide care. There are a number of organisations set up to support carers of all ages, across Birmingham and including Sutton Coldfield, as identified at [Forward Carers](#) and [Carers Utd](#).

Birmingham City Council's Adult Social Care and Health directorate, Clinical Commissioning Group for the National Health Service and Birmingham Children's Trust are developing a joint vision and commissioning strategy for carers in the city. Their consultation to inform this, [Birmingham Carers Vision and Commissioning Strategy](#), ran until September 2018. The responses should also help inform the Council's approach to the Town's carers.

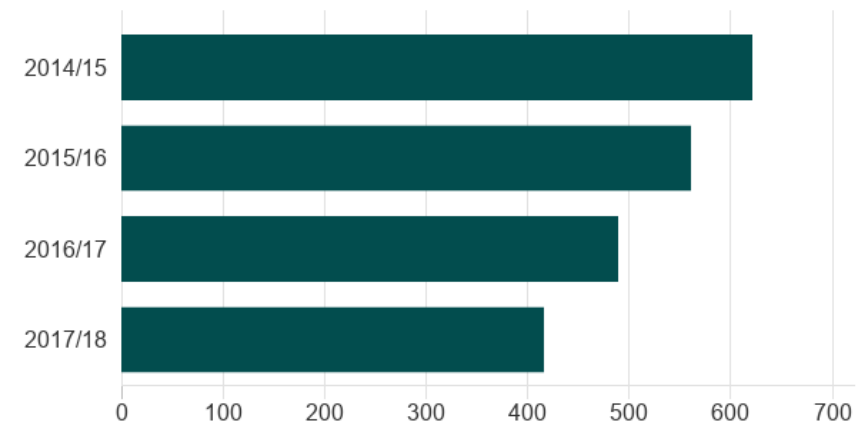
Young people

Child deprivation is relatively low in Sutton Coldfield and is limited to a couple of LSOAs; detail can be found in Section 5. There are a number of young peoples' activities taking place, ranging from generic youth clubs, scout, guides and brigades, to those working with specific groups of vulnerable young people. They are spread across locations, ranging from Falcon Lodge Community Centre, Our Place Community Hub and the Baptist Church, for example. There wasn't, however, a sense of a young peoples' strategy. This may be a result of its lack of visibility, or the reduction in youth service spending by local authorities in England, which is down by a third compared with three years ago. Table 5.

Table 5

Youth service funding

Annual spend in £m by local authorities in England



Source: Department for Education (Table SR48 2017)

BBC

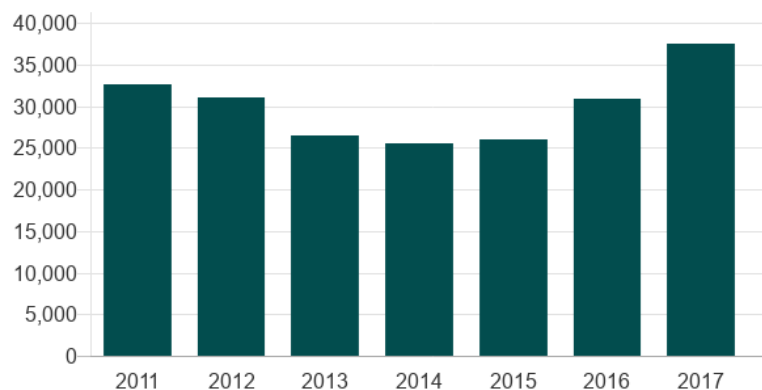
There was a concern voiced by a few interviewees – as deliverers of youth activities and as parents – that even though there was a fatal stabbing in the Town in May 2018, the actual and potential issue of knife crime, given the proximity to Birmingham city, wasn't being addressed.

Put into perspective, in England, Scotland and Wales most violent attacks involve no weapons (77%)¹², but knives are the most common cause of death in homicides (39%) and knife crimes are rising again in England and Wales (Table 6) and the highest increase in the West Midlands (Table 7).

Table 6

Knife crime dropped, but is rising again

Offences involving a knife or sharp instrument, England and Wales

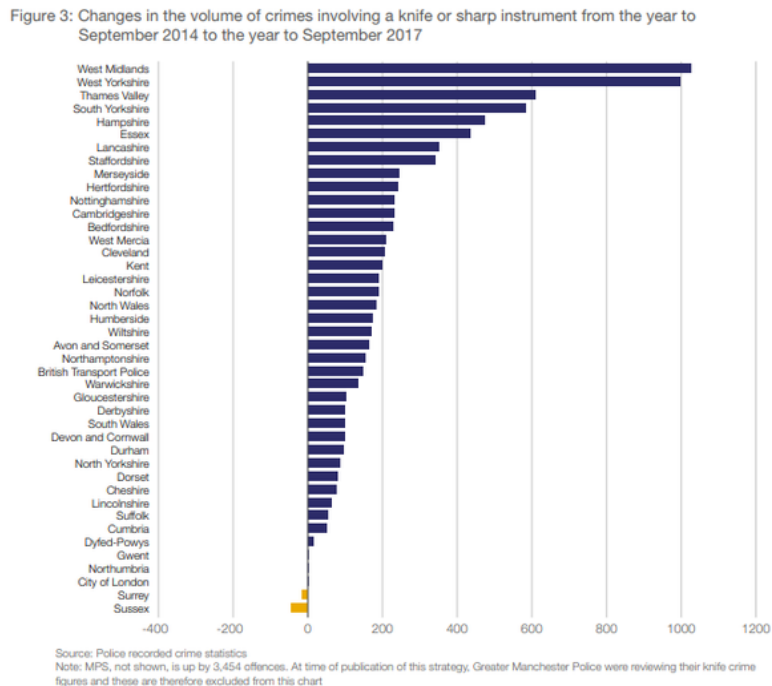


Note: 2011-2015 year ending March, 2016-2017 year ending September. Source: Police recorded crime, Home Office

BBC

¹² <https://www.bbc.co.uk/news/uk-42749089>

Table 7



Whilst it is acknowledged that this is primarily an inner-city issue, the constituency boundary with Birmingham is permeable and communications between young people fast and fluid, particularly during flashpoints. Whether the Sutton Coldfield community, schools, families and young people are equipped to identify and respond to these issues is a conversation that the Town Council could proactively facilitate.

Advice and advocacy

The need for advice and advocacy also ran through the key areas of focus. For example, informal advice that is provided at the local food banks which might extend to the organiser helping an attendee navigate the benefits or housing system with Jobcentre Plus (i.e. advocacy). Then there are the projects with young people, that support them to talk about issues that might help them make thoughtful choices as they transition to adulthood.

There is also the provision of advocacy as a statutory right (and therefore funded) as provided through the [Care Act 2014](#). There was an issue raised however, around the number of people particularly with a disability, who don't qualify for statutory services but have a number of needs. These were described as 'hanging on a thread' and would benefit from preventative advocacy, advice and support to enable them to improve their health and wellbeing before a statutory intervention became inevitable. Advice and advocacy could therefore be considered and supported as a strand of service provided by VCSE organisations to residents.

8. Health and wellbeing - setting out the approach

The information contained in prior sections lend themselves to the development of a health and wellbeing strategy and necessary actions, roles and responsibilities to deliver it. The following are examples of other local authority approaches:

- Frome Town Council sets out its strategic intent in its [Health and Wellbeing Strategy](#). Its [action plan](#) provides the delivery detail
- the role of [Alcester's](#) Health and Wellbeing co-ordinator provides an opportunity to learn from other practitioners
- [Plymouth's](#) Wellbeing Commissioning Strategy describes in detail the challenges it faces and the necessary integrated relationship between a number of statutory and VCSE providers

Social prescribing

It is evident that many of the activities being undertaken by Sutton Coldfield's VCSE also lend themselves to, or are informally performing, social prescribing. Some of the approaches being adopted by BCC set out in Section 11 also reflect this approach. Thinking about the VCSE in this way may help make sense of how it could extend its role to support the health and wellbeing of the Town's population working closely with health providers, focusing on the clinical and geographical priorities identified.

It should be noted, however, that any social prescribing model requires resourcing, both at the 'prescription' end, for example, a funded post within a GP surgery or outreach in peoples' homes and for the prescribed activity, for example, such as those provided by a VCSE organisation.

What is social prescribing?¹³

Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.

Full description **Appendix 7**

Social prescribing first began in [Rotherham](#) in 2012. The 2017 [evaluation](#) and [GPs' perspective](#) describe progress to date. Rotherham Clinical Commissioning Group also summarises the work:

'There are over 1600 Voluntary and community groups in Rotherham all of whom were keen to work with us. Together we came up with the Rotherham model of social prescribing. The Social Prescribing Service helps people with long-term health conditions to access a wide variety of services and activities provided by voluntary organisations and community groups in Rotherham. Funded by the CCG, the case management scheme brings together health, social care and voluntary sector professionals, who work together in a co-ordinated way to plan care for people with long-term health conditions. The voluntary sector runs more than 20 projects ranging from art, befriending and discussion groups to tai chi and the service has now been extended to those discharged from community mental health services.'

'The patients and carers benefit as it improves quality of life, reduces social isolation and moves the patient from dependence to independence.'

¹³ <https://www.kingsfund.org.uk/publications/social-prescribing>

An evaluation by Sheffield Hallam University's Centre for Regional Economic and Social Research (CRESR) found that as a result of the social prescribing:

- non-elective inpatient episodes reduced by seven per cent
- non-elective inpatient spells reduced by 11 per cent
- Accident and Emergency attendances reduced by 17 per cent.

The evaluation found even better reductions in those aged 80 and under, and for those who engaged with voluntary sector-led activities over a sustained period.

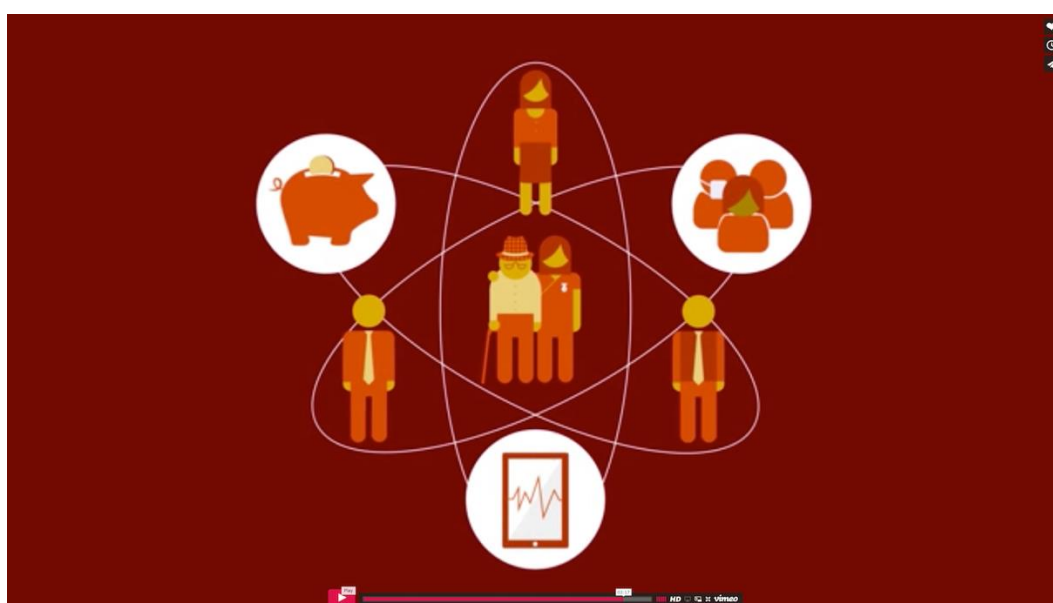
There are now a range of evidenced models emerging around the UK; these tangible examples could provide an attractive template from which health and social care professionals, commissioners and the VCSE are able to develop their own, locally shaped 'system' and evaluation framework.

