

Staffordshire Cares: **For Communities, With Communities**

‘Place Shaping To Improve the Health, Independence and Wellbeing of Vulnerable Adults and Communities’

GUIDANCE & TOOLKIT

2010

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This toolkit was produced by Community Services, Social Care and Health Directorate, Staffordshire County Council.

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CONTENTS	PAGE
1. Foreword: Eric Robinson, Corporate Director Social Care and Health	3
2. About this 'Toolkit' and its use in Social Care & Health	4
3. Policy Background – The relevance of Place Shaping to our work in Social Care and Health	5
4. Our Place Shaping Model: 6 Key Social Inclusion Themes which will help us develop our communities for Health, Independence and Wellbeing	7
5. Place Shaping Programmes: new approaches to shape places using the model and themes	14
➤ Effective interventions and good practice examples	
➤ Team Exercises; including Reflection and Assessment of current position and progress	
➤ Community Development and Capacity Building	
6. Useful Resources, Links and further Reading	31
7. Bibliography	32
Figures:	
1 Figure 2 'A Life, Not a Set of Services'	9
2 Local Place Shaping	10
3 Staffordshire Carers	11
4a Working, Influencing and Investing at a different level of 'Place' and Inverting the 'Triangle of Care'	12
4b Working at a different level of 'Place' and inverting 'The triangle of Care'	12
5 The Staffordshire Model	13
Appendix 1: The Dahlgren and Whitehead Social Model of Health and Wellbeing	34

1. Forward: Eric Robinson, Corporate Director, Social Care and Health, Staffordshire County Council

“Developing communities and places to promote the Health, Independence and Wellbeing of Older People, Vulnerable Adults and Communities”

The place shaping and community development activities described in this toolkit are to be led, influenced, commissioned and implemented by the Staffordshire County Council Directorate of Social Care and Health as part of its implementation of ‘**Staffordshire Cares**’. It is part of our ongoing strategy for health, independence and wellbeing and should be considered as our overall prevention and early intervention implementation plan and to enable people to ‘Live My Life My Way’.

There are six key themes which form a place shaping framework. The toolkit is intended to support strategic planning and local delivery, through providing a working model, examples of effective place shaping delivery mechanisms, and team self-assessments.

Alongside the place shaping framework and toolkit there sits further key organisational developments to be developed and implemented to complement this:

1. District Briefings, Team Exercises, Best Practice Events and Assessments (see the end of each theme).
2. A performance management framework to assess progress and make continuous improvements.
3. Use of ‘needs-led’ budgets which consider investment and resources in to prevention and early intervention. This involves re-shaping, re-design and commissioning of new services, but also requires strong local leadership in identifying and knowing what local assets and services exist which can be utilised for place-shaping and further developed for maximised impact.
4. Ongoing joint strategic needs assessment.
5. Third Sector Commissioning strategy.
6. Further development of integrated services with NHS.
7. Further capacity building and development of the Voluntary and Community Sector to provide preventative and wellbeing services in ‘local places’.

Please make full use of this toolkit to continue to implement our vision of Staffordshire Cares for the Wellbeing of Vulnerable Adults and Communities and to continue to make practical changes and improvements to ensure the wellbeing for people and the places where people live”

Eric Robinson, Director of Social Care and Health, Staffordshire County Council.



2. About the 'Toolkit' and its use in Social Care & Health

The purpose of this toolkit is to enable Social Care & Health Staff to develop their own and team roles in promoting the health, independence and wellbeing of vulnerable adults and communities across Staffordshire.

The toolkit is intended to support our role in community development and our ongoing implementation of '**Staffordshire Cares**' by:

- bringing together an understanding of the **policy context** and why changes to our strategy and functions need to continue to adapt and change to promote health, independence and wellbeing
- applying an approach to working on a broader **health and wellbeing agenda** - which is now commonly referred to as '**Place-Shaping**' – a term which can be confusing but essentially means **promoting and enabling community development for health and wellbeing**
- using a simple, practical model, based on **6 key factors to increase social inclusion** of vulnerable adults and communities
- facilitating organisational development, **sharing good practice and ideas for further innovation**
- supporting **performance management, continuous improvement and evaluation**

3. Policy Background: The relevance of Place Shaping to our work in Social Care & Health

The overall aim is to improve health, independence and wellbeing of vulnerable adults and communities in Staffordshire. This will be achieved by making the place people live, accessible and suitable to meet the needs and aspirations of vulnerable adults and communities.

The policy focuses on the changing roles and functions of public sector organisations and in their responsibilities to work in wider partnerships to improve outcomes for service users and local communities. These changes have developed over the last twenty years as the role of local authorities has changed considerably from being a main provider of local services to one of local leadership in promoting economic, social and environmental well-being of their area.

In 2000, the Local Government Act placed a duty on local authorities to promote health and well-being – and, this has been followed up by further government white papers, Our Health, Our Care, Our Say, Choosing Health and Strong and Prosperous Communities – which all place leadership and the promotion of health, independence and wellbeing with local communities at the forefront of our business.

Thus the principal role of councils is now seen in terms of ‘place shaping’:

“My description of place-shaping reflects my view that the ultimate purpose of local government should be to take responsibility for the well-being of an area and its communities, reflecting its distinctive identity, and promoting its interests and future prosperity. It involves a focus on developing the economic, social and environmental wellbeing of the local community and the local area. It therefore requires councils to take responsibility for influencing and affecting things beyond their more narrowly defined service responsibilities.” Sir Michael Lyons 2007

3.1 Why is this so relevant to Social Care and Health?

Place Shaping is synonymous to our agenda in Social Care and Health and the policy driver of Putting People First - as we continue to develop Staffordshire Cares to achieve our vision of inclusion, independence, health and wellbeing for vulnerable adults and older people - this broadens our role and remit into the wider community and community development - helping to **shape and create communities in which ALL people can thrive and live positive, participatory lives.**

We therefore have a crucial and key partnership role to play in helping to improve health and wellbeing outcomes and turn high-level priorities in to practical change on the ground to improve health, independence and wellbeing for vulnerable adults and communities.

We all have a vital role in developing partnership work with service users, local communities and partner organisations, both at a strategic and influencing level and at an operational level:

3.2 Using the For Communities, With Communities Toolkit:

This toolkit is designed as a practical resource for Districts and departmental teams within Social Care and Health to enable us achieve our aim and to develop our roles to further promote health and wellbeing. It provides us with a 'working model' we can all apply to our work environment and different levels of leadership in the directorate.

The toolkit provides key elements of community development; some suggested key interventions and activities and some exercises and assessments for teams to explore their role and team plans.

The toolkit will be further supplemented by further organisational development and training which will provide development, training and skills including:

- **Financial Management**
- **Community Engagement and Involvement**
- **Equalities Impact Assessment**
- **Health Impact Assessment**
- **Equalities and Diversity**
- **Project planning, monitoring and evaluation**
- **How do we know what to measure and how will we know if we've made a difference**
- **Local Briefings**
- **From Outputs to Outcomes**
- **Understanding and developing partnerships with the Voluntary & Community Sector**
- **Good Practice Exchange**

4. Our 'Place Shaping Model': 6 Key Social Inclusion Themes which will help us shape our communities for Health, Independence and Wellbeing

This toolkit is based on a **social inclusion model of 'Wellbeing in a Place'** (see *Figure 1 and Appendix 1*) which demonstrates the key factors and determinants which need to be available to individuals and communities to enable health, independence and wellbeing in the places where people live. These should be seen as the '**essential building blocks**' to achieving our aim and are based on a model for community development – and will require us to work with in partnership with local people, communities and organisations to ensure changes.

These 'building blocks' can be further grouped in to **6 key themes** which if we address as part of our work in localities can achieve wellbeing and inclusion for Vulnerable Adults with support needs and local communities. These 6 key themes are built on an evidence-based model for achieving social inclusion and in summary cover:

- **The Individual:** Ensure individual risk is assessed and preventative measures offered to all those who would benefit, proactively seeking-out those most at-risk and currently excluded.
- **Income:** Maximise financial inclusion through employment, training, income and benefits uptake.
- **The Home:** Ensure improved, safe, warm and appropriate housing and the life-time homes standard.
- **Social Relations, Networks, Participation and Making a Positive Contribution:** Maximise the development of social networks in communities to reduce isolation and loneliness. Maximise the development of community and user-led involvement, participation and volunteering.
- **The local area:** Reduce crime and fear of crime, improve public and community transport schemes, and ensure local access to basic amenities such as health care, shops, post offices, social and leisure activities and ensure lifetime neighbourhoods.
- **Wider Society:** Work with media to tackle stigma, discrimination and myths, support Advocacy and lobbying, wider work on safeguarding to increase public awareness of the abuse of Vulnerable Adults, promote positive ageing and de-stigmatise ageing, create positive images, value people's contributions to their communities and their potential strengths.

The toolkit gives prompts for evidenced-based actions based on these 6 key themes to achieving wellbeing and social inclusion. It can be applied universally and targeted to address inclusion and wellbeing for individuals, service users and communities. Whilst it has been designed as a wellbeing framework for healthy ageing - it is based on a social inclusion model of health and wellbeing, (see **Appendix 1**) and is thus transferable to the needs of all vulnerable adults and communities.

The For Communities, With Communities Model and its 6 key themes to achieve social inclusion are also complementary to, and are aligned with, the **Putting People First Social Care Transformation** themes of:

- Facilitating access to universal services (e.g. housing, employment)
- Information and support (e.g. signposting, library, 'non-care')
- Early intervention and prevention
- Building social capital within local communities, including User/Carer empowerment
- Personalisation, choice and control

The cross-cutting, interdependent themes in the Model and Toolkit demonstrate how suggested evidenced-based actions complement Putting People First themes, the 7 Care Quality Commission outcomes and local Staffordshire LAA priorities. This will also enable progress on key interventions to be reported against key performance outcome measures.

Figure 1 'A Life, Not a Set of Services'

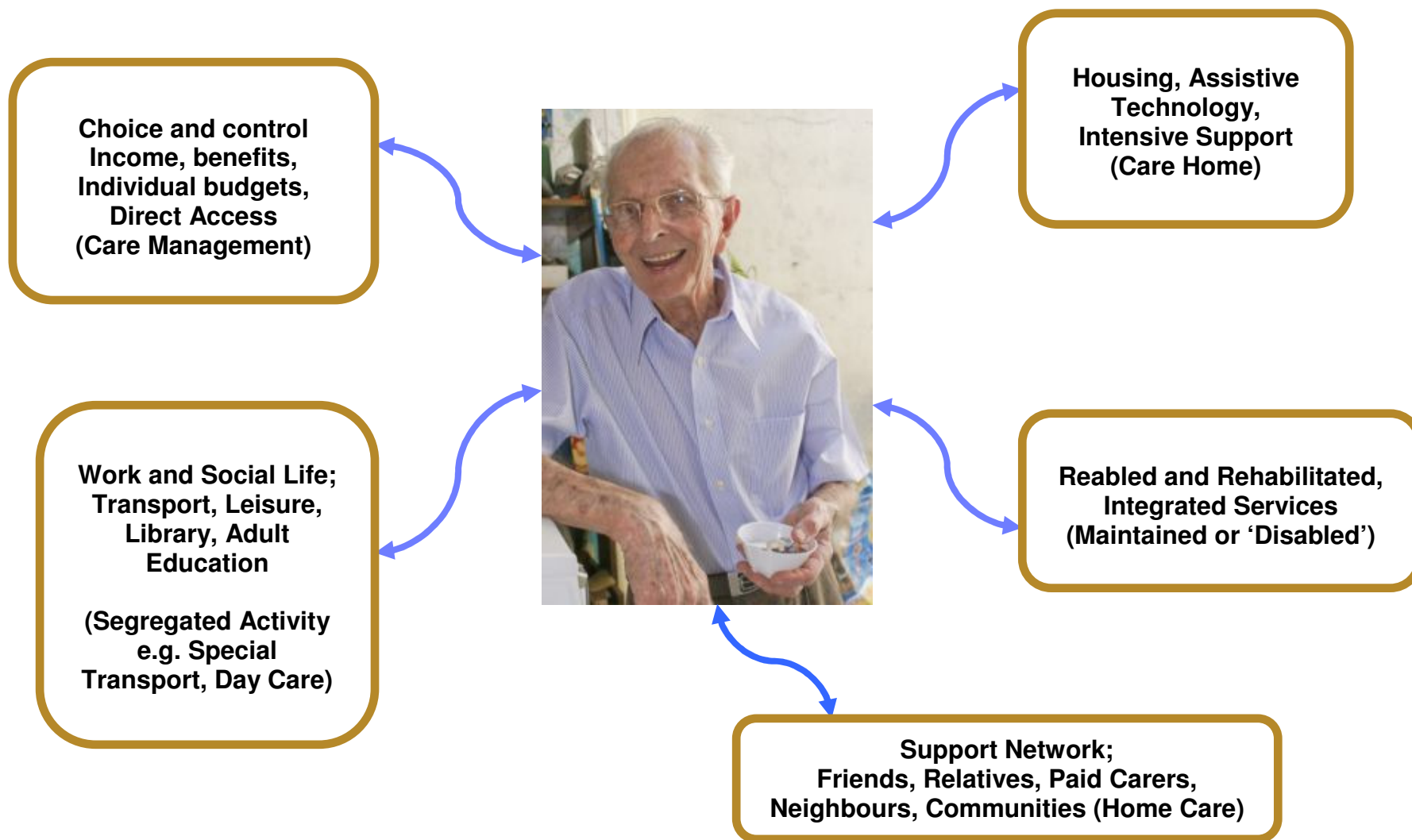
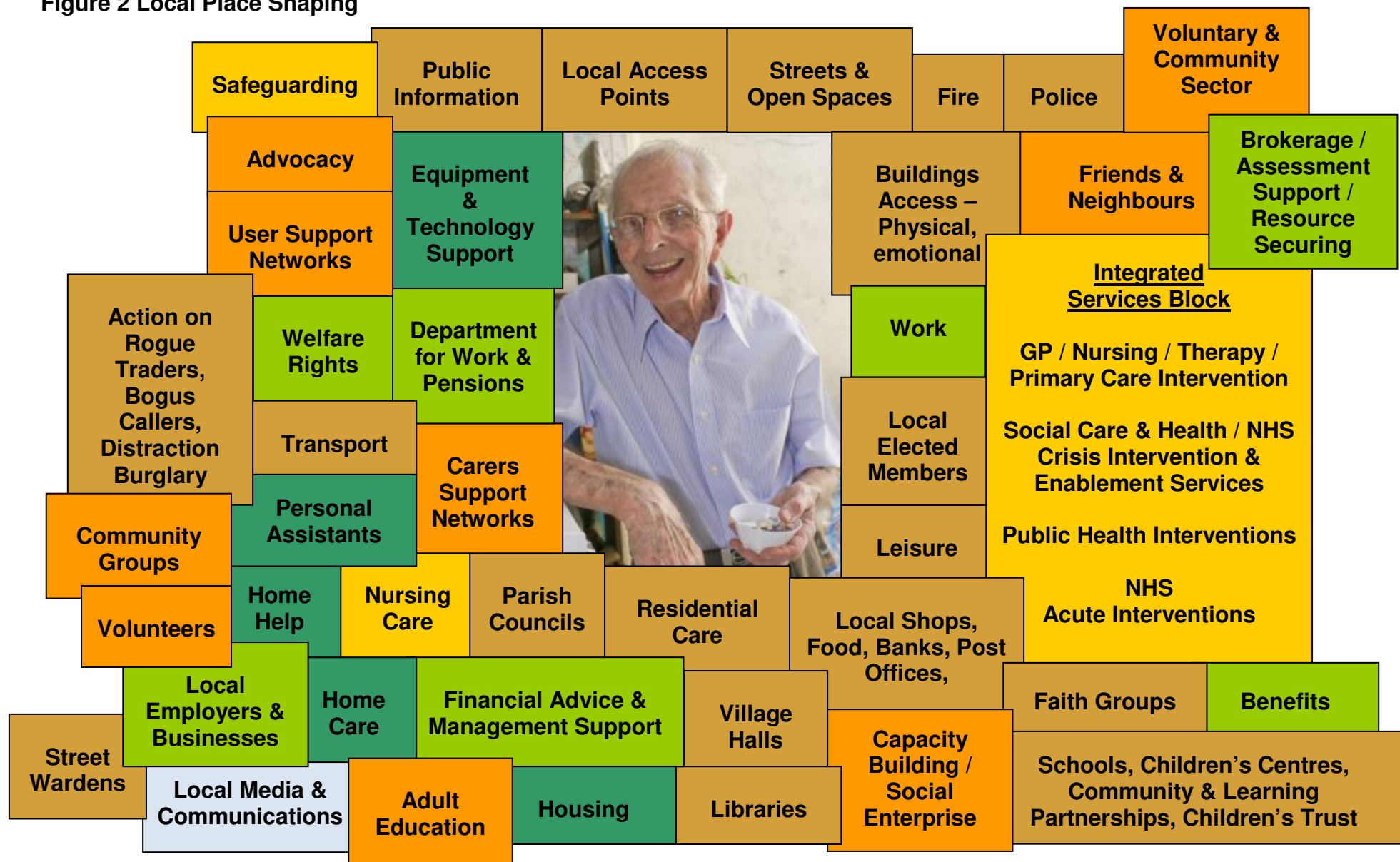


Figure 2 Local Place Shaping



The aim is to make the place people live. accessible and suitable to meet the needs and aspirations of vulnerable adults and communities

Figure 3 Staffordshire Carers

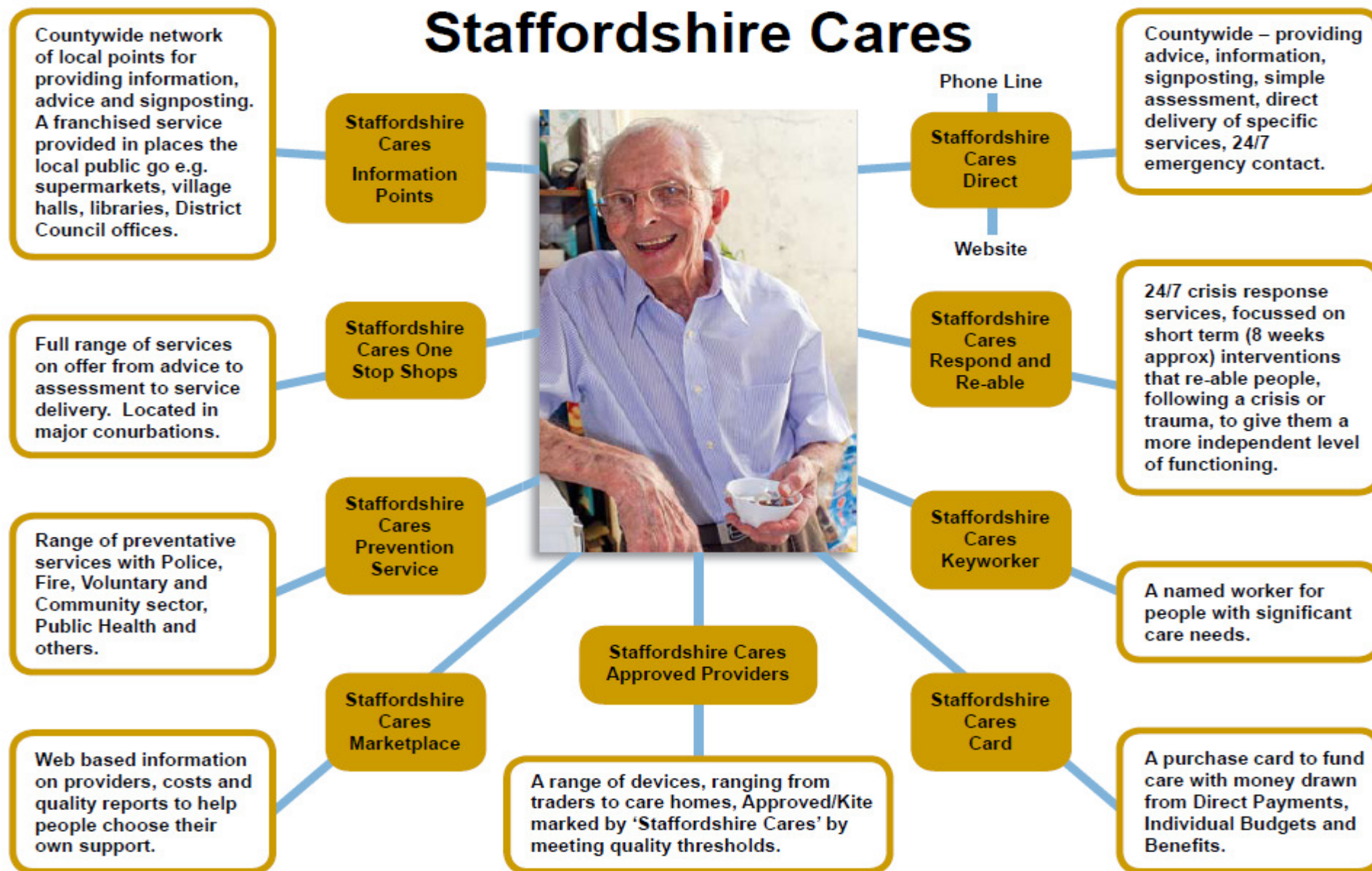
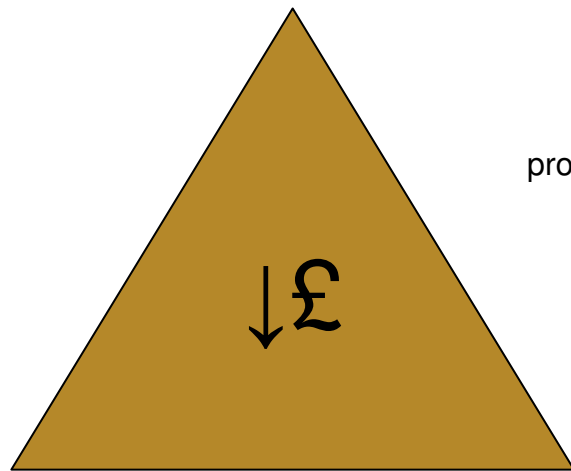
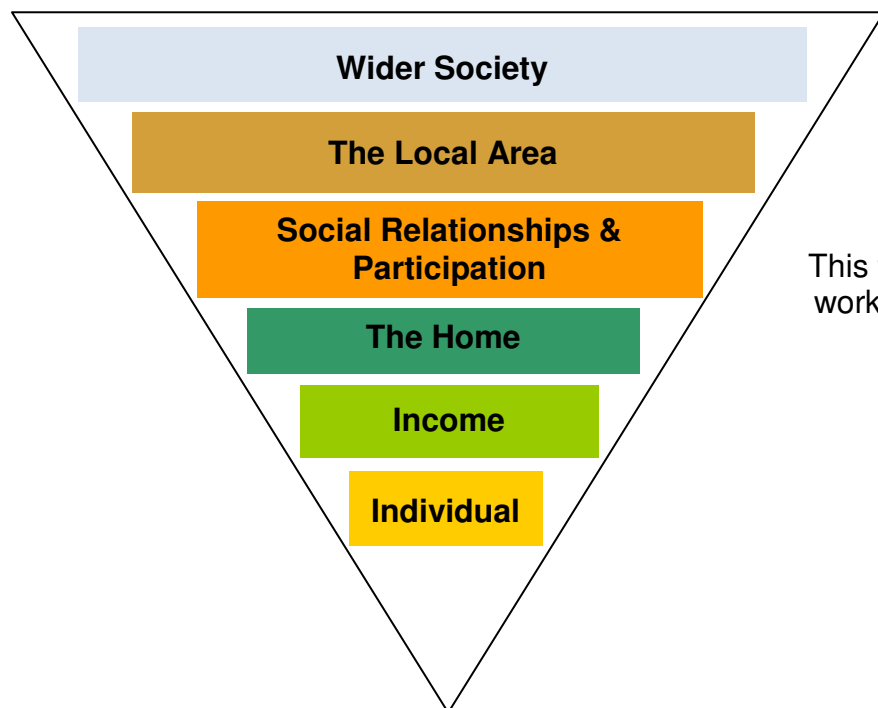


Figure 4a: Working, Influencing and Investing at a different level of 'Place' and Inverting the 'Triangle of Care'



We have traditionally invested all our resources and service provision at the 'individual/care' end of the triangle "the top point" – based on eligibility criteria and social care needs.

Figure 4b: Working at a different level of 'Place' and inverting 'The triangle of Care'

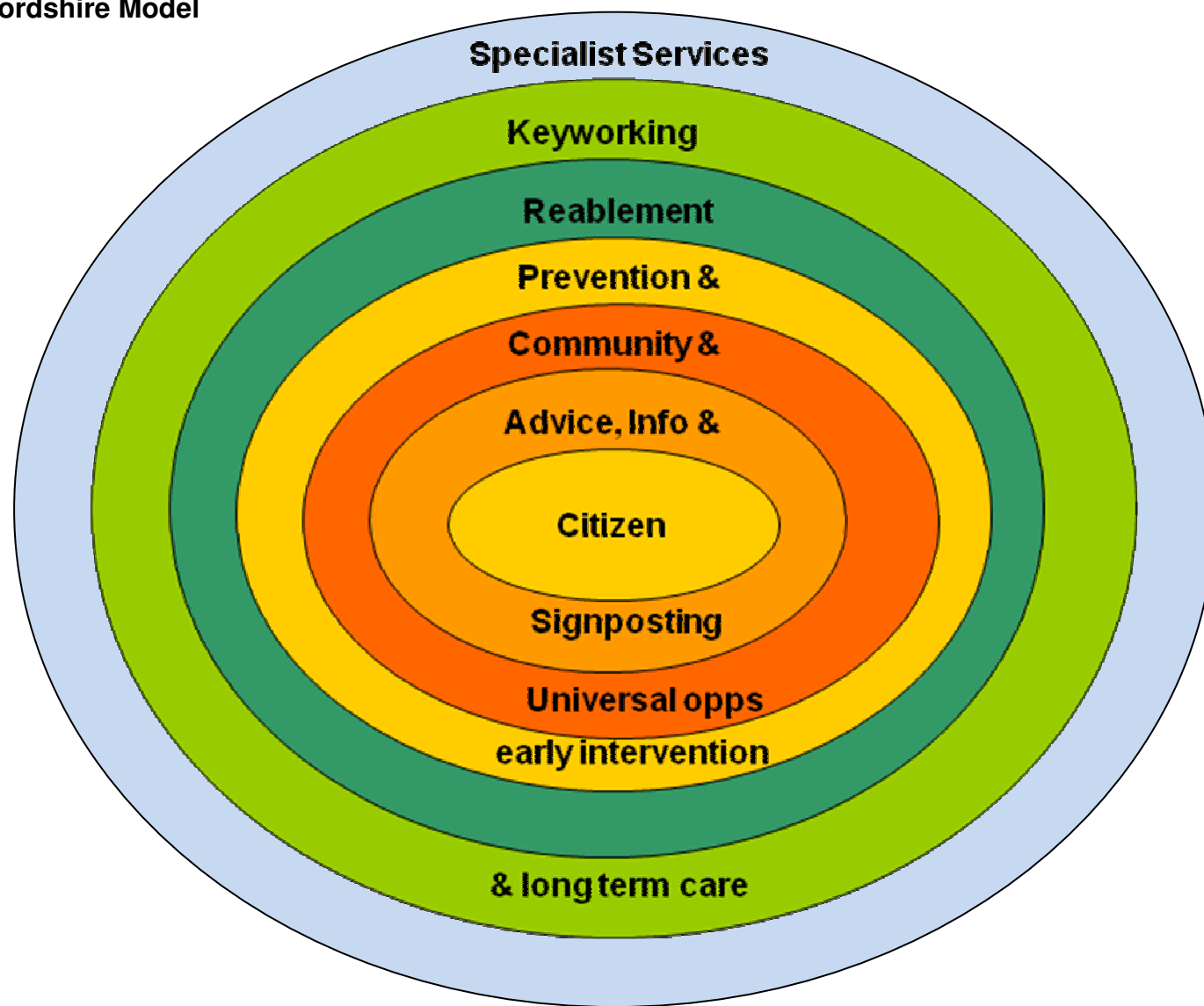


'Inverting the triangle'

In order to promote health, independence and wellbeing for people in places – **we need to influence, develop partnerships, shape, invest and commission in the other areas of a wider 'place'**.

This toolkit provides recommendations as to how to develop work and programmes and practical actions across these 6 key themes of 'place'.

Figure 5 The Staffordshire Model



5. Place Shaping Programmes: new approaches to shape places using the model and themes

Theme 1: The Individual

How activities relate to Care Quality Commission and LAA Outcomes:

CQC Outcome 1: Health and Emotional Well-being - “Enjoying good physical and mental health. Access to appropriate treatment and support in managing long-term conditions independently. Opportunities for physical activity”

CQC Outcome 4: Increase choice and control - “Through maximum independence and access to information. Being able to choose and control services and helped to manage risk in personal life”

CQC Outcome 7: Maintaining personal dignity and respect: - “Keeping clean and comfortable. Enjoying a clean and orderly environment. Availability of appropriate personal care”

LAA Indicators:

National Indicator 7: Environment for a thriving third sector

National Indicator 135: Carers receiving needs assessment and review

Preventative and Wellbeing measures for the Individual	What Success would look like	Examples of Good Practice
<p>Primary Prevention The focus is maintaining independence and good health and promoting wellbeing in people who have little or no particular health or social care needs or symptoms.</p>	<p>Interventions include providing universal access to good quality information, promoting health and active lifestyles, delivering practical services etc.</p> <p>Prevention, treatment and rehabilitation in place for individuals in the wider community, i.e. beyond those we ‘usually provide care for’.</p>	<p>Public Health activities such as smoking cessation, healthy diet, physical activity, reduce alcohol consumption, falls prevention, mental health promotion.</p> <p>See the Staffordshire LAA Health and Wellbeing Priorities & Delivery programmes. Contact: Aliko Ahmed, Director of Public Health South Staffs PCT</p>
<p>Secondary Prevention and early intervention to ensure individual risk is assessed and preventative measures offered to all those who would benefit.</p> <p>Proactively seeking-out those most at-risk and currently excluded through screening and</p>	<p>Risk is promptly identified front line services in relevant settings and appropriate interventions, health promotion advice or signposting is provided and referrals made: e.g., falls prevention, stroke-risk, managing depression, diabetes management, referral to mental health services, access to adaptations, referral to substance misuse services, identification of malnutrition in the elderly.</p> <p>People’s needs are met through a range of appropriate and effective services, public and third sector</p>	<p>Mainstreaming of early intervention & prevention such as ‘Health-Net plus’ Cannock One-Directorate Contact pilot – Contact Trish Caldwell, County Manager, Community Services, SCH, trish.caldwell@staffordshire.gov.uk</p> <p>LEAN systems-thinking to identify risk and vulnerable adults and early intervention with those not usually eligible (Contact Paula Furnival, District Director, SCH)</p> <p>Commission low-level support services from third sector, e.g. Staffordshire Cares: Community Wellbeing Fund:</p>

<p>case finding to halt or slow-down any deterioration and actively seek to improve their situation.</p>		<p>www.staffordshire.gov.uk/health/healthdevelopment/grantscheme/ Contact Shelley Davis, Shelley.davis@staffordshire.gov.uk</p> <p>Bradford POPP – Health in Mind. Targeted older people at risk of mental health problems. www.dhcarenetworks.org.uk/Prevention/POPPs/</p> <p>Workplace Health Tobacco Project (Partnership between SCC & Stoke City Council) Leo Capernaros leo.capernaros@staffordshire.gov.uk</p>
<p>Tertiary prevention: to minimise disability or deterioration from established health conditions or complex social care needs</p>	<p>Maximising people’s functioning and independence through interventions such as rehabilitation/enablement services</p> <p>Joint case management through integrated services.</p> <p>Management of unscheduled care.</p> <p>Reduced admissions</p>	<ul style="list-style-type: none"> • Integrated or co-located teams and networks. • Generic workers • Enablement services at the point of referral to social care developed through home-care services • Self-care programmes • Rapid-response in people’s own homes to avoid hospital or care home admission • Hospital in-reach and step-down pathways • Post-discharge support, settling in and proactive phone contact • Management of unscheduled care • End of life-care – enabling people to die at home <p>‘East Sussex POPP Independence First’ Integrated-Work with NHS to deliver portfolio of modernised health and social care holistic services - including telephone advice and assessment for simple aids.</p>
<p>Support, referral routes and pathways and follow-up in place for those not eligible for ongoing social care and self-funders.</p> <p>(see also above under secondary prevention) <i>NB when place-shaping is fully addressed in the 6 key themes,</i></p>	<p>There are clear referral and signposting to other appropriate services and record and follow-up systems in place</p> <p>There is follow-up of individuals to consider if their needs have been met.</p> <p>There is a ‘clear pathway’ (for non-eligibility and self-funders) into case co-ordination, low-level holistic assessment of needs, referrals into voluntary sector and mainstream services and 3/12 – 6/12 follow-up.</p>	<p>Case finding and case-co-ordination targeted at those who straddle boundaries of eligibility or experiencing significant life events such as bereavement, becoming a carer, onset of disability – strong engagement with GPs, A&E. See Brent POPP Integrated Care Co-ordination Service (ICCS)</p> <p>Commission low-level support services from third sector, e.g. Staffordshire Cares: Community Wellbeing Fund: www.staffordshire.gov.uk/health/healthdevelopment/grantscheme/</p>

<p><i>along with prevention services, early intervention and low-level support from Voluntary & Community sector - unmet needs should not be an issue</i></p>	<p>Service Managers and Front-line Staff are aware of local services and facilities in their area and 'current unmet needs' become 'met needs' by a range of local wellbeing and early intervention services.</p>	<p>Contact Shelley Davis Shelley.davis@staffordshire.gov.uk</p> <p>National Evaluation of the Partnerships for Older People Projects (POPP) programme. www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/PartnershipsforOlderPeopleProjects/index.htm</p>
<p>Carer/s are identified, proactively supported and receive benefits, e.g. income maximisation.</p>	<p>Carers are identified and enabled to remain in work, receive respite and breaks The physical and emotional needs of carers are met. Flexible respite care Timely responses</p>	<ul style="list-style-type: none"> • Integrated work with NHS and third sector • See LAA delivery plan N1 135 • Development of Carers Multi-Agency Strategy <p>Contact Bev Armer bev.armer@staffordshire.gov.uk</p>
<p>Long-term conditions are identified and managed in the community</p>	<p>Integrated packages in partnership with NHS and third sector for long-term conditions management, with clear client pathways, with Direct payments funding support in community. LTCs managed in the community, with primary and secondary interface working well. Reduced emergency admissions and crises.</p>	<p>Barnsley PCT – joint arrangements on long-term conditions - http://www.barnsleypct.nhs.uk/condition-management-programme.html</p> <p>Lay-led Expert Patient Programmes http://www.nhs.uk/conditions/Expert-patients-programme-/Pages/Introduction.aspx</p>
<p>Individual Budgets and Personalisation move beyond solely providing 'care'</p>	<p>Strategic capacity building, development and joint commissioning of low level "upstream" domestic support services (such as house cleaning, shopping, gardening etc, voluntary sector outreach/befriending). There is a good range of non-stat sector and Social Enterprises in place, increased referrals and regular uptake. Individuals and carers can easily access local information and services .</p>	<p>These services should be developed in conjunction with and provided by the voluntary and community sector – Commissioning Strategy for the Third Sector 2010-2012 Contact Harriet Summerfield harriet.summerfield@staffordshire.gov.uk</p>
<p>Social exclusion - both vulnerable adults and communities are identified and work is carried out to ensure that protective factors are built in to commissioning, place-shaping and proactive case-finding</p>	<p>Social exclusion is an experience characterised by deprivation and the lack of access to social networks, activities and services that results in a poor quality of life.</p>	<p>Change our model of working to ensure commissioning shifts to funding social networks, low-level support, pro-active case finding and early intervention in the wider community, i.e. beyond those we 'usually provide care for' with targeted preventative work opposed to screening 'out'.</p>
<p>Safeguarding and Protecting Individuals from Abuse</p>	<p>A Preventative framework in place to include: raising awareness in wider population, information on how to identify/respond/report and prevent/ work with media. Ensure that any OP/VA Advocacy Services we commission</p>	<ul style="list-style-type: none"> • Multi-agency Safeguarding Vulnerable Adults in Staffordshire and Stoke-on-Trent Policy & Procedures. • Establishing a Prevention Sub-group as part of the Safeguarding Vulnerable Adults in Staffordshire and Stoke-on-Trent Board.

	inc. EA prevention, identification/advocacy and support/training for the wider workforce.	<ul style="list-style-type: none"> • Creating a single number for the public to call with concerns about abuse of vulnerable adults. • Commissioning of the Independent Mental Capacity Advocacy (IMCA) service to promote the rights of people who lack capacity to make decisions for themselves. <p>Contact Stephen Dale Staffordshire Adult Safeguarding Coordinator stephen.dale@staffordshire.gov.uk</p>
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Team Exercise and Assessment

1. What is your own individual role in promoting the health, independence and wellbeing of the individual in terms of the interventions described above?
2. What is your team's role in promoting the wellbeing of the individual?
3. How will you connect with individuals who are not accessing services?
4. Where are you now in terms of developing initiatives as described above?
5. What would need to be different from current practice?
6. Who else would you/team need to work with?
7. What's missing that is still vital to the needs of the individual in promoting their wellbeing?
8. How would you demonstrate success against the outcomes?
9. Are there any further training and development needs identified?

Theme 2: Income

How activities relate to Care Quality Commission and LAA Outcomes:

CQC Outcome 6: Economic Well-being – “Access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs”

LAA indicator: N1 146 Adults with learning disabilities in employment

Preventative and Wellbeing measures for Income	What Success would look like	Examples of Good Practice
<p>Appropriate employment opportunities and jobs are available locally for vulnerable adults and communities through the creation of wider partnerships.</p>	<p>It is normal for everyone to be in work and there is evidence of increased employment of 50+ and people with disabilities and mental health problems</p> <p>Wider collaborative Partnerships exist with JobCentre+ and the Learning and Skills Council and the Private sector to ensure that the employment and training needs of vulnerable adults are prioritised</p> <p>We use our organisational capacity to enable vulnerable adults to take up training and work placements within our organisation as a ‘Socially Responsible Employer’.</p> <p>We secure external funding (e.g. European Social Fund) in partnerships to provide training and development for vulnerable groups and adults.</p> <p>We facilitate the development of social enterprises to provide basic independent living, job skills, interview skills, provide ‘travel expenses, ‘a suit and shoes’ etc.</p> <p>Suitable Volunteer opportunities are created to meet 2 needs. 1. The volunteer is helped in developing skills appropriate to the workplace. 2. Vulnerable adults are given the opportunity to develop life skills and employment skills</p>	<p>Partnerships with key employment agencies, e.g. 'Pathways to Work Team': Jobcentre Plus, JET (Jobs, Employment and Training) advisers (Burton & Cannock)</p> <p>http://www.barnsleypct.nhs.uk/condition-management-programme.html</p> <p>European Social Fund: http://www.esf.gov.uk/archive/2000_2006_esf_programme/esf_news/issue_28/priorities.asp</p> <p>Barnabas workshops Essex: www.barnabasworkshops.co.uk/ www.coalfields-regen.org.uk/</p> <p>Befriending / Mentor Scheme (Tamworth) Supporting vulnerable adults into employment, education and training – development of a ULO - Contact Marc Neeld marc.neeld@staffordshire.gov.uk</p>
<p>Increase take-up of welfare rights and entitlements such as Pension Credit, Council Tax</p>	<p>Increased welfare benefits uptake by those most in need and maximised income of vulnerable adults and older people.</p>	<p>Research has shown that advice in health settings is instrumental in reaching otherwise hard to reach groups particularly older people, people with disabilities, families with</p>

<p>Benefit, Housing Benefit and Attendance Allowance through proactive partnerships and work programmes to</p>	<p>Partnerships to provide Outreach Benefits Advice Service provision in more broad range of local community settings to increase take-up of welfare benefits for the vulnerable and excluded, e.g. post-offices, Community centres, GP surgeries, Hospital Out-Patients</p>	<p>children (and notably children with disabilities), members of BME communities and mental health service users.</p> <p>See “Just What the Doctor Ordered - welfare benefits advice and healthcare” (Age Concern, April 2008) that demonstrates how effective this advice work can be when the adviser becomes a part of the health team and other health professionals understand the role of good welfare rights advice in promoting good mental and physical health and combating social and financial exclusion.</p> <p>http://www.ageconcern.org.uk/AgeConcern/64DD475E00214AEC910A2B779D3F8ED1.asp</p> <p>See Welfare Benefits in Health Care Settings in Waltham Forest, Evaluation Report. Redbridge & Waltham Forest Health Authority. Report is available from, denise.vittorino@staffordshire.gov.uk</p>
<p>Financial Inclusion through provision of financial advice and support through proactive partnerships and work programmes to ensure:</p> <ul style="list-style-type: none"> • Community Education on Finance • Debt prevention and support • Credit Unions • Fuel poverty services 	<p>Partnership Work to address Financial Inclusion exists.</p> <p>Citizens Advice Bureaux and Welfare Benefits Services ensure maximized benefit uptake and debt advice.</p> <p>Market-shaping for third sector and social enterprise development, e.g. development of low-cost credit unions and financial advice services provided in disadvantaged areas in the community.</p> <p>Action on illegal lending (loan sharks)</p> <p>Market-shaping and Commissioning of the voluntary sector to provide direct advice services, home improvements e.g. Home Improvement Agencies and Energy Efficiency/Warm-Front schemes</p>	<p>See Birmingham City Council financial Inclusion Partnership.</p> <p>The aim of the Partnership is to improve financial inclusion in the city; in particular to promote a more co-ordinated, partnership approach to debt recovery, access to financial services, prevention of problem debt and the provision of money advice. www.birmingham.gov.uk/financialinclusion</p> <p>National Strategy for Financial capability: and Resource Pack re. Financial Services Authority Warm Front Scheme</p> <p>http://www.beatcold.org.uk/Annual%20Review.htm http://www.theheatproject.org.uk/ http://www.debtsure.net/</p>
<p>Prevention of financial abuse as a key strand of Safeguarding Vulnerable Adults in the wider community.</p>	<p>Wider awareness and knowledge and measures to prevent financial abuse exist.</p> <p>Partnership work with local advice bureaux, media and banks to increase awareness of financial abuse of vulnerable adults.</p>	<p>The Cost of living: ‘growing up is free, growing old is expensive’ Action on Elder abuse</p> <p>Court of Protection Team in Social Care & Health dealing with finances for people unable to manage themselves due to impaired mental capacity.</p> <p>Contact Stephen Dale stephen.dale@staffordshire.gov.uk</p>

Team Exercise and Assessment

- 1. What is your own individual role in promoting economic wellbeing and financial inclusion in terms of the interventions described above?**
- 2. What is your team's role in promoting economic wellbeing and financial inclusion as described above?**
- 3. How will you address the economic wellbeing of groups who are subject to disadvantage?**
- 4. Where are you now in terms of developing initiatives as described above?**
- 5. What would need to be different from current practice?**
- 6. Who else would you/team need to work with?**
- 7. What's missing that is still vital to promoting economic wellbeing?**
- 8. How would you demonstrate success against the outcomes?**
- 9. Are there any further training and development needs identified?**

Theme 3: The Home

How activities relate to Care Quality Commission and LAA Outcomes:

CQC Outcome 2: Improved quality of life

“Access to leisure, social activities and life-long learning and to universal public and commercial services. Security at home, access to transport and confidence in safety outside the home”

LAA indicators:

N1 7 Environment for a thriving third sector

N1 136 people supported to live independently (through social services)

Preventative and Wellbeing measures for the Home	What Success would look like	Examples of Good Practice
<p>Home Improvement /Home Repairs and Home Safety and Home Security measures/ Registered Handyman schemes/ Cleaning and Gardening Services from Voluntary sector</p>	<p>Vulnerable Adults and Older people can remain safe, warm and secure in their own homes</p> <p>Commission to increased range of low-level support services provided in increased numbers of homes, such as minor repairs, shopping, gardening, security and safety equipment/minor adaptations added to homes.</p> <p>Increased no. of homes with safety measures in place.</p>	<p>Staffordshire Home Improvement Agencies Consortia</p> <p>http://www.housingcare.org/home-improvement-agencies/hiarea-staffordshire.aspx</p> <p>See Leicestershire County Council CSCI IWC Inspection April 2008</p> <p>Commission low-level support services from third sector, e.g. Staffordshire Cares: Community Wellbeing Fund: www.staffordshire.gov.uk/health/healthdevelopment/grantscheme/ Contact Shelley Davis Shelley.davis@staffordshire.gov.uk</p>
<p>Action on rogue traders/bogus callers/doorstep sales/distraction burglary are focussed on support to VAs and Older people</p>	<p>People feel safe in their home. Targeted awareness programmes. Information and intelligence-sharing between agencies. 'Know Your Neighbour' Schemes operate locally</p>	<p>Staffordshire Trader Register http://www.staffordshire.gov.uk/business/tradingstandards/traderregister/</p> <p>Staffordshire Community Watchdogs Scheme Contact Nicola Wilson Nicola.wilson@staffordshire.gov.uk Community Watchdog Scheme http://www.staffordshire.gov.uk/community/consumeradviceandprotection/communitydevelopment/</p>
<p>Partnerships with Fire & Rescue</p>	<p>Increased installation of smoke alarms/sprinkler system/fire accident prevention measures in the homes of vulnerable adults and older people Increased awareness and knowledge of services</p>	<p>Staffordshire Fire and Rescue service Free Home Risk Checks Health-Net Plus – identification of vulnerable adults prevention through routine risk-assessment in the home</p>

	Joint working and information-sharing on identifying vulnerable adults in the community, e.g. through Health-Net Plus	
Home adaptations, assistive technology and tele-care widely accessible	<p>Equipment available 24/7 reduces disability, increases hospital discharge, speedy response and access.</p> <p>Partnerships to Increase services and number of people/homes receiving tele-care Homes are accessible and improve independence with a move to technology and IT.</p> <p>There is a shift in the medium term to 'designing in' through technology and improved modernisation homes at planning stage e.g. wet rooms</p> <p>Evidence of innovative IT solutions and 'design-in'.</p>	<p>See Leicestershire County Council Equipment Service – where Equipment available 24/7 = reduced disability, increased hospital discharge, speedy response. Equipment Service has delegated authority so that decisions are 'on the spot' and speedy access reduced deterioration. CSCI IWC Inspection Leicester CC 2008</p> <p>See DH Lifetime Homes and sustainable design standards (below) http://www.communities.gov.uk/speeches/corporate/lifetime_homes</p> <p>Greater investment in adaptations countywide Contact Vanessa Pugh vanessa.pugh@staffordshire.co.uk</p>
Partnerships and Planning for ' Lifetime Homes '	<p>Partnerships with planners and local development frameworks to ensure homes are built to the Lifetime Homes Standards.</p> <p>Ensure progress on take-up of the lifetime homes standard in new building developments, e.g. accessible homes, wet rooms, downstairs toilets, safety taps.</p>	<p>Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society. Department of Health and Department for Work and Pensions 2008 – 12 criteria for lifetime homes http://www.communities.gov.uk/speeches/corporate/lifetime_homes</p>
Diverse range of Supported Housing Options available providing choice and flexibility		
Prevent Homelessness	<p>Identification of homelessness and people with high-risk of homelessness – e.g. / drug/alcohol/mental health problems/debt problems/divorce – ensuring housing needs are met</p> <p>People are supported to remain in their homes and avoid eviction</p> <p>Reduction in temporary accommodation</p> <p>Suitable accommodation</p>	
Care Homes provide preventative services	<p>Care homes meet high standards in promoting health and wellbeing, quality of life and dignity in care.</p> <p>Positive relationships exist with the Care Home Economy</p>	<p>In-reach nursing capacity to train and support staff and decision-making.</p> <p>Intermediate care rapid response services in-reaching into</p>

	<p>The range of social and leisure activities provided from and within care homes offers choice and is appropriate to the needs of residents.</p> <p>Reduced emergency admissions from care homes to hospital.</p> <p>Reduced progression from residential to nursing care home placements</p> <p>The 'SCC 'Caring for Health Award is achieved in Staffordshire Care Homes and there is active promotion to secure maximum take-up of the award scheme.</p>	<p>care homes.</p> <p>Services provide entertainment, exercise, leisure and inter-generational activities.</p> <p>See 'Caring for Health' Staffordshire Care Home Award Scheme. The key requirements of the Award cover:- improving nutritional outcomes, oral health, falls and physical activity. Contact Nicola Day, nicola.day@staffordshire.gov.uk</p> <p>Liaison with commissioners about services that may be potentially abusive. Contact stephen.dale@staffordshire.gov.uk</p>
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Team Exercise and Assessment

1. What is your own individual role in promoting the interventions described above to ensure the home is a place of health, independence and wellbeing?
2. What is your team's role in promoting the home as a place of wellbeing as described above?
3. Where are you now in terms of developing initiatives for the Home as described above?
4. What would need to be different from current practice?
5. Who else would you/team need to work with?
6. What's missing that is still vital to the needs of promoting wellbeing in the home?
7. How would you demonstrate success against the outcomes?
8. Are there any further training and development needs identified?

Theme 4: Social Relationships Networks and Participation

How activities relate to Care Quality Commission and LAA Outcomes

CQC Outcome 2: Improved quality of life

“Access to leisure, social activities and life-long learning and to universal public and commercial services. Security at home, access to transport and confidence in safety outside the home”

CQC Outcome 3: Making a positive contribution

“maintaining involvement in local activities and being involved in policy development and decision-making”

LAA indicators:

N1 4 Percentage of people who feel they can influence decisions in their locality

N1 6 Participation in regular volunteering

N1 7 Environment for thriving third sector

Wellbeing in social relations, networks and participation	What Success would look like	Examples of Good Practice
The provision and support for wider choice and services at a community level e.g. visits, lunch clubs, social events, leisure	Sustained commissioning of social enterprise/third sector delivery and range of services. Numbers employed in third sector Numbers volunteering Researching and Knowing what else exists in the local community that we can direct people to	Towards a strategy to support volunteering in health and social care: ADASS and LGA joint response. September 2008 Leicestershire County Council CSCI IWC Inspection April 2008 Staffordshire Cares: Community Wellbeing Fund Contact Shelley Davis shelley.davis@staffordshire.gov.uk http://www.staffordshire.gov.uk/health/healthdevelopment/grant/scheme/ Commissioning Strategy for the Third Sector 2010 – 2012: Contact Harriet Summerfield harriet.summerfield@staffordshire.gov.uk
Access to leisure, social activities and adult training and education through creation of opportunities and provision	Increased opportunities for leisure and learning and volunteering for all.	Researching and Knowing what else exists in the local community that we can direct people to
Importance of good relationships with family and friends	Organisation Provide support in establishing contacts with external services/groups/family/friends	
Care homes provide access to networks and activities	The range of social and leisure activities provided from and within care homes offer choice and are appropriate	

	to the needs of residents	
Unpaid work, work-experience, Volunteering	Sustained commissioning of voluntary sector to provide services Community Chests/grant funds to community groups	Staffordshire Cares: Community Wellbeing Fund Contact Shelley Davis shelley.davis@staffordshire.gov.uk http://www.staffordshire.gov.uk/health/healthdevelopment/grant-scheme/
Users have confidence in having a role, and involved in planning	Promoting user-led organisations and networks	Befriending / Mentor Scheme (Tamworth) Supporting vulnerable adults into employment, education and training – development of a ULO - Contact Marc Neeld marc.neeld@staffordshire.gov.uk

Team Exercise and Assessment

1. What is your own individual role in promoting interventions as described above to ensure social relation, networks and participation?
2. What is your team's role in promoting interventions for social relation, networks and participation as described above?
3. How will you encourage those sections of communities who are traditionally disengaged?
4. Where are you now in terms of developing initiatives to increase social relations and participation as described above?
5. What would need to be different from current practice?
6. Who else would you/need need to work with?
7. What's missing that is still vital to promoting wellbeing for social relations, networks and participation?
8. How would you demonstrate success against the outcomes?
9. Are there any further training and development needs identified?

Theme 5: The Local Area

How activities relate to Care Quality Commission and LAA outcomes

CQC Outcome 2: Improved quality of life

“Access to leisure, social activities and life-long learning and to universal public and commercial services. Security at home, access to transport and confidence in safety outside the home”

CQC Outcome 3: Making a positive contribution

“maintaining involvement in local activities and being involved in policy development and decision-making”

LAA indicators:

N1 4 Percentage of people who feel they can influence decisions in their locality

N1 6 Participation in regular volunteering

N1 7 Environment for thriving third sector

Wellbeing in the local area	What Success would look like	Examples of Good Practice
<p>There is good access to universal services and which are ‘proofed’ for age and disability.</p>	<p>All older people and vulnerable adults have equal access to public and mainstream services.</p>	<ul style="list-style-type: none"> - OP and VAs are involved in planning from the outset. - Core services are designed so that OP and VAs can use. - Existing resources are used to improve access to services and overcome barriers to inclusion. - Mainstream services are tailored for older age groups and disabilities. - Age-proofing checklist - Publicly commissioned services are quality checked and monitored <p>Don't stop me now: preparing for an ageing population. Local Government national report. Audit Commission 2008. http://www.cpa.org.uk/cpa/Dont_Stop_Me_Now.pdf</p>
<p>There is good quality advice and information available in local areas as a fundamental to ensuring choice and control.</p>	<p>All older people and vulnerable adults have equal access to good quality information and help with how to navigate complex public services.</p> <p>Older people and VAs who could benefit from advice and information are pro-actively ‘sought out’ and identified.</p> <p>Advice and information is readily available and provided by front-line staff where ‘no door is the wrong door’. FRONT-Line and front of house staff trained to be knowledgeable</p>	<p>Staffordshire Cares Countywide network of local points for providing information, advice and signposting. A franchised service provided in places the local public go e.g. supermarkets, village halls, libraries, District Council offices.</p> <p>Good quality well publicised websites, telephone contact centres, Leaflets See ‘Leicestershire Ageing Well’ directory – distributed to households directly. http://www.leics.gov.uk/index/social_services/older_people/ageing_well_in_leics.htm</p>

	about local services and how to signpost and refer.	<p>See Leicestershire County Council CSCI IWC Inspection April 2008 Pro-actively seeking out people who could benefit from information and advice and delivering this face-to-face through older people acting as ‘navigators’, ‘wayfinders’ or ‘village agents’. Third sector co-ordination and delivery.</p> <p>A ‘First Contact Checklist’ system which enables front-line staff who come in to contact with OPs and VAs to ask a simple set of 10 questions and answers which cover common issues. Results then passed to Contact Centre who arrange referrals.</p>
<p>Planning and design for inclusive neighbourhoods – access/level pavements, street lighting.</p> <p>‘The outside’ is crucial as a shared space for community wellbeing</p>	<p>The design of towns, streets and homes makes a difference to the ability of an older person/vulnerable adult to spend time safely and participate in their local community.</p> <p>Place-shaping in terms of planning for ageing well, e.g. town and village planning/access to shops and essential services/access to local leisure/safe streets streets/chairs/benches/facilities well planned in to Local Development Frameworks</p>	<p>Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society. DoH and DWP 2008 – 12 criteria for lifetime homes http://www.communities.gov.uk/speeches/corporate/lifetimehomes</p>
<p>Co-located resources and services in localities which provide multi-disciplinary services</p>	<p>Evidence of provision and access to a range of wellbeing services ‘under one roof’- and informed by community involvement approaches (see below also)</p> <p>Voluntary Sector services and staff based in key community settings or services, which also provide opportunities for people to volunteer.</p>	<p>See Good Practice of Extended Schools and Model for Community and Learning Partnerships in Children and Lifelong learning. Contact Paul Woodcock paul.woodcock@staffordshire.gov.uk See Leicestershire County Council CSCI IWC Inspection April 2008 ‘Signpost Centre’ Highfields, Stafford Contact Brian Camfield, County Manager brian.camfield@staffordshire.gov.uk</p>
<p>Community cohesion is developed through Community Development and Capacity building approaches</p>	<p>Increased Access to health and wellbeing services through a focus on community development, working with older people, service users and communities in specific areas to identify and determine their own, local priorities and responsive services.</p>	<p>Third Sector are supported to develop and deliver a range of local wellbeing services in local communities such as:</p> <ul style="list-style-type: none"> • Community Cafes & Luncheon clubs • Shopping, gardening, minor repairs, adaptations • Exercise groups, diet advice, health advice • Inter-generational activities

	<p>Promotion of activities which celebrate diversity and social cohesion between groups</p> <p>Wellbeing services are designed and developed through capacity building and delivered in the main by voluntary and community organisations.</p>	<ul style="list-style-type: none"> Community transport <p>Staffordshire Cares: Community Wellbeing Fund Contact Shelley Davis shelley.davis@staffordshire.gov.uk http://www.staffordshire.gov.uk/health/healthdevelopment/grant/scheme/</p> <p>Befriending / Mentor Scheme (Tamworth) Supporting vulnerable adults into employment, education and training – development of a ULO - Contact Marc Neeld marc.neeld@staffordshire.gov.uk</p>
Local and accessible Transport schemes	Innovative, flexible community transport schemes which enable access to essential services and leisure activities	<p>‘Live at Home’ Community Transport Schemes</p> <p>‘Care on Wheels’</p> <p>Innovative use of SCC transport/buses –e.g. evenings, weekends, hire/sell-off to voluntary and community organisations</p>
Community safety	<p>Information and intelligence-sharing to identify and focus on vulnerable people who have concerns/ who may be targeted by distraction burglary/rogue traders etc. Action and partnerships targeting Op/Vas.</p> <p>Neighbourhood Wardens Schemes in operation which can identify vulnerable adults/socially excluded, sorting out community problems, identifying excluded older people and ensuring that older people feel safe to walk in their communities</p>	<p>Trish Caldwell, County Manager, Community Safety Trish.caldwell@staffordshire.gov.uk</p> <p>Cannock Neighbourhood Warden Scheme/ Angela Schulp Acting District Manager Cannock Angela.schulp@staffordshire.gov.uk</p>

Team Exercise and Assessment

1. What is your own individual role in promoting interventions as described above to ensure health, independence, wellbeing and safety in local areas?
2. What is your team’s role in promoting interventions in local areas as described above?
3. Where are you now in terms of developing initiatives in local areas as described above?
4. What would need to be different from current practice?
5. Who else would you/need need to work with?
6. What’s missing that is still vital to promoting wellbeing in the local area?
7. How would you demonstrate success against the outcomes?
8. Are there any further training and development needs identified?

Theme 6: The Wider Society

Place Shaping and wellbeing in the wider society	What Success would look like	Examples of Good Practice
Work on innovative pilots schemes to promote learning and good practice in place - shaping	<p>Staffordshire is seen as a leader in the field.</p> <p>We contribute to the Dissemination good practice</p> <p>Learning/academic contributions to research, policy and practice</p>	<p>Working Together to Shape London's Future. The London City Collaborative. March 2008</p> <p>Staffordshire County Council: working together to change lives, IDeA Adult Social Care Knowledge pages http://www.idea.gov.uk/idk/core/page.do?pageld=9274508</p> <p>Staffordshire Total Place Pilots Contact Darryl Eyers darryl.eyers@staffordshire.go.uk</p>
Tackle Stigma, unjustified discrimination and myths	<p>Action at all levels to tackle. Everything we do and say must promote positive concepts of ageing, living with a disability or mental health problems.</p> <p>Imagery used/stereotypes/assumptions must shift to positive messages.</p> <p>We support advocacy and lobbying groups who promote the interests of vulnerable groups and older people in terms of social inclusion, health, wellbeing and independence.</p>	<p>Challenge stereotypes</p> <p>See Rochdale District Council Dignity in Care Homes work addressing ageism.</p> <p>Involve OP and VAs in planning</p> <p>Support Advocacy and lobbying organisations</p>
Developing good media relations	<p>Increased public awareness of VA Abuse/safeguarding measures</p> <p>Positive messages reinforced through media</p>	

Team Exercise and Assessment

1. **What is your own individual role in promoting wellbeing influencing wider society described above?**
2. **What is your team's role in promoting wellbeing through influencing wider society?**
3. **Where are you now in terms of developing initiatives through wider society as described above?**
4. **What would need to be different from current practice?**
5. **Who else would you/need need to work with?**
6. **What's missing that is still vital to promoting place-shaping for wellbeing through wider society?**
7. **How would you demonstrate success against the outcomes?**
8. **Are there any further training and development needs identified?**

5.1 Community Development and Capacity Building

At the heart of the government's health and social care policies lies a philosophy which sees national and local government as providing a **social and economic framework in which increasingly active communities enter into a social contract with government.**

The idea is that communities become empowered to help bring about sustainable changes in reducing health inequalities and improving wellbeing. In short, real improvements in health and lifestyles come about when communities take the lead, rather than when government agencies impose their will. There needs to be a bottom up approach to developing communities, especially where health inequality is at its greatest.

In practice, this is represented by a shift in emphasis from **local government to local governance** as part of the modernisation agenda with **increasingly innovative partnership arrangements** at the core of delivery. It relies on new administrative structures and services which more closely reflect community-based organisations, networking, trust and a revival of social capital to meet need in new ways. **It is about community-based responsibilities and participation, not just the continued provision of existing top down services with the "professional" in control, with government, communities and individuals mutually responsible for improving health and wellbeing.**

In response to this agenda we need to understand that there are **different approaches to community development which we can combine to facilitate our changing role:**

Different Approaches to Community Development:	Which for us means:
<ul style="list-style-type: none"> • Outreach work delivered directly in communities • Vol & Community Organisations/Social Enterprises provide not-for profit health and preventative services • Advocacy and Advice Services provide specific services • The Public Sector Commissions preventative services from the Voluntary and Community Sector • The Public Sector can use its 'authoritative powers' to lever funding to enable voluntary sector organisations to deliver preventative services • Capacity Building to enable community groups to build skills, e.g. accountancy, 	<ul style="list-style-type: none"> • We need to develop different partnership arrangements • We ensure Community involvement, engagement and participation in our planning and commissioning • We spend our resources differently • We use our 'organisational strengths' to support partnerships • We develop a facilitative and commissioning role in developing the capacity and capability of communities and third sector organisations to develop more preventative and wellbeing services in the community and the development of social enterprises

6. Useful training resources, internet links and further reading:

1. User Involvement and Participation:

Strategy for Excellence & Innovation in User & Carer Involvement. Social Care and Health Directorate, Staffordshire County Council. <http://www.intra.staffordshire.gov.uk/sch/polandres/findpolicy/PolicyDatabase/search.aspx>

Levels of Involvement: Arnstein's Model of Participation

Beth Johnson Foundation: Participation of Older People

<http://www.bjf.org.uk/Libraries/Local/919/Docs/Health%20and%20Advocacy/sot%20engagement%20project%20final%20report.pdf>

Personalisation and Creating a Market

Shopping4Care: Creating the Infrastructure for Self-Directed Support: In Control

Commission for Rural Communities: '**Personalisation of adult social care in rural areas**'

2. Volunteering:

Towards a strategy to support volunteering in health and social care: ADASS and LGA joint response. September 2008

3. Prevention and early Intervention:

Resource Pack: Making a Strategic Shift towards Prevention and Early Intervention; Key Messages for Decision makers.

Department of Health October 2008

This booklet is aimed at supporting key decision makers and commissioners across health and social care to invest with confidence in a balanced range of effective preventative approaches for older people.

<http://networks.csip.org.uk/Prevention/type/Resource/?cid=4421>

<http://networks.csip.org.uk/prevention/>

4. Financial Inclusion:

Making the Most of Your Money Resource Pack. National Strategy for Financial Capability Financial Services Authority. HM Treasury. www.fsa.gov.uk/financial_capability www.moneymadeclear.fsa.gov.uk

Income Maximisation through Welfare Benefits Outreach Work: See project report and evaluation on the provision of Welfare Benefits Services in Health Care Settings in Waltham Forest. Report available from

denise.vittorino@staffordshire.gov.uk

5. Leadership:

Working Together to Shape London's Future. The London City Collaborative. March 2008

6. Safeguarding:

Adult Protection Toolkit for Domiciliary Care Agencies. Action on Elder Abuse 2008

7. Community Development and Capacity Building:

Older people's health, Independence and wellbeing: the Contribution of the Voluntary and Community Sector; Evaluation of Older people's Small Grants Scheme. Denise Vittorino, Staffordshire County Council 2008

denise.vittorino@staffordshire.gov.uk

8. Older People, Prevention and low-level Support:

Partnerships for Older People Projects: Evaluation of the POPPs Prevention and Early intervention Projects Department of Health 2008

<http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/PartnershipsforOlderPeopleProjects/index.htm>

7. Bibliography and Further Reading:

1. **A Sure Start to Later Life: Ending Inequalities for Older People.** Office of the Deputy Prime Minister, 2006.
2. **Bradford POPP: Health in Mind POPP Programme Evaluation.** University of Bradford, 2008.
3. **Brent POPP: The cost-effectiveness of care co-ordination services aimed at preventing hospital admissions and emergency attendances.** Les Mayhew, 2008.
4. **Communities – healthy, strong and prosperous - the links between the personalisation and place-shaping agendas in adult social care and health.** Department of Health, 2008.
5. **CSCI Inspection of Independence, Wellbeing and Choice (delivering preventative services)** Leicestershire County Council, April 2008.
6. **Don't stop me now: preparing for an ageing population. Local Government National Report.** Audit Commission, 2008.
7. **East Sussex POPP End of Year Report and End of Programme Economic Appraisal,** 2008.
8. **Just What the Doctor Ordered. Welfare Benefits Advice and Healthcare.** Age Concern, April 2008.
9. **Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society.** Department of Health and Department for Work and Pensions, 2008.
10. **Lyons Enquiry: Place-shaping: a shared ambition for the future of local government.** Sir Michael Lyons, 2007.
11. **Making 'place shaping' a reality: joint CBI/LGA statement on economic growth.** CBI/LGA, 2008,
12. **'No Secrets', Guidance on Policies and Procedures to Protect Vulnerable Adults from Abuse.** Department of Health, 2000.

13. **'Our Health, Our Care, Our Say'**: (White Paper). Department of Health, 2006
14. **Partnerships for Older People Projects: Evaluation of the POPPs Prevention and Early intervention Projects**. Department of Health, 2008.
15. **Putting People First: Our Lives, Our Choices, Fit For the Future: A New vision for adult social care and support**. LGA, 2008.
16. **Research into the longer Term Effects and Impacts of Re-ablement Services**. CSED, 2007.
17. **The Evidence Base for Preventative Services: Research Briefing**. Age Concern Research and Development Unit, 2006.
18. **Wanless, D. (2006) Securing Good Care for Older People: taking a long term view**, London: Kings Fund, 2006.
19. **Welfare Benefits in Health Care Settings in London Borough of Waltham Forest, Evaluation Report**. Redbridge & Waltham Forest Health Authority 1999 (unpublished, available from Denise Vittorino).
20. **Fair Society, Healthy Lives – The Marmot Review** UCL, 2010

7.1 Staffordshire: Local policies and Strategies:

1. **Staffordshire Cares**: Staffordshire Social Care and Health, Staffordshire County Council.
2. Staffordshire County Council Strategic Plan 2010 - 2015
3. **Our County, Our Vision 2007-2020**: The Sustainable Community Strategy for Staffordshire
4. **Safeguarding Vulnerable Adults in Staffordshire and Stoke-on-Trent Policy & Procedures**. Safeguarding Vulnerable Adults in Staffordshire and Stoke-on-Trent Board. 2007
5. **Strategy for Excellence & Innovation in User & Carer Involvement**. Social Care and Health Directorate, Staffordshire County Council.
6. **Staffordshire Compact**, Staffordshire Strategic Partnership
7. **Commissioning Strategy for the Third Sector 2010 - 2012**, Staffordshire Joint Commissioning Unit. Contact Harriet Summerfield.
8. **Staffordshire Joint Commissioning Unit**: Commissioning Strategies

**Appendix 1:
Dahlgren and Whitehead: Policies and Strategies for Promoting Social Equity in Health. A Social Model of Health and Wellbeing**

