

North Somerset



partnership

**People and Communities Strategy
July 2013**

People and Communities Strategy

Contents:	Page No.
1. About North Somerset – An overview	2
2. Introduction	3
3. Key areas of focus	5
3.1 Reducing Alcohol Related Harm	
3.2 Supporting Communities to meet their own needs including self-care and customer access to services	
3.3 Delivering the High Impact Families Programme to develop new ways of working, which result in lasting change.	
4. Partnership Priority Outcomes	15
4.1 Improve health outcomes and reduce inequalities,	
4.2 Improve outcomes for adults by promoting independence and more choice and control over services.	
4.3 Improve outcomes for children by enabling early intervention and prevention	
4.4 Enable schools and academies to raise attainment levels	
4.5 Strengthen safeguarding for children and vulnerable adults	
4.6 Make our streets and communities safer	
4.7 Work with communities to better meet local housing need	
5. Integration and Joint Commissioning	32
6. Appendix 1 – Identifying needs	35
7. Appendix 2 – North Somerset Partnership Structure	37
8. Appendix 3 – People and Communities Outcomes Framework	38
9. Appendix 4 - People and Communities Board membership	41



1. About North Somerset – an overview

North Somerset covers an area of 145 square miles on the coast of the south west of England. North Somerset's boundaries stretch from the edge of Bristol and the River Avon in the north to the River Axe and the Mendip Hills in the south. Over two thirds of people live in the four towns of Clevedon, Nailsea, Portishead and Weston-super-Mare. The remaining third live in villages and countryside. The 2011 Census showed that there were a total of 88,227 households, an increase of 8,225 since 2001.

The 2011 Census showed our population to be 202,566, an increase of 14,002 since 2001. The proportion of 0-15 year olds in North Somerset (18.1%) is slightly lower than the national average (18.7%). The working age population in North Somerset (58%) is lower than the national average (61.8%). Older people make up 23.8% of North Somerset's population compared to 19.5% nationally.

North Somerset has some of the most affluent communities in the country, but it also has some of the most deprived with two Weston-super-Mare communities being in the top 1% most deprived nationally. Further information about the specific needs of our communities can be found in our Joint Strategic Needs Assessment (JSNA), the Strategic Assessment which profiles crime in North Somerset and the Children's Needs Assessment. Please see appendix 1 for further details.

The map below provides an overview of some of the key facts and figures.



2. Introduction

This People and Communities Strategy has been produced by the People and Communities Board in response to needs identified through the Joint Strategic Needs assessment (JSNA), the Strategic Assessment for crime and the Children's Needs Assessment.

The strategy sets out the board's shared sense of direction for improving health and wellbeing, tackling community safety and supporting children and families across North Somerset. Bringing together these areas of work enables the board to recognise the overlap across and between these issues and enables partners to tackle complex issues in a coherent and integrated way to improve quality of life.

The Board is part of the North Somerset Partnership structure. A diagram of this structure can be found in Appendix 2.

The role of the North Somerset Partnership is to provide strategic leadership and to bring together key organisations and sectors to achieve a shared vision for the area.

The North Somerset Vision:

'Sustainable, inclusive, safe healthy, prosperous communities thriving in a quality environment'.

In working towards this vision the People and Communities Board performs a range of statutory functions including those of a Health and Wellbeing Board and Community Safety Partnership and a Children's and Young People's Partnership. It will meet statutory responsibilities such as the production of the Joint Strategic Needs Assessment, the Community Safety Strategic Assessment and Plan, the Health and Wellbeing Strategy and the implementation of the Child Poverty strategy.

This strategy builds on the interim strategy agreed by the board in May 2012. It has been developed using the outcomes of engagement and consultation with key stakeholders and the population of North Somerset across the issues the board covers. In order to ensure that the work continues to reflect the issues raised by stakeholders and the public, the strategy will be reviewed and revised annually. This process will include engagement and consultation with stakeholders and the public.

This strategy has been developed in the context of significant change affecting all the partners involved with the People and Communities board. There have been and are fundamental structural reforms for the health service, the police and probation. Central governments deficit reduction programme has led to acute budget pressures and reductions on all public sector organisations and consequentially on the voluntary and community sector. It is highly unlikely therefore that there will be expansion of existing services or the development of new services to address the needs identified in this strategy. However, by bringing partners together to achieve shared priorities will enable more effective and efficient responses to meeting local needs.



People and Communities Strategy

Engagement and Consultation

All the organisations that are part of the People and Communities board actively engage with and consult their key stakeholders and the community in North Somerset about their services and facilities. This engagement and consultation takes many forms. It includes surveys and questionnaires, public meetings, engagement and consultation groups, one-off consultation exercises. The subject of engagement and consultation can be changes to services, a new policy or to find out what people think about an idea at a very early stage. Examples include:

- A biennial place survey of 2,500 residents living in North Somerset undertaken to seek views about the area and a range of council services including community safety and public health
- Partners and Communities Together (PACT) groups meet in a number of parts of North Somerset. The groups bring residents and partner organisations together to address local issues – from road safety to alcohol related disorder. Issues identified by the PACT's have assisted in shaping the community safety priorities included in this Strategy and in the Police and Crime Commissioner's North Somerset Plan.
- In 2012, a domestic abuse survivors' group worked with a range of partner organisations to respond to the findings of a consultation with 112 survivors who provided feedback on services they had accessed. A number of actions were put in place to respond to the recommendations made by the survivors' group.
- Substance misuse service user groups provide information and peer support for people in recovery and share views on local services with service providers
- Talking to older people through the Senior Community Link older people groups about transport, crime and public toilets
- Focus groups and annual surveys with Carers to identify their needs
- Engagement of parents in the management of fourteen Children's Centres
- Voluntary Sector Forum which brings voluntary and community groups together to discuss key issues affecting the sector
- Listening to patients voices to help shape health services
- Tenants surveys seeking residents views on housing services

The People and Communities Board will be developing its own co-production and engagement framework over the next year. This framework will build on the best practise of the board's member organisations.

Partnership Shared Priorities

During its development the Board has agreed a number of key outcomes. These outcomes help shape the boards work programme and this strategy summarises the work being undertaken for each of these outcomes. The outcomes are as follows:

- Improve health outcomes and reducing inequalities, with an initial focus on health inequalities
- Improve outcomes for adults by promoting independence and more choice and control over services
- Improve outcomes for children by enabling early intervention and prevention
- Enable schools and academies to raise attainment levels
- Strengthen safeguarding for children and vulnerable adults
- Make our streets and communities safer
- Work with communities to better meet local housing need



People and Communities Strategy

To ensure that the partnership is making a difference in these areas, key indicators have been selected which will be monitored on an annual basis.

In July 2012 the board also agreed three key areas of focus. It chose these areas due to their significance in assisting the board and the partnership to achieve its outcomes, and as crosscutting issues which require a whole-partnership approach to address. These areas of focus are:

- Reducing alcohol related harm
- Supporting communities to meet their own needs including self-care and customer access to services
- Delivering the High Impact Families programme to develop new ways of working, which result in lasting change

Each of these work areas has their own chapter within the strategy. To ensure that the partnership is making a difference in these key areas of focus progress on delivery will be monitored quarterly. Further information on our approach to performance management of this strategy can be found in Appendix 3.

3. Partnership key areas of focus

3.1 Reducing Alcohol Related Harm

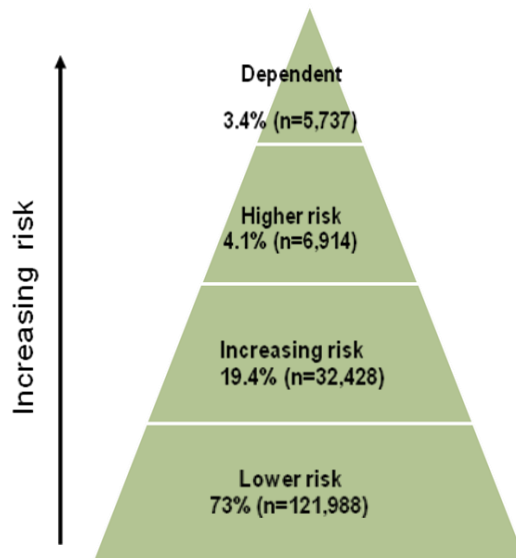
Why this is important

Alcohol related harm is increasing nationally, costing society an estimated £21 billion per year. This cost comprises of alcohol-related health conditions, crime and antisocial behaviour, loss of productivity in the workplace, and problems for those who misuse alcohol and their families, including domestic abuse. Alcohol continues to have wide ranging impacts across North Somerset and effective partnership working is essential to minimise these harms.

Most adults in North Somerset drink at lower risk levels (i.e. within the recommended guidelines of not regularly drinking more than 3-4 units a day for men and 2-3 units a day for women). However, 27% of people are estimated to be drinking at levels which present increasing risk of harm to their health and wellbeing.



