

Chesham Community Wellbeing Project

Chesham and Chiltern Villages Local Area Forum

Update 10th July 2013

1. Project Background

What it is:

1. An initiative to raise the **wellbeing** of the residents of Chesham.
2. A **geographical** initiative based on the boundaries of Chesham Town.
3. A focus on the 7 areas that constitute the **Index of Multiple Deprivation**.
4. An opportunity for **joint working** across the Public Sector & other stakeholders.
5. An initiative that will help **identify opportunities** and implement improvements.
6. A focus on both **Place & People** – a holistic approach to wellbeing.
7. An opportunity for the **community** to identify and help resolve local issues.

What it is not:

1. A new source of funding.
2. A Bucks County Council “project” – it is a partnership effort.
3. A “quick win” – the aim is to tackle difficult and medium term issues.

Index of Multiple Deprivation (IMD) consists of seven “domains”:

1. **Income** deprivation
2. **Employment** deprivation
3. **Health** deprivation (& disability) [including mental health & drug and alcohol abuse]
4. **Education, Skills & Training** deprivation
5. Barriers to **Housing** services
6. Living **environment** deprivation
7. **Crime**

2. “Interventions” & focus

- More than 100 “services” have been identified operating in Chesham (both public and third sector).
- 25 specific “Interventions” have now been included in the project and will be monitored.
- CCG has started submitting Interventions for inclusion in project. More to be confirmed soon, therefore the number of interventions will continue to rise.

There has been almost no screening of “interventions” if an organisation (or BCC service) has said they would like a particular service included and monitored then it has been added to the project. The Wellbeing project was initiated in October 2012. In October 2013 we will be reviewing the initiatives, with the likely consequence that there may be fewer; some interventions will have completed and finished and other may be viewed as operational BAU (business as usual).

3. Governance

Project Governance consists of 3 main groups.

- The Executive Group.
- The Reference Group.
- A BCC internal “leads” group.

The Executive Group is member led & meets every 2 months, its role is to:

- Review progress against key “interventions”
- Discuss, decide & advise – where more or less effort is required against the 7 domains of the Index of Multiple Deprivation.
- Act as informal forum & critical friend to begin any difficult conversations that may be required regarding resource allocation across all elements of the public sector involved in the project, before taking such discussions to other structures & groups.

Membership:

1. Mike Appleyard (Chair) (Deputy Leader BCC)
2. Martin Phillips (Cabinet member for Communities BCC)
3. Peter Hudson (CDC Cabinet)
4. Noel Brown
5. Phil Dart
6. Nigel Sims
7. Bob Smith (CDC/SBDC officer)
8. Bianca Kerley (DWP – JobCentrePlus)
9. Dr. Sian Roberts (NHS – CCG Chesham)

The Reference Group will meet every 6 months and has wide membership from across the public and third sectors operating in Chesham and includes, for example; Thames Valley Police, Paradigm Housing, Chesham Town Council, CAB etc. The next meeting of the Reference Group is the 1st October 2013.

The primary task for the Reference Group is to overcome tactical & operational issues and ensure bridges are made between services wherever there is benefit.

In addition to these broad stakeholder groups Chris Williams (CEO BCC) chairs a monthly BCC internal “leads” meeting to ensure the broad range of services that BCC delivers are working together on any relevant Chesham issues.

4. Emerging Themes

“Themes” are emerging from the Chesham work:

1. The importance of tackling **Worklessness**. Many agencies have an interest in residents moving from unemployment to work and/or training.
2. The usefulness of **Outreach** as a method of improving service delivery.
 - Outreach to Pond Park Pakistani community:
 - GP outreach service funded by CCG.
 - Children’s centre outreach service funded by BCC.
 - Community outreach worker funded by Newtown Infant School.

3. Identifying groups in **high need** and attempting to better coordinate public sector services around their needs and/or redesigning services to achieve better outcomes. Multiple agencies often have an interest in the same specific high need individuals, families or neighbourhoods. This is an opportunity for **better public sector coordination**.

Examples:

- Findings from successful Families First prototyping work in Chesham.
- Outreach to Pond Park Pakistani community.

Groups with high needs include:

- Residents whose first language is not English & have a limited use of English.
- Residents who are not accessing health care (to their detriment).
- Unemployed residents in receipt of benefits, especially those experiences high barriers to employment:
 - Youth unemployed 18 – 24.
 - Lone Parents.
 - Ex-offenders.
 - Disabled.

5. Worklessness

Worklessness is a fundamental marker for deprivation and long-term multiple disadvantage. This is why it is weighted heavily in the *Index of Multiple Deprivation*. For this reason we are giving the issues particular attention and focusing resource on this area.

The importance that participating in paid employment plays in well-being is constantly being underlined by various Government and non-Governmental organisations. In May 2013 Public Health England published its priorities and the following caveat:

‘it is at least as important to tackle major *non-medical* causes of ill health like social isolation, homelessness and **Worklessness**’.

BCC and DWP are working closely together to try to innovate and improve outcomes for unemployed residents, especially those in highest need facing the most formidable barriers to entering the labour market.

6. Worklessness initiatives now underway:

- New capacity: Zoe Dixon, a senior officer from BCC (1 FTE) will be effectively seconded to DWP Job Centre Plus at Chesham to work on new initiatives to help benefit claimants in Chesham into work, training or both.
- DWP have seconded a part time officer to assist the Families First project with Worklessness. This is an additional capacity to any links with “Progress”.
- Youth Unemployment initiative. Delivered by Bucks Business First working jointly with DWP Job Centre Plus Chesham. This project is carrying out in-depth interviews with 40 Job Seekers Allowance claimants between the ages of 18 – 24 from the 6 wards of Chesham. The insight will help service redesign work and we intend to give additional assistance (such as offers of work experience at BCC) to those who take part.

- An officer from BCC is conducting some “Customer Journey” work with claimants in Chesham (youth unemployed, lone parents, disabled), again to produce further insight to assist any service re-design.

7. Initiatives being scoped:

- Health centre smart co-location. We are going to scope (with DWP and CCG colleagues) the potential to utilise space in the Chesham Health Centre focusing primarily on the needs of single mothers in receipt of benefits. The space would have to deliver face to face services in a new coordinated way, demonstrating measurable benefit, while providing space/office base for multi-agency professionals.
- Inclusion of *FROI* Fiscal Return on Investment & *SROI* Social Return on Investment (aka social value) expertise to advise the project should be finalised shortly.
- Work has begun by Martin Parkes on the Community Hub in Chesham High Street. Martin has met with Nigel Sims to discuss the project which hopes to include the Elgiva Box Office, the Credit Union, Shed in the Park, Hot Desking facilities, Meeting Room, Instant media area, Incubator area.

8. Future direction

Community Budgeting

We are looking into potential links between Community Budgeting and work so far on the Chesham project. We are in discussion with Ernst & Young regarding possible advice on the direction of the project and its possibility of forming an embryonic community budgeting project. Ernst & Young evaluated the 4 national community budgeting pilots and suggested that substantial savings may be possible, via the pilots’ methodology, across the public sector and with better social outcomes. Closer working between Health & Social Care is estimated to deliver 60% of possible savings, and Work & Skills (closer local government and DWP working) 30% - 35% of savings.

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