Borough of Tamworth

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HEALTH AND WELLBEING SCRUTINY COMMITTEE

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20 November 2023

Dear Councillor

A Meeting of the Health and Wellbeing Scrutiny Committee will be held in **Town Hall, Market Street, Tamworth on Tuesday, 28th November, 2023 at 6.00 pm.** Members of the Committee are requested to attend.

Yours faithfully

Chief Executive

A G E N D A

NON CONFIDENTIAL

1 **Apologies for Absence**

2 **Minutes of the Previous Meeting** (Pages 5 - 12)

3 **Declarations of Interest**

To receive any declarations of Members' interests (personal and/or personal and prejudicial) in any matters which are to be considered at this meeting.

When Members are declaring a personal interest or personal and prejudicial interest in respect of which they have dispensation, they should specify the nature of such interest. Members should leave the room if they have a personal and prejudicial interest in respect of which they do not have a dispensation.

4   Update from the Chair

5   Responses to Reports of the Health & Wellbeing Scrutiny Committee

(Update on responses to the Reports of the Health & Wellbeing Scrutiny Committee)

6   Consideration of matters referred to the Health & Wellbeing Scrutiny Committee from Cabinet or Council

(Discussion item)

7   Update on health related matters considered by Staffordshire County Council

(To receive the Digest from Staffordshire County Council's Health and Care Overview and Scrutiny Committee and an update from County Councillor T Jay)

8   Wellbeing Strategy Baseline and Priorities (Pages 13 - 52)

(Report of the Assistant Director, Partnerships)

9   Forward Plan

Please see the link to the Forward Plan:

[Browse plans - Cabinet, 2022 :: Tamworth Borough Council](#)

10   Working Group Updates

To receive any working group updates

11   Health & Wellbeing Scrutiny Work Plan

To consider items for Health & Wellbeing Scrutiny Committee Work Plan

12   Exclusion of the Press and Public

To consider excluding the Press and Public from the meeting by passing the following resolution:-

"That in accordance with the provisions of the Local Authorities (Executive Arrangements) (Meeting and Access to Information) (England) Regulations 2012, and Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting during the consideration of the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraphs 1, 2,3 and 4 of Part 1 of Schedule 12A to the Act and the public interest in withholding the information outweighs the public interest in disclosing the information to the public"

13   Leisure Strategy Update (Pages 53 - 58)

(Report of the Portfolio Holder for Entertainment and Leisure)

14   Homelessness Statutory On-Call and Out of Hours Arrangements (Pages 59 - 62)

Presentation from the Assistant Director, Neighbourhoods

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Access arrangements

If you have any particular access requirements when attending the meeting, please contact Democratic Services on 01827 709267 or e-mail democratic-services@tamworth.gov.uk. We can then endeavour to ensure that any particular requirements you may have are catered for.

Filming of Meetings

The public part of this meeting may be filmed and broadcast. Please refer to the Council's Protocol on Filming, Videoing, Photography and Audio Recording at Council meetings which can be found here for further information.

If a member of the public is particularly concerned about being filmed, please contact a member of Democratic Services before selecting a seat.

FAQs

For further information about the Council's Committee arrangements please see the FAQ page here

To Councillors: C Bain, R Claymore, T Clements, D Cook, S Daniels, C Dean, J Jones, D Maycock, J Oates and County Councillor T Jay

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MINUTES OF A MEETING OF THE
HEALTH AND WELLBEING SCRUTINY COMMITTEE
HELD ON 17th OCTOBER 2023

PRESENT: Councillor C Bain (Chair), Councillors R Claymore, T Clements, D Cook, S Daniels, C Dean, D Maycock, J Oates and L Smith

CABINET   Councillor Samuel Smith

Councillor Martin Summers

The following officers were present: Jackie Hodgkinson (Partnerships and Vulnerability Officer), Lisa Hall (Safer Communities and Homes Manager), Leanne Costello (Senior Scrutiny and Democratic Services Officer) and Laura Sandland (Democratic and Executive Support Officer)

Guest: Anthony Walter (Beat The Cold)

38   APOLOGIES FOR ABSENCE

Apologies for Absence were received from County Councillor T Jay and Councillor J Jones.

Apologies were received from Councillor S Daniels and Councillor L Smith attended as a substitute.

Apologies were received from Councillor D Cook who advised the Committee that he would need to leave at 6:40pm.

The Chair welcomed newly the elected Councillor for the Amington ward, Lewis Smith to the Committee and to the Council. who was attending as a substitute.

39   MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 21st September were approved as a correct record.

(Moved by Councillor R Claymore and seconded by Councillor C Dean)

1

40   DECLARATIONS OF INTEREST

There were no Declarations of Interest.

41   UPDATE FROM THE CHAIR

There were no updates from the Chair.

42   RESPONSES TO REPORTS OF THE HEALTH & WELLBEING SCRUTINY COMMITTEE

There were none.

43   CONSIDERATION OF MATTERS REFERRED TO THE HEALTH & WELLBEING SCRUTINY COMMITTEE FROM CABINET OR COUNCIL

There were none.

44   UPDATE ON HEALTH RELATED MATTERS CONSIDERED BY STAFFORDSHIRE COUNTY COUNCIL

The Chair confirmed that apologies had been received from County Councillor T Jay and that a written update had been requested but that they had confirmed that there was no update at this point.

45   SAFEGUARDING CHILDREN AND ADULTS AT RISK OF ABUSE REPORT HEALTH AND WELLBEING SCRUTINY COMMITTEE 17.10.2023

The Portfolio Holder for Environmental Health and Community Partnerships, Councillor Summers introduced the safeguarding children and adults at risk of abuse report to provide a biannual safeguarding update to the Health and Wellbeing Scrutiny Committee, before introducing the Partnerships and Vulnerability Officer who highlighted the following items from the report:

➢ There had been an increase in referrals in quarter two, which is not unusual as we moved into the summer and the school holidays.
➢ Safeguarding training is offered to all staff and Members annually and the Staffordshire Connects Website offers links to all services including for referrals for support that do not reach the safeguarding threshold. Prevent training is also offered.
➢ The Council no longer deliver safeguarding training for Taxi Drivers this is now delivered by a commissioned service.
➢ The Council are still active members of the adult safeguarding board.
➢ The Council is required to have a Modern Day Slavery Statement which is available on the website.
➢ The Council have held several community safety events over the last six months which have been well attended.
➢ The Council are still active members of MACE and there is now an Anti-Social Behaviour Practitioner in place through Staffordshire County Council.

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> ➢ The Tamworth Vulnerability Partnership and Anti-social behaviour coordination groups meet weekly to share updates.

The Committee made the following comments/observations and asked the following questions:

1. Who is responsible for Policing Modern Day Slavery in particular around local car wash businesses?
   The Officer confirmed that as a business they would be required to have a licence. Any concerns would be reported into the Modern Day Slavery Tactical Group within the police and the Head of Service attends County meetings to feed in information on behalf of Tamworth. The Council work in partnership with the Police around any concerns which can lead in safeguarding referrals.
   The Portfolio Holder confirmed that there is a Modern Slavery Hotline where anyone can report concerns and the number is 0800 0121700, this can also be done via their website.
2. Concerns around the number of children who missed out on their last two/three years of socialisation at school due to covid and are now entering the wider world who may be more vulnerable than previous cohorts. Is there any work going on to monitor young adults 17 to 24 who aren't monitored through being in the care system?
   The Officer confirmed that the Council do not hold any data but there may be data through Staffordshire Observatory around education attainment which could be requested via a Freedom of Information request. The Council were still receiving referrals during this period but there was nothing to suggest that there was anymore risk.
   The Committee also highlighted that there had been an increase in that generation engaging with mental health issues and it have also been reported that for babies born in 2020, development was stunted due to lack of socialisation.
   The Committee highlighted that whilst the report comes to Committee six monthly it is essential that safeguarding is always a top priority for the Council to protect vulnerable residents.

Resolved   That the Committee:

1. Reviewed the report and raised questions in relation to the content with the Assistant Director Partnerships, and thereafter endorsed the report.

   (Moved by Councillor T Clements and seconded by Councillor R Claymore)

The Chair thanks the Portfolio Holder and Officer for attending and invited them to leave the meeting.

46   **HOUSING STRATEGY WELLBEING UPDATE**

3

47   BEAT THE COLD

The Chair welcomed the Portfolio Holder for Housing and Planning, Councillor Smith and the Safer Communities and Homes Manager to introduce the report of the Assistant Director, Partnerships to update the Committee on actions within the Tamworth Borough Council Housing Strategy to 30 September 2023 which directly impact on health and wellbeing of Tamworth communities, along with Anthony Walters from Beat The Cold who was going to give a presentation around work that the Chairty do.

The Development Manager for Beat the Cold presented the following information to the Committee:

An update on the work that Beat the Cold do including –

 ➢ Bead the Cold is a unique Staffordshire based fuel poverty charity
 ➢ Work with people on how to be more efficient with your energy, how to use energy for health
 ➢ Looking at tariffs, metre and billing. Helping people get the right tariff without overpaying. Helping people understand metres and deal with problems with metres and checking that bills are fair and correct
 ➢ Signposting for help with benefits
 ➢ Dealing with energy debt, to understand it; to manage it and where it is part of a larger debt issue work with CAB.
 ➢ Key factor is to get people to stop worrying about the debt and avoid switching off services by managing the debt, for example getting debt 'put behind' the meter so this can be managed sensibly so people can still keep using their heating
 ➢ Work around understanding and setting controls.
 ➢ Dealing with relatives for the older and more vulnerable
 ➢ Help people with eco/energy efficient methods.
 ➢ Verification/checking on behalf of Councils people who apply for eco/home energy schemes.
 ➢ Access to the Priority Services register.
 ➢ The services have helped over 1400 since April 2021. 70% of which have declared health issues. The Charity records any reports of an improvement in wellbeing as a result of the service during a visit and this is currently at about 50%.
 ➢ Services has a high social return, per £16 per person enquiry they are getting a social return of £470.
 ➢ Enquiries come from a broad range of ages and tenures, since the cost of living crisis has seen an increase in enquiries from younger people
 ➢ Enquiries from Council tenants has doubles since last year.
 ➢ Three examples were shared from the district where help was provided around the Priority services register, benefits, liaising with providers and housing team around boilers, liaising with social prescribers to keep them up to date and working with private sector landlords around insulation and damp and mould.

> ➤ The charity is also working on a project around installing Solar Panels at the Rebert Peel, the income from which will support patient interventions within Tamworth.

Councillor Cook left the meeting at 6:32pm.

The Officer introduced the report which included figures for quarter one and partial figures for quarter two and highlighted the following:

> ➤ Priority 1: The teams has just received its first, First homes application on a site at Dosthill, Two Gates
> ➤ Priority 2: Two wards have been identified to focus on, Belgrave and Glascote.
> Fuel Poverty – Beat the Cold have been commissioned by the Council to work under the title 'Heat'
> Houses of multiple occupancy – there are currently 89 within Tamworth, 66 with licences and 23 that do not require licences but are required to operate within legislation and there is a proactive inspection scheme in place. The inspection team are safeguarding training and can refer in to safeguarding and other streams such as modern slavery if there are concerns.
> Damp and Mould – Council have picked up on proactive inspections and peaked in May with 23 Inspections.
> Disrepair figure for quarter two does only reflect July and August and is showing an increase.
> One category one hazard has been identified, and a prohibition notice is going to be served.
> ➤ Priority 3: ECO4 Flex - referrals can come in via the NHS and those do not have to meet standard criteria under these circumstances.
> ➤ Priority 4: New Homelessness Hub is due to start imminently.
> ➤ Priority 5: Disabled facilities grants are aimed at Private sector tenant's arounds adapting a property so they can remain. There are currently 172 open cases.
> Disabled Facilities Adaptation are aimed at Tamworth Borough Council Tenants and there are currently 127 open cases.