People and Communities Strategy



(Estimates of drinking behaviour in North Somerset)

Challenges for services working with children, young people and adults

- It is estimated that in the UK 30% of children under 16 years of age live with an adult binge drinker, 22% with a hazardous drinker and 2.5% with a harmful drinker (Manning et al, 2009).
- Children of parents who misuse alcohol are more likely to sustain accidental (unintentional) injuries.
- Parenting may be inconsistent and neglectful. Children often take on a parenting role for their parent and siblings. They may have poor attendance and under achieve at school. They often have emotional problems, including low self esteem and lack of confidence.
- In North Somerset, 48% of clients accessing ARA (Addiction Recovery Agency) for support with alcohol problems were parents (Quarter 1, 2012-2013).
- In North Somerset in 2011/12 alcohol misuse by a parent/carer was cited as a significant factor in 34% of initial child protection case conferences. This rose to 42% in the first two quarters of 2012/13.
- Research shows that when domestic abuse and parental alcohol misuse co-exist the effect on all aspects of children's lives is more serious (Devaney 2008). In 2011/12, 24 (21.2%) of initial child protection case conferences in North Somerset involved both domestic violence and alcohol.
- Over three quarters of young offenders who misuse alcohol have a family history of parental substance misuse or domestic abuse (Delargy et al, 2010).
- In North Somerset, 40% of young people accessing treatment with the Substance Advice Service report alcohol as their main substance.
- In North Somerset an estimated 5% of dependent drinkers access treatment. To see real change in the health of the population the national recommendation is that 10-15% of dependent drinkers should access treatment.
- Over the last five years alcohol specific hospital admissions have been rising, however this appears to have levelled off in 2010/11. Rates in North Somerset are higher than in South Gloucestershire but lower than in Bristol. The overall trend across Bristol, North Somerset and South Gloucestershire is the same.



People and Communities Strategy

- 27% of North Somerset residents admitted to hospital for an alcohol specific condition were admitted more than once (i.e. a repeat admission) during 2009/10.
- People living in the most deprived areas of North Somerset are over four times more likely to be admitted to hospital for alcohol specific conditions than those in the least deprived areas.
- North Somerset has a higher proportion than the national average of working age people claiming incapacity benefit with alcoholism as the primary reason.

Challenges for Community safety

- The 2009/10 British Crime Survey reported victims believed the offender(s) to be under the influence of alcohol in half of all violent incidents.
- A third of Great Western Ambulance Service call outs to violent incidents in North Somerset are to Weston super Mare town centre and 80% of those calls are made during night-time hours of 20:00 to 04:00.
- A six month snapshot in 2011 revealed that across North Somerset there were a small number of locations which have experienced five or more violent offences. These hotspot locations for violent crime are also associated with more anti-social behaviour calls to the police. They include areas with fast food outlets and taxi ranks which attracted large groups of individuals in the evening.
- Weston super Mare central ward accounts for 20% of anti-social behaviour reported to the police. These calls relate to rowdy and nuisance behaviour predominantly linked to licensed premises and alcohol use.
- Reported alcohol related sexual offences have decreased over the last three years. However, there was an increase in 2011/12. North Somerset is similar to the South West average.
- Alcohol misuse is common among domestic abuse perpetrators and victims. There were 2,243 incidents of domestic abuse reported to the police by female and male victims in 2011-12. The true incidence is likely to be significantly greater as domestic abuse is an under-reported crime.

National Priorities

North Somerset Alcohol Harm Reduction Strategy 2012 seeks to reflect the Government's new Alcohol Strategy published in March 2012. The national strategy includes the following recommendations:

- Police and licensing should work together to reduce excessive drinking;
- Police and hospitals should work together to deal with drunken behaviour of patients in hospital and to share information about problem drinking hot spots;
- Local support should be provided to enable the local drinks industry (e.g. bar staff and workplaces) to promote safer drinking;
- Support should continue to be provided for people to change their drinking behaviour.

Three other national key publications have influenced the North Somerset Partnership's response to reduce alcohol related harm. These include the National Drug Strategy 2010, the Police Reform and Social Responsibility Act 2011 and Putting Full Recovery First 2012.



People and Communities Strategy

Partnership objectives

Alcohol related harm cuts across a number of strategic partnership priorities including:

- Health Inequalities
- Safeguarding
- Early intervention
- Community Safety.

Strategic priorities have been chosen which are highly effective and cost-effective.

High Impact Change	Details
1. Partnership Working	Partnership working to share information (e.g. for the Joint Strategic Needs Assessment) and to plan and deliver services.
2. Control impact of alcohol in the community	Through licensing regulations and Community Safety partnerships and controls
3. Influence change by identifying high profile champions	Identification of champions from the Clinical Commissioning Groups, local hospital, social services and local authority elected members.
4. Improve the effectiveness and capacity of specialist treatment	Effective treatment for dependent and problematic drinkers, providing accessible and timely support.
5. Appoint an alcohol health worker	Hospital based worker to provide medical management of in-patients, liaise with local alcohol services, provide education and support for other hospital staff.
6. Provide help to encourage people to drink less	Opportunistic alcohol screening and brief advice for individuals drinking at higher risk levels
7. Use social marketing to target higher risk drinkers	Systematic use of social marketing methods to target people who regularly drink at levels which will be harming their health.

(A summary of the High Impact Changes for Alcohol)

Achieving Results

Partners have identified three key priority areas where results need to be achieved. These will address gaps in current services, address the local needs of the community, support the implementation of the national alcohol strategy and the delivery of the high impact changes for alcohol.

Priority One

Increase access to alcohol screening and brief intervention and onward referral to specialist alcohol treatment services when needed, especially for those people with the poorest health outcomes.



People and Communities Strategy

Priority Two

Provide education and awareness-raising for safer drinking with:

- Social housing/private sector rented housing clients, particularly those living alone;
- Parents with children who are at risk of neglect or harm as identified by children's services and partner agencies

Priority Three

Establish information sharing and collaborative working between health services and community safety agencies, particularly in relation to night time violent offences and anti social behaviour in order to promote community safety.

Monitoring Progress

Progress will be monitored by the Crime, Alcohol and Drugs Commissioning Group which will report to the People and Communities Board via its alcohol champion, the Director of Public Health.

3.2 Supporting Communities to meet their own needs including self-care and customer access to services.

Why this is Important

Strong communities are those where people have pride in where they live, where people are confident, welcoming, resilient and able to respond positively to the challenges they face and where there are diverse, strong and independent voluntary, community and social enterprise sector groups and organisations. Specifically, individuals who reside in a strong community are:

- Able to work with and understand the services and decisions that affect them
- Able to understand and respect each other's differences
- Empowered to make the most of opportunities in their own lives and the wellbeing of their communities
- Involved and participating
- Resilient, able to cope and respond to difficult situations and issues
- Confident that change is possible and that the community can make a difference
- Able to contribute to their community or to volunteer
- Able to be involved in civil society, including within voluntary, community and social enterprise organisations

There is a need to strengthen communities in order to improve health and address inequalities. North Somerset has one of the widest ranges of inequality in terms of deprivation and health inequalities in England and parts of Weston-super-Mare are within the 1% most deprived in the country.¹

At a North Somerset level, 66% of adults feel they belong (very or fairly strongly) to their immediate neighbourhood. However, certain groups within the population in North Somerset were less likely to feel they belong. For example the feeling of

¹ English Indices of Deprivation, 2010



People and Communities Strategy

belonging increases with rising age (e.g. is at 45% among 16-29s and 78% among people aged over 75). It is also lower among one-person households (60%), full time employed people (57%), Weston-super-Mare residents (54%) and people who have lived in their neighbourhood less than 5 years (54%). The percentage of adults doing voluntary work in a typical week is 15% and in a typical month 25%.²

North Somerset has an ageing population and organisations need to develop the capacity within the community to respond to this and the associated demands on services.

Partnership Objective

To provide support to put in place vibrant communities who identify their own needs, are confident and competent to harness resources, including business, voluntary sector and statutory services, to help them support themselves including vulnerable people.

Achieving Results

To deliver this partnership priority the Strengthening Communities Board (SCB) was established as a sub-board of the partnership in March 2013. The work therefore is in its early stages. The People and Communities Board nominated champion jointly leads the work and will report on progress at regular intervals as the work programme is implemented.

The board has identified the following delivery priorities:

- Build on and strengthen community capacity to be able to identify and meet needs. This includes developing community resilience and strengthening communities to accommodate the shift from reliance on the state to increased self-reliance and promoting sustainability.
 - Developing the local infrastructure and business support available to support Voluntary, Community and Social Enterprise sector organisations in North Somerset
 - Working in partnership to offer training opportunities to increase knowledge, skills and awareness of Voluntary, Community and Social Enterprise sector organisations.
 - Helping organisations to take advantage of new opportunities open to them to become more involved in community activity through the Localism Act.
- Promote community involvement in the delivery of community support services to address health and well-being.
 - Work with community organisations and town and parish councils to explore opportunities for them to become more involved in delivering services, including the transfer of assets to communities to support such projects.
 - Reviewing the commissioning and procurement policies of partnership organisations to encourage greater access by Voluntary, Community and Social Enterprise sector organisations throughout the commissioning

² North Somerset Residents Survey 2012, North Somerset Council



People and Communities Strategy

- process.
 - Work with community organisations to explore opportunities to transform services which may otherwise be under threat.
- Develop information and advice for all groups including those who can fund their own services.
- Address digital exclusion where there is evidence of involuntary exclusion
- Develop personal and community responsibility to identify need for early intervention in health and social care.
 - Maintaining and promoting independence, good health and wellbeing of people with no social care needs.
 - Halt or slow down any deterioration and actively seek to improve the situation for people at risk.
 - Minimising disability or deterioration of people with established health conditions or complex social care needs.
- Deliver targeted early intervention and prevention measures for older people in specific communities

The Board will work together to address these priorities by:

- Co-ordinating with parish councils and other key communities to build rapport, support them to support themselves and build relationships to re-define the mechanism by which services reach communities.
- Linking voluntary organisations, independent organisations and businesses to communities so they can support one another.
- Supporting a strong volunteering approach, including
 - Demonstrating commitment across partnership organisations to the role of volunteering and best practice models.
 - Developing and piloting best practice volunteering opportunities.
 - Implementing the Volunteer Pathway across North Somerset to combat worklessness.
 - Strengthening Voluntary, Community and Social Enterprise organisations to offer sustainable and meaningful volunteering placements.
- Co-production with communities and minority groups, particularly when considering developments and changes
- Harnessing and developing initiatives already in train, for example Community Connect.
- Encouraging communities to make the most of opportunities provided through the Localism Act.