Collaboration

The role of GPs was raised more than once. It was felt that most GPs and practice staff are unaware of the breadth of locally available activities, in spite of efforts by groups to provide information. If social prescribing is pursued then this is only likely to be successful if there are a number of GPs who are persuaded by this movement and are willing to provide leadership in their practice.

"My perception is that you've got an alternative...you get to the point where you're throwing medication at the patient and which is probably of limited value to them. You are just trying to give them things that will help and make their life better...when actually what would make their life better is some more social interaction, or better housing." Rotherham G.P.

If you are reading this document online, then click on the animation below on joined-up care from The Kings Fund 2013¹⁴. This provides an overview of an integrated statutory and VCSE approach and the beneficial results.



¹⁴ <https://www.kingsfund.org.uk/about-us>

9. Town Council functions

Data, documents and interviews have revealed the Town Council's key pin role across a number of activities. The geographical area is small enough to be able to manage a number of strands of activity and the Town Council large enough to have the resources and ability to exercise its authority to deliver on these. Notwithstanding electoral shifts in governance, it is in a position to be able to set out a vision for the Town that will weather the flux and change that statutory service providers encounter and provide relationship continuity for a range of embedded partners.

The following functions came out strongly as areas where the Town Council could and should lead:

- i. Coordinate and Convene
- ii. Collaborate
- iii. Communicate
- iv. Catalyse (see Section 10, Resources)

i. Co-ordinate and Convene

This means taking a leadership role to co-ordinate the strategic priorities identified in this and the Town Council's other commissioned reports and the relevant activities delivered by other providers across sectors. It does not mean becoming responsible for or directing their delivery. It is about making the Council's role and interest known, whereby new opportunities and issues can be identified and that there is a timely information flow between parties so the 'right hand knows, what the left is doing'.

The convening role should be more proactive. This is about bringing together cross sector partners to work together on areas of joint interest. For example:

- providing a secretariat where there is a lack of capacity, such as engaging VCSE providers to facilitate an action plan to reduce loneliness and social isolation, for different sections of the community
- bringing together emergency services, VCSE and statutory health and social care providers to create a two-way system for sharing information on those who are socially isolated
- taking a democratic lead and bringing together relevant BCC adult health and social care leads, the CCG, VCSE, private care providers to identify ways to identify preventative strategies to improve residents' clinical wellbeing (and reduce hospital admissions and social care spend) and the Town's prospective role in this

ii. Collaborate

This follows on from above. As described in Section 11, a number of relevant activities and programmes are being delivered by organisations in Sutton Coldfield, for example by BCC Public Health, BCC Adult Social Care, Birmingham Community Healthcare NHS Foundation Trust, Age Concern and several churches. Until now, these activities have been delivered in isolation; there was excitement at the prospect of collaborating more closely with the Council to add mutual value and learning. Closer collaboration could help ensure that the activities are truly connected to and influenced by the Town's needs.

iii. Communicate

Most interviewees mentioned the need to improve communication. By this they meant awareness-raising of their group's services and activities and which needed to take different forms:

- Improved knowledge of services and activities
 - between VCSE groups providing them

- between VCSE and public sector organisations
 - of primary care providers, particularly GPs and practice staff
 - for service and activity users
- Improved tools to share information
 - printed literature
 - online information
 - social media
- Improved 'systems' to share information
 - multi-provider events for beneficiaries
 - multi-provider meetings to share learning, co-ordinate activities and develop local strategies (the convening role)

Improved knowledge of services and activities and tools to share information

A lot of valuable time has been invested in producing [Here to Help Together](#), the online and printable directory of VCSE organisations, their services and contact details in Sutton Coldfield. A similar community directory, [Birmingham Connect to Support](#) exists, following a template used by a number of local authorities.

There are more organisations that could be added to the Sutton Coldfield directory and the online version could become more interactive. It provides information by organisational address, but not by type and location of their service, for example, an entry for Charity X will show where the office is based, but not the different locations that it operates in, or the activity it provides, the opening hours, fees etc. There is also a platform that has been developed for BCC called Five Ways to Wellbeing. This is developed from the SHAPE atlas and captures community assets as well as services. Birmingham's version needs updating and there are examples from other areas which demonstrate what could be achieved.

The Town Council should consider how it approaches this aspect of information-sharing, for example: do nothing; support maintenance of Here to Help Together; support development of Birmingham Connect to Support to include more Sutton Coldfield information; develop Sutton Coldfield's own dynamic digital platform (incorporating any of the aforementioned models). All to be supplemented by periodic printed directories which could also advertise Town Council calendar highlights, for example, a printed copy per academic term, distributed to each household. The printed (and possibly online version) could be part or self funded through business advertising, with the sales and production outsourced.

Whichever is pursued it will require:

- a resource commitment to ensure information is kept relevant and timely
- promotion of the digital resource

Improved systems to share information

The Council's role in improving systems is covered under 'Coordinate and Convene'. As a result of activities arising from this, the Town Council could undertake joint, proactive communications where there is a priority issue and geographical focus.

An example of this from a city council is at **Appendix 8**. A letter was sent from the city council to wards where the houses contained a higher than average risk of falls hazards. It was accompanied by a leaflet offering a home visit from their Falls Practitioner and their joiner to assess the home environment and consider adaptations, as well as health related support.

An open and listening Council

Effective community development and engagement should always contain a feedback loop – ‘you said, we did’. There is then a necessary piece of corporate communication activity that is central to the focus of this report.

The Council could begin by stating its information sharing principles i.e. how it will act transparently, consider information accessibility etc. It could then set out the actions it will take to meet these principles, for example, how council and partner meetings are advertised, recorded and progress monitored and communicated. It should extend to the way in which it will seek out and capture local views – both positive and negative – at local ward meetings, community engagement events and so on.

The Council should be clear about how this information will be used to inform its activities and, in some circumstances, why certain actions arising from community engagement activities cannot be applied. Finally, what has been implemented or delivered as a result. This could become a regular section in any digital or printed communication.

10. Resources

This section primarily deals with grant funding that could be directed to deliver projects and activities mentioned elsewhere in this report.

Building trust

A grant funded programme should start with the outcome that the funder intends to achieve. The applicant then sets out how it will achieve it, by when, the intended results and how it will capture them.¹⁵ The application and monitoring process should be appropriate and proportionate to the size of the funding and nature of the project. It is proposed that the priorities set out in this report would be applied to drive a grant or commissioned programme, for example:

- Outcome: reducing social isolation and loneliness
- Key audiences: elderly, carers, young families, homeless
- Key themes: arts, culture, nutrition, exercise, intergenerational
- Key localities: as determined by the data

Or

- Outcome: activities which enhance and manage health and wellbeing
- Key audiences: specific age groups
- Key areas: list priority health areas (i.e. mental health, TIA etc.) as determined by the data
- Key localities: as determined by the data

And so on.

It is important to gain local trust with regards to how the precept is spent. Trust will be developed through an open, transparent process for all funding programmes which should be consistent across the Town. For example, each Councillor may want to shape the desired outcomes for their particular ward, based upon evidence in this report and local knowledge. The process for applying for the funds, however, should be consistent from ward to ward, including deadlines, assessment processes and how the results of the process will be publicly communicated. The Town Council staff should provide support and guidance for Councillors in this role.

Catalyse

A recurrent area of VCSE concern and frustration was the lack of grant funded support for certain costs that are fundamental to delivering projects; some of the organisations interviewed were funding increased demand through their reserves, which were finite.

These are the costs of: staff to deliver projects; premises to hold activities in; co-ordination of volunteers, without whom project delivery would not be possible; advocacy for people of all ages, who needed support to access services and benefits that they are eligible for; capacity building for all sizes of VCSE organisation, ranging from start-up, to development of its activities.

It is recommended that these are confirmed as eligible costs within any grant or commissioned service.

¹⁵ This is different to a contract which specifies the tasks that need to be undertaken.

Maximising local venues

Activities are being delivered out of a number of vibrant community premises. These community settings are important hubs that connect people to others, provide services and are trusted spaces for interaction on a range of sometimes sensitive subjects.

Many have significant footfall of priority health and wellbeing groups, such as the United Reform Church's (URC) 2000+ membership of the University of the Third Age (U3A) of which there are 200 members of its history group alone, or the library managed by Folio attracting people of all ages. These venues often include regular café environments, such as the aforementioned and Age Concern, the Hope Centre and others. All venues offer rooms available for hire for other VCSE organisations (and of course for individuals and other sectors), including Our Place Community Hub, Sutton Coldfield Baptist Church and Falcon Lodge Community Centre. Some premises include minibus services for those with access requirements.

These venues will be an important component of reaching residents and delivering a health and wellbeing strategy. The Town Council should consider its approach for supporting infrastructure and capital costs, so that these premises continue to provide an attractive and compliant environment for residents who will benefit from the strategy.

Catalyse

The Town Council already runs a Community Grants Scheme which awarded over £93,000 to 25 community groups between 2016 and March 2018 (Devolved Grant Scheme, Central Grant Scheme). With this experience and in consideration of the contents of this report, the Town Council is now in a position to review whether the funds sufficiently meet local priorities and whether the criteria, available amounts and processes support these. It could be an opportunity to facilitate small, medium, large and commissioned projects that catalyse activity to support health and wellbeing. For some examples, see **Appendix 9**.

Co-funded proposals

There may be trusts and foundations who are interested in partnership proposals, either because they have a geographical remit, or because their own charitable criteria align to the Town's priorities. It should be noted, though, that most independent charitable funders are unlikely to invest in projects that are perceived to replace statutory funding, or proposals that are viewed as politically aligned.

There can be an attraction to becoming a co-funder where there is a longer time-frame (ie not constrained by electoral cycles) to co-design and test innovative proposals and where effectiveness is evaluated and disseminated. Community visioning activities could help shape proposals, such as those outlined in the executive summary.

The [Sutton Coldfield Charitable Trust](#) (SCCT) already makes significant strategic investments in the Town. There may be the potential for a long-term partnership to meet shared health and wellbeing priorities. For example, SCCT felt that some groups and individuals in need of support were still unaware of the Trust's work despite considerable local publicity and encouraging residents, organisations, GPs etc., to signpost people who may benefit from its assistance. The potential to develop digital and printed information dissemination, described in Section 9.iii, could be for example, a project of mutual interest.

Further potential funders are listed at **Appendix 10**.

11. Roles

A number of existing or proposed roles were identified during interviews, that relate to health and wellbeing in the Town. These present a real opportunity for Town Council collaboration, providing more 'boots on the ground' and an opportunity to gather information that supports other Council functions set out in Section 9 and do more for residents.

Local Area Co-ordinators (LACs) – BCC Adult Health and Social Care Directorate

The overhaul of BCC Adult Social Care and Health means that BCC social work teams will now be based in the community applying the [Three Conversations](#) model (Appendix 11). Government policy aims to encourage people to use their Social Services personal budget to pay for activities that improve their health and wellbeing, but it's been identified that individuals aren't clear where to spend it.

The LACs are a one-year pilot (estimated from Autumn 2018) that aim to link individuals and small groups of people who have common problems to find a group and/or activity. LACs are focused on supporting people and families facing complex life situations to build resilience, active citizenship and reduce their need for, or dependency on, funded health, social care and housing services. LAC works with everyone in the community, including older people, but also children, adults or working age and families facing long term complex issues due to disability, mental health or ageing. The programme is now established and expanding in other Local Authority areas nationally as part of whole system transformation. More information can be accessed via the [LAC network](#) and specifically the [LAC areas](#) which demonstrates how LAC planning at city and county council level is implemented through a District, Town or Parish council.