The Committee made the following comments/observations and asked the following questions:

1. The Committee highlighted that the current system in place by Government for DFG funding allows for some boroughs to be allocated more funding than they need which they are not spending, whilst others, such as Tamworth are not receiving enough funding to cover the needs of their residents, and whether now was the time to challenge other authorities and Government around this?
   The Officer agreed to take the question away to the Assistant Director and provide feedback to the Committee on the funding.
   The Committee moved a recommendation on this item.

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2. More information around the process where a property is adapted for a person who may pass away but the family who no longer need the adaption remains within the property. An example was highlighted.
    The Officer confirmed that there is provision within the housing act to move a family on where there are adaptations, and these are no longer required as well as provision for moving to something smaller and that they could discuss any individual cases after the meeting.

3. Clarification on what form HMO inspections take? It was highlighted that often there can be larger numbers living in them that is evidenced by the number of vehicles and how Beat the Cold deal with HMO's.
    Officers confirmed that appointments are made, sometimes at short notice and the inspection is based on who is in the property at the time. They have access to information that should give them an idea of who should be at the property. If any concerns are raised, then return visits will be made. If there are any concerns over numbers within a household then these can be addressed to the private sector email address and this will prompt a visit to the property.
    The Development Director confirmed that work was done in conjunction with the housing team and the Development Manager praised Tamworth Council for being one of the best Councils he worked with within the Council.

4. Whether there was any data around the outcomes for energy efficiency schemes such as Eco4Flex referrals?
    The Officer confirmed that they don't get to see outcomes, they refer through the system as required, the property is then assessed and passed through an assessor. Anthomy Walters confirmed there is historical data on Staffordshire warmer homes scheme that could be accessed which would shows the measures installed.
    The Officer agreed to include some outputs in the next report.

5. Clarification around data within the report.
    On page 20 around HUG funding, it states that there is a budget of £550.000 for an expected 31 properties whereas it stated later that there are 96 properties identified.
    The Officer confirmed that HUG 2 funding is just one area of funding and that there are other funding sources that could be used.
    Page 61 Appendix 3b whether the figure relating to Amington is an anomaly.
    The Officer confirmed that they would need to get some more information from the homeless team and feedback to the Committee.

6. The Committee acknowledged that they were not all aware of the Beat the Cold services and asked how members could make referrals.
    The Development Manager confirmed that referrals can be made via the Beat the Cold website but that they could also share some flyers. There are also some events scheduled over the winter, which are targeted to areas where they can have the most impact the details of which could again be shared. The first of which is on the 24th November at Dosthill Boys Club at 2pm.

7. How Belgrave and Glascote have been highlighted as areas in Priority 2 but the data does not seem to support this?

6

The Officer confirmed that these are areas are identified as areas of higher unemployment and poverty within the district.

Resolved   That the Committee

1. Considered and endorsed the report
   (Moved by Councillor T Clements and seconded by Councillor C Dean)

   An additional recommendation was moved by the Committee to:

2. Recommend to Cabinet to continue to Lobby Government to have funding for DFG to be allocated on the need of the district rather than the current calculation

   (Moved by Councillor J Oates and seconded by Councillor T Clements)

48   FORWARD PLAN

There were no items identified from the Forward Plan.

49   WORKING GROUP UPDATES

There were no working group updates.

50   HEALTH & WELLBEING SCRUTINY WORK PLAN

The chair highlighted the items on the agenda for the next meeting and the Committee endorsed the workplan.

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Chair

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Health and Wellbeing Scrutiny Committee

Tuesday 28 November 2023

Report of the Assistant Director Partnerships

Tamworth Wellbeing Strategy Baseline Report

Exempt

None

Purpose

To give an update on the baseline Wellbeing Strategy baseline report produced for the UK Shared Prosperity Fund Board

Recommendation

That the Committee:

1. Endorse the priorities highlighted in the baseline report as those for the development of a Tamworth Wellbeing Strategy 2024-2027
   - Supporting good mental health and wellbeing for children and young people
   - Supporting good mental health and wellbeing for adults
   - Supporting individuals at high risk of poor health outcomes to live healthy lives
   - Improving connectivity
2. Endorse the approach outlined in the report to ensure that the Wellbeing Strategy is fully linked with the Playing Pitch and Outdoor Sports strategy, Open Spaces assessment and the Indoor and Built Facilities strategy currently in progress
3. Approve proposals for further Scrutiny stakeholder engagement, endorsement of draft reports and timeline for Cabinet

Executive Summary

Community Together CIC were commissioned by the council, directed by the UK Shared Prosperity Fund (UKSPF) Board to undertake the baseline development of priorities for community wellbeing.

The completed document is attached as Appendix 1.

The priorities identified:

1. Supporting good mental health and wellbeing for children and young people
2. Supporting good mental health and wellbeing for adults
3. Supporting individuals at high risk of poor health outcomes to live healthy lives
4. Improving connectivity

The baseline priorities have informed the UKSPF projects which have been commissioned under the community pillar elements of the funding for 2023/24 and 2024/25.

- Funding for impactful volunteering and/or social action projects to develop social and human capital in local places.
- Investment in capacity building and infrastructure support for local civil society and community groups
- Community measures to reduce the cost of living, including measures to improve energy efficiency, and combat fuel poverty and climate change.

Working jointly with the Active Wellbeing team, currently developing a Playing Pitch and Outdoor Sports strategy, Open Spaces assessment and the Indoor and Built Facilities strategy for Tamworth, the priorities outlined will inform a wider Tamworth Wellbeing Strategy 2024-2027 and associated workplan to be presented to Cabinet in March 2024. The development of these strategies in the development of the a Wellbeing strategy aligns with recommendation in the Sport England Strategic outcomes and planning guidance (May 2021).

The Tamworth Wellbeing Strategy is intended to give a clear direction for the wider health and wellbeing of our communities, working with partners and utilising and developing the Council's assets.   It further underpins the work of the Staffordshire County Health & Care Overview and Scrutiny Committee regarding Developing Healthier Communities which that Committee endorsed in April 2023 and aligns with the Staffordshire Wellbeing Strategy:

- Health in early life
- Good mental health
- Healthy weight
- Healthy aging

All the baseline strategies utilise available data from the Staffordshire Joint Strategic Needs Assessment (JSNA) 2021 (currently being updated), Tamworth Better Heath Evidence Base, Mercian Primary Care Network insights 2020 and the 2021 Census.

In conjunction with this, the County Health Inequalities Directors group (HIDG) is working on a more localised JSNA to do a more in depth study into health inequalities relating to housing in two priority ward areas in Tamworth to further support the developing Housing and Health priority. The two wards identified are Glascote and Belgrave based on a Health Inequalities Geographical Hotspot study by the Stafforshire Insight Team (Attached as Appendix 2).

The Directors Group have also identified up to £255,000 allocated to Tamworth, through underspend in the Covid 19 Contain Outbreak Management Fund (COMF) for projects to:-

- Strengthening existing health and wellbeing programmes - £162,947
- Housing and Health Hot-Spot Areas - £92,337

The funding must be spent by 30 September 2024 and the Partnerships team are currently working with colleagues and Voluntary Sector Partnerships to consider projects to be submitted.

The projects will compliment and feed into the Wellbeing Priorities identified.

Options Considered

All options are included within the executive summary and support the health inequalities work prioritised through the Staffordshire County Council Health and Wellbeing Board

Resource Implications

The Assistant Director Partnerships represents Tamworth Borough Council on the Health Inequality Directors Group.

The wider wellbeing strategy and support for funding spend will be supported by the wider Partnership team.

Baseline strategy has been funded through UK Shared Prosperity and wider projects will be funded as per the report content. At this time there are no wider budget implications for Tamworth Borough Council or identified spend.

Legal/Risk Implications

Failure to produce a Wellbeing Strategy	There is no legal requirement for the council to produce a strategy, however working with the Active Wellbeing Team, ensuring areas of priority need are established and addressed through available funding, the council can ensure resources are targeted to those most vulnerable to improve community wellbeing and resilience
Failure to spend identified funding	The workstream has been allocated a priority area and where appropriate the funding can be offset with in year council spend
Lack of partner engagement	There is a strong working relationship with voluntary sector partners who have been approached to consider projects

Equalities Implications

A full Community Impact Assessment will be undertaken during the development of the strategy and actions based on identified priority need and in line with the Council Making Equality Real in Tamworth (MERIT) policy.

Report Author

Jo Sands, Assistant Director Partnerships

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Shared Prosperity Fund Wellbeing Strategy

HM Government

LEVELLING UP

Tamworth
Borough Council

Community Together CIC

Working Together for a Better Future

Contents

Introduction

Community Together CIC was commissioned on 4th January 2023 to conduct a feasibility study to inform three strategies as part of phase one implementation of the 'Shared Prosperity Fund' (SPF). Findings from the studies will be shared with the Shared Prosperity Board partners and inform commissioning arrangements for year 2 and year 3. Tamworth Borough Council are the responsible body, coordinating the SPF Board, the implementation plan and oversight of the delivery of the plan.

Over the course of 11 weeks, we set about putting together this Wellbeing Strategy as one of three we have been asked to produce, the others being a Voluntary Community Sector Enterprise (VCSE) Strategy, and a VCSE Commissioning Strategy.

In this strategy we provide:

- **Wellbeing baseline data**
- **Consult with key partners, general public, and local authority officers on the strategy**
- **Lay out the challenges and opportunities**
- **Produce priorities and principles to guide investment**

The delivery drivers will be determined by the interventions list under Communities and Place of the Shared Prosperity Funding (SPF) and the strategy will look to address the following interventions:

- **E9: Funding for impactful volunteering and/or social action projects to develop social and human capital in local places.**
- **E11: Investment in capacity building and infrastructure support for local civil society and community groups**
- **E13: Community measures to reduce the cost of living, including measures to improve energy efficiency, and combat fuel poverty and climate change.**
- **E14: Feasibility Study**

The interventions in this strategy highlighted above, will then feed into the VCSE Strategy. Determining the success of delivery relies on a robust strong voluntary sector, that is sustainable and resilient to challenge, followed by the Commissioning Strategy which strengthens the relationship between the authority and the VCSE community but also provides a framework to deliver targeted outcomes and value for investment.