The SCB is undertaking a review and mapping exercise to identify any specific gaps in current partnership actions. An action plan will be developed from this work.



People and Communities Strategy

Monitoring Progress

The SCB will regularly monitor progress. A progress report will be considered by the People and Communities Board on a quarterly basis. Indicators chosen to monitor the work can be found in Appendix 3.

3.3 Delivering the High Impact Families programme to develop new ways of working, which result in lasting change.

Why this is a priority

High Impact Families consume significant resource (up to £250k per family per annum) and time of agencies; are often locked into self perpetuating and recurrent cycles/patterns of behaviour; have poor outcomes; and impact widely on the quality of life for neighbours and communities.

Despite the best efforts of many committed professionals, the duplication, complexity and fragmentation of the current system of service delivery makes it hard to take an approach that can address causes rather than symptoms and reduce levels of dependency on public services. There is growing enthusiasm to continue exploring new ways of re-thinking and re-designing services for children and families which reduce current and future expenditure and result in better outcomes and access to services.

The cross cutting theme of the High Impact Families programme is *'to turn around the lives of high impact families'*. An important step will be to reduce the dependency of families on North Somerset public services; releasing significant potential for efficiencies across services and avoiding future burdens on public spending.

Sub themes have been selected on the basis of those areas:

- where significant public sector resource is spent
- where earlier intervention, or doing things differently, will significantly reduce future burdens on the public purse
- that will make a difference to the lives of families, communities and society as a whole
- that give partners an opportunity to identify their own cross cutting solutions to service improvements and efficiency savings through effective collaboration and local leadership
- that provide the opportunity to have a sustained impact / benefit
- that will bring about a change in attitude, beliefs or behaviours
- that illustrate the experience of families; critical to the process of identifying genuine service transformation with the potential to substantially improve outcomes

Partnership objectives

The programme's overall focus is to understand how a 'whole family, whole systems' centred approach to public services in a local area, involving local collaboration and leadership can lead to more integrated services at less cost.



People and Communities Strategy

Therefore key objectives of this work will be:

- Through local innovation and collaboration identify opportunities and enablers for genuine service transformation which will save significant cost yet improve outcomes, drawing on the experiences of service users – real stories from real families
- Identify potential efficiency savings, likely to range from proposals:
 - that can be delivered locally in the next 12-18 months
 - that can be delivered in the medium to longer term of 2-5 years
 - involving pooling of resources and requiring organisational change
 - requiring change at central government or legislative level
- Use relevant learning, methodologies and modelling from earlier initiatives to prevent unnecessary re-work, and avoid the pitfalls of blindly copying or importing unevaluated 'solutions' that may not be appropriate for North Somerset.
- Assess the potential to apply solutions identified across the area to other high spend themes
- Identify tools, methodology and learning that can be applied across the public sector to drive out significant costs in new ways that will benefit North Somerset families and the services themselves.

Achieving results

Achieving transformation of public services to families is a long term challenge. The High Impact Families programme aims to set us firmly on that journey. The key benefit of this programme is to provide public agencies in North Somerset with the understanding, confidence and tools to:

- re-shape public services around the needs of families, designing out work, processes and requirements which get in the way of the user and add little or no value to desired outcomes - using systemic approaches, rather than 'patch and mend'
- release innovation and creativity by putting frontline staff, as well as families, at the heart of service design and delivery
- stop initiatives which cannot demonstrate impact on outcomes
- join up working at local level eradicating waste and duplication
- create cross organisational co-operation leading to optimal structures that best support the needs of the public
- reduce cost significantly (through horizontal efficiencies) and make the remaining total spend work as hard as possible for local people
- identify the critical areas where more preventative work will significantly reduce cost later on and impact positively on outcomes

Work within the programme will demonstrate the opportunity for early, mid term and long term savings as well as options for service improvements. In addition to identifying waste within the system which needs to be designed out, work will identify ways of changing the shape and profile of family demand i.e. supporting more elderly people to remain in their homes for longer, reducing the number of families who escalate into



People and Communities Strategy

chaos, helping more people to access services in less expensive and more convenient ways.

The transformational changes achievable through this approach and more broadly across North Somerset services will take time to emerge but are envisaged as follows:

- Families identifying their own needs and working with services to help them build their own capacities
- Individuals and families only having to tell their story once
- Individuals who have complex needs no longer having these assessed in fragmented and time consuming ways as assessment processes have been reformed and explicitly aligned
- Individuals better able to help themselves, seeking support from family, friends and neighbours rather than turning to public services as their first port of call
- No 'wrong door' for vulnerable families and individuals. Individual issues are not deflected as they arise. Instead contact opens the door to a broader network for support where the collective service focus is to deliver long term solutions
- A flexible, integrated public service workforce focussed on outcomes
- Services co-designed with users and communities delivered by whomever is best placed to do so
- Significant savings on costs that would otherwise be borne on future budgets for example arising from breaking the cycle and pattern of need from high dependency families and from enabling more elderly residents to live independent lives for longer.
- Services delivered at significantly less cost, providing greater value for money

As a result we would expect positive impact on a wide range of outcomes including

- Increased health and well-being
- Improved family experience and satisfaction levels
- Reduced dependency on public services
- Increased personal and community responsibility
- Reduced impact on neighbours and local communities - less disruption, crime and anti social behaviour
- Improved outcomes for children – less truancy, reduced delinquency, improved achievement
- Becoming better tenants
- Breaking cycles of deprivation
- Increased confidence in public services in North Somerset

Monitoring success

The High Impact Families Team will collate appropriate qualitative and quantitative information for the purpose of monitoring and evaluating the programme's performance. Quarterly, 6-monthly and annual reports will be collated by the Programme Team and a summary shared with the Programme Board, the People and Communities Board and agreed wider stakeholders.



4. Partnership Priority Outcomes

4.1 Improve health outcomes and reduce health inequalities

Why this is important

Overall the health of people living in North Somerset is good. Average life expectancy is approximately one year higher than the England average for both men and women in North Somerset 80 years for men and 84 years for women (England 79 and 83). However, wide geographical differences exist in life expectancy and the number of years spent disability-free for North Somerset residents, both of which are key indicators of health inequalities. The Slope Index of Inequalities, a useful measure to compare inequalities, shows North Somerset has the widest gap in life expectancy within the South West region and a bigger gap than the England average (2006-10). The difference in life expectancy for men in the 10% most deprived areas compared with the 10% least deprived areas in North Somerset is 13.2 years (71.6 compared to 84.8 years). On average, people in deprived areas also spend more of their shorter lives in poor health, with conditions such as cancer, heart disease and respiratory disease. The gap in disability-free life expectancy is also wider in North Somerset than the England average.

Deprivation is associated with a clustering of unhealthy behaviours which, combined have an even more detrimental effect on health. Healthy lifestyle choices relating to diet, smoking, physical activity and alcohol have the most important impact on promoting good health and avoidable premature mortality in the population. Choices relating to infant feeding, sexual health and illicit drug use are also important.

Evidence based activities to support healthy lifestyles have been developed by a range of existing partnerships/strategies including North Somerset's Smoke Free Alliance Tobacco Control Plan, North Somerset's Alcohol Harm Reduction Strategy, the NHS Health Check Implementation Plan, the Go4Life Physical Activity and Healthy Eating plan, the Sexual Health and HIV Partnership Action Plan and mental health partnership groups.

