



REPORT TO EXECUTIVE

PORTFOLIO AREA: HEALTH AND WELLBEING

Date of Meeting: 11 June 2007

Public Yes

Key Decision: Yes

Recorded in Forward Plan:

Yes

Inside Policy Framework

Title: COMMUNITIES FOR HEALTH PROGRAMME
ALLOCATION OF FUNDING

Report of: DIRECTOR CARLISLE RENAISSANCE

Report reference: CE 26/07

Summary:

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The Department of Health has granted of £100,000 to the City Council to support its involvement in the Communities for Health programme. The Executive invited the Healthy Communities and Older People Priority Group of the Carlisle Partnership to come forward with proposals to use this grant to support the priorities and targets for improving health in the area in accordance with the Community Plan for Carlisle 2007. This report sets out these proposals.

Recommendations:

Members are requested to: -

Agree the proposals from the Healthy Communities & Older People Priority Group of the Carlisle Partnership.

Contact Officer: Ned Kemp

Ext: 7030

Note: in compliance with section 100d of the Local Government (Access to Information) Act 1985 the report has been prepared in part from the following papers: None

1. BACKGROUND INFORMATION

1.1 The aim of the Communities for Health programme is three-fold: -

- To engage communities in their own health and develop their capacity to support individual behavioural change for healthier lifestyles.
- To build partnerships between organisations and communities
- To develop innovative practices for community based health improvement.

1.2 It is anticipated that the programme will focus local activity on the key health priorities of tackling health inequalities, reducing smoking, tackling obesity, improving sexual health and mental health, and encouraging sensible drinking. It is expected to reinforce activities of Local Strategic Partnerships particularly as they relate to achieving targets set out in Local Area Agreements

1.3 Activities funded under the programme should be able to show that they are: -

- Sustainable, by building community capacity and alignment to the Local Area Agreement
- Well-evaluated, based on evidence of need
- Use interventions that are evidence based

1.4 Programme funding can be used to -.

- Identify local projects that engage communities in improving their own health and help to reduce health inequalities
- Foster and enable the implementation of innovative, sustainable practice across a number of different priorities
- Encourage partnership working between different sectors, agencies and communities
- Strengthen the role of regional partners
- Promote and disseminate good practice
- Reinforce the community leadership role of local authorities and the health service

3. THE LOCAL CONTEXT

3.1 A Healthy Communities & Older People Priority Group has been established as part of the Carlisle Partnership. The City Council is represented on this Group by the Portfolio Holder for Health and Wellbeing and the Director of Carlisle Renaissance. Other organisations represented include Cumbria Primary Care Trust, Carlisle

Leisure Ltd, Age Concern, Carlisle Housing Association and Cumbria County Council.

- 3.2 Much of the early work of this group has focused on aligning local health priorities and targets with those in the Cumbria Local Area Agreement. These priorities and targets have been integrated into the Community Plan for Carlisle 2007.
- 3.3 The group has developed specific actions to meet these targets. The funding of these activities is expected to rely significantly upon the realignment of existing resources from organisations represented in the group, the wider Carlisle Partnership and other stakeholders. This process will now benefit from the new funding allocated by the City Council from the Communities for Health programme monies.
- 3.4 Annex A sets out the rationale of the broad allocations of the Communities For Health funding based on specific areas of activity identified as local priorities by the Healthy Communities & Older People Priority Group by the group in the Community Plan for Carlisle 2007 and informed by the "Purposes of the Grant". The proposed allocation of funding is as follows: -

Development of a Health Network for Carlisle City Council	£ 25,000
Smoke free Carlisle (See Annex C)	£ 25,000
Income maximisation for older people(See Annex B)	£ 25,000
Active Carlisle	£ 25,000

The Age Concern Project (Annex B) will use the entire allocation to the Income Maximisation for Older People priority. The Smoking Cessation Facilitator training (Annex C) is for £13,560 of £25,000 of the Smoke Free Carlisle allocation. A selection of potential projects (identified from further consultation with stakeholders) that may be supported under these broad headings is included at Annex D.