The chosen interventions align with the findings from the recent Staffordshire and Stoke on Trent Citizens Inquiry which highlighted the following:

- **(E:9): People who were asked what helps them stay well responded that their main priority was 'Connectivity' having people, family, friends, they wanted more opportunities to meet, to talk, to volunteer'**
- **(E:11): People wanted to feel more of a sense of community where they lived. They wanted to know what community groups are operating on their doorstep. Knowing this information would help them to get involved in their local community. They could also identify if there was something missing.**
- **(E:13): People reported that the cost of living and having access to affordable food was a concern for them.**

How the strategy was developed

6th February 2023 Digital Survey's Launched

Online Responses:

Wellbeing Consultation 475 Responses

Voluntary Sector Consultation 88 Responses

Commissioning Strategy Consultation 35 Responses

Hours of face-to-face consultation conducted 32.5

Face to Face Consultations

01/03/2023 – VCSE Network Consultation –Tamworth Mental Health Network

03/03/2023 – Midlands Partnership Foundation Trust Mental Health Service

08/03/2023 – Public Health SCC

09/03/2023 – TBC Housing

13/03/2023 – TBC Councillors Martin Summers

14/03/2023 – TBC Sports and Leisure

14/03/2023 – Staffordshire Fire and Rescue

15/03/2023 – VCSE Network Consultation - Tamworth Employment Action Group
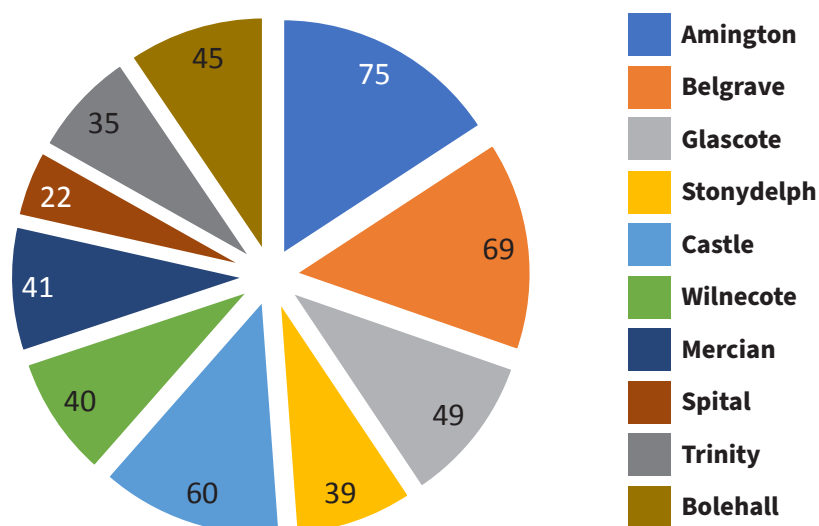
17/03/2023 – Tamworth Neighbourhood Policing

17/03/2023 – PCN

28/03/2023 – Support Staffordshire

29/03/2023 – SCVYS

Electoral Ward Digital Survey Responses

Pie chart legend:
- Amington
- Belgrave
- Glascote
- Stonydelph
- Castle
- Wilnecote
- Mercian
- Spital
- Trinity
- Bolehall

Ages	Numbers
18 to 25	55
26 - 65	202
66 - 75	160
75+	58

How the strategy was developed

Post coded Areas

B77 4EA	Brookweed
B77 3PA	Amington Road
B77 2DX	Caradoc
B77 4DJ	Gayle
B78 3NB	Manor Road
B77 4HZ	Foxglove
B77 2JD	Holsworth
B77 5EX	Hedging Lane
B78 3RD	New Street
B79 7JS	Albert Road
B77 2JF	Hamble
B79 7RR	Meadow Park
B77 3EX	Scott Road
B77 2AD	GlascoteRoad
B79 7UB	Kentwell
B77 2JB	Launceston Close
B78 3NJ	Affleck Avenue
B79 7RD	Halford Street
B77 4AB	Levett Road

Post coded Areas

B77 4EJ	Madrona
B77 2EU	Bancroft
B79 8LU	Campbell Close
B77 5NX	Goldcrest
B79 0AA	Ashby Road
B77 5QB	Carey
B77 5FD	Peel Drive
B77 3EJ	Graystone Avenue
B79 8AA	Upper Gungate
B79 8HZ	Thackery Drive
B77 4DH	Ealingham
B77 4JA	Ellerbeck
B79 7RW	The Forge
B77 1NR	Grayling
B77 2JR	Hayle
B79 7BJ	Lichfield Street
B77 3AQ	Ridgewood Rise

Challenges to Wellbeing

- An ageing and growing population
- Challenges at the start of children's lives and as they grow and develop
- Inequalities in health outcomes and access to health and care services
- Pockets of food and fuel poverty (cost of living pressures)
- Poor mental health and wellbeing, social isolation and loneliness
- Poor health outcomes caused by health-related behaviors
- Pressure on services caused by increasing long term conditions on frailty
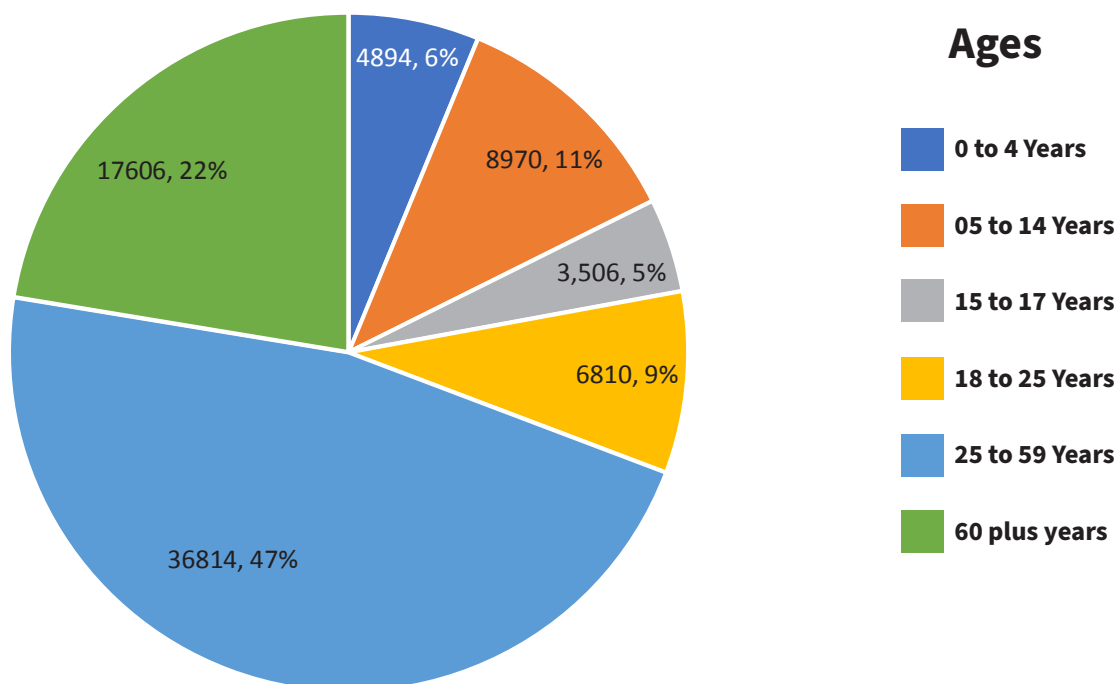
Population 78,600 as of 2021

1,100 (1.4%) Identify Asian or Asian British.

471 (0.6%) Identify Black, Black British, Black Welsh, Caribbean or African

Ages

4894, 6%	
8970, 11%	
3,506, 5%	
6810, 9%	
36814, 47%	
17606, 22%	

- 0 to 4 Years
- 05 to 14 Years
- 15 to 17 Years
- 18 to 25 Years
- 25 to 59 Years
- 60 plus years

Corporate Vision

We looked at the recent publication of the local authorities Corporate Plan which has been published covering the period of 2022 to 2025. We have gone through the report and pulled out the following which aligns with this strategy and the council's vision.

Aims of vision that align with wellbeing strategy

Improving existing walkways

Ensure more people can access services digitally

Increasing sense of neighbourhood and place

Community safety

Reducing waste, encouraging more recycling

A clean and tidy town

Education 'My Tamworth' Customer Portal

In 2021/2022 over 1700 repairs were raised prompting an innovation to create 'How to Video Guides' for routine maintenance such as bleeding a radiator, unblocking a waste pipe, etc.

It's noted that at The State of the Borough Debate 25th October 2022, a motion was passed that reads "We as a Council reconfirm our commitment to the intentions of the motion 26th November 2014 that we put the vulnerable in our society as a key priority for Tamworth Borough Council"

2014 Motion Carried reads -The Leader and the CEO meet to create a report to Cabinet defining where we need to take this Council, what sort of Council do we need to be going forward to ensure the Vulnerable are the priority and share it with all Councillors.
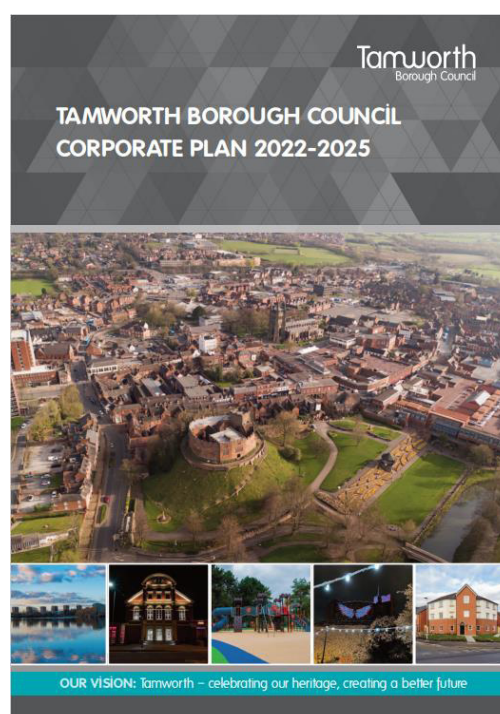
Priority 1: Supporting good mental health and wellbeing for children and young people (CYP)
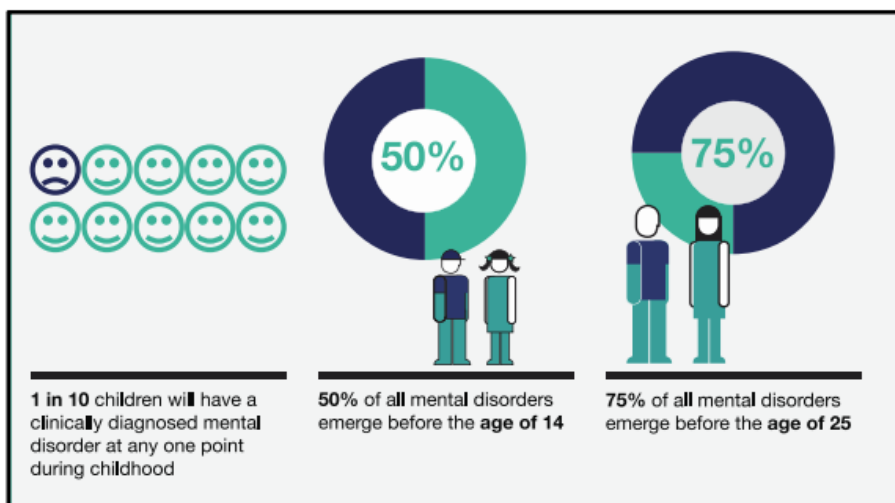
Why is it important?

The mental and emotional health of CYP is as important as their physical health and wellbeing. Mental health problems are a leading cause of disability in children and young people and can have long-lasting effects; 50% of those with lifetime mental illness experience symptoms by age 14 -20.