Evidence of need in relation to these risk factors in North Somerset includes:

- The South West has relatively high trade in illegal tobacco, with a fifth of smokers using illegal tobacco and over a third of smokers being offered illegal tobacco
- An estimated 27% of adults drink at levels exceeding the recommended drinking limits, increasing their risk of harmful effects. This equates to 45,079 adults in North Somerset, of which 5,737 are estimated to be dependent drinkers
- Findings for North Somerset school children as part of the National Child Measurement Programme 2011-12 are that 14.6% of 4 and 5 year olds are overweight and 8.0% are obese. At age 10 and 11, this rises to 13.8% overweight and 15.4%, consistent with national trends
- 25.2% of adults in North Somerset are estimated to be obese. 20% of adults aged 40 to 74 who received an NHS Health Check in North Somerset were found to be obese
- Only 11.3% of adults are estimated to be sufficiently active to maintain good health, similar to the average for England (11.2%)



People and Communities Strategy

- There has been a 28% reduction in teenage conceptions since 1998 in North Somerset. The current under-18 conception rate is 25.6 per 1,000 girls aged 15-17. This is lower than the average rate for the South West (27.3) and England (30.9). This rate equates to 89 teenage conceptions in 2011 compared to 114 in the previous year in North Somerset
- Chlamydia is the most commonly diagnosed sexually transmitted infection in North Somerset. In 2012/13, North Somerset achieved the nationally recommended Chlamydia diagnoses target rate of between 23 to 30 per 1000 15-24 year olds
- Approximately 103 people in North Somerset live with HIV and access care (2011), a rate of 0.77 per 1,000 which is lower than the South West rate of 0.92 per 1,000. However, 60% of people who tested positive between 2009-2011 were diagnosed late (as indicated by a low CD4 cell count). The proportion of late diagnoses was higher than the South West average (49.3%) and England average (49.5%). A patient audit has been completed to understand the reasons for diagnoses in North Somerset and improve ways to offer HIV testing at an earlier stage of the infection.
- Local data also highlights differences in the distribution of risk factors. Only 23% of babies at six weeks of age receive any breast milk in the South Weston Children's Centre area compared to 73% in Long Ashton. Childhood obesity, smoking prevalence and alcohol-related hospital admission rates are also higher amongst people in deprived areas.
- An estimated 3,420 people in North Somerset have dementia, which is greater than the actual number of 1,415 patients recorded by general practices as part of the Quality Outcomes Framework (QOF). The prevalence of dementia recorded in general practices in North Somerset (7 per 1000) is higher than the England average (5 per 1000). Over the past six years there has been a 31% rise in dementia cases on the QOF register. Between May 2011 and May 2012, 460 new cases were diagnosed by the Memory Assessment Service.
- Suicide rates in North Somerset have been rising over the last five years and are now a third higher than the national average. Suicides are more common in men than women (ratio 3:1) and are closely linked to deprivation with rates highest in Weston-super-Mare Central. A high proportion of cases have previous mental health problems, including a history of self harm, alcohol and drugs misuse.

Partnership objectives

The People and Communities Board will oversee a range of activities to improve health and wellbeing and reduce health inequalities. Key objectives of this work will be to:

- Reduce the differences in life expectancy and disease burden between different groups in the population by reducing the social gradient in health. The Marmot Review of Health Inequalities in England, 2010, advocates proportionate universalism to secure health improvement and reduced health inequalities requiring actions which are universal but provided with a scale and intensity proportionate to the level of disadvantage. The review is consistent with previous national reviews of health inequalities in calling for coordinated action and support measures throughout the life course starting in infancy and which seek to influence the social determinants of health such as income, education, employment status and working conditions and social networks



People and Communities Strategy

- Protect families and communities from tobacco-related harm. This includes raising awareness of the dangers of second-hand smoke and working with partners to address the problems associated with illegal tobacco use and supply. Reduce the number of people who smoke by motivating and assisting every smoker to quit and encouraging young people to not start smoking (Smoke free Alliance Tobacco Control Plan)
- Increase awareness of responsible drinking through targeted education and communication; support and protect young people from alcohol harm; identify problematic drinkers and provide effective treatment; reduce alcohol related crime and disorder and associated harm and use licensing and legislative powers to address alcohol related harm and misuse (Alcohol Harm Reduction Strategy)
- Improve breastfeeding rates especially in areas of high deprivation. Support the implementation of best practice for breastfeeding through the Baby Friendly Initiative (Breastfeeding strategy group)
- Support and encourage adults and young people to undertake the recommended physical activity levels and to eat healthier diets to prevent obesity and malnutrition (Go4Life and the NHS Health Check)
- Deliver accessible sexual health services to reduce and prevent sexually transmitted infections and unwanted pregnancy (Sexual Health Strategy Action Plan)
- Improve secondary mental health care services by enabling primary care liaison and access, shared care arrangements, workforce development and improving crisis response (Shaping the Future of Mental Health Services)
- Reduce the risk of suicide in key high-risk groups; reduce access to the means of suicide; provide better information and support to those bereaved or affected by a suicide; support the media in delivering sensitive approaches to suicide and suicidal behaviour and support research, data collection and monitoring
- Improve dementia services including implementing plans for the Memory Assessment Service; enhancing the primary care elements of the Dementia Pathway to improve care and support for people with dementia, their family and carers, provide good quality, timely diagnosis and intervention for all and enhance dementia education for staff in caring roles (Dementia Strategy Group and the NHS Health Check)
- Establish a model of integrated health and social care delivery that avoids service duplication and fragmentation, particularly for frail older people and adults with long term conditions as well as children with complex needs. Key enablers to delivering this model will be creating integrated community teams that combine the expertise of health and social care professionals, developing a single point of access and implementing joint assessment and care planning

Achieving results

Each of the existing partnerships and plans listed above has a detailed work programme. These actions will remain the responsibility of those groups to oversee and deliver in 2013/14.

The role of the People and Communities Board will be to have a strategic overview of these priorities and to support the implementation of the plans which have been agreed. It will also be able to consider the interconnections between these priorities and the other outcomes which have been identified. For example, the connections



People and Communities Strategy

between health and housing, the impact of health inequalities on children and young people and their attainment and the influence of lifestyle factors such as drinking on crime and disorder.

4.2 Improve outcomes for adults by promoting independence and more choice and control over services

Why this is important

At a national level the Government's strategy is for a drive for individual choice and control over services they receive, to empower communities and individuals to be self-supporting, and to create a shift of resources to early intervention and prevention services. This is seen as the responsibility of Adult Social Services working with health services and with a wider partnership, including the third sector and communities.

The framework to take this direction of travel forward is "Think Local; Act Personal" (TLAP). TLAP is a partnership agreement which has been endorsed by organisations across the social care sector. TLAP builds upon the work around the 'transformation of social care' which was outlined in Putting People First 2007 and makes the link with Vision for Social Care 2010.

The overall aim of Think Local; Act Personal is to provide a framework for local partnerships to work together to enable as many people as possible to stay healthy and involved in their communities. Where targeted services are required, TLAP requires joint working across those partnerships to ensure people have timely and accessible information; access to re-ablement services and maximum choice and control over the support they receive via personalisation and personal budgets.

All groups of adults who do or could receive services - older people, people with a physical or sensory impairment, people with a learning disability, people with mental health difficulties and carers - are covered by TLAP. Across all these groups is a desire for greater choice and control over their own lives. Key issues include greater employment opportunities for people with a learning disability and people with mental health difficulties, community-based alternatives to residential care for older people, and more personalised services for Disabled people with a physical or sensory impairment and for carers.

Partnership objectives:

The People and Communities Board will oversee and contribute where appropriate to the work being undertaken to promote independence and more choice and control over services. Key objectives of this work will be to:

- Ensure all service areas across council and health partners incorporate an early intervention and prevention focus to the services they deliver including access to telecare
- Develop the Community Connect partnership
- Fully embed the provision of personal budgets into mainstream adult care services.
- Further develop and improve rehabilitation and enablement services
- Ensure people have information and advice needed to make care and support decisions regardless of who pays for care



People and Communities Strategy

- Supporting prevention and avoiding crisis admissions to hospital
- Earlier and person centred planning for those in transition from children's to adult services
- Increased options for people to live at home that enable a planned reduction in the use of Residential and Nursing Care Homes.

Achieving Results

Each of the objectives listed above has a detailed work programme. These actions will remain the responsibility of those groups overseeing these elements of work. Measures have been identified to monitor progress and will be reported on an annual basis.

The role of the People and Communities Board will be to have a strategic overview of these priorities and to support the implementation of the plans which have been agreed. It will also be able to consider the interconnections between these priorities and the other outcomes which have been identified. For example: the connections between health and stronger communities.

4.3 Improve outcomes for children by enabling early help alongside greater choice and control over services

Why this is important

Over the past several years a considerable body of evidence from national programmes has indicated the importance of various forms of early help in ensuring that potentially vulnerable children and young people are able to lead safe, secure and successful future lives.

A number of complementary approaches have been developed:

- Providing appropriate support during pre-natal and early years, identified as the crucial period of child development, to ensure that babies and children have a healthy and stable start in life and are ready to benefit from the foundation stage of learning
- Providing interventions when the first signs of risk or vulnerability are noticed, with the aim of building on strengths and relationships already present in families to prevent the need to provide more costly and damaging statutory interventions
- Recognising and addressing the common risk factors which cause acute or chronic stress for families, contribute to poor outcomes and often form part of a complex range of challenges faced by families

All three approaches sit alongside the need to recognise that in some serious situations, we must act quickly and decisively to secure the safety of children at high risk of poor outcomes.

The context for delivering early help is evolving in light of:

- the requirements of the updated government guidance "Working Together to Safeguard Children"
- changes to social work practice and the role of other agencies arising from the recommendations of Professor Eileen Munro



People and Communities Strategy

- the new Ofsted inspection arrangements
- the creation of a new directorate bringing together services for children, young people, adults and public health
- the budget reduction challenges faced by all agencies working with children, young people and families

Whilst the local authority has the accountability for the delivery of early help, national guidance makes it clear that all agencies have a role to play in the identification of needs and the co-ordinated delivery of responses.