- 3.5 It is expected that the current projects will deliver:

Income Maximisation for Older People:

Benefit Awareness Training	50 workers
Potential Claimants advised	200
Additional monies claimed	£ 250,000

Smoking Cessation Facilitator training:

Frontline Client contact staff trained to	60 workers
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deliver stop smoking advice and support

- 3.7 A City Council Officer will be responsible for, monitoring projects and outcomes, checking compliance with the terms of the grant and preparing a report in due course to Department for Health.

4. CONSULTATION

- 4.1 The following have been consulted in the preparation of this report: -

- Portfolio Holder (Health and Wellbeing)
- Community Support Unit, Carlisle City Council
- Healthy Communities & Older People Priority Group of the Carlisle Partnership

5. RECOMMENDATIONS

- 5.1 Members are requested to: -

Agree the proposals from the Healthy Communities & Older People Priority Group of the Carlisle Partnership

6. REASONS FOR RECOMMENDATIONS

- 6.1 To develop the capacity of the local health partnership in improving health and reducing health inequalities and provide delegated authority to the Portfolio holder to allocate funding as detailed project proposals emerge

7. IMPLICATIONS

- Staffing/Resources – None
- Financial – The DoH grant of £100,000 will be accounted for within the City Council in accordance with the Procedure for Responsibilities in respect of Grant Claims & External Funding.
- Legal – The Council will need to ensure that systems are in place to monitor that the conditions are being adhered to. In so far as individual decisions will be required to authorise further, detailed spending proposals, these will need to be reported to the Executive for formal authorisation or, the Leader may decide that

they should be delegated to the portfolio holder for Health and Wellbeing or officer and amend his scheme of delegation to reflect (the decisions then made and recorded accordingly).

- Corporate – This reports addresses the activities of the Carlisle Partnership which is led by the City Council, and the priorities and targets of the Community Plan for Carlisle 2007.
- Risk Management – The City Council will be accountable for the expenditure and therefore must be convinced that any expenditure is in accordance with the criteria set out by the grant offer.
- Equality Issues – This report refers to the development of proposals to reduce health inequalities.
- Environmental – None
- Crime and Disorder – None
- Impact on Customers – This report refers to activities aimed at improving health for residents in the area, through more effective partnership working, new ways of working and additional resources.

Proposal by Carlisle Partnership – Healthy Communities and Older People Priority Group

COMMUNITIES FOR HEALTH

Submission to Carlisle City Council proposing use of £ 100,000 grant aid from Department of Health

1. Introduction

Communities for Health is a national exemplar programme promoting good practice in health improvement work. Additional funding is being made available nationally to all health inequalities Spearhead areas, including Carlisle. This paper contains the submission by the Healthy Communities and Older People Priority Group, part of the Carlisle Partnership (the local strategic partnership) regarding proposals for use of this additional grant.

2. Purposes of the grant

In the Offer Letter (05/01/2007) the purposes of the grant are set out as follows:

- To help meet the challenges of improving health and reducing health inequalities
- To support the work being undertaken through the Local Area Agreement
- To develop the capacity of the local health partnership
- In particular, to strengthen the role that community groups and the voluntary sector can make in changing behaviours that have an adverse impact on health.

Communities for Health does not involve a bidding process. All that is required is to agree to use the resources for the purposes set out. The funding is non recurrent. Later in 2007 we will be asked to notify the Department of the use to which the resources have been put, and to indicate what outcomes have been achieved.

3. Principles

Given the scale of the funds being made available, and recognising the limited, one year timescale within which it is proposed to operate, it is clear that this will be insufficient to have a measurable impact on reducing health inequalities in Carlisle.

It might, however, prove possible to:

- Build the network of organizations, across all sectors (public, private, voluntary and community) who are committed to addressing the health needs of their stakeholders
- As a result, strengthen the operation of the Priority Group, so that it becomes capable of acting as the local Health and Well Being Group should that become a statutory provision in the future (as proposed in *Strong & Prosperous Communities*, the Local Government White Paper).
- Raise public awareness of healthier lifestyles

- Accelerate the implementation of the Priority Group's existing projects on reducing smoking, increasing physical activity, increasing incomes of older people etc.