The three key issues affecting the mental and emotional welfare for local CYP are:

i.   Limited access to mental health education and services to support children and young people and prevention services;

ii. Limited resources, and the impact of Covid-19 and the lockdowns on the ability to access service;

iii. The waiting time to access Child and Adolescent Mental Health Services (CAMHS)

How does this impact health inequities?

Children from households in the poorest areas are more likely to experience severe mental health problems than those from the richest areas. Besides social factors, other important contributors to mental health and wellbeing amongst CYP include general health and physical activity. We know that mental health conditions that start at a young age often persist into later life and limit CYP's opportunities to thrive in both education and in the job market. Closing the gap in CYP mental health and wellbeing in the borough of Tamworth is key to ensuring all CYP have the best chance of making the most of the opportunities available to them and fulfilling their potential. Besides social factors, other important contributors to mental health and wellbeing amongst CYP include general health and physical activity .

1 in 10 children will have a clinically diagnosed mental disorder at any one point during childhood

50% of all mental disorders emerge before the **age of 14**

75% of all mental disorders emerge before the **age of 25**

Priority 1: Supporting good mental health and wellbeing for children and young people (CYP)

What does the Tamworth data tell us?

15,641 (19.9%) households included a couple with dependent children

4,894 (6.2%)Pre Schoolers-0-4 Years

13,634 (17.3%) 5–18-year-olds in Full Time Education

12,654 (16.1%) Children in the borough live in low-income households

44.1% Significantly worse than the national average GCSE attainment (average attainment 8 score)

Priority 1: Supporting good mental health and wellbeing for children and young people (CYP)

Feedback from partners

"Under 5's not being ready for school, more support to get parents to access provision"

"More activities for Special Educational Needs and Disabilities Children"

"Born to Move sessions in schools"

"Working with sports group diversionary activities"

"More safe spaces for youth 'hang out' informal places"

"Activities not too structured for teens 'chill with your mates' types activities"

"More signposting within schools"

"Wilnecote Youth Centre opportunities with Cornerstone Housing who offered peppercorn rent to a community organisation"

"Collaborative working with community groups to reduce summer secondary fires with diversionary activities, similar to collaborative working with Winter Warmer Packs and Home Safety Checks "

"Would like to see more outreach youth work and co producing activities with young people, not seen 'done to, but done with'"

"Learning domestic skills at a young age"

"More parent peer support groups"

"Getting young people to lead activities, peer ambassadors"

"Getting young people ready for the world of work"

What's in our influence?

- **Sports & Leisure**
- **Use of assets**
- **VCSE Capacity Building**
- **Outdoor cages**
- **Community Safety**
- **Partnerships**
- **Communications**
- **Grant Schemes**

- Aim to enable young people to thrive by helping them to build their resilience and have life skills to overcome normal challenges and stresses.

- Use evidence to commission activities, peer support, interventions to prevent and reduce the risk of poor mental health at the individual, family and community levels.

- Recognise the diversity of our youth population and use this in the co production of commissioned young people services i.e. youth council.

- Encourage early intervention and closer working with schools, particularly in the communication of commissioned activities.

- Engage and support service providers, including charities, and voluntary organisations who work with children and young people helping them to improve their mental wellbeing and become more resilient.

- Improve the process for transition to adulthood and into adult services for our young people, starting the planning early and including young people themselves so that the process is as smooth as possible.

Priority 1: Supporting good mental health and wellbeing for children and young people (CYP)

Assets and open spaces

- Where possible allow use of outdoor spaces, outdoor cages where diversionary activities can take place.

- Influence and facilitate partnership between Wilnecote Youth Centre and community organisation(s) that support youth activities to take on the running of the centre to open more opportunities.

Sports and leisure

- Consider sport related diversionary tactics for teens.

VCSE

- Consider an outreach youth project to gain an insight into what young people want to do, recruit peer ambassadors and signpost to existing activities.

- Encourage more formal safe spaces and places for young people to hang out with their friends.

- Consider an upskilling project for young people around domestic skills and readiness to work to help transition young people to adulthood.

- Consider maximising family incomes through form filling and budgeting skills activities to prevent financial exclusion.

Partnerships

- Work with the emerging 'Youth Council' to feed into youth activity providers to make decisions around commissioning of youth activities, provide feedback and be peer information ambassadors for provision in the community.

- Using connections with early years provision to look at gaps in children under 5 being school ready.

- Identify opportunities with our fire service partners to look at how youth diversionary tactics can prevent the rise of secondary fires during school holidays.

Priority 2: Supporting good mental health and wellbeing for all adults

Why its important?

Mental health problems in adults represent the largest single cause of disability in the UK. Adults could be affected by mental health issues at any time. It impacts on all aspects of our lives, and both influences and is influenced by physical health. Adult mental illnesses also has a ripple effect on their family, unpaid carers and wider society. In 2019/20, an estimated 17.9 million working days were lost due to work-related stress, depression or anxiety in Great Britain.

The key issues are:

i. Upskilling individuals to be more resilient with day-to-day pressures such as domestic skills, form filling, applications for benefit maximisation as well as hidden disability badges, blue badges and other forms that will help residents.

ii. Lack of knowledge of what goes on within communities whether that be town wide or 'on the doorstep' services and how this is communicated to residents so they can access community provision better;

iii. Improving interventions that maintain mental health within the community.

How does this impact health inequities?

Inequities also exist in adult mental ill-health across protected characteristics, including sexual orientation, sex, ethnicity, and whether they belong in socially excluded groups (e.g., people experiencing homelessness, asylum and refugees). People with severe mental illness (SMI), such as psychosis and bipolar disorder, have a life expectancy of up to 20 years shorter than the general population. Much like inequities in physical health, mental illness is also closely linked to broader social inequalities which are complex and interrelated, such as unemployment, discrimination and social exclusion. Therefore, tackling mental health inequalities also requires addressing these broader social inequalities.

What the Tamworth data tells us

8,567 (10.9%) identified as being disabled

5,776 (7.3%) claiming Universal Credit

4,323 (5.5%) population provide 20-50 Hours unpaid care

3,379 (4.3%) population provide 19 Hours or less unpaid care

4,716 (6%) of the population identify as LGBTQIA+

3,615 (4.6%) of population claiming out of work benefits

14,148 (18.0%) live in socially rented housing

12.5% second highest in County GP recorded depression in adults aged 18+ (2019/20)

Priority 2: Supporting good mental health and wellbeing for all adults

## What the consultation tells us?

Mental Wellbeing

Mental Wellbeing **32%** of people said Mental Wellbeing was a moderate barrier.

22% Mental Wellbeing effected their ability to engage was the main barrier.

46% their mental wellbeing had little or no impact on their ability to engage.

Digital Skills

62% of people surveyed said they had access to the internet mainly through a Smart Phone. Only **5%** felt very confident or confident about using their devices. **33%** also said they didn't have confidence, didn't feel safe online or could afford a laptop or computer.
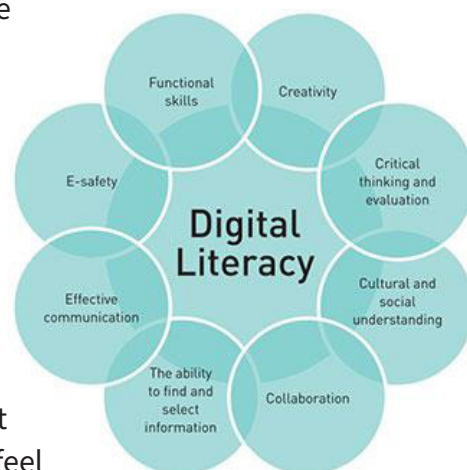
Social Support Networks

62.5% of people surveyed were very satisfied or satisfied with their current support network, and **37.5%** Dissatisfied.

Feeling Satisfied

45% of people surveyed feel very satisfied or satisfied with themselves. **32.5%** are very dissatisfied or dissatisfied with themselves, and **22.5%** neither feel satisfied or dissatisfied.

Feeling Safe

55% of people surveyed feel safe most of the time or all of the time, and **45%** feel moderately safe or less safe.

Importance of outdoor spaces on Health and Wellbeing

65% of people surveyed say that access to open green spaces was important to maintaining health and wellbeing.

Feeling Part of the Tamworth Community

60% of people surveyed strongly agreed they felt part of the Tamworth Community, compared to **40%** who said they do not feel part of the community.

Physical Environments

42.5% of people surveyed said their physical environment was very good or good and **47.5%** were neither good nor poor and only **10%** said it was poor.

Priority 2: Supporting good mental health and wellbeing for all adults

Feedback from partners

"Loneliness and Isolation is having a massive impact in our community"

"More help with form filling services"

"Not enough outreach identifying people who need support"

"Door knocking speaking to people, bringing services to people, rather than inviting people to services"

"More tenant involvement in coproduction of support will help support tenant mental health and wellbeing"

"Use of open spaces and introduction of 'Friendly Benches within Communities" or "Chatty Benches" Schemes to encourage conversation places"

"Bespoke befriending for older population high rise flats (Town Centre)"

"Digital Skills Adult learning opportunities"

"Grow your own events at supported housing schemes"

"Knit and Knatter groups at supported housing schemes"

"Domestic skills learning, including cooking, basic DIY, hygiene etc"

"Information on services provided by other means other than IT or Tamworth Herald"

What's in our influence?

- **Sports & Leisure**
- **Use of assets**
- **VCSE Capacity Building**
- **Outdoor cages**
- **Community Safety**
- **Partnerships**
- **Communications**
- **Grant Schemes**

- Tackle the social factors that create risks to mental health and wellbeing, such as social stressors related to debt, unemployment, insecure housing, trauma, discrimination, as well as social isolation and loneliness.

- Work with local communities, voluntary sectors and diverse groups to re-build mental resilience and tackle stigma of mental health; all in order to promote an informed, tolerant and supportive culture.

- Continue to recognise the importance of social connection, green spaces for mental wellbeing.

- Promoting access and signposting to activities that promote wellbeing, such as physical activity and stronger social networking to improve health.

- Improve access to, quality and efficient services that are available to all who need them, including improved digital offerings for those who can and prefer to use them.

- Work with professionals in workplaces and other settings; using a preventative approach to break down the barriers between physical and mental health and ensure both are treated equally.

- Improve access to support for mental health crisis and develop alternative models which offer sustainable solutions, such as peer mentoring.

Priority 2: Supporting good mental health and wellbeing for all adults

Assets and open spaces

- Consider a Friendly Bench Scheme in a locality to pilot and work with an organisation to take ownership to coordinate regular activity and opportunities for community to engage.

- Work with the residents of High-Rise Social Club building to create a senior's hub to ensure access is available for tenants and can deliver a schedule of social activities run for and by the residents.

- Work with local residents to look at the feasibility of a Good Neighbour's Scheme

Sports and Leisure

- Consider working with sports groups to develop a 'By prescription' working with local Social Prescribing Team to build a programme of older people's physical activities such as walking football, walking groups, badminton for over 50s, seated exercise, yoga, in and outdoor bowling.

VCSE

- Consider an outreach project to identify lonely isolated residents, to inform, engage in community activity.

- Consider a once-a-year engagement day within each of the ward areas so residents have local engagement opportunities.

- Work with an organisation(s) that take the pressures off everyday life with practical support such as form filling, shopping assistance, gardening, decluttering and cleaning.

- Develop existing Business Community Connector Scheme to improve sign posting directory to include 'connector cards; to be given out to the public for better sign posting of services.