Partnership Objectives

We propose that eight principles should underpin the effective design and delivery of Early Help:

1. Families will be involved in the design, delivery and evaluation of early help services and supported to find their own solutions
2. Early help will focus on improving “whole family” outcomes, while keeping the child at the centre of the work
3. Every agency working with children & young people will define and deliver a needs-led, appropriate and co-ordinated “early help offer”
4. Delivery will be based on a ‘foundation’, multi-agency Early Help Assessment, which becomes the tool of choice for early help services.
5. It will reflect the principle that “safeguarding is everybody’s responsibility”, supporting agencies to identify concerns and respond without any unnecessary need for formal referral to children’s social care services.
6. This assessment will reflect clear thresholds and the child’s pathway for accessing support and be aligned with and inform Child in Need, Child Protection, Child Looked After & other assessments.
7. Early Help outcomes will be measured based on the principle of “distance travelled”
8. The quality improvement cycle will be followed, using information about the effectiveness of early help pathways and delivery to identify unmet need and inform service commissioning

Achieving results

Delivering services to reflect this focus on early help and preventing escalation of cases to statutory interventions involves all partners working in genuinely integrated, collaborative ways. Doing so will ensure that families receive less duplication in their contact with agencies, but that fewer high quality contacts are focused on building their resilience and strengthening their ability to resolve issues and challenges.

The national guidance highlights the need for professionals to identify children in particular risk groups. Combining this with local research and the role of the partnership in addressing those issues which require inter-agency action, we will initially focus attention on the following groups:

- Parents suffering domestic abuse
- Parents with mental health issues
- Parents with substance misuse issues
- Vulnerable young people (including teenage parents, young carers & those



People and Communities Strategy

committing anti-social behaviour)

We will now develop a strategy for early help provision in these areas to improve:

- local understanding of these risk factors
- the impact of current interventions
- the pooling of resources and commissioning of interventions
- the integration of service delivery

The People & Communities Board will maintain oversight of the delivery of the resulting strategy and agency commitments.

These commitments will be complemented by the continued development of early year's services and single agency, early intervention responses in line with the approaches set out above.

The new Early Help strategy will identify relevant performance measures. In addition, agencies will be encouraged to use the new "distance travelled" evaluation tool being developed by Children & Young People's Services as a means to track the progress impact of interventions with individual families.

4.4 Enable schools and academies to raise attainment levels.

Why this is important

The majority of North Somerset's children do well at school. The local area is known for its high quality schools and academies and most children and young people benefit from a secure path into adulthood. However, despite this high quality environment, there are significant attainment gaps between the outcomes of children and young people who are poor and those who are not poor.

In 2011/12 the gap in achieving expected levels between those receiving free school meals and their peers was 19% at the primary stage and 29% at GCSE level. The attainment gap has improved over the last few years, but remains a priority as many of the most vulnerable or disadvantaged children in North Somerset are not achieving their potential, and will enter the workforce without the skills and qualifications which employers expect.

There are a number of reasons why children may be more vulnerable than their peers – and in many cases these multiple factors conspire to create complex and challenging family situations. Key concerns include:

Child Poverty

- North Somerset's Child Poverty Strategy indicates that 14% of children and young people in North Somerset live in relative poverty, (national data, 2010) this represents 6,067 children. Local Revenues and Benefits housing benefit data shows a slightly higher number for May 2011, at 7,600 children and young people. The Institute of Fiscal Studies predicts the changes in government policy, will increase the number of children living in relative poverty and we will see a rise in 2012/13/14.



People and Communities Strategy

A child's broader family and social context

- The home environment can have a major impact on a child's learning and achievement. Issues such as overcrowding, poor quality housing domestic abuse or parental substance misuse all have an impact on a child's ability to thrive at school. Schools recognise the importance of positive engagement with parents and carers and also the negative effect that a challenging home environment can have on learning and achievement. All agencies who are working with complex families have a role to play in improving the home learning environment for children and young people.

Partnership Objectives

The recently published Child Poverty Strategy presents the partnerships' response to the challenge of assisting schools to raise attainment, and to break the cycle of poor children becoming poor parents. This is a statutory document which both assesses the level of need in the area, and develops the partnership's strategic response to reducing the impact of poverty on young people's opportunities and life chances.

The high priority the People & Communities Partnership Board has attached the successful delivery of the High Impact Families programme has the potential to be significant in addressing some long-term, underlying causes of under-achievement amongst specific groups of learners. For example

- A clear focus on families where exclusion and/or persistent absence from schools is a feature. This will provide an immediate point of dialogue between schools and other agencies
- The emphasis on improving access to employment for parents and other significant adults.
- The use of other "filters" including domestic abuse, substance misuse and parental mental health issues to identify families and then provide more coherent support.

Achieving Results

We aim to improve the attainment, and ultimately the later life chances for this vulnerable group of children and young people by

- Exploring all possible pathways out of poverty for children and families in North Somerset, as outlined in our Child Poverty Strategy.
- Working across our partnership to ensure key commitments and practical recommendations on how members of all partner organisations can work to prevent poor children from becoming poor adults
- Understanding and tackling the underlying obstacles which have the potential to affect children's attainment through the work of the High Impact Families Programme. Drawing on recent national independent reviews and applying their findings where appropriate
- To communicate key messages among all partners to ensure that risks are part of decisions about services for children and families.
- Strengthening the links between schools and other agencies
- To hold an overview of the outcomes achieved by vulnerable children and young people, and to challenge partners to improve these wherever possible.



People and Communities Strategy

The complete needs assessment and strategy can be found at <http://www.northsomersetpartnership.co.uk/whoweare/people+and+communities+Board/childrenandfamilies/child+poverty+strategy1.asp>

The People and Communities Board will receive an update on educational achievement from the perspective of school performance twice per year.

4.5 Strengthening safeguarding for children and vulnerable adults

Why this is important

Safeguarding adults and children work aims to protect vulnerable adults and children from all forms of abuse.

A vulnerable adult is a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation in any care setting. This includes individuals in receipt of social care services, those in receipt of other services such as health care, and those who may not be in receipt of services.

There are various types of abuse including discriminatory abuse, physical abuse, psychological abuse, financial abuse and neglect and acts of omission.

The total number of alerts is similar to the previous year; 734 (2010 / 2011) compared to 744 (2011 / 2012). The percentage of repeat referrals has dropped by 1% between 2010 / 2011 and 2011 / 2012

In May 2011, the Law Commission published the report of its wide-ranging review of adult social care law and made recommendations for sweeping reform, some of which directly affect Safeguarding Adults. The government's response was published in July 2012 at the same time as the draft Health and Social Care Bill, which reflects the Law Commission's conclusions.

The outcome of the No Secrets Consultation was published in June 2009, and since that time the North Somerset Safeguarding Adult Partnership Board has been monitoring policy change to judge when it will be appropriate to review and re-issue the local Safeguarding Policy. It is anticipated that this will happen in 2013 now that the White Paper "Caring for our Future" and the draft Bill have been published.

In the meantime, the principles of Adult Safeguarding outlined in the Statement of Government Policy on Adult Safeguarding (DH 2011) have been included in the Terms of Reference for the Partnership Board.

Safeguarding children and the action that we take to protect them from harm or to promote their welfare, is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.

Safeguarding children and promoting their welfare is defined in the statutory guidance (Working Together to Safeguard Children 2013) as:

- Protect children from maltreatment



People and Communities Strategy

- Prevent impairment of children's health or their development.
- Ensure that children grow up in a safe and caring environment.
- Take action to enable all children to have the best outcomes.

The key components in relation to safeguarding children are outlined in:

- The Children Act 1989 which includes a definition for Children in Need, the process for assessment and investigation of abuse and the process for looking after children in need.
- The Children Act 2004 which outlines the requirement to identify children and families who would benefit from early help and the requirement for local authorities and their partners to co-operate to improve the wellbeing of all children in their area.
- Working Together 2013 outlines the legislative requirements on: individual services and local authorities to safeguard and promote the welfare of children, the process by which abuse is to be investigated and the framework for the Local Safeguarding Children Board to monitor the effectiveness of local services.