4. Proposals:

A. Develop the Health Network:

- **Establish “Carlisle Healthy City”**, in line with World Health Organisation guidelines. (For information, the recently-appointed Director of Public Health, Prof. John Ashton, was instrumental in the development of the first gold standard Healthy City in Liverpool)
- **Arrange Health Forum events** to bring together the wide range of people involved in promoting healthy communities, including involvement of professionals, Employers supporting health initiatives with their workforce and community activists. Maximise opportunities to promote in Press and media, including attracting national figures to make key note addresses
- **Provide “Go and See” Grants** to enable Priority Group members, together with representatives from voluntary and community organisations to carry out study visits to good practice exemplars. To include attendance at relevant conferences, workshops etc., and to pay expenses to enable relevant people to visit Carlisle.

Estimated cost: up to £ 25,000

B. Provide support to accelerate implementation of priority projects:

- **Smoke Free Carlisle**
- **Income maximisation for older people**
- **Active Carlisle**

Develop a number of individual projects aimed at **building capacity in the community** to widen the circle of people able to offer:

- “Level 1” Smoking Cessation advice
- Basic income maximisation advice
- Support for more active lifestyles.

It is anticipated that this would involve a mix of people whose jobs involve regular contact with target sections of the community (for example Community Development Workers, Housing Visitors, Care Staff etc.) plus volunteers.

Estimated cost: up to £ 75,000

5. Conclusion:

It is proposed that Department for Health *Communities for Health* grant be deployed in ways that will strengthen the network of people working together to create “Carlisle Healthy City”. At the same time a number of projects will be developed that will strengthen the health promotion role of a wide range of people who are in direct contact with members of target sections of the community.



Carlisle & District

1.	Project title	Income maximisation for older people
2.	Champion	Patrick Leonard, Chief Executive, Carlisle Housing Association
3.	Project Leader	Joanna Leith, Director, Age Concern Carlisle & District
4.	Management team that set up the project	Healthy Communities & Older People's Priority Group of the Carlisle Partnership
5.	Where did the project come from?	Discussion of activities that would support healthy communities & older people
6.	Start date	Start date subject to Carlisle City Council approval of expenditure – as soon as possible after that date
7.	Finish date	31.03.08
8.	What is the remit?	<p>(1) The project title</p> <p>Income maximisation for older people</p> <p>(2) The subject to be worked on</p> <p>To enable front line employees to be aware of sources of advice to enable older people to maximise their income, and to provide that advice directly in response to referrals.</p> <p>(3) Objectives</p> <ul style="list-style-type: none"> • To raise awareness by informing and training support staff across a number of agencies in the basics of welfare benefits advice • To maximise the income of a number of older people in Carlisle and District • To enable older people to make more informed choices about available benefits • To achieve sustainability by building capacity within local organisations to provide basic advice and to know where to refer

		<p>(4) The scope, inclusions and exclusions</p> <p>Identified as a 30 hr per week post or equivalent, split between providing training and delivering direct advice, as more aware front line staff will generate additional referrals.</p> <p>Training course to focus on eligibility criteria not numbers for benefits relating to older people because these change over time</p> <p>(5) Timescales and interdependencies</p> <p>Outcomes: number of individuals receiving basic training - 200 Number of clients helped and the amount of money recouped £ 250,000 Attend a minimum of four partnership events in the period of the funding</p>
9.	Partners to Project	<p>Carlisle City Council</p> <p>Primary Care Trust – care workers</p> <p>Carlisle Housing Association – wardens & housing visitors</p> <p>Other Housing Associations – wardens and care workers</p> <p>Care Agencies – care workers</p> <p>Voluntary organisations</p> <p>Volunteers</p>
10.	Project Manager	Advice Services Manager – Jayne Povey
11.	Funding required	<p>£25,000</p> <p>Includes salary and oncosts, travel, training, publicity, training materials,</p>