Partnerships

- Work with Tamworth Mental Health Network to raise awareness of the VCSE Sector and statutory support available.

- Consider re introducing locality forums bringing together organisations working bespoke in an area to identify locality needs and work together to address issues as they arise.

Priority 3: Supporting individuals at high risk of poor health outcomes to live healthy lives

Why it is important?

Differences in health status between groups of people can be due to a number of factors, such as income, geography (e.g., urban or rural) and disabilities. The health needs of those groups at high-risk for poor health outcomes could place heavy and unpredictable demands on health services and must therefore proactively be identified and addressed.

The broad issues impacting groups at high risk are:

i.   Lack of easy access to healthy activities and food;

ii. Limited availability of information about health and wellbeing services;

iii. Increased loneliness and isolation.

iv. Barriers to accessing GPs and primary health services

How does this impact health inequities?

In order to close the gap between groups with existing health inequities, it is important to adopt a "proportionate universalism" approach. This means allowing some form of effective targeting or tailoring of services to different groups that are at greater risk of poor health. This should take place within a broader framework, i.e., where the general services or provision is already available for all.

27,824 (35.4%) Classed as overweight 2nd highest area in the county.

Out of 10 GP Practices 574 people official diagnosis of Dementia (2022 Figures)

Out of 10 GP Practices 9,790 (12.5%) people are registered having type 2 diabetes (2022 Figures)

Life expectancy is 9.4 years lower for men and 7.8 years lower for women in the most deprived areas of Tamworth than in the least deprived areas

The rate for alcohol-related harm hospital admissions is 728, worse than the average for England.

Priority 3: Supporting individuals at high risk of poor health outcomes to live healthy lives

Feedback from partners

"More activities that help with cardio exercises"

"More access to health foods and healthy cooking skills sessions"

"Walking football sessions"

"Activities that encourage men to talk"

"Building relationships in the voluntary sector for better introduction to other support services"

"Hand holding, building people's confidence to access services"

"Getting more people into volunteering who are at high risk of poor health outcomes"

"Healthy Places that promote physical activity and encourage active travel i.e. Walking"

"Places that help people to access and choose healthier food options"

"More groups that encourage social interaction"

"Training for VCSE groups on health conditions and basic tips to support people"

"More sessions at outdoor gym spaces, show people how to use the equipment"

"More exercise by prescription"

"Integrated solutions with NHS Partners, GP Networks"

What's in our influence?

- **Sports & Leisure**
- **Use of assets**
- **VCSE Capacity Building**
- **Outdoor cages**
- **Community Safety**
- **Partnerships**
- **Communications**
- **Grant Schemes**

- Support activities that promote raising awareness of dementia in line with our Dementia Friendly Community status.
- Improve identification and support for unpaid carers of all ages. Work with unpaid carers and partner agencies to promote the health and wellbeing of unpaid carers.
- Support people with learning disabilities, engaging with and listening to them, through working with voluntary organisations, in order to concentrate on issues that matter most to them.
- Increase the visibility of existing services and signposting to them, as well as improving access for people at higher risk of poor health outcomes, working with and alongside voluntary and community organisations who are supporting these groups.
- Support activities that deliver both physical and mental wellbeing support.

Priority 3: Supporting individuals at high risk of poor health outcomes to live healthy lives

Assets and open spaces

- Consider training for VCSE groups to use the outdoor gym equipment and carry out sessions.

- Consider support for grow your own projects and looking at more places and spaces such as herb planters working with VCSE Groups.

- Consider health promotion of places and spaces such as nature reserves, parks, outdoor gyms etc to increase walking and exercise participation.

Sports and Leisure

- Consider investment in older adult sports activities such as walking football, over 50s badminton, walking and talk groups.

VCSE

- Consider training volunteers to be walk leaders, cycle leaders, seated exercise tutors, to build capacity of qualified volunteers and support more sessions in the community either new or as part of their own activities.

- Support existing peer support groups or create new ones where applicable such as alcohol and substance misuse peer support groups or peer support groups for people effected by domestic abuse.

- Training for VCSE groups on health conditions and basic tips to support people.

Partnerships

- Put on a 'Health Summit' within the town to include all partners, residents and promote health lifestyles, demos and key speakers.

Priority 4: Improving connectivity

Why it is important?

The recent citizens inquiry that took place in Belgrave, Glascote, Stonydelph and the older population in the Castle Ward i.e., high-rise flats highlighted that connecting people was overwhelming a priority for people to help them stay well in their community. Members of Tamworth Borough Council also highlighted loneliness as a priority in a motion to full council on Tuesday 28th February 2023, loneliness and isolation are serious public health issues that deserve more attention.

The broad issues impacting groups at high risk are:

i. Cost of accessing activities or services

ii. Limited availability of information about health and wellbeing services

iii. Increased loneliness and isolation

iv. Transportation/mobility

How does this impact health inequities?

Not being connected increases people's likelihood of being lonely and isolated which affects mental and physical health. The effect of loneliness and isolation can be as harmful to health as obesity or smoking 15 cigarettes a day. Lonely individuals are at higher risk of the onset of disability, loneliness puts individuals at greater risk of cognitive decline.

What the consultation tells us

Does your financial situation stop you doing the things you would like to do?

Not at all **25%**
A Little **20%**
A Moderate Amount **22.5%**
Very Much **22.5%**
Extremely / Completely **10%**
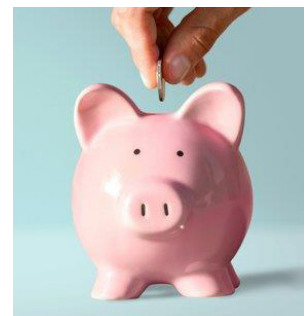
Activity Engagement

87.5% of people surveyed said they are not engaged with activities in their local community, only **12.5%** were attending regular organised activities in their community.

Getting out and about

57.5% of people surveyed said they were not satisfied with their current transport options.

Volunteering

60% of people surveyed volunteer either weekly or at least once a month and **40%** do not currently volunteer due to time or other issues such as illness or disabilities as a barrier.

Priority 4: Improving connectivity

Feedback from partners

"Buddy schemes"

"Increasing the number of community champions"

"Increase awareness of community help points"

"Community notice boards to promote what's on locally"

"Remember not everyone is on social media or internet so traditional forms of communications should still apply i.e., flyers"

"Removing transport as a barrier to engage"

"Increasing activities that maximise people's incomes and take stress out of everyday life for people"

What's in our influence?

- **Sports & Leisure**
- **Use of assets**
- **VCSE Capacity Building**
- **Outdoor cages**
- **Community Safety**
- **Partnerships**
- **Communications**
- **Grant Schemes**

- Work with partners to facilitate better communications on what's available in the community whether that be social activities, support groups or statutory services, increasing awareness amongst statutory, voluntary and private sector to share information whether face to face, online, through social media or email.

- Support projects that increase volunteering opportunities

- Support places to encourage conversations whether that be in open spaces for example a 'Friendly Bench' project or indoors for example creating 'Chatty Tables'.

- Explore the benefits of Compassionate Communities Scheme for Tamworth.

- Encourage more outreach, going out into communities to identify lonely and isolated residents.

Priority 4: Improving connectivity

Assets and open spaces

- Consider the benefits of community notice boards and how they could help share information with communities, to support people who are not digitally included and also promote bespoke local activities. Maybe an adoption scheme by community organisations.

VCSE

- Consider supporting Support Staffordshire to create a resources section online via their website, that members only can access.

- Consider looking at capacity with community transport options such as 'Wheel Connections' community transport and day trip organisations to work closely together to remove transport as a barrier for those who don't have their own transport, can't afford transport or have mobility issues.

- Consider increasing form filling services to develop home visits and increasing people's incomes so less financially excluded.

- Consider working with VCSE Sector to create a map of digital hubs mapping out existing hubs that provide digital assistance and create new ones where there are gaps.

Partnerships

- Consider developing an annual VCSE sector fayre around volunteers week to promote community organisations to gain new participants, new volunteers and increase their networks.

Priority 1: Supporting good mental health and wellbeing for children and young people (CYP)

- Aim to enable young people to thrive by helping them to build their resilience and have life skills to overcome normal challenges and stresses.

- Use evidence to commission activities, peer support, interventions to prevent and reduce the risk of poor mental health at the individual, family and community levels.

- Recognise the diversity of our youth population and use this in the co production of commissioned young people services i.e. youth council.

- Encourage early intervention and closer working with schools, particularly in the communication of commissioned activities.

- Engage and support service providers, including charities, and voluntary organisations, in the recovery and resilience in our children and young people.

- Improve the process for transition to adulthood and into adult services for our young people, starting the planning early and including young people themselves so that the process is as smooth as possible.

Priority 2: Supporting good mental health and wellbeing for all adults

- Tackle the social factors that create risks to mental health and wellbeing, such as social stressors related to debt, unemployment, insecure housing, trauma, discrimination, as well as social isolation and loneliness.

- Work with local communities, voluntary sectors and diverse groups to re-build mental resilience and tackle stigma of mental health; all in order to promote an informed, tolerant and supportive culture.

- Continue to recognise the importance of social connection, green spaces for mental wellbeing.

- Promoting access and signpost to activities that promote wellbeing, such as physical activity and stronger social networking to improve health.

- Improve access to, quality and efficiency of services available to all who need them, including improved digital offerings for those who can and prefer to use them.

- Work with professionals in workplaces and other settings; using a preventative approach to break down the barriers between physical and mental health and ensure both are treated equally.

- Improve access to support for mental health crisis and develop alternative models which offer sustainable solutions, such as peer mentoring.

Priority 3: Supporting individuals at high risk of poor health outcomes to live healthy lives

- Support activities that promote raising awareness of dementia in line with our Dementia Friendly Community status .

- Improve identification and support for unpaid carers of all ages. Work with unpaid carers and partner agencies to promote the health and wellbeing of unpaid carers.

- Support people with learning disabilities, engaging with and listening to them, through working with voluntary organisations, in order to concentrate on issues that matter most to them.

- Increase the visibility of existing services and signposting to them, as well as improving access for people at higher risk of poor health outcomes, working with and alongside voluntary and community organisations who are supporting these groups.

- Support activities that deliver both physical and mental wellbeing support.

Priority 4: Improving connectivity

- Work with partners to facilitate better communications on what's available in the community whether that be social activities, support groups or statutory services.

- Increasing awareness amongst statutory, voluntary and private sector to share activity information whether face to face, online, through social media or email.

- Support projects that increase volunteering opportunities.

- Support places to encourage conversations whether that be in open spaces for example a 'Friendly Bench' project or indoors for example creating 'Chatty Tables'.

- Explore the benefits of Compassionate Communities Scheme for Tamworth.

- Encourage more outreach, going out into communities to identify lonely and isolated residents.

Acknowledgement and Data Sets

Data Sets Information Gathered from

ONS Data

Mercian GP data

Census 2021

Staffordshire Observatory – Tamworth Profile

NHS Tamworth Profile

SPF Wellbeing Survey Question Results

SPF VCSE Survey Question Results

SPF Commissioning Question Results

Tamworth Police

Support Staffordshire State of the Sector Report 2021

SCVYS State of the Sector Report

Staffordshire Connectors

Do-It Website

Tamworth Borough Corporate Plan

The Local Plan

NVCO Annual Report

Staffordshire
County Council

Health Inequalities

Staffordshire Geographical Hotspots – June 2023

Martin Dudgon

Aim and Methodology

<u>Aim:</u>
Identification of geographical 'hotspots' in each district/borough most at risk of experiencing health inequalities.