Partnership objectives:

The People and Communities Board will oversee and contribute where appropriate to the development and improvement of safeguarding policies and procedures. Key objectives of this work will be to ensure:

- Safeguarding is integrated into all contractual processes with clear expectations and reporting requirements to prevent harm, neglect and abuse.
- Policies and procedures are in place to prevent unsuitable people from working with vulnerable adults and children.
- Steps are taken to prevent or reduce risk of abuse within service settings.
- There are robust and current Local Multi-Agency Policies & Procedures for safeguarding children and adults that are in accordance with statutory requirements
- Professionals who in the course of their work come into contact with vulnerable children, adults and their carers, are aware of their safeguarding responsibilities
- Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process
- The involvement and feedback from patients, people using services and their carers is an integral part of the design, commissioning and delivery of safe services
- Prompt action is taken and appropriate support is provided in response to concerns raised by staff, clients, patients, carers or members of the public
- Child and Adult Safeguarding Investigations are appropriately resourced and supported
- All staff and volunteers working with vulnerable adults and children have been appropriately trained according to their role

Achieving results

The delivery of effective safeguarding policies and practices is the responsibility of all agencies and partners working with adults and children. All of these agencies will deliver and undertake the work to meet the objectives listed above. North Somerset



People and Communities Strategy

has a Safeguarding Adults Partnership Board (SAPB). To protect vulnerable people from abuse it is essential that all partners and stakeholders work closely together to develop policies and processes that result in timely and robust inter-agency responses. The NSSAPB oversees this partnership working and considers strategies to improve existing practice. The SAPB reports annually on its work and has agreed a business plan for 2013-14. The last combined annual report and business plan can be found at:

<http://www.n-somerset.gov.uk/NR/rdonlyres/006D0EFF-AF80-4F70-87AF-EFE80CF45D90/0/201112safeguardingadultsannualreportpdf.pdf>

The North Somerset Safeguarding Children Board (NSSCB) produces a combined annual report and business plan each October, which outlines progress against objectives, performance data in respect of safeguarding children and future objectives for the Board. The October 2011 Annual Report and 2011-14 Business Plan is available at <http://www.northsomersetlscb.org.uk/uploads/files/302.pdf>

The People and Communities Board will have a strategic overview of the delivery of the plans from both SAPB and NSSCB and will aim to support their implementation through the Board's organisational plans and policies where appropriate. The Board will also have a role in identifying solutions to any blockages that may occur through the implementation process and ensuring that North Somerset has a strong voice in sub regional, regional and national developments that may impact on the ability of North Somerset to achieve its objectives.

4.6 Make our streets and communities safer

Why this is important

It is widely recognised that crime has a significant impact on communities, and feeling safe is an important factor in achieving a good quality of life and sense of wellbeing. There are strong links between community safety and strong communities and between community safety issues and drug and alcohol misuse.

The Crime & Disorder Act (1998 and subsequent legislation) places a duty on a number of partners (the Local Authority, Police, Probation Trust, NHS Clinical Commissioning Group and Fire Service) to work together to prevent and tackle crime and disorder. This includes specific requirements to reduce re-offending, substance misuse and anti-social behaviour. There is also a requirement to produce a strategic assessment, a community safety partnership plan, a reducing re-offending strategy, and a local Prevent action plan to prevent extremism and promote cohesion. In North Somerset the People and Communities Board fulfils the role of a community safety partnership and will oversee the work undertaken to meet all specific requirements.

Over the past year, the Community Safety landscape has changed significantly across the country with the election of the first Police and Crime Commissioners in November 2012. The People and Communities Board are actively engaging with the Avon and Somerset Police and Crime Commissioner and there are a number of shared priorities identified by both the Partnership and PCC. The North Somerset community safety priorities are to reduce re-offending, anti-social behaviour, domestic abuse and substance misuse.



People and Communities Strategy

Crime in North Somerset is at its lowest level for more than 10 years. In the 12 months to March 31st 2013, total crime reported to the police had fallen by 14% from 11,922 offences to 10211 offences.

During 2012/13 reductions were seen in domestic burglary (down 5.3% - 29 fewer offences when compared to the previous year) and violence against the person (down 14.7% when compared to the previous year or 397 fewer offences).

The **strategic assessment** contains analysis across the partnership priority areas and shows that central Weston-super-Mare and Weston-super-Mare South Ward experience disproportionate levels of crime compared to North Somerset as a whole. In the central area, violent crime associated with the night-time economy is a particular issue, with the area accounting for 27% of the total violent crime for the district and 67% of these offences occurring within the hours associated with the night time economy. In Weston-super-Mare South Ward violent crime, theft, criminal damage and burglary are the highest volume crimes.

During 2011/12 a total of 1,027 domestic violence offences were recorded by the police. This equates to 38% of total violence against the person. A total of 210 high risk victims were referred to the Independent Domestic Violence Advisory service, 143 (68%) of whom engaged with the service to receive a range of intensive support. 165 cases were heard at the Multi Agency Risk Assessment Conference during 2011/12, 40 of which were repeat referrals. During the same period, a total of 198 cases were heard through the Specialist Domestic Violence Court, with 171 (86%) of these cases resulting in successful prosecutions.

The strategy for drug treatment in North Somerset is to ensure that effective treatment is available without delay in order to minimise the harm to public health, individual health and community safety. Drug treatment is effective in reducing health risks (including blood borne viruses and drug related deaths). Crime and welfare dependence are also reduced.

Recovery and reintegration are the central drivers of local developments, ensuring successful completion of treatment and a sustained recovery supported by additional relapse prevention and aftercare services. Integrated accommodation, training and family support services are critical.

There are links between drug and alcohol misuse, high risk domestic abuse cases and families and individuals being supported by children's services and adult social services. The High Impact Families approach offers an opportunity to address these issues in a more integrated way.

Partnership objectives

The People and Communities Board will work together to ensure that successes achieved to date are continued within the new community safety landscape, working with the Police and Crime Commissioner to improve community safety in North Somerset. For 2013/14 the partnership's key objectives will be to contribute to:

- Reducing anti-social behaviour
- Reducing domestic abuse
- Reducing re-offending



People and Communities Strategy

- Developing and Implementing the Prevent Plan
- Better recovery opportunities

The partnership recognise that across these priority areas there is significant overlap between, problem solving pathways, cohorts, data needs and the delivery resource base. As a result, there will be a focus over the next year on the development of joint working practices and integration with a view to improving cost efficiency and ensuring the best outcomes for local communities.

Achieving results

The following actions have been identified to contribute to achieving the key objectives:

- Development of joint working across community safety services, including a move towards greater integration of key services
- Increasing support for vulnerable victims and witnesses of anti-social behaviour with the ongoing development of common risk assessment processes and multi-agency risk assessment conferences for high risk anti-social behaviour cases
- Identification of sustainable funding to secure casework capacity to assist in managing complex cases of anti-social behaviour.
- Development and launch of a common screening tool for domestic abuse and related training
- Identification of sustainable funding for core services including IDVAs and MARACs where current funding streams end in March 2014
- Development of Integrated Offender Management and of the pathways out of offending (accommodation; employment, learning and skills; mental and physical health; drugs; alcohol; finance, benefits and debt; children and families; attitudes, thinking and behaviour).
- Increasing recovery opportunities and developing service user involvement to support recovery,
- Providing advice and information to reduce harm (e.g. from poly drug use and injecting)

The People and Communities Board will maintain a strategic overview of the key strategies relating to the community safety objectives for North Somerset and will support the delivery of actions and priorities where appropriate. The Board will have a role in identifying solutions to any key issues that may occur through the implementation of this work. It will also aim to ensure that North Somerset's ongoing needs and priorities are fully taken into account by the Police and Crime Commissioner. One of the key changes for the People and Communities Board to manage is the shift in control of funding previously managed by local partnerships to the Police and Crime Commissioner.

To ensure that the People and Communities Board are meeting its objectives a number of indicators have been selected for monitoring on a regular basis.



People and Communities Strategy

4.7 Work with communities to better meet local housing need

Why this is important

The neighbourhood and the home that a person lives in can have a significant impact on their health and well-being. Poor or unsuitable housing conditions, lack of housing options and a lack of support to sustain housing can affect people's health and well-being in a number of ways. A good housing offer is also important in supporting economic growth in a district.

According to the West of England **Strategic Housing Market Assessment** (2009), 50.6% of younger households (those under 35) cannot afford to buy or rent in North Somerset's private housing market. Further, lower quartile house prices in the district are 7.46 times greater than lower quartile incomes, making affordability a real issue. A new Stock Condition Survey **was carried out during 2012 which showed residents in North Somerset are, on average, younger than is the case for England in the private rented sector, but older than average in the owner occupied sector. One person households are more common than is the case nationally.

The worst housing is found in the private rented sector, and because this sector is occupied predominantly by young single people on low incomes, overwhelmingly it is this group who live in the worst accommodation in North Somerset (60% of private tenants are under the age of 44 years as opposed to 24% in the owner/occupied sector and over 50% of the people who live in the private rented sector have incomes below £15,000 per annum).

The proportion of households in North Somerset with a resident over 65 years of age was 33%. This was the highest figure amongst the 4 local authorities surveyed, as was the number of households with a disabled resident, at 17.1%. This compares with a national figure of 13%.

Dwellings in poor condition are primarily concentrated in the coastal wards of Weston-super-Mare, but with small concentrations of non decent housing in Clevedon.

The Housing Strategy 2010 – 2015 identified that 78.8% of homes in North Somerset are owned by their occupiers either outright or with a mortgage or loan. This is well above the national average of 68.29%. The rest of the dwellings are either privately rented or rented from housing associations. Social housing accounts for only 9.4% of all housing stock, a small portion of the housing market, particularly in relation to the national average. New census information which will inform the 12/13 update of the Housing Strategy will highlight a rise in the number of private rented homes.

The Homelessness Strategy 2011 – 2016 identifies the main causes of homelessness in North Somerset for those who are accepted as statutorily homeless are parent, friend or relative evictions, followed by loss of private rented accommodation and relationship breakdown. The **JSNA (2011)** has identified that the most vulnerable groups are those with dependant children followed by people with mental health problems and 16/17 year olds.