Funding Proposal: To increase the capacity of stop smoking support and advice in Carlisle and District to contribute to the LAA target and reduce health inequalities

Details:

Name of organisation to lead this work:

Cumbria PCT

Contact person:

Nikolas Storey

Telephone Number: 01228 603 617

Address for correspondence:

Cumbria PCT
4 Wavell Drive
Rosehill
Carlisle
CA1 2SE

Fax: 01228 603 621 **e-mail:** nikolas.storey@cumbriapct.nhs.uk

Aims and objectives of organisation:

To improve the health of the local population by reducing health inequalities and increasing life expectancy. Highlighting smoking as a major determinant of poor health and health inequalities, determined action is required from all partners in amalgamation with the NHS, who have the collective goal of improving public health.

Description of proposed project:

The project has been identified by the Healthy Communities & Older People Group and its detail has been developed within this partnership group (namely between the PCT and Carlisle City Council {CCC} and Carlisle Housing Association). The aim is to train Carlisle community development workers, housing assistants (Housing Association) and possibly other partners such as Age Concern to provide additional opportunities for people to stop smoking using group stop smoking sessions. An initial target is for 60-80 workers to be trained across four training sessions (preferably to be arranged in a Community centre in the area). The high demand for Stop Smoking Services from the priority wards in Carlisle (a named spearhead area) with areas of high deprivation and poor health statistics, ensure that this project is based on health need and is therefore of added benefit to the community. This is especially pertinent considering the forthcoming Smokefree workplace law from July 1st. The proposal to utilise group support training rather than one to one, meaning this project would potentially enable more people to access stop smoking options, and thus increase four-week quitters. It will also attract people to local community centres who might not have accessed other initiatives, giving them the confidence and

opportunity to get involved in other activities/further training. It is proposed that this project will be run for 3 years to commence in 28-30th May and the first week in June 2007.

There will be two parts to the project:

Training: To train community development workers and other partners to lead group sessions for people wanting to stop smoking. This will take the form of four training events of 2 ½-days, delivered by an independent stop smoking trainer, with a maximum of 20 persons per group. The training aims to provide trainees with the ability to deliver stop smoking advice with a high degree of competency with a particular focus on group work. The training is Department of Health accredited and all trainees will receive a certificate on successful completion. Follow-up advice will be provided by the Cumbria Stop Smoking Service where required and there will be an annual refresher course provided by the trainer. Initial training will cover staff from the agencies/organisations mentioned above, but the scheme could potentially be rolled out to other partners at a later date.

Group sessions: The trained development workers and other partners will deliver stop smoking groups for people who wish to stop smoking, a service which would complement the Cumbria Stop Smoking Service. Groups would run over an agreed period of time once a week and last for approximately one hour. A Stop Smoking adviser would be on hand at group sessions to take care of any specialist input and referral for prescription.

Predicted cost of the project: £13,560

Breakdown of the project's cost:

Costs will cover 4 2-day training events and 4 half-day events (totalling 10 days):

Course:	Training x 4 events	3,800
	Half-day training in 'Group work' x 4 events	2000
	Room Hire (Community centre?) x 4 events	1880
	Crèche	500
Annual Refresher Training:		
	Room Hire x 4 events	1880
	Crèche	500
Extras:		
	CO Monitors x 20	3000
Total		£13,560

N.B. The use of Community Centres would reduce the costs of the project considerably. The quantity of CO monitors required is also dependent upon final numbers trained.

Sustainability: The rationale for training existing local development workers is to ensure continuity with the provision of group sessions after the original training. It is expected that the provision would decrease annually over the three years due to the potential reduction of smokers requiring help to give up. Room hire for continued group work will be secured in each community by either accessing local available funding or accessing rooms free of charge.

Signed on behalf of (Organisation) Signed

Name (please print) (Must be a senior officer or committee member)

Annexe D

Potential Projects:