- Throughout the last JSNA we highlighted examples of inequality across Staffordshire, with those in deprived areas consistently experiencing poorer outcomes.

- However, we need to target efforts towards those who experience the greatest levels of inequality and who demonstrate the highest level of vulnerability.

- Therefore, we created a 'risk' index which identified need based on a basket of indicators.

Life expectancy at birth, Male

Life expectancy at birth, Female

% of population in most deprived IMD quintile

Reception Obesity

GCSE attainment (9-5 in English and Maths)

Claimant Count %

Emergency hospital admissions

Community care long term service users

Preventable mortality

% households that experience fuel poverty

Rates of all recorded crime

Limiting long-term illness or disability, all ages

Referrals to Children Social Services

Staffordshire Summary

- Index has been refreshed with the latest available data.

- Wards assessed based on how they compare to England*.

- Wards where performance was worse than the benchmark:
  - For up to three of the indicators (low need); 108 wards
  - For four to six of the indicators (medium need); 33 wards
  - For seven or more indicators (high need); 23 wards

- 155,300 or 18% of Staffordshire residents live in a 'high need' area.

Age	Low need	Medium need	High need	Total
0-15 years	83,000 (55%)	36,000 (24%)	30,700 (21%)	149,700 (100%)
16-64 years	308,400 (58%)	125,200 (24%)	98,600 (19%)	532,300 (100%)
65+ years	125,700 (65%)	42,400 (22%)	26,000 (13%)	194,100 (100%)
85+ years	14,900 (63%)	5,400 (23%)	3,300 (14%)	23,500 (100%)
Total Population	517,100 (59%)	203,700 (23%)	155,300 (18%)	876,100 (100%)

Level of identified need
- High
- Medium
- Low

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Staffordshire County Council 2023

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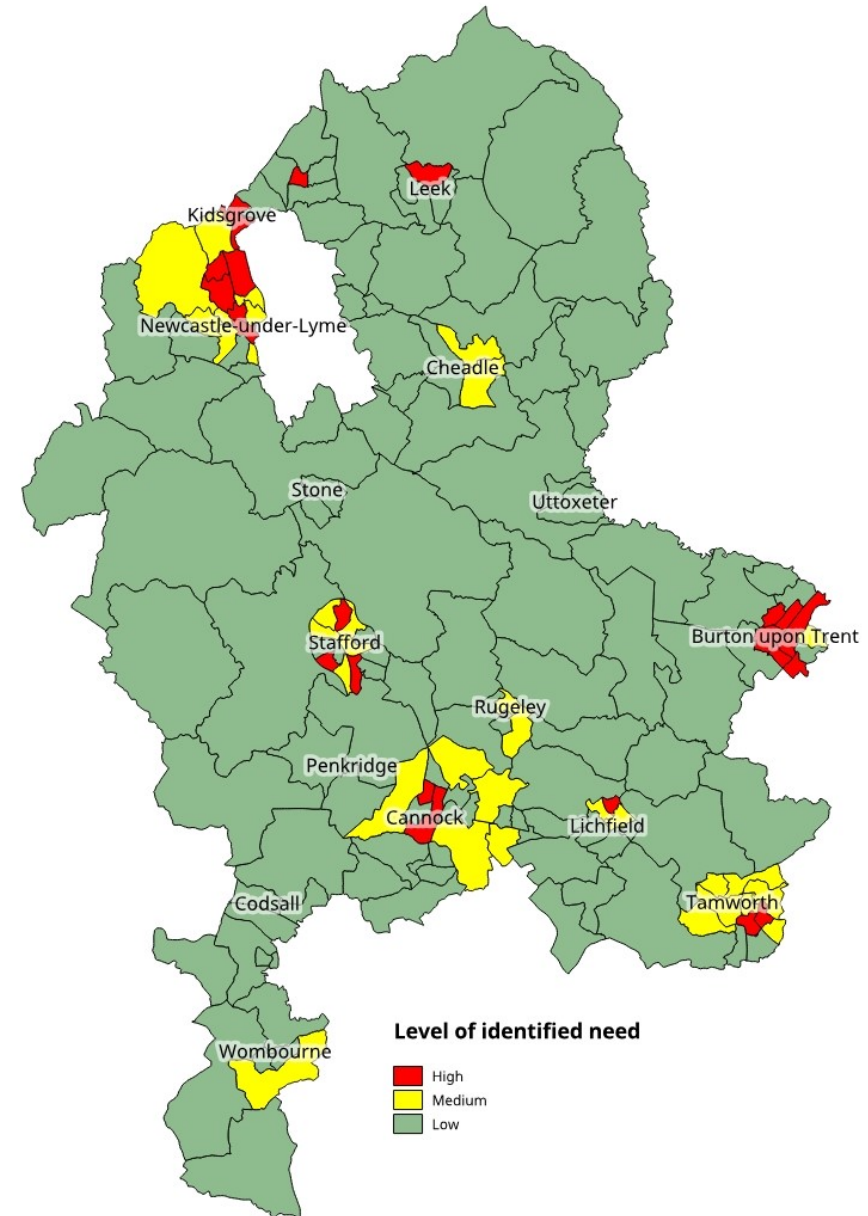
* West Midlands Force Area for the crime indicator.

Staffordshire Summary

- The table below shows 'high need' wards.

- The indicators marked with a tick are those which are statistically significantly worse than the benchmark.

- Note: South Staffordshire has no 'high risk' wards so is not shown in the table below.

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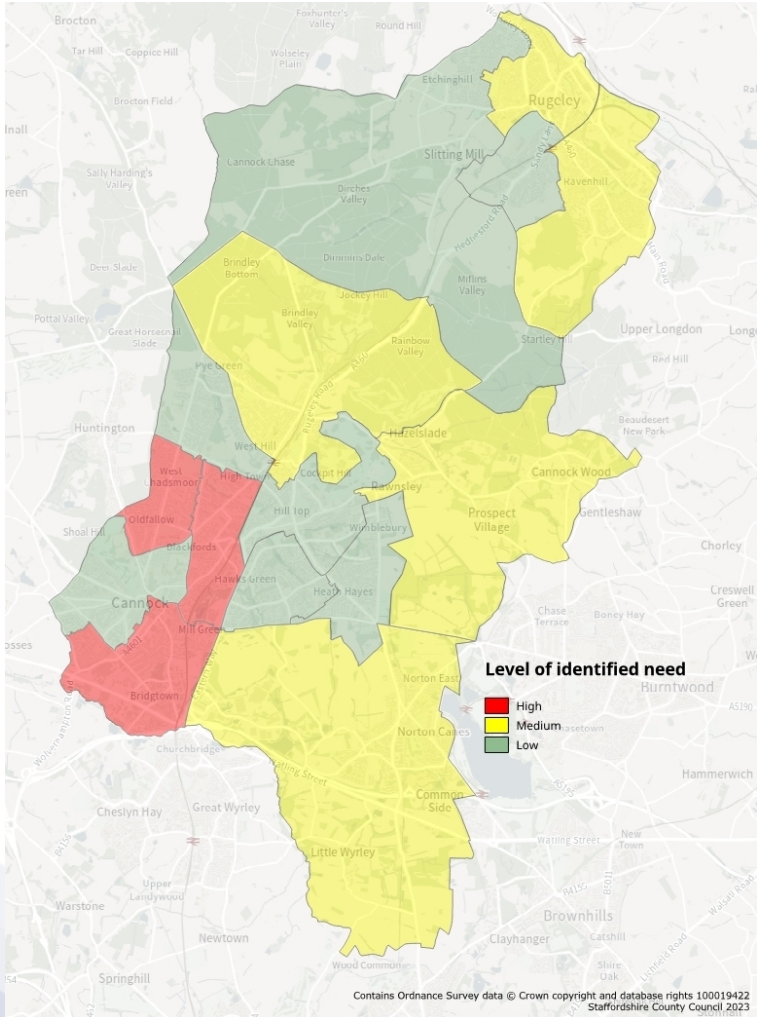| Ward	District	LE at birth (Males)	LE at birth (Females)	% of population in most deprived quintile	Referrals to Children's Social Services	Reception obesity	GCSE attainment (9-5 in English and Maths)	Claimant count	% of people who reported having a limiting long-term illness or disability	Emergency hospital admissions	Community care long term users	Preventable mortality	Recorded all crime	Estimated percentage of households that experience fuel poverty	Total Risk Score
Cross Heath	Newcastle-under-Lyme														11
Holditch & Chesterton	Newcastle-under-Lyme														11
Cannock East	Cannock Chase														10
Stapenhill	East Staffordshire														10
Town	Newcastle-under-Lyme														10
Common	Stafford														10
Highfields & Western Downs	Stafford														10
Glascote	Tamworth														10
Cannock North	Cannock Chase														9
Burton	East Staffordshire														9
Shobnall	East Staffordshire										✓	✓		✓		9
Biddulph East	Staffordshire Moorlands											✓		✓		9
Belgrave	Tamworth											✓		✓		9
Anglesey	East Staffordshire															8
Eton Park	East Staffordshire										✓			✓		8
Horninglow	East Staffordshire										✓	✓		✓		8
Curborough	Lichfield															8
Kidsgrove & Ravenscliffe	Newcastle-under-Lyme										✓	✓		✓		8
Penkside	Stafford															8
Leek North	Staffordshire Moorlands										✓	✓		✓		8
Cannock South	Cannock Chase										✓	✓		✓		7
Bradwell	Newcastle-under-Lyme														✓	7
Crackley & Red Street	Newcastle-under-Lyme													✓	✓	7

Cannock Chase District

- Three wards identified as having 'high' level of need; accounting for 22,700 residents or 23% of the district population.

- These wards are: Cannock East, Cannock North, Cannock South.

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Level of identified need
- High (red)
- Medium (yellow)
- Low (green)

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Staffordshire County Council 2023

Ward	LE at birth (Males)	LE at birth (Females)	% of population in most deprived quintile	Referrals to Children's Social Services	Reception obesity	GCSE attainment (9-5 in English and Maths)	Claimant count	% of people who reported having a limiting long-term illness or disability	Emergency hospital admissions	Community care long term users	Preventable mortality	Recorded all crime	Estimated percentage of households that experience fuel poverty	Total Risk Score
Cannock East														10
Cannock North														9
Cannock South														7

Age	Low need	Medium need	High need	Total
0-15 years	7,800 (43%)	5,900 (33%)	4,300 (24%)	18,000 (100%)
16-64 years	27,900 (44%)	20,800 (33%)	14,200 (23%)	62,900 (100%)
65+ years	8,300 (43%)	7,000 (36%)	4,200 (21%)	19,600 (100%)
85+ years	900 (40%)	900 (38%)	500 (21%)	2,200 (100%)
Total Population	44,100 (44%)	33,700 (34%)	22,700 (23%)	100,500 (100%)

East Staffordshire Borough

- Six wards identified as having 'high' level of need; accounting for 46,000 residents or 37% of the borough population.

- These wards are: Stapenhill, Burton, Shobnall, Anglesey, Eton Park and Horninglow.