People and Communities Strategy

Over the last 3 years there has been an increasing demand on the homelessness service. Whilst actual homelessness applications have remained relatively stable, the numbers of clients being prevented from becoming homeless or who have received housing advice has increased significantly. It is envisaged that due to the current economic climate and the impact of the wider Welfare Reform, demand on the service will continue to rise.

A Private Sector Housing Delivery Plan was adopted in April 2013 and covers the period to 2015. The plan contains the Council's policy responses to the main finding of the survey. The plan should be adopted in April 2013 and covers the period to 2015.

Partnership objectives:

The People and Communities Board will oversee and contribute where appropriate to the work being undertaken to ensure that North Somerset is able to maintain and develop successful communities where people want to live, by meeting the needs of residents now and in the future. Key objectives of this work will be to:

- Meet North Somerset targets for affordable housing delivery
- Improve the delivery of housing options to people with learning disabilities.
- Support and target action to achieve the Decent Home Standard in the private sector
- Support older and disabled people to remain independent
- Establish appropriate sites for Gypsy and Traveller communities and ensure their effective management
- Maintain and develop homelessness prevention activities
- Provide appropriate support services for homeless households
- Maximise the use of existing housing and increase the supply of appropriate housing solutions
- Ensure the use of good quality accommodation for homeless households
- Ensure value for money and effective partnership working

Achieving results

The work undertaken to meet the objectives listed above will be directly delivered through those key organisations and agencies responsible for housing and homelessness services across North Somerset. The Strategic Housing and Planning Group will directly oversee the implementation of the North Somerset Housing Strategy 2010 – 2015 and the Homelessness Strategy Implementation Group will directly oversee the implementation of the Homelessness Strategy 2011 – 2016. North Somerset Council has ultimate responsibility for producing these strategies.

The People and Communities Board will have a strategic overview of both key strategies and will aim to support the implementation of each strategy through their organisational business plans where appropriate. The Board will also have a role in identifying solutions to any blockages that may occur through the implementation process and ensuring that North Somerset has a strong voice in sub regional, regional and national developments that may impact on the ability of North Somerset to achieve its objectives.



People and Communities Strategy

To ensure that the People and Communities Board are meeting its objectives a number of indicators have been selected for monitoring on a regular basis.

5. Integration and Joint Commissioning

Service integration, joint commissioning and partnership working are key issues for all the organisations involved in the People and Communities Board. The Board has been keen to build on the legacy that has been developed since the creation of North Somerset Council in 1996. The North Somerset Partnership has also been instrumental in adopting a shared approach to joining up services and working together to improve outcomes for local people. One example of the success of partnership working led by the NSP was the achievement of over £2m performance reward grant money resulting from its joint efforts to meet stretching targets through a Local Area Agreement. Funding awarded to the partnership by central government was then used to commission and support a range of projects that benefit local communities. These projects included support for people to access alcohol services, support for the transformation of children and family services, support for the community connect programme enabling older people to access services appropriate to their needs and funding for supporting survivors of domestic abuse.

The People and Communities board is one of the two current delivery boards under the NSP. Below are a few examples of partnership working and service integration that members of the board have contributed to:

- Integrated Working across Health and Social Care for Adults in North Somerset: The Vision is to develop an integrated service across the Clinical Commissioning Group, the Council, and Weston Acute Hospital Trust as well as linking with Avon and Wiltshire Mental Health Partnership and the voluntary and community sector. By reducing organisational and professional boundaries service quality and the service user experience should improve and service efficiency increase. North Somerset has a track record of integration with integrated services in both learning disability and mental health. Local integration of health and social care services is being pursued through a pilot project in Weston-Super-Mare which will begin in June 2013. Further work is also being undertaken on the future of Weston hospital.
- The Impact (Integrated Offender Management) team brings together Police, Probation, housing and substance misuse staff to work with a cohort of offenders in order to reduce their re-offending. The team is managed by a joint operational manager who is part of the Council's community safety team. The team work in a targeted way to address offender needs in relation to a range of 'pathways' out of offending including: substance misuse, mental health, accommodation and training and employment. Results of this work have shown reductions in offending (an average reduction of 42% in re-offending for those receiving accommodation support). The project also achieves cost benefits (e.g. a saving of £20K per individual per year in social, health and criminal justice costs for those receiving accommodation support).
- North Somerset Tobacco Alliance is a partnership of many different organisations committed to work together to reduce tobacco related harms. For example targeting



People and Communities Strategy

illegal sales including under age sales and illicit tobacco and promoting smoke free areas such as children's play areas

Joint Commissioning

Joint commissioning has been an important element of partnership and integrated working. This has been undertaken either through specific long-term groups and structures with joint commissioning responsibilities, or through agreement on single issues and services. Examples of joint commissioning include:

- A Joint Transformation and Commissioning board including Adult Social Services and Housing from the Council and the PCT provided governance for joint commissioning decisions including the allocation of joint funding. Initiatives supported through this joint commissioning included innovative enablement and reablement services.
- People and Communities Board member organisations have pooled their resources to fund a range of support services for people experiencing domestic abuse. This includes providing funding for an Independent Domestic Abuse Advisory (IDVA) service which provides support to more than 200 high risk victims of domestic abuse each year.
- Joint commissioning of services for children, young people and families including, teenage pregnancy reduction, mental health services for adolescents
- Delegating commissioning of positive activities for children and young people to local community networks
- The direct involvement of children and young people in commissioning local positive activities
- Partnership working with schools to design and commission school places and a variety of support services, including those provided by the local authority

Following the establishment of the People and Communities Board there has been work undertaken to develop a single joint commissioning governance and decision-making process. It is intended that during 2013 a Joint Commissioning Board will be set-up under the People and Communities Board. This board will have strategic governance responsibility for joint commissioning for the areas covered by the board. There will be a sub-structure under the board which will undertake work at an operational level.



6. Appendix 1 - Identifying needs

The People and Communities Board have used a number of key evidence sources to inform the development of this strategy. These include:

The Joint Strategic Needs Assessment (JSNA)

Since 2008 there has been a duty for local health services and local authorities to work together to identify the key health and wellbeing needs of local communities by undertaking a Joint Strategic Needs Assessment (JSNA). A JSNA identifies the current and future health and wellbeing needs of the North Somerset population. It seeks to provide an understanding of the health and social care needs in both the short term (three to five years) and the longer term (five to ten years).

Every year, the JSNA Steering Group identifies new topics for in depth examination. In 2012-13 the following new chapters have been added - physical activity, unintentional injuries in childhood, infectious diseases, learning disability, mental health, frail older people and safeguarding adults. To keep the JSNA up to date and relevant, a three year rolling programme of updating existing chapters has been developed. Authors can also submit updates to their chapters if significant new information comes to light. In 2012-13 the following chapters were updated - Coronary heart disease, adult drugs misuse, the overall health profile, carers and sexual health and teenage pregnancy.

Guidelines for authors writing chapters were also developed in 2012 to help ensure a standardised approach and high quality for all JSNA chapters, including detailed guidance on the community voice. These can be found on:

<https://www.n-somerset.gov.uk/Community/Partnerships/JSNA/>

New chapters for 2013-14 include safeguarding for children, looked-after children and gypsies and travellers. The JSNA will also be updated with new information from the census.

The Strategic Assessment

The Crime and Disorder Act (1998 and subsequent amendments) places a duty on the Local Authority, Police, Probation Trust, Clinical Commissioning Group and Fire Service to produce a strategic assessment which is to be refreshed on an annual basis as well as a reducing re-offending strategy. The strategic assessment profiles crime in North Somerset by victims, offenders and locations, which have helped partners to identify the community safety priorities within this strategy.

Children's Needs Assessment

A comprehensive Children's Needs Assessment was undertaken in 2009/10. Further work was undertaken in 2011 to develop a Child Poverty Strategy which required an assessment of needs as part of the Local Authority's statutory responsibilities. The Child Poverty Strategy presents a picture of poverty across North Somerset bringing together income based measures of relative poverty to compare North Somerset with other areas. The strategy highlights key risk groups within the population and the numbers and proportion of children in poverty by ward. The strategy also identifies pathways out of poverty with recommendations for services to support those children and families. Implementing these recommendations remains a priority in North Somerset as the Institute of Fiscal Studies predicts child poverty will rise further.



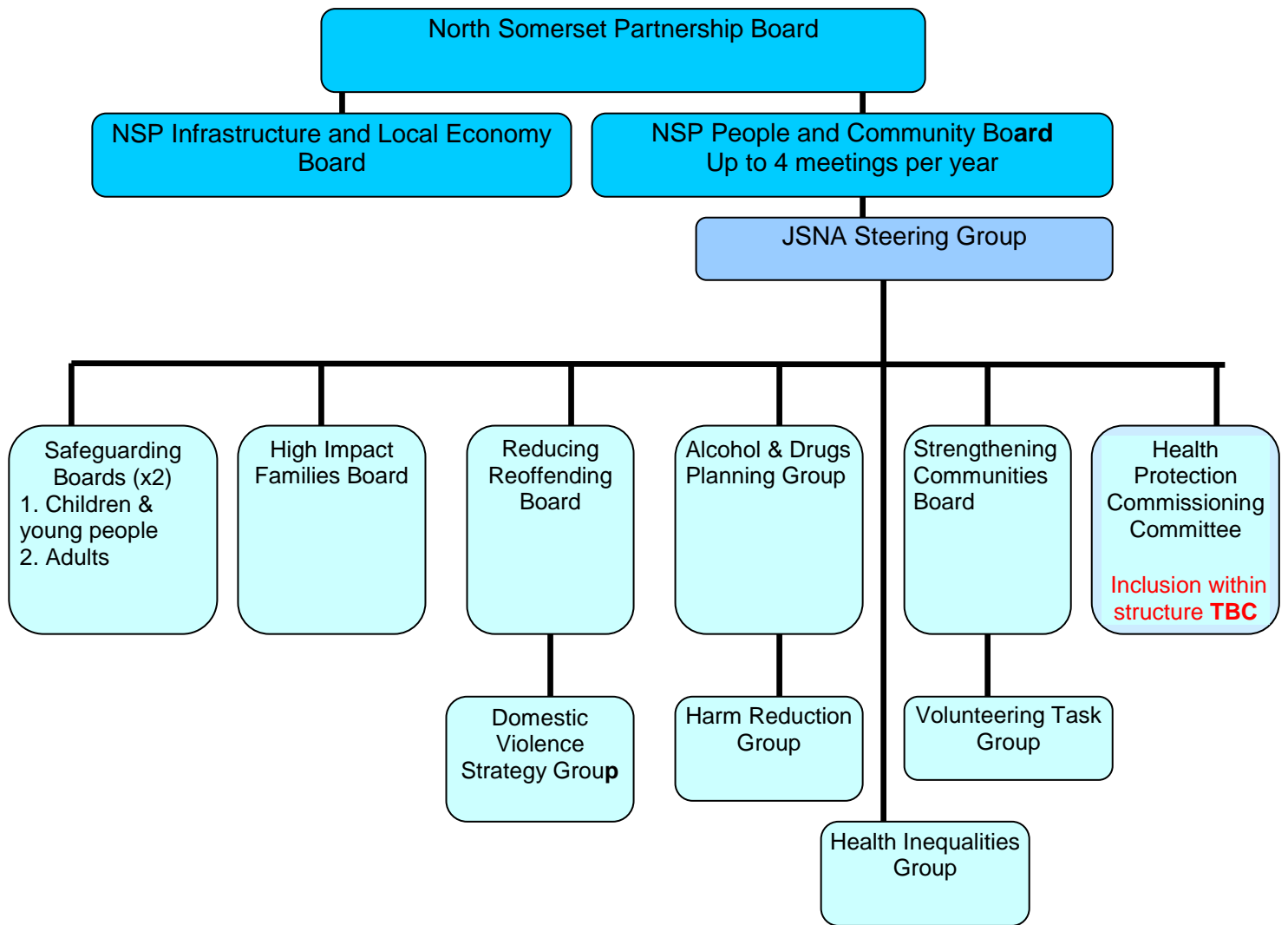
People and Communities Strategy

If you would like to know more:

<http://www.northsomersetpartnership.co.uk/whoweare/people+and+communities+Board/childrenandfamilies/child+poverty+strategy1.asp>



7. Appendix 2 – NSP Structure diagram



Engagement Groups:

The previous Joint Planning Groups - Carers Strategy Group, Improving Outcomes For Older People Board, Learning Disability Partnership Board, Mental Health Partnership Board and the Physical and Sensory Impairment Engagement Group - all include service users, carers and voluntary organisations in their membership. One of their roles is engagement, involvement and consultation. North Somerset Council Adult Social Services and Housing and the CCG are committed to moving to a "co-production" approach to patient participation and involvement. This will hopefully broaden to include children and young people. Under a co-production approach groups including the joint planning groups will be approached to provide people to contribute to co-production processes including engagement, considering commissioning plans, service strategies and service developments. To provide more support and independence to the joint planning group's consideration is being given to supporting and managing these groups within the Health Watch North Somerset structure.



People and Communities Strategy

8. Appendix 3 - People and Communities Outcomes Framework

People & Communities Board Performance Management Framework

At the meeting of the People and Communities Board on the 20 May 2013 the Board agreed a revised approach to performance management.

The board had identified a need for a greater focus on performance management and reporting. The improved focus would then enable the Board to understand better the causes and actions that effect performance and the action required to achieve desired outcomes.

The new approach to performance reporting will be based upon the three key areas of focus and as such

- Quarterly performance information reports will be produced to show levels of achievement against the priority areas - Alcohol, High Impact Families and Self-Supporting Communities.
- The indicators set out below will form the basis of the initial reports however as time and understanding progress these will be refined, with particular attention being paid to identifying those input or lead indicators and actions that have an impact on outcomes.
- Other areas within the remit of the Board such as Public Health and wider Community Safety issues will report to the Board on an annual basis or as and when required. Monitoring statements are included in each of the outcomes sections contained in this strategy.

Initial Measures

Alcohol	<ul style="list-style-type: none">• Alcohol-related hospital admissions (KCPI 39)• Numbers of Adults and Children misusing alcohol• Alcohol-related hospital admissions by GP practice• Increase in the levels of safe drinking in specific 'at risk' groups• Number of night time violent offences and alcohol related crimes
High Impact Families	<p><u>Quarterly reporting by High Impact Families team will include:</u></p> <p>a) Throughput information</p> <ul style="list-style-type: none">- Number of families identified and who engage with the programme- Number of families achieving outcomes in the three primary qualifying criteria- Number of families nominated into the programme, or signposted elsewhere <p>b) Service User information</p> <ul style="list-style-type: none">- Number of children requiring child protection- Service User information, in line with the agreed categories.- Summary of distance-travelled information for children, young people



People and Communities Strategy

	<p>and Adults identified as part of the family - On-going progress of each family in relationship to local priority issues (DVA; substance misuse etc)</p> <p><u>Six monthly reporting:</u> This will be a qualitative report capturing any risks and needs impacting on the achievement of outcomes for families. These factors may be related to partnership working arrangements or changing family needs for example.</p> <p><u>Participation:</u></p> <ul style="list-style-type: none"> • How the programme has sought family views on the quality of provision, and how they are involved in the design, delivery, and evaluation of provision; • Key messages obtained from families, copy of any reports; • Changes or decisions that have been made within the programme as a result of families views as service users; • Report on any complaints made against the programme, how these have been recorded and at what level were they resolved; • Report on any health and safety incidents. • Whether and how often the escalation policy has been used in relation to the programme, or raised by the programme in relation to another agency <p>Regular self-assessment will be required with evidence provided in the form of 2 case studies every 6 months – 1 to outline a successful case with outcomes achieved, with analysis about what has worked well; the other to illustrate a less successful case with analysis about why and what has been done to address the problems. The family voice will be built in with an indication of how views have been taken into account for future service delivery.</p> <p><u>Annual reporting</u> - Final target and reporting figures, providing a narrative, to explain any variations; - Overview of annual activities and obstacles, successes or emerging issues in the previous quarter;</p> <p>Peer assessment to be undertaken every three months between the programme team and partner agencies programme champions as appropriate;</p> <ul style="list-style-type: none"> •
<p>Self-Supporting Communities</p>	<ul style="list-style-type: none"> • The percentage of people who agree that they can influence decisions affecting their local area • The number of assets & services transferred to the community • The levels of volunteering



People and Communities Strategy

	<ul style="list-style-type: none">• The percentage of vulnerable people achieving independent living• The proportion of services suitable to be provided via personal budget which are delivered via personal budget <p>A large part of overall performance in particular relating to actions of this area of focus can be reported using the Communities Programme Board's quarterly dashboard.</p>
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9. Appendix 4 – People and Communities Board Membership

- Cllr Nigel Ashton, Leader, Executive Member responsible for Adult Care, Budgets, Local Enterprise Partnership, North Somerset Partnership, Strategic Leaders Board, Forward Programme/Business Management/Weston-super-Mare Urban Extension, North Somerset Council
- Mary Backhouse, Chief Clinical Officer, North Somerset Clinical Commissioning Group
- Cllr Felicity Baker, Executive Member Community Services and Safety, Tourism and Leisure, Corporate Communications, Customer Services Libraries, Licensing – North Somerset Council
- Georgie Bigg, Chair, North Somerset HealthWatch
- Cllr Jeremy Blatchford, Executive Member Children and Young People's Services, North Somerset Council
- Gary Carr-Smith, Group Manager, Avon Fire and Rescue
- Steve Chinn, Managing Director, Alliance Homes
- Jeanette George, Chief Operating Officer, Clinical Commissioning Group
- Arthur Hacking, Avon Local Councils Association
- Mark Hughes, Head of Strategic Housing, North Somerset Council
- Rebecca Mear, Chief Executive, Voluntary Action North Somerset
- Paul Morris, Head of Performance Improvement & HR, North Somerset Council
- Sue Mountstevens, Avon and Somerset Police and Crime Commissioner
- Lindsey Scott, Director of Nursing, National Commissioning Board Area Team
- Sheila Smith, People and Communities Director, North Somerset Council
- David Thomas, Assistant Chief Officer - Somerset & N Somerset, Probation Service
- Graham Turner, Chief Executive Officer, North Somerset Council
- Ian Wylie, Superintendent, Avon and Somerset Constabulary