Local Area Coordination will be initially developed in three neighbourhoods in Birmingham each with a population of approximately 10,000 people. In Sutton Coldfield this will be Boldmere ward; LACs should help Boldmere residents make these connections to locally provided activities.

Neighbourhood Network Schemes (NNS)

This is a national scheme being delivered by BCC Adult Health and Social Care and is funded for two years through the Better Care Fund, with the option to extend for a further year. It is a preventative, locality-based scheme (using constituency boundaries), building a cross-council and cross-sector partnership approach. It applies the Three Conversations model using a strength-based assets approach and aims to bring together VCSE organisations and statutory agencies to engage, work with and support older adults and communities. The aim is to:

- broker and link community assets to citizens and statutory agency practitioners (e.g. social workers and GPs)
- provide a single point of contact for people and agencies inside and outside the locality

Phase 1 is currently taking place in across all eight Sutton wards and aims to generate knowledge on existing activities and groups which could also help the LACs. This information could also be useful for any resource development as described in Section 9.iii. Small grants and capacity-building support will then be made available to organisations working with the target audiences.

Phase 2 is likely to see the appointment of two Community Development Workers and should run until 2020.

Community Wellbeing Co-ordinator (CWC)

This CWC works for Age Concern and is funded until 2019. They are working with 7 GP practices, with 20 – 30 referrals per month.

Sutton Coldfield Town Council proposed posts

Three new Sutton Coldfield Town Council posts have been approved to deliver the work outlined in this and other commissioned reports. They are the:

- Programme Delivery Manager, Communities, who will focus on projects relating to people (engaging with residents, health and wellbeing etc.) and will have the main responsibility for interaction with the externally sponsored roles listed above
- Programme Delivery Manager, Neighbourhoods, who will focus on projects relating to place (environment, public realm etc.)
- Community Engagement Officer, who will support the Programme Delivery Manager roles

The externally sponsored posts are timebound which could mean an interruption in local activity as they draw to a close. The Town Council roles will improve understanding of these changes and any potential impact on its own activities. These permanent posts will also provide continuity for community engagement and the relationships, knowledge and networks that will arise from this.

12. Evaluating progress

In its 2017 – 2019 Strategic Plan, the Town Council has stated its intention to measure performance and progress. The outcomes of a health and wellbeing strategy should therefore align with these.

There are a number of generic ways in which evaluation could take place, for example:

- pre and post meeting and event evaluation forms
- grant-funded project monitoring reports
- door-to-door surveys
- focus groups
- polling public opinion

In some circumstances participation could be incentivised, for example, by offering free tickets to events, or shopping vouchers.

The Town Council might want to consider undertaking a baseline survey, for example of the VCSE sector in the Town, or the types and number of volunteers, so that the results of its Town-wide investments and support can be measured. This [baseline study](#) from Volunteering Wales provides an indication of what might be included.

More specifically, the Town Council might want to include measurement tools on a specific subject. For example, the Campaign to End Loneliness produces a number of [reports and publications](#) that provide a deeper understanding of aspects of social isolation and loneliness. It also produces evaluation guidance, *Measuring your impact on loneliness in later life* that can be [downloaded](#) plus advice on how to use four scales:

- The Campaign to End Loneliness Measurement Tool
- The De Jong Gierveld Loneliness Scale
- The UCLA Loneliness Scale
- Single-item 'scale'

Whose outcome?

Finally, interviewees mentioned the need to be clear about *whose* outcomes will be measured during research or evaluation. For example:

- the local authority measuring an increase in the number of socially isolated residents that have been engaged through a funded project; and/or
- the individual resident reporting whether they feel an increased sense of wellbeing as a result of the engagement

With the potential to capture progress at individual, project, Town and strategy levels, the Town Council may want to consider seeking professional advice on how best to structure its evaluation activities, so that progress can be consolidated for strategic reporting.

Royal Sutton Coldfield Town Council: a Community Development proposal to support the health and wellbeing of residents

Extract

The brief

The proposal sets out an approach to support Royal Sutton Coldfield Town Council's (RSCTC) strategic ambitions to develop and improve the health and wellbeing of its residents, in particular those who are the most vulnerable, through a community development approach.

This work will engage with relevant voluntary, public and private sector organisations, as a route to understanding the particular health and wellbeing needs of RSCTC's residents. It will include document reviews, on-line research, interviews and conversations with relevant people and organisations. It will set out to identify what is already taking place, the gaps and opportunities.

To ensure a clear focus for this work it is proposed that the Birmingham City Council report [Sutton Health Profile] of June 2015 is used as the initial benchmark. Where there is comparable, accessible data this will be reviewed with the aim of confirming or reviewing priorities (and therefore the activities that need to be undertaken in this review). This will also assist RSCTC in evidencing a clear rationale for any proposals arising from this work and any investment that is to be made.

Examples of relevant data sources are:

- NHS Digital – monthly dementia prevalence updates, quarterly updates on GP practice registrations (patients' age profile, location)
- ONS – population projections and estimates (age, gender)
- QOF – recorded disease prevalence

The purpose of the brief is to arrive at a set of options and recommendations that reflect the outcomes of the research and conversations and that identify the community development resource/s that may be required to move them to the next phase.

1. Scope of activities

- i. Data overview to clarify current priorities and tasks to be undertaken and to support findings
- ii. Review of people and place (what's happening and what's in the pipeline)
- iii. Identify future opportunities and gaps
- iv. Community development resource options/recommendations
- v. Recruitment of community development resource (if recommended)

Appendix 2

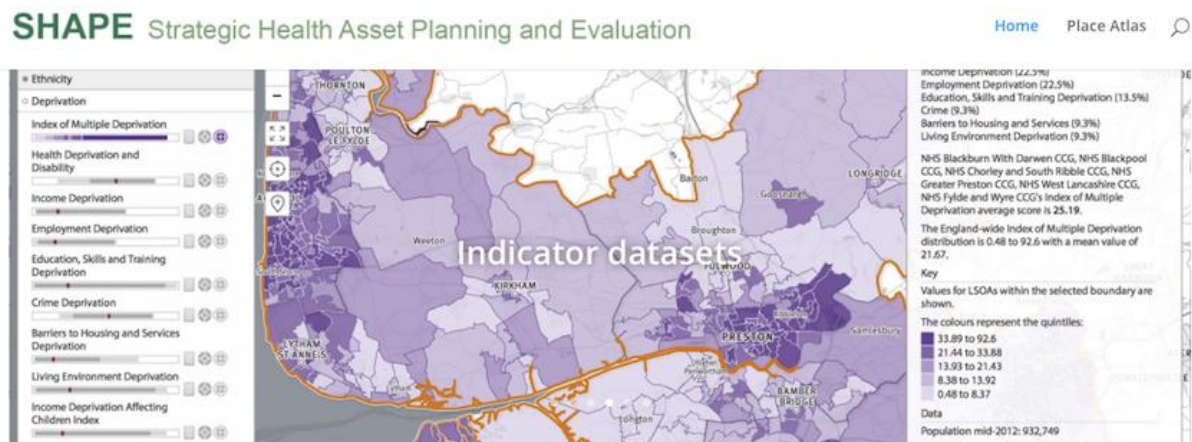
What is health and wellbeing?

Public Health England and NHS England:

- *Strengthening communities – where approaches involve building on community capacities to take action together, both on health and on the social determinants of health*
- *Volunteer and peer roles – where approaches focus on enhancing individuals' capabilities to provide advice, information and support or organise activities around health and wellbeing in their or other communities.*
- *Collaborations and partnerships – where approaches involve communities and local services working together at any stage of planning cycle*
- *Access to community resources – where approaches connect people to community resources, practical help, group activities and volunteering opportunities to meet health needs and increase social participation*

[A guide to community-centred approaches for health and wellbeing](#)

Click on the screenshot below to go to the SHAPE website.



Strategic Health Asset Planning and Evaluation (SHAPE) is a web enabled, evidence based application that informs and supports the strategic planning of services and assets across a whole health economy. Its analytical and presentation features can help service commissioners to determine the service configuration that provides the best affordable access to care.

SHAPE links national data sets clinical analysis, public health, primary care and demographic data with information on healthcare estates performance and facilities location. The application also includes a fully integrated Geographical Information System mapping tool and supports travel time analysis.

Access to the SHAPE Place Atlas is free to NHS professionals and Local Authority professionals with a role in Public Health or Social Care. Access to the application is by formal registration and licence agreement.

The primary aim of the application is to facilitate scenario planning and option appraisal in support of STPs. Specifically, the SHAPE Place Atlas helps organisations consider the following:

- evaluation of the impact of service configuration on populations
- assess the optimum location of services

by providing:

- an accessible online tool for STP stakeholders
- key indicators and data about the STP with a focus on health inequalities and equity of service.
- flexible geographies including STP, CCG, LA, ward and LSOA
- a comprehensive overview of the STP's NHS estate
- functionality to enable users to flexibly evaluate and test the impact of plans



Register for access

Access to the SHAPE Place Atlas is free to NHS professionals and Local Authority professionals with a role in Public Health or Social Care. Access to the application is by formal registration and licence agreement.

[Complete the user registration form](#)

Access the SHAPE Place Atlas

Access is only available to registered SHAPE users.

[Sign into the SHAPE Place Atlas](#)

Supported browsers

Latest standards-compliant browsers: Chrome, Firefox and Safari, Internet Explorer v11 and Edge. Screen resolutions from 1280x800 pixels.

Bespoke atlas configurations

PHE offer an atlas customisation service. At its most simplest, local user content can be

Appendix 4

Sutton Coldfield - people and organisations met/interviewed

Sutton Coldfield Town Council Councillors	Ward
Simon Ward (Leader)	Four Oaks Ward
Derek Griffin (Mayor)	Walmley and Minworth Ward
Jan Cairns	Vesey Ward
David Pears	Trinity Ward
David Allan	Trinity Ward
Rob Pocock	Vesey Ward
Alison Jolley	Vesey Ward
Manish Puri	Vesey Ward
Jane Mosson	Roughley Ward
Louise Passey	Vesey Ward
Julie Ashley-Higgins	Reddicap Ward
Former Councillors pre May election	
Liz Parry	
SCTC Officers	Role
Olive O'Sullivan	Town Clerk
Natalia Gorman	Senior Administrator and Project Officer
Mary Watkins	Finance and Support Services Manager
Birmingham City Council Officers	Role
Fiona Mould	Group Manager Quality and Standards; Principal Social Worker (Adults)
Paul Hallam	Group Manager, North Adult Social Provision
Miranda Johnson	Researcher
Kyle Stott	Service Manager, Council Collaboration; Birmingham Public Health
Voluntary sector; role	Organisation
Interim CE	Compass
Vicar	St. James Church
Volunteers	Hope Centre
Chief Executive	Advocacy Matters
Chief Executive	Age Concern
Trustees	Folio
Volunteers	Memory Clinic, Hope Centre
Grants Manager	Sutton Coldfield Charitable Trust
Church Secretary	Sutton Coldfield United Reform Church
Chair of Cafe	Sutton Coldfield United Reform Church
Parish Nurse	Sutton Coldfield United Reform Church
Foodbank volunteers & clients	Sutton Coldfield United Reform Church
Manager	Carers Utd
Development Worker	Carers Utd
Team Leader	Sutton Coldfield Baptist Church
Community Co-ordinator	Sutton Coldfield Baptist Church
Charity Manager	Birmingham Community Healthcare
Fundraising clinical staff member	Birmingham Community Healthcare

Appendix 5

Sutton Coldfield Strategic Plan 2017 / 2019: relevant corporate priorities and actions

Priority 1. To represent Sutton Coldfield's interests on key strategic issues facing the Town.

- 1.3 Engage with BCC and other relevant stakeholders to prepare a Strategic Plan for Sutton Park to address a deterioration in conditions in some areas, improve links to the park and future conservation / sustain- ability
- 1.4 Engage with all relevant parties to help bring forward sustainable plans to secure the futures of key community assets
- 1.6 Review existing levels of service provided by BCC, develop partnership charter and consider potential future transfer of services / assets

Priority 2. To work with the local community and partners to ensure that the Town becomes a more vibrant, better served, more prosperous, cleaner, greener safer and inclusive place in which to live, work and enjoy life.

- 2.1 Identify priority areas for additional /replacement landscaping to improve appearance and safety
- 2.2 Improve signage including installation of heritage signposts in appropriate locations e.g. main entrances to the town
- 2.3 Raise awareness of and reduce extent of littering
- 2.4 Design measures to improve local roads, cycling and pedestrian infrastructure where there is a clear local need and demand
- 2.5 Work with BCC to give greater priority to securing 20 mph zones outside Sutton schools
- 2.6 Identify suitable locations and facilitate installation of defibrillators in each ward
- 2.7 Give Community Service Awards recognising local people who make a real difference to the community
- 2.8 Provide improved community information services
- 2.9 Provide floral displays for spring / summer and Christmas lights to decorate centres
- 2.10 Promote and celebrate sites of local / international historical interest
- 2.11 Provide permanent displays on suitable roundabouts celebrating our town and commemorating its past
- 2.12 Provide, in consultation with local communities, new or refurbished play areas and associated equipment in each ward
- 2.13 Encourage opportunities to increase participation in personal health and fitness activities
- 2.14 Provide cycles and improved cycling infrastructure in suitable locations within the town e.g. park entrances, integrated with public transport provision
- 2.15 Explore feasibility of providing Changing Places toilet facility
- 2.16 Provide support to initiatives and activities which support young people locally
- 2.17 Provide support for social inclusion initiatives for people with additional needs
- 2.18 Set up Sutton Coldfield Enterprise Partnership to help fund advisory support services for start-ups and early stage businesses in the town
- 2.20 Organise programme of summer public events to bring communities together (comment - need to do further work with voluntary and third sector organisations to support more events)

Priority 3. To enhance the organisational management, capacity and efficiency of the Town Council in addressing the needs of the community

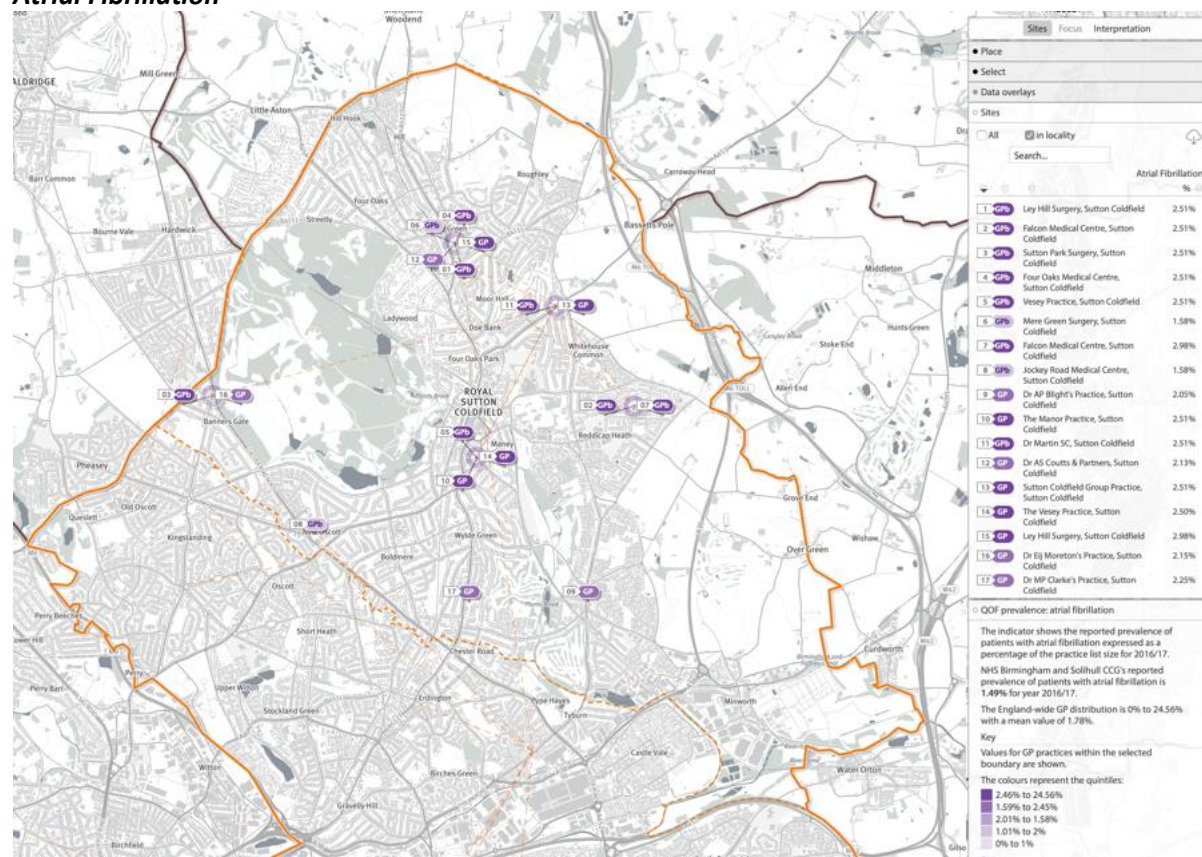
- 3.3 Identify training needs of staff and councillors and develop appropriate programmes to address these needs
- 3.4 Develop strategies for communicating and engaging with local communities including neighbourhood forums and other resident groups
- 3.5 Determine an approach to neighbourhood/community planning throughout the town as a basis of identifying local ward priorities for action

QOF indicators

The following screenshots provide more detail, in alphabetical order, on each of the apparent priority conditions and their geographical locus. Each marker on the screenshot indicates a GP practice. This can be expanded on SHAPE to show the numbers of patients registered and by gender and more detail on the prevalence of the specific health condition.

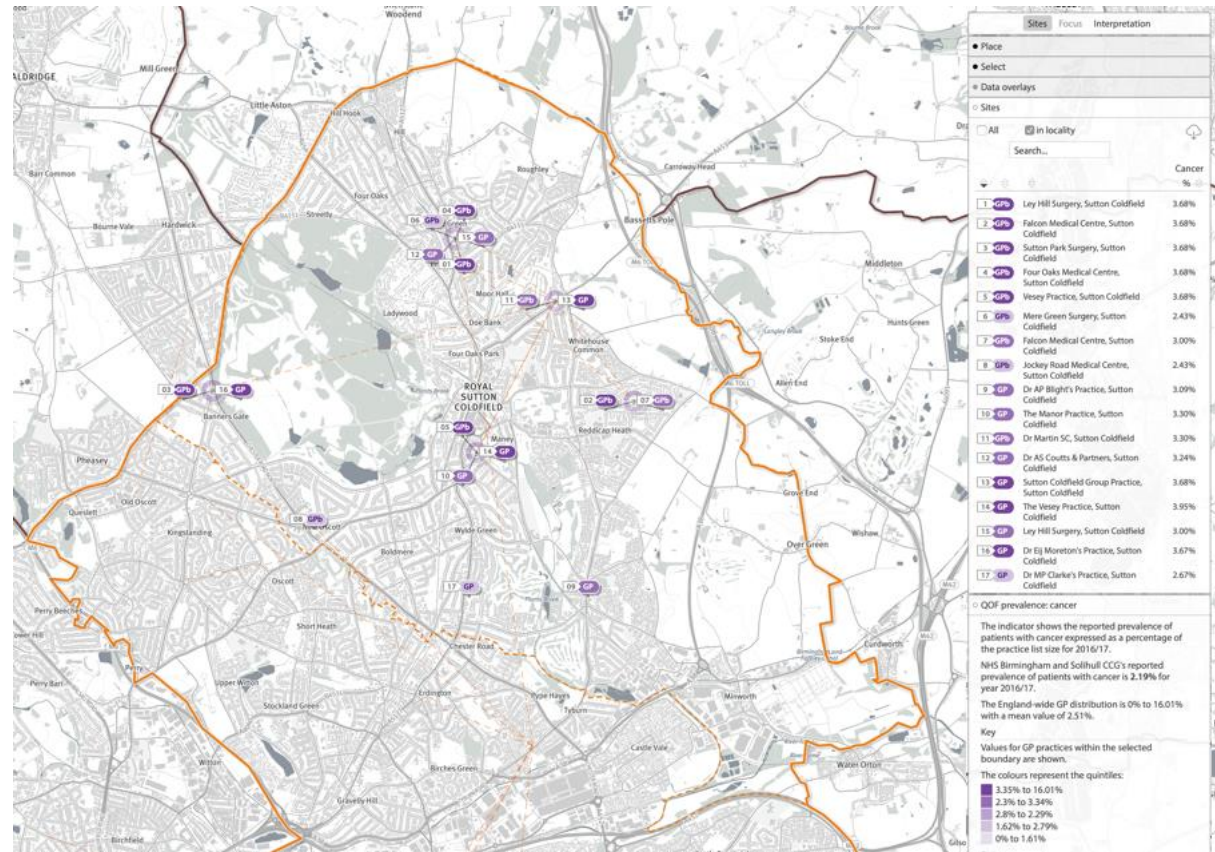
The information to focus on in the appendix is the darkness of the colour of the GP practice as this is an indicator of the prevalence of the condition in that area (as determined by the registered patients). SHAPE Place Atlas also provides the location of Care Homes. This information could be used to engage local public, VCSE and private sector providers in activities, once there is a clearer idea of the interventions and being proposed.

Atrial Fibrillation

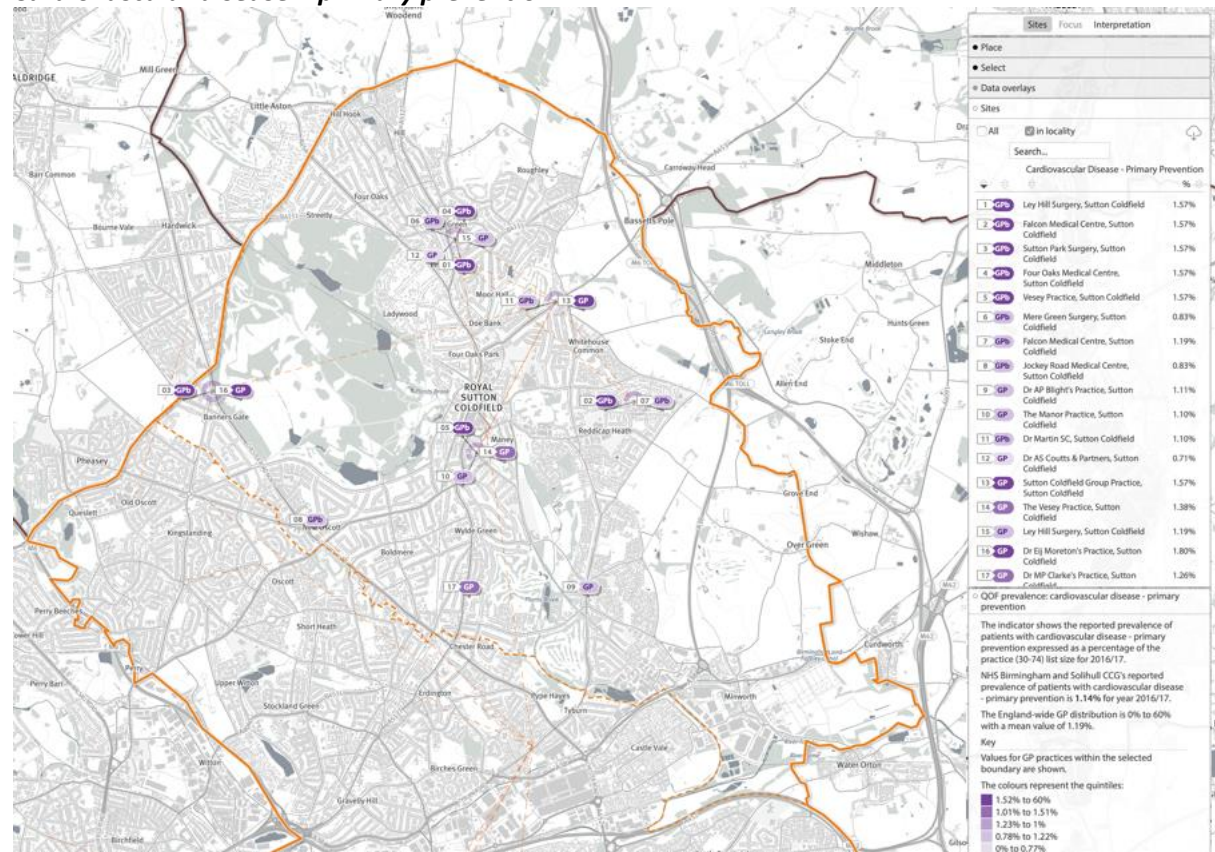


Each of these screen-shots can be expanded for a clearer view, when reviewing digitally, by clicking on a corner and dragging the diagonal arrow outwards.

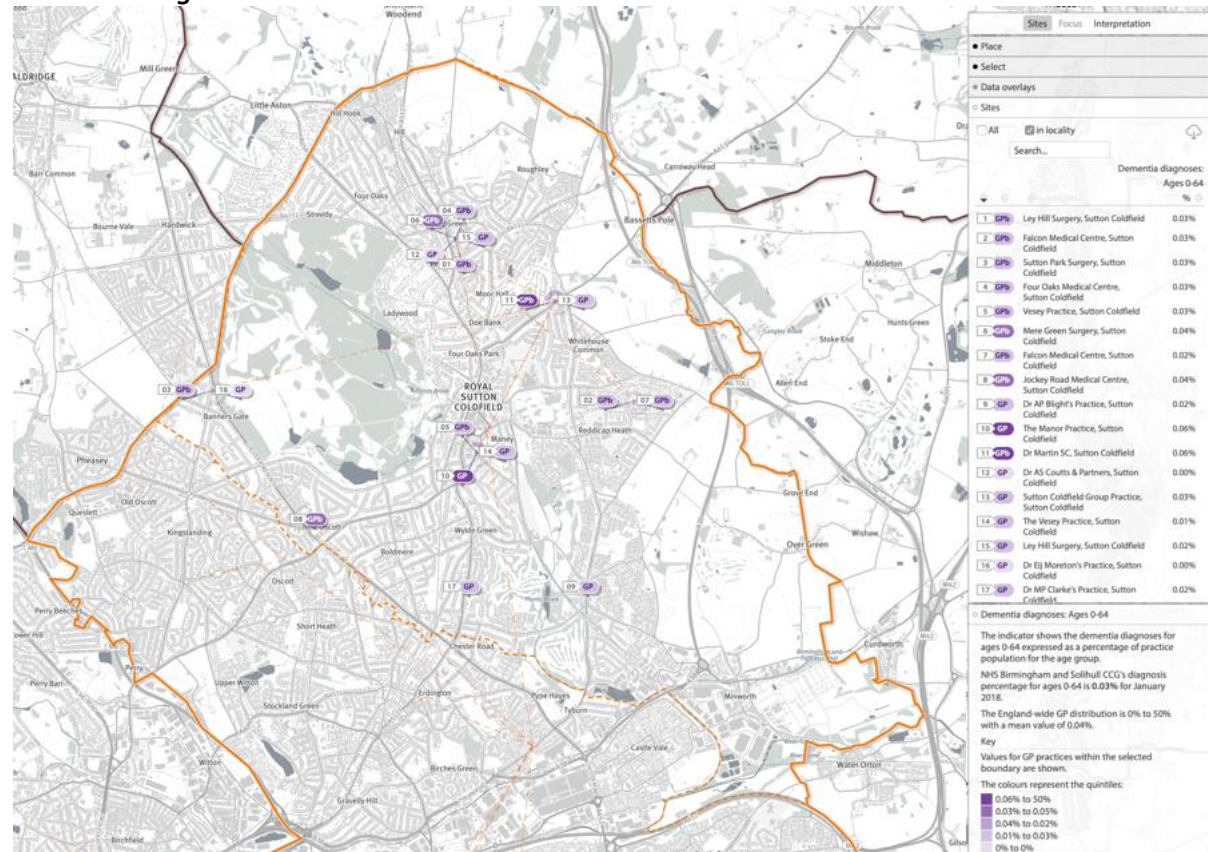
Cancer



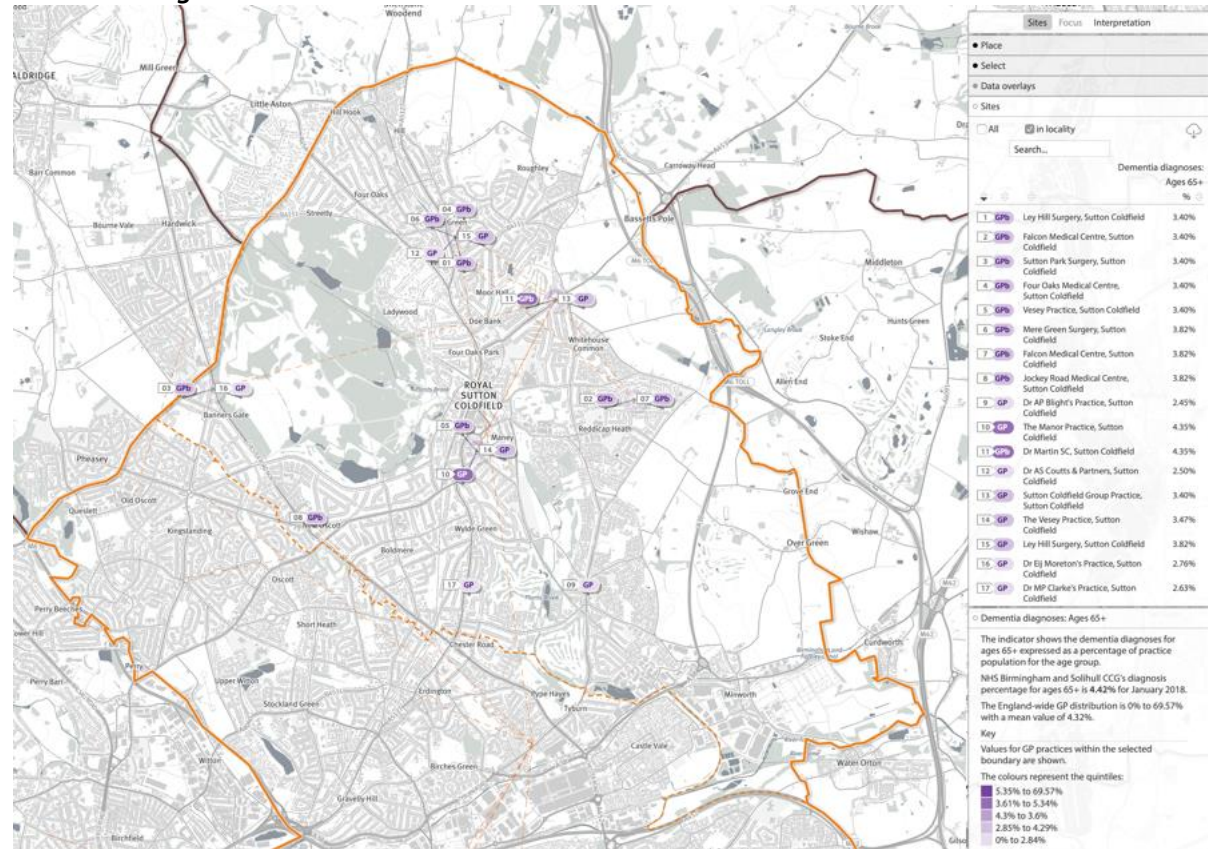
Cardiovascular disease – primary prevention



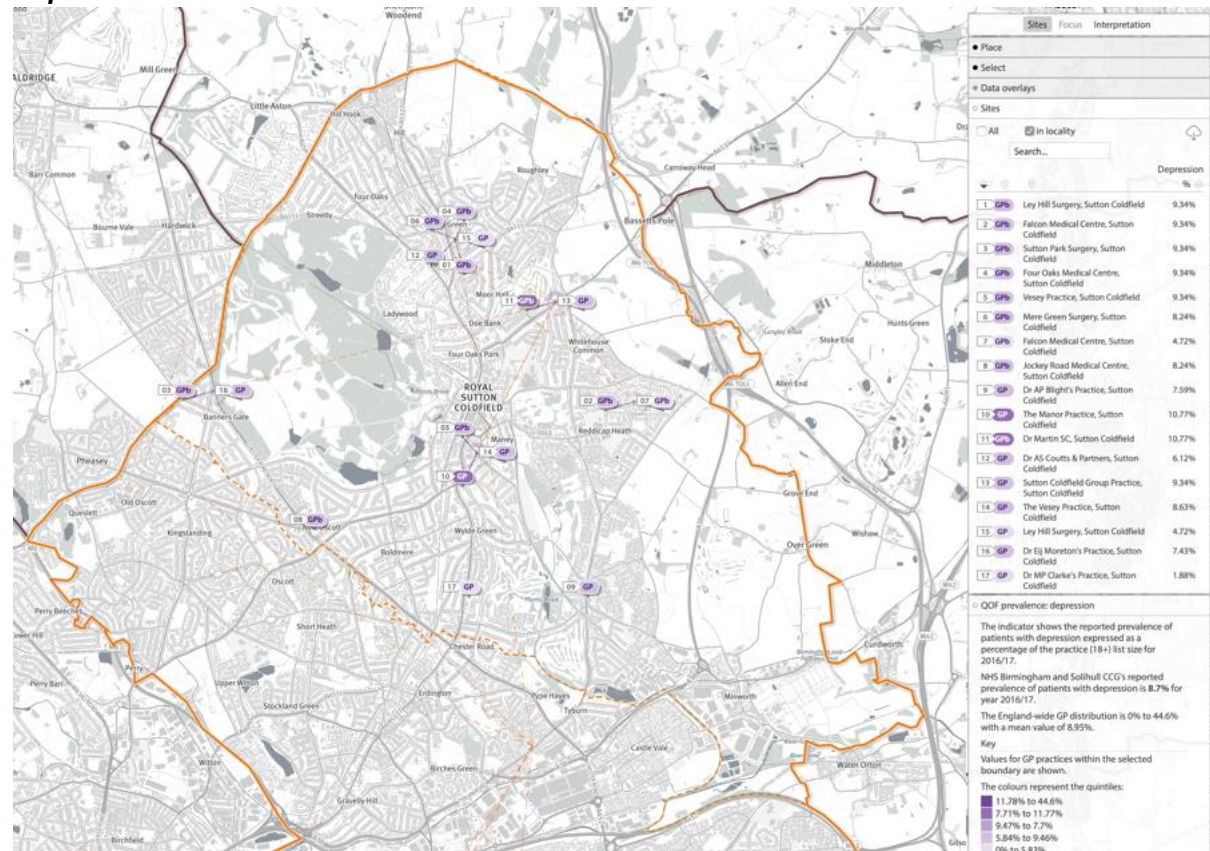
Dementia diagnosis 0 – 64



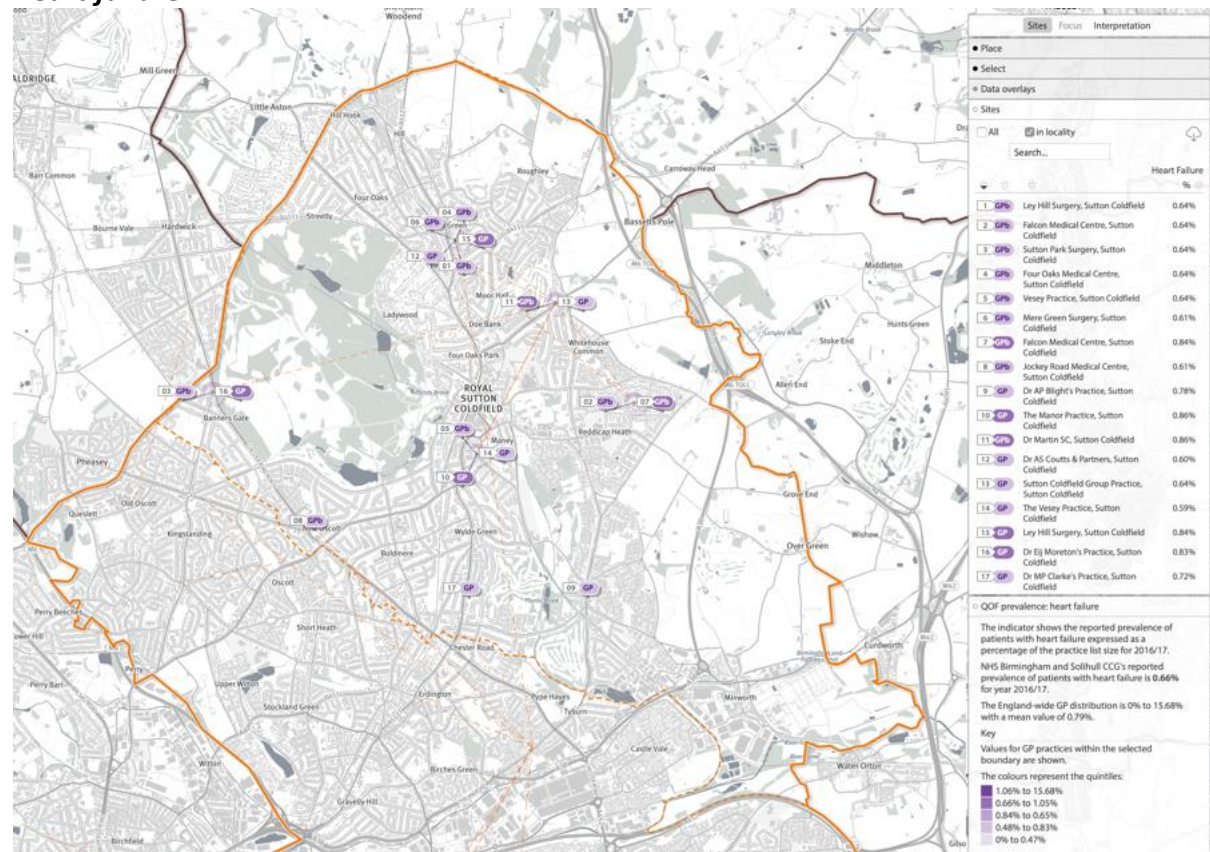
Dementia diagnosis 65+



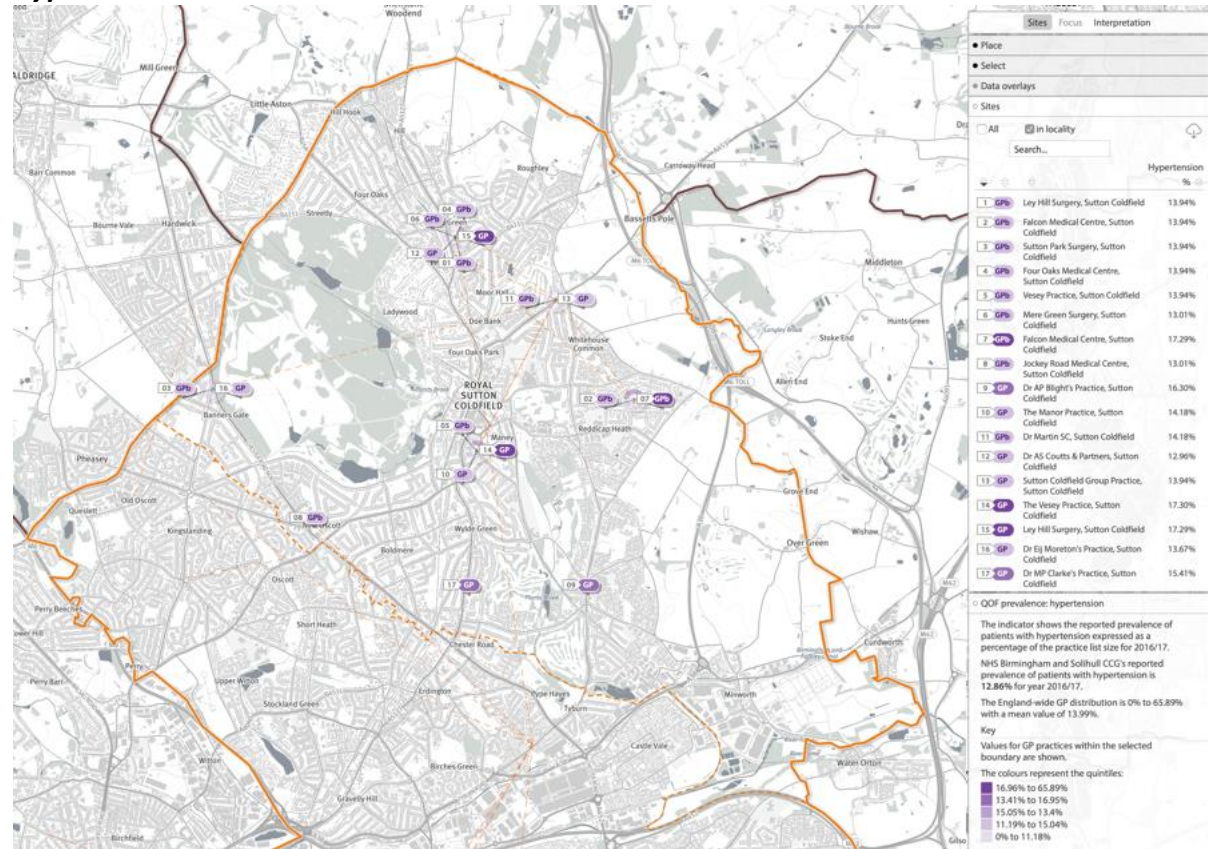
Depression



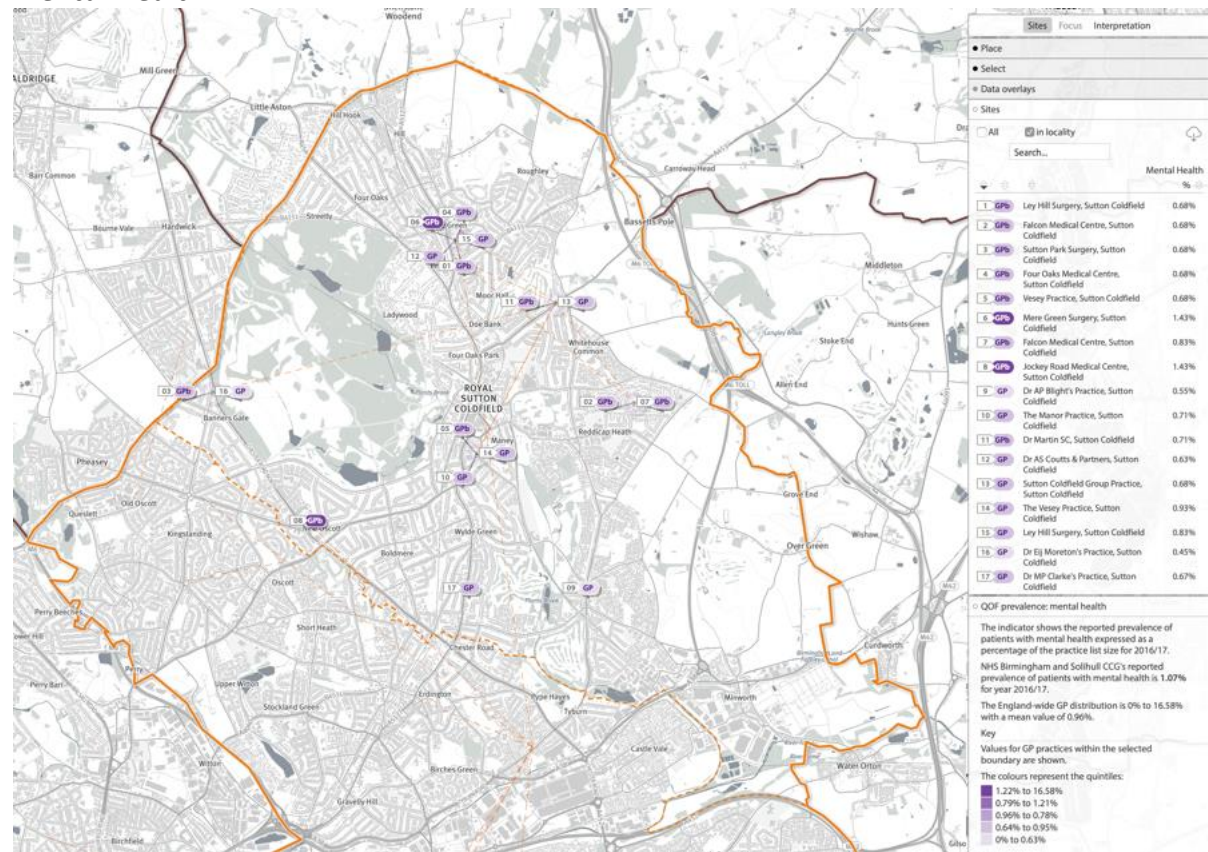
Heart failure



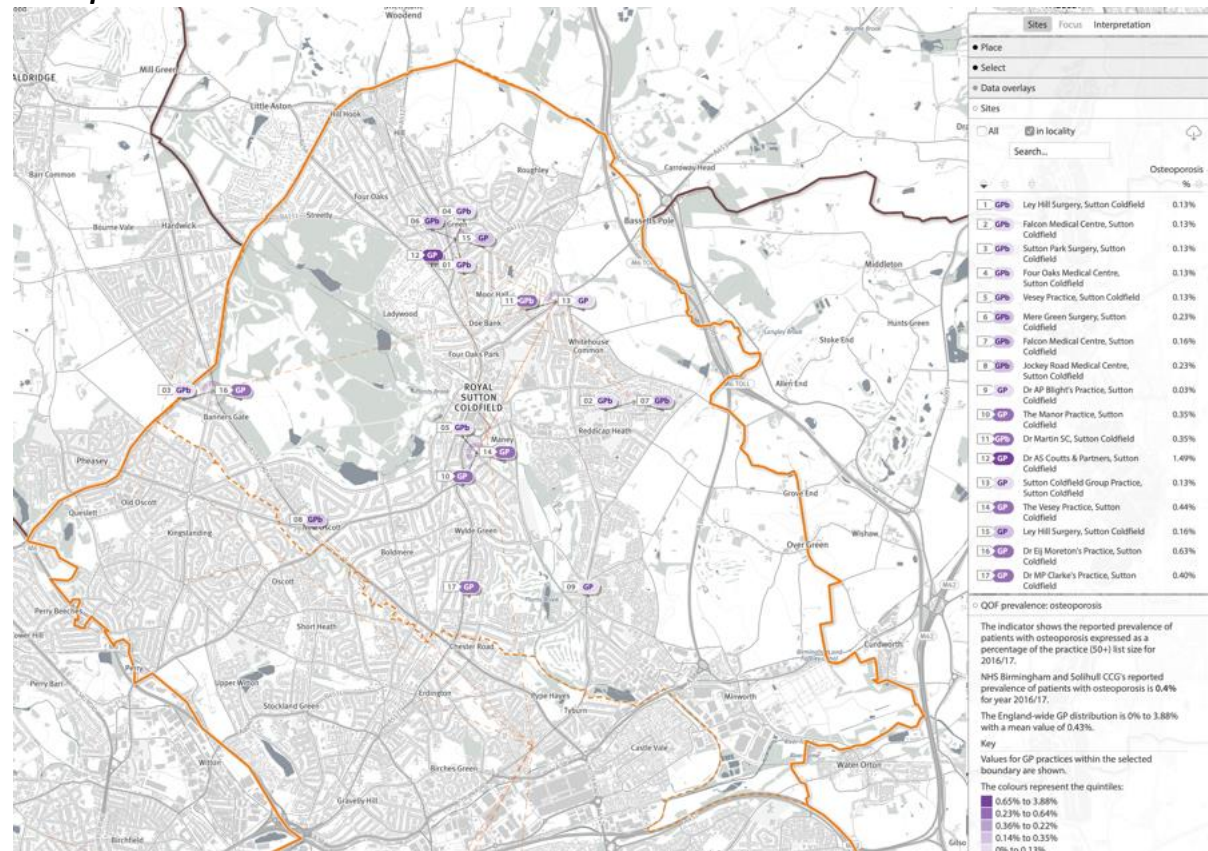
Hypertension



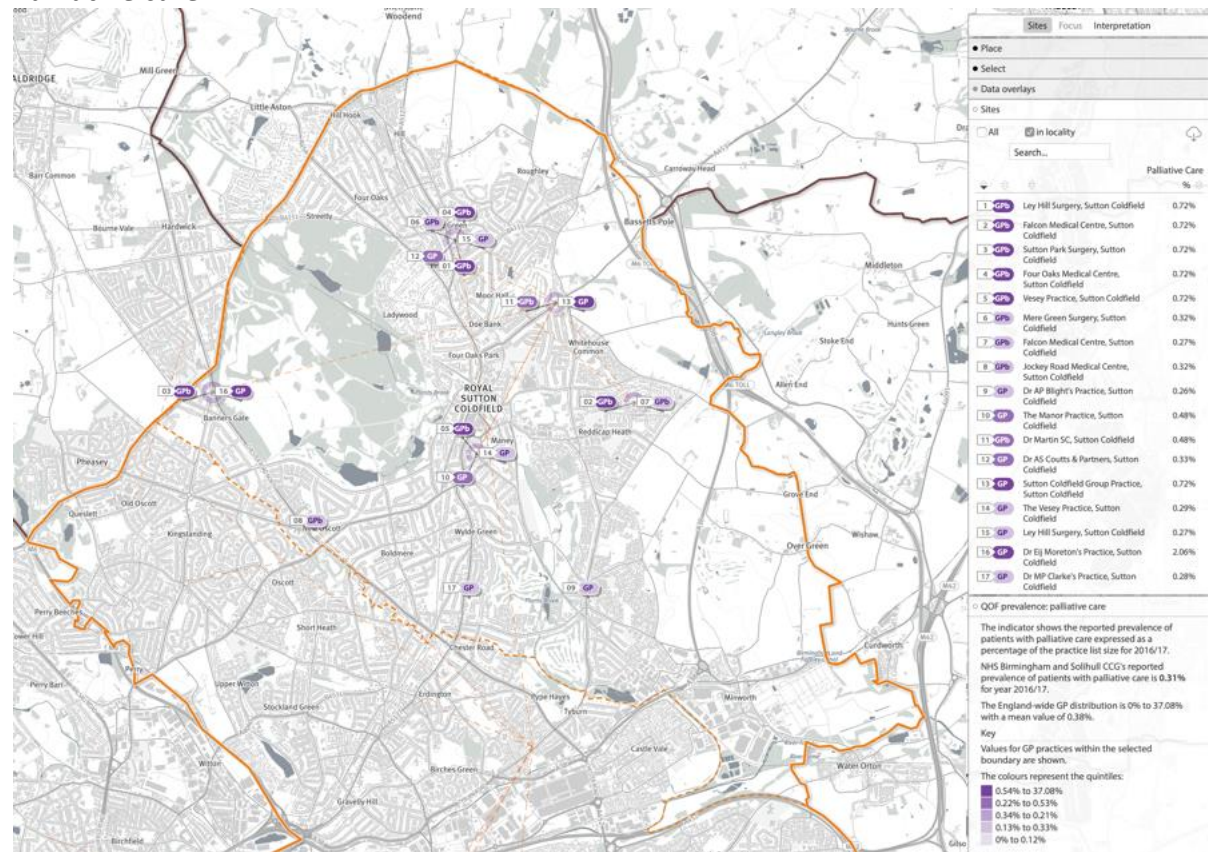
Mental Health



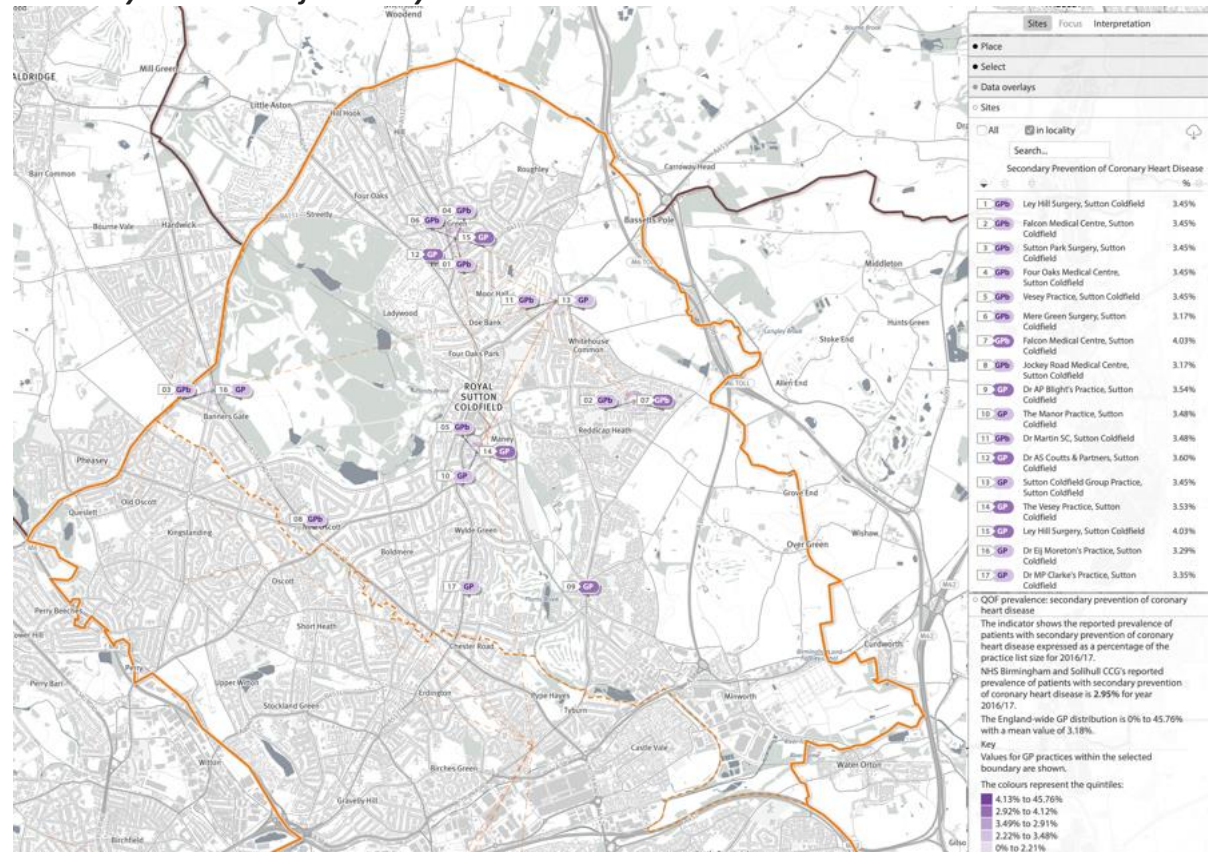
Osteoporosis



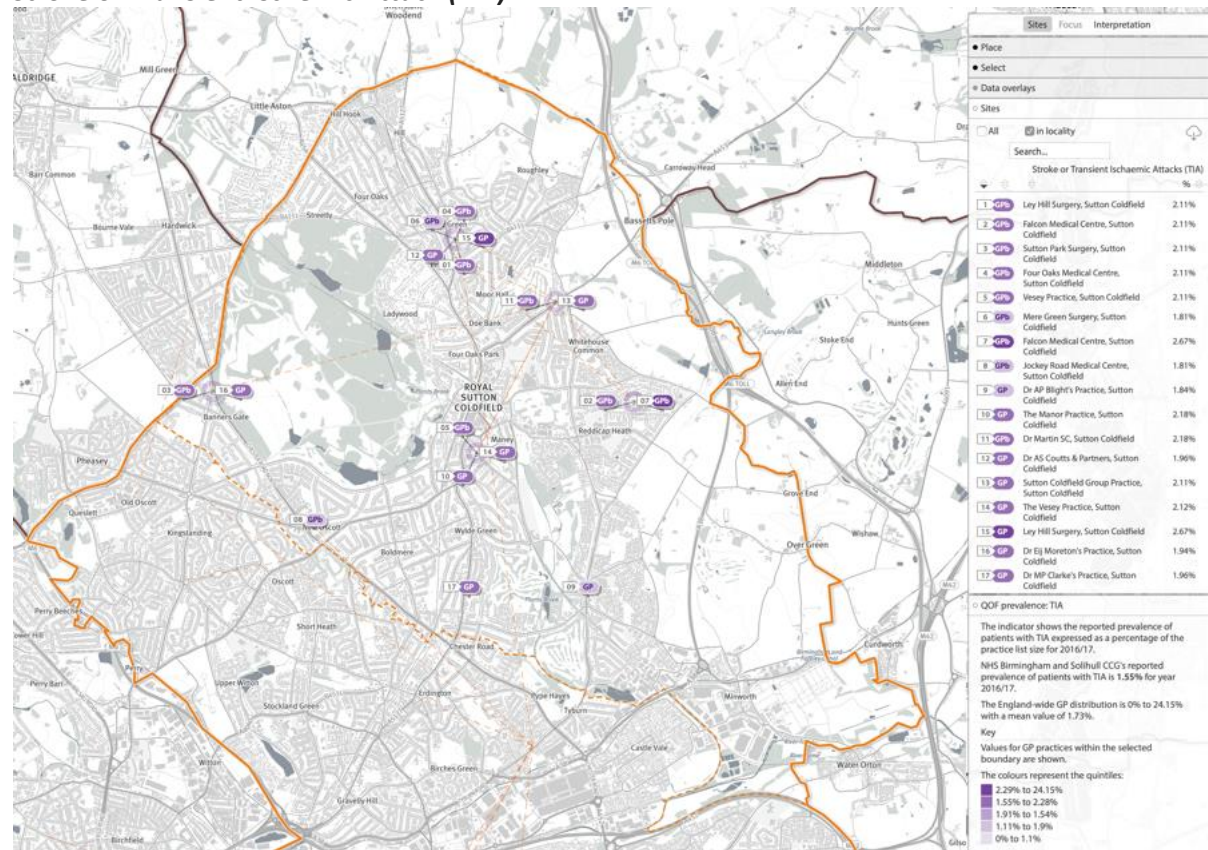
Palliative care



Secondary Prevention of Coronary Heart Disease



Stroke or Transient Ischemic Attack (TIA)



Social prescribing

What is social prescribing?¹⁶

Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.

Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.

Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

There are many different models for social prescribing, but most involve a link worker or navigator who works with people to access local sources of support. The Bromley by Bow Centre in London is one of the oldest and best-known social prescribing projects. Staff at the Centre work with patients, often over several sessions, to help them get involved in more than 30 local services ranging from swimming lessons to legal advice.

Social prescribing is designed to support people with a wide range of social, emotional or practical needs, and many schemes are focussed on improving mental health and physical well-being. Those who could benefit from social prescribing schemes include people with mild or long-term mental health problems, vulnerable groups, people who are socially isolated, and those who frequently attend either primary or secondary health care.

¹⁶ <https://www.kingsfund.org.uk/publications/social-prescribing>




Health, Housing and Adult Social Care

Housing Standards and Adaptations
West Offices
Station Rise
York
YO1 6GA
Tel: 01904 551550

Contact: Falls Prevention Team
Tel: 01904 567456
Email: reducingfalls@york.gov.uk

Dear Occupier,

Research suggests that the number of York residents at risk of falling in their own home is increasing. The Clifton, Guildhall, Fishergate and Micklegate Wards have been identified as having a higher than average number of homes that might contain fall hazards.

However, it is not just hazards in the home that can increase risk of falls. Individual behavioural patterns, balance, medication and medical conditions can also increase the risk.

In partnership with the city's YorWellbeing Service, we are offering **FREE** home safety visits, carried out by City of York Council staff, to all residents of the Clifton, Guildhall, Fishergate and Micklegate Ward who want practical advice and help to reduce the risk of falls in their home.

During the visit, our Falls Practitioner will find out more about the resident and along with our experienced joiner, will look at their home to help us give the right type of advice. With permission, we can carry out minor practical works there and then to help reduce the risk of falling in the property. The team can also signpost residents to other relevant services if necessary.

There will be no cost to the resident for the visit for any work carried out, or for materials used or equipment provided. For more information visit www.york.gov.uk/reducingfalls, or to make an appointment Tel: 01904 567456 or email reducingfalls@york.gov.uk.


You may get a grant to help top up your loft insulation if your household income is less than £35,000 per year. You may also qualify for free gas central heating (see over for details). To enquire call 01904 552300 or email betterhomes@york.gov.uk

Yours sincerely,
The Falls Prevention Team

Director: Martin Farran

www.york.gov.uk






YorWellbeing Falls Prevention Service

Reduce the risks of falls in your home

Free home safety visits are available to all residents in the Clifton, Guildhall, Micklegate and Fishergate Wards who want practical advice and help to reduce the risk of falls in their home.

For more information visit www.york.gov.uk/reducingfalls
To make an appointment contact us
reducingfalls@york.gov.uk or [01904 567456](tel:01904567456)

YorWellbeing Service



Frequently asked questions

How much will this cost me?
Absolutely nothing. All work and materials are free of charge.

Is there an age limit?
No. Any resident of the participating wards can book a visit.

Who will be calling at my house?
Staff employed by City of York Council. During the visit our falls prevention practitioner will find out a bit about you and will look at your home to help give you the right type of advice. With your permission, our qualified joiner with 30 years' experience can also carry out practical works there and then and **FREE of charge** which will help reduce the risk of falling.

Can I refuse to have any work carried out?
Yes. Work will only be carried out with your permission

I am a tenant. Do I need to get permission from my landlord before any work is carried out?
If you are a council tenant we can carry out works. If you are a housing association or private tenant we will need to get permission from your landlord before carrying out any work.

Is there any work we can't do?
Yes. Where we identify more major work we will give advice, including contacting other services which may be able to help with it. Types of work **NOT** included in the falls prevention service includes:

- Rebuilding staircase balustrades
- Carrying out concreting work to level any floor

How long will it take?
It will take a minimum of an hour and a half for the assessment and to complete any minor works.

Any work carried out: Once you have given permission for work to be carried out, please note that the council has no liability for the decoration and ongoing maintenance of the work, and shall not be responsible for removing any fixtures, etc if/when you no longer require them.

Appendix 9

Small grants

Small amounts of funding often act as catalyst to new activity, either prompting people to act on an issue or opportunity or to develop their current activities, on a matter that is close to their personal experience. They are often classed as self-help groups.

The clear benefit of these groups – which draw people together around a common issue – is that shared empathy encourages people to share issues and solutions. A quick internet search shows that there are a multitude of national self-help groups, many focused on clinical conditions.

Whilst the Central Grants and Devolved Grants schemes will already be available for applicants for these types of projects, the Town Council could consider developing a catalyst grant scheme to encourage people to come together around a particular area of health and wellbeing.

For example, a small grant of up to £600 per group, per annum which aims to draw people together around and issue and/or geographically, to address issues identified by the data. This seed-funding would pay for basic activities, such as room hire, refreshments and publicity. The Town Council could also provide capacity building support to help people build confidence and knowledge of how to set up and run a group, or where more than one person comes forward with a similar idea in a common location to see if they could set up a combined response. The potential of these groups could be further maximised, by providing arms-length co-ordination, promoting their work to other residents and linking them to similar networks.

Provided these groups have a constitution and a bank account in the group's name, then grants should be able to be paid to the self-help group. Where it stimulates new activity, such as drawing together a new group of interested people, then another legal entity could hold and administer the funds on their behalf (there may be a small administration fee for them to do this).

Medium grants

As mentioned in this report, whilst a significant percentage of the Sutton Coldfield population is over 65 years old, it would be beneficial to seek ways to engage people nearing retirement (the 'young elderly') who may become the service users of the future. Early engagement, say in wellbeing/social activities, could also help to introduce routines that have a preventative effective on long-term health conditions for the next 'cohort' of elderly people. A strategic approach could take the form of working through existing VCSE groups to add value to their work, as described in the programme below.

Active at 60 – Community Agents

Active at 60 – Community Agents was a **medium sized grant programme** sponsored by the Department for Work and Pensions, which worked through community organisations to deliver peer-to-peer support for the 'young elderly'.

The aim of the programme was to help people approaching and post retirement to stay or become more active and positively engaged with society, in particular those most at risk of social isolation and loneliness in later life, thereby aiming to prevent isolation and the associated decline in health

and wellbeing. It formed part of a range of DWP-led initiatives responding to the challenges and opportunities of an ageing society, which aimed to redefine retirement as an active phase of later life.

Central to the programme was the peer-volunteer element in the form of Active at 60 Community Agents. These were volunteers based in local community groups, preferably nearing or at retirement age, who offered their time to help improve the quality of life for people in their community. There was a clear link between the community agent volunteering and participation in an existing community group. They were then able to introduce the older person to the people and activities in that group. The research report can be found [here](#).

The programme gave small grants of between £250 and £3,000 to around 460 volunteer-led community groups with an average annual income of £50,000 or less. Areas were selected taking account of levels of deprivation and the proportion of the population over State Pension age.

This programme could be replicated or adapted across Sutton Coldfield, inviting local organisations to apply for funds to support activities and out-of-pocket expenses of the Community Agent. It has the potential to create 'stepping stones', beyond the initial engagement of the young elderly to reduce social isolation, to taking preventative steps to target the onset of age-related clinical conditions, such as strokes and falls etc.

Large, strategic grants and commissioning

The Town Council may also wish to consider large, strategic grants for projects that would be delivered over a prolonged period. This would require ringfencing a budget for the work in future financial years, which would be committed subject to progress and performance.

It could also consider developing strategic relationships with organisations that evidence, for example, a whole Town approach to an issue. A commissioned approach would be different to a grant programme as it would define the activities that needed to be undertaken. It might lend itself to a whole town service or series of activities by a single provider

If either of these approaches are considered, then the rationale and process for doing so should be publicly communicated.

Information about funding and fundraising

[Good Finance](#) provides a helpful summary of the many types of funding available to VCSE organisations as does [MyCommunity](#). The [Institute of Fundraising](#) provides guidance and information, for example, on the regulation and compliance of different types of fundraising and the Resource Centre advice on [Managing money and budgeting](#)

The following sites provide more detail on, or access to, funds themselves:

- [Directory of Social Change](#) (training, annual fundraising directories)
- [Funding websites](#)
- [Power to Change \(community businesses\)](#)
- [UK Crowdfunders Association \(the ins and outs of crowdfunding\)](#)
- [Funding Central](#)

The four distributors of national lottery proceeds are below:

- [Big Lottery Fund](#) (social causes)
- [Heritage Lottery Fund](#)
- [Sport England](#)
- [Arts Council England](#)

There are national organisations that have members around the country who fundraise, manage and administer different types of funds at a local level and that will be knowledgeable about local issues and other sources of funding - for example, [UK Community Foundations](#) and their local member, [Heart of England](#) and [Responsible Finance](#) whose member organisations lend responsibly to individuals, households, small businesses and social enterprises. Their members are listed [here](#).

There are also other funders with local focus, such as [Birmingham Community Healthcare NHS Foundation Trust](#) and the [Barrow Cadbury Trust](#) as well as [Sutton Coldfield Charitable Trust](#).

Three Conversations¹⁷

The '3 conversations' model is an innovative approach to needs assessment and care planning. It focuses primarily on people's strengths and community assets. It supports frontline professionals to have three distinct and specific conversations.

Solution overview

The first conversation is designed to explore people's needs and connect them to personal, family and community sources of support that may be available. The second, client-led, conversation seeks to assess levels of risk and any crisis contingencies that may be needed, and how to address these.' The third and final conversation focuses on long-term outcomes and planning, built around what a good life looks like to the user, and how best to mobilise the resources needed (including personal budgets), and the personal and community assets available.

Outcomes and financial benefits

Initial evidence on the impact of the model suggests a significant reduction in the proportion of contacts that go on to receive long-term packages of care. The model has been shown to deliver savings to the local authority and high levels of satisfaction from people who have contacted teams using the 3 conversations model.

Partners 4 Change report that when the 3 conversations model was applied to 100 people in a local authority area, the overall cost of care and support (£750k) was reduced by £100k. In another area, it has been estimated that if the model was replicated across the whole area, it would 'create about £6m of savings for social care (mainly in reductions in usage of residential and nursing care) and £4m of savings for the NHS (mainly in the reduction in A&E admissions – using the King's Fund analysis of A&E costs)'.

For further information, visit the [Partners 4 Change website](#).

Conversation	Needs assessment and care planning questions
1. Initial contact	How can I connect you to things that will help you get on with your life –based on your assets, strengths and those of your family? What do you want to do?
2. If people are at risk	What needs to change to make you safe and regain control? How can I help make that happen?
3. If long-term support is needed	What is a fair personal budget and what are the sources of funding? What does a good life look like? How can I help you to use your resources to support your chosen life?

¹⁷ <https://www.scie.org.uk/future-of-care/asset-based-places/case-studies/three-conversations>