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Ward	LE at birth (Males)	LE at birth (Females)	% of population in most deprived quintile	Referrals to Children's Social Services	Reception obesity	GCSE attainment (9-5 in English and Maths)	Claimant count	% of people who reported having a limiting long-term illness or disability	Emergency hospital admissions	Community care long term users	Preventable mortality	Recorded all crime	Estimated percentage of households that experience fuel poverty	Total Risk Score
Stapenhill														10
Burton														9
Shobnall														9
Anglesey														8
Eton Park														8
Horninglow														8

Age	Low need	Medium need	High need	Total
0-15 years	11,700 (50%)	1,700 (7%)	10,100 (43%)	23,500 (100%)
16-64 years	42,400 (55%)	5,000 (6%)	30,000 (39%)	77,400 (100%)
65+ years	15,500 (67%)	1,700 (7%)	5,900 (25%)	23,100 (100%)
85+ years	1,900 (66%)	200 (7%)	800 (27%)	2,900 (100%)
Total Population	69,600 (56%)	8,400 (7%)	46,000 (37%)	124,000 (100%)

Level of identified need
- High
- Medium
- Low

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Lichfield District

- One ward identified as having 'high' level of need and four with medium level of need.

- 4% (4,300) of Lichfield's population is in the high need group and 20% (20,800) in medium need.

- The high level ward is Curborough, the medium risk wards are Chasetown, Chadsmead, Stowe and Fazeley.

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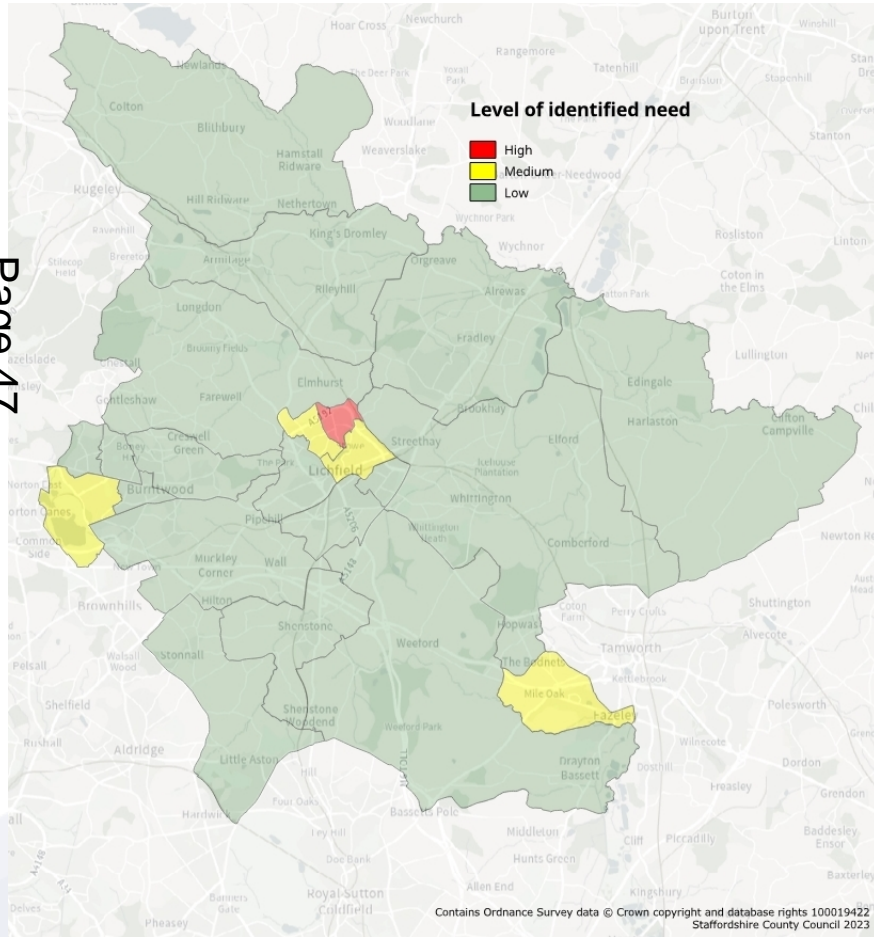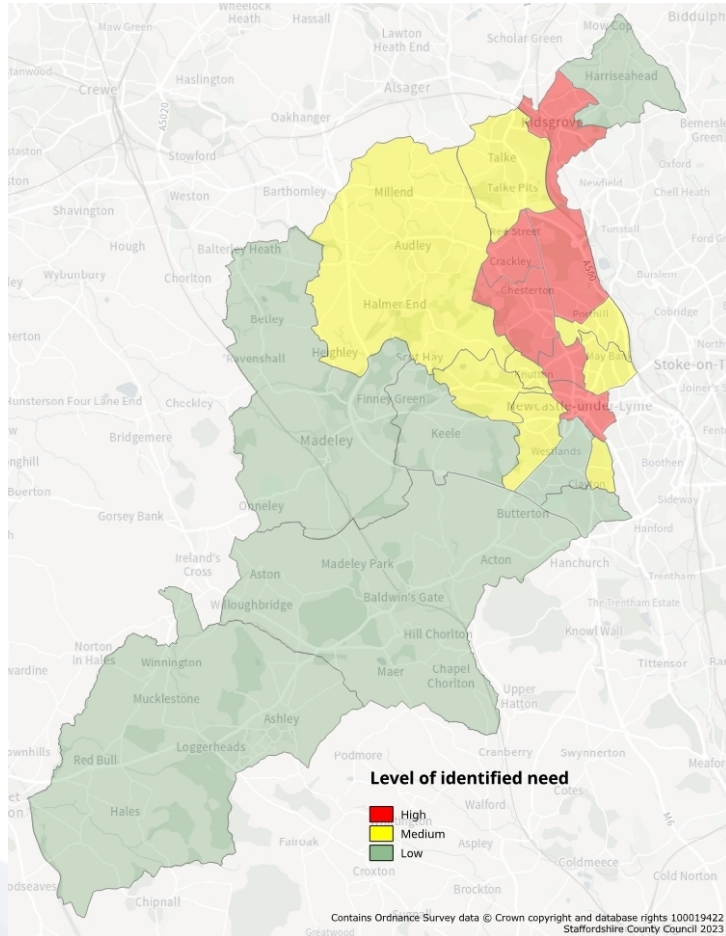Staffordshire County Council 2023

Ward	LE at birth (Males)	LE at birth (Females)	% of population in most deprived quintile	Referrals to Children's Social Services	Reception obesity	GCSE attainment (9-5 in English and Maths)	Claimant count	% of people who reported having a limiting long-term illness or disability	Emergency hospital admissions	Community care long term users	Preventable mortality	Recorded all crime	Estimated percentage of households that experience fuel poverty	Total Risk Score
Curborough														8
Chasetown														6
Chadsmead														5
Stowe														5
Fazeley														4

Age	Low need	Medium need	High need	Total
0-15 years	13,400 (75%)	3,700 (21%)	800 (4%)	17,900 (100%)
16-64 years	48,000 (76%)	12,400 (20%)	2,600 (4%)	63,000 (100%)
65+ years	19,900 (78%)	4,800 (19%)	900 (3%)	25,500 (100%)
85+ years	2,100 (73%)	700 (24%)	100 (3%)	2,900 (100%)
Total Population	81,300 (76%)	20,800 (20%)	4,300 (4%)	106,400 (100%)

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Newcastle Borough

- Six wards identified as having 'high' level of need, accounting for 40,100 residents or 32% of the borough population.

- These wards are: Cross Heath, Holditch & Chesterton, Town, Kidsgrove & Ravenscliffe, Bradwell and Crackley & Red Street.
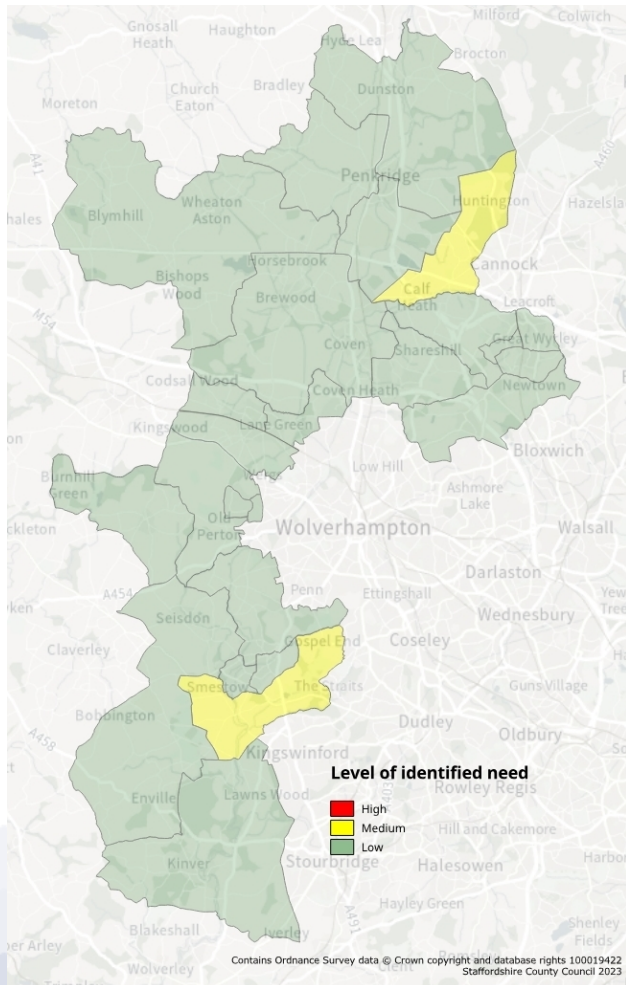
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Level of identified need
- High
- Medium
- Low

Ward	LE at birth (Males)	LE at birth (Females)	% of population in most deprived quintile	Referrals to Children's Social Services	Reception obesity	GCSE attainment (9-5 in English and Maths)	Claimant count	% of people who reported having a limiting long-term illness or disability	Emergency hospital admissions	Community care long term users	Preventable mortality	Recorded all crime	Estimated percentage of households that experience fuel poverty	Total Risk Score
Cross Heath														11
Holditch & Chesterton														11
Town														10
Kidsgrove & Ravenscliffe														8
Bradwell														7
Crackley & Red Street														7

Age	Low need	Medium need	High need	Total
0-15 years	4,900 (24%)	8,300 (41%)	6,900 (34%)	20,100 (100%)
16-64 years	21,200 (28%)	29,800 (39%)	25,500 (33%)	76,400 (100%)
65+ years	8,300 (31%)	10,800 (40%)	7,700 (29%)	26,700 (100%)
85+ years	1,000 (29%)	1,500 (42%)	1,000 (29%)	3,500 (100%)
Total Population	34,300 (28%)	49,000 (40%)	40,100 (32%)	123,300 (100%)

South Staffordshire District

- No wards identified as having 'high' level of need, but two wards with medium need; accounting for 7,900 or 7% of the district population.

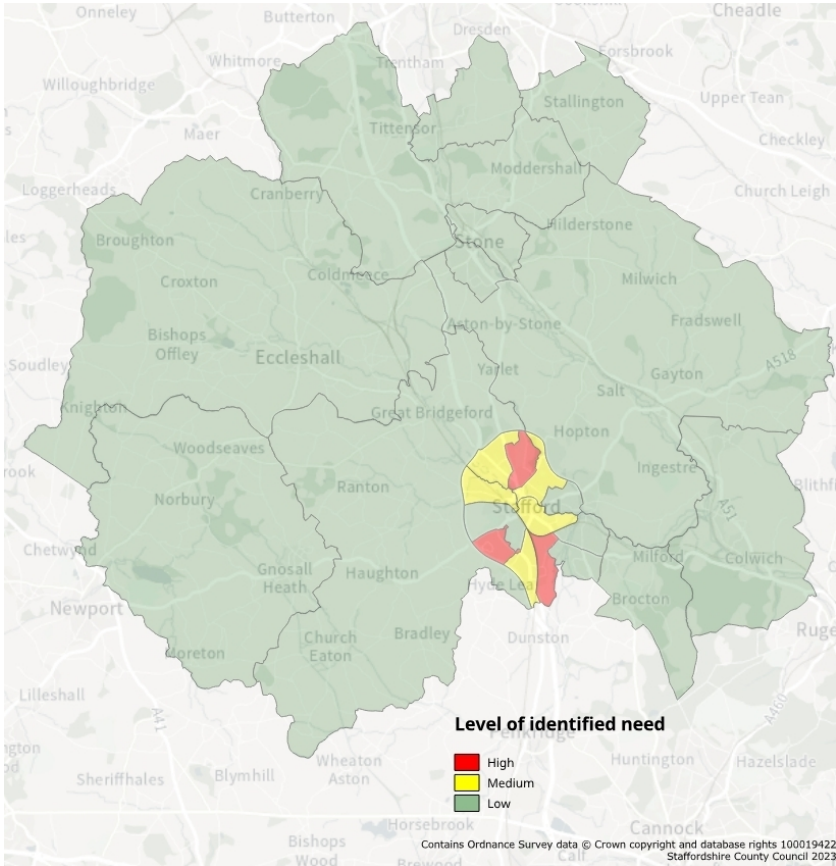- These wards are: Himley & Swindon and Huntington & Hatherton.

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Ward	LE at birth (Males)	LE at birth (Females)	% of population in most deprived quintile	Referrals to Children's Social Services	Reception obesity	GCSE attainment (9-5 in English and Maths)	Claimant count	% of people who reported having a limiting long-term illness or disability	Emergency hospital admissions	Community care long term users	Preventable mortality	Recorded all crime	Estimated percentage of households that experience fuel poverty	Total Risk Score
Himley and Swindon														4
Huntington and Hatherton														4

Age	Low need	Medium need	High need	Total
0-15 years	15,700 (92%)	1,400 (8%)	0 (0%)	17,100 (100%)
16-64 years	60,800 (93%)	4,800 (7%)	0 (0%)	65,600 (100%)
65+ years	26,100 (94%)	1,700 (6%)	0 (0%)	27,700 (100%)
85+ years	3,200 (93%)	200 (7%)	0 (0%)	3,500 (100%)
Total Population	102,600 (93%)	7,900 (7%)	0 (0%)	110,500 (100%)

Stafford Borough

- Three wards identified as having 'high' level of need; accounting for 15,000 residents or 11% of the borough population.

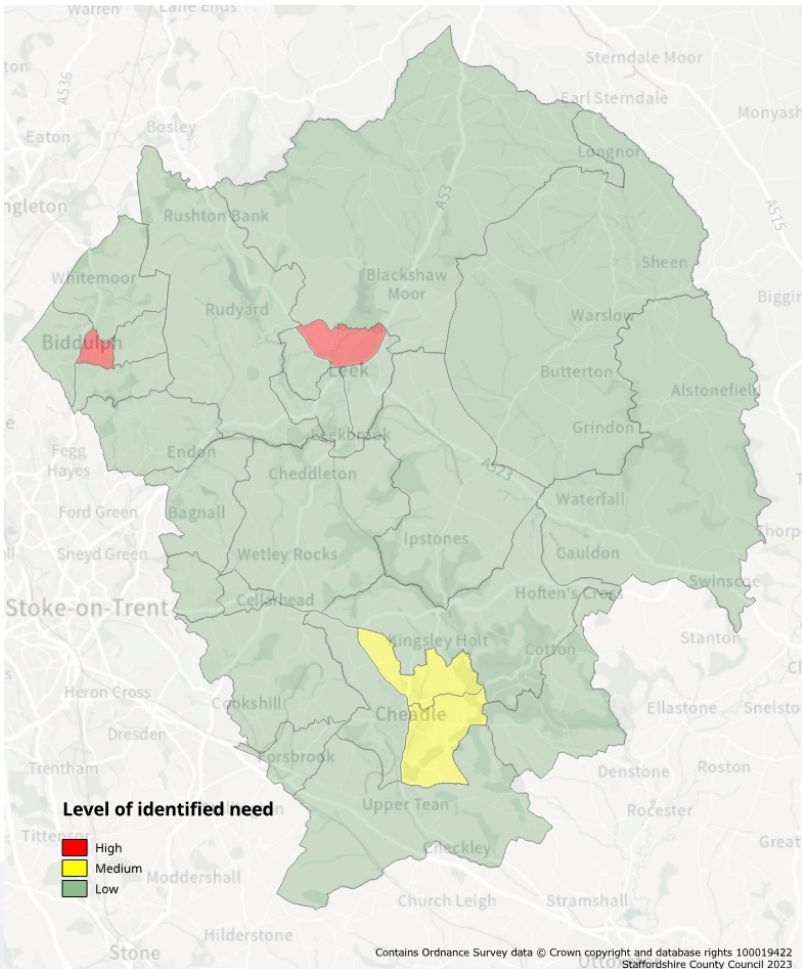- These wards are: Common, Highfields & Western Downs and Penkside.

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Level of identified need
- High
- Medium
- Low

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Staffordshire County Council 2023

Ward	LE at birth (Males)	LE at birth (Females)	% of population in most deprived quintile	Referrals to Children's Social Services	Reception obesity	GCSE attainment (9-5 in English and Maths)	Claimant count	% of people who reported having a limiting long-term illness or disability	Emergency hospital admissions	Community care long term users	Preventable mortality	Recorded all crime	Estimated percentage of households that experience fuel poverty	Total Risk Score
Common														10
Highfields & Western Downs														10
Penkside														8

Age	Low need	Medium need	High need	Total
0-15 years	14,800 (64%)	5,600 (24%)	2,900 (12%)	23,300 (100%)
16-64 years	53,100 (65%)	19,400 (24%)	9,700 (12%)	82,100 (100%)
65+ years	23,500 (75%)	5,500 (18%)	2,400 (8%)	31,400 (100%)
85+ years	2,900 (74%)	800 (19%)	300 (7%)	3,900 (100%)
Total Population	91,300 (67%)	30,600 (22%)	15,000 (11%)	136,800 (100%)

Staffordshire Moorlands District

- Two wards identified as having a 'high' level of need; accounting for 11,600 residents or 12% of the district population.

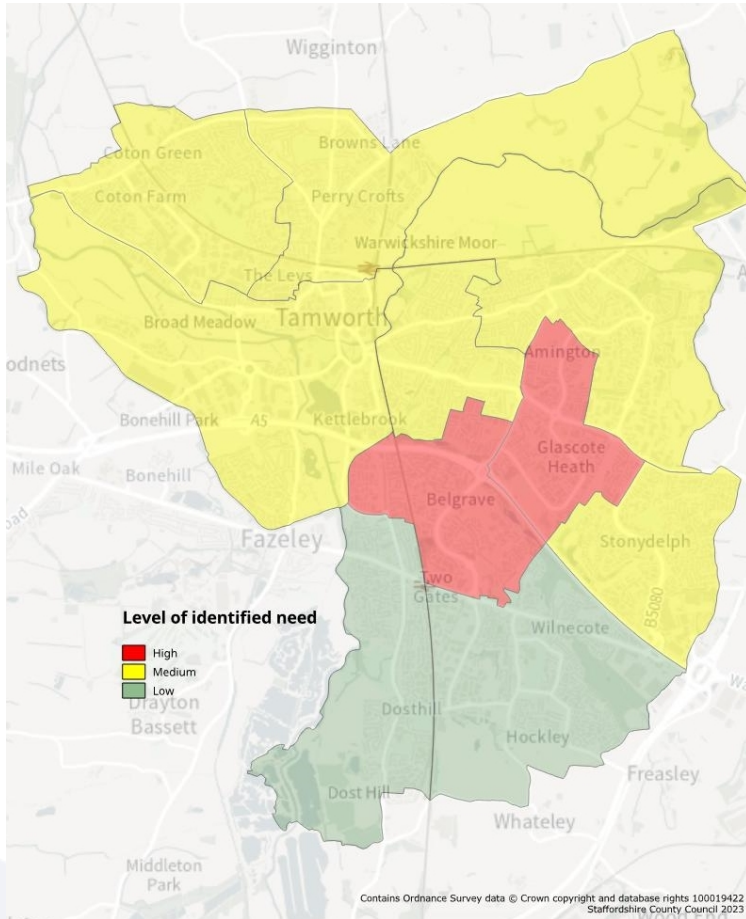- These wards are: Biddulph East and Leek North.

Ward	LE at birth (Males)	LE at birth (Females)	% of population in most deprived quintile	Referrals to Children's Social Services	Reception obesity	GCSE attainment (9-5 in English and Maths)	Claimant count	% of people who reported having a limiting long-term illness or disability	Emergency hospital admissions	Community care long term users	Preventable mortality	Recorded all crime	Estimated percentage of households that experience fuel poverty	Total Risk Score
Biddulph East														9
Leek North														8

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Level of identified need
- High (red)
- Medium (yellow)
- Low (green)

Age	Low need	Medium need	High need	Total
0-15 years	11,600 (77%)	1,100 (7%)	2,400 (16%)	15,000 (100%)
16-64 years	44,600 (80%)	4,100 (7%)	7,100 (13%)	55,700 (100%)
65+ years	21,200 (84%)	1,800 (7%)	2,100 (8%)	25,100 (100%)
85+ years	2,500 (82%)	200 (7%)	400 (12%)	3,000 (100%)
Total Population	77,300 (81%)	7,000 (7%)	11,600 (12%)	95,800 (100%)

Tamworth Borough

- Two wards identified as having 'high' level of need; accounting for 15,600 residents or 20% of the borough population.

- These wards are: Glascote and Belgrave.

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Level of identified need
- High
- Medium
- Low

Ward	LE at birth (Males)	LE at birth (Females)	% of population in most deprived quintile	Referrals to Children's Social Services	Reception obesity	GCSE attainment (9-5 in English and Maths)	Claimant count	% of people who reported having a limiting long-term illness or disability	Emergency hospital admissions	Community care long term users	Preventable mortality	Recorded all crime	Estimated percentage of households that experience fuel poverty	Total Risk Score
Glascote														10
Belgrave														9

Age	Low need	Medium need	High need	Total
0-15 years	3,100 (21%)	8,400 (57%)	3,300 (22%)	14,900 (100%)
16-64 years	10,500 (21%)	28,900 (59%)	9,500 (19%)	48,900 (100%)
65+ years	3,100 (21%)	9,100 (61%)	2,800 (19%)	14,900 (100%)
85+ years	300 (20%)	1,000 (65%)	200 (15%)	1,500 (100%)
Total Population	16,700 (21%)	46,300 (59%)	15,600 (20%)	78,700 (100%)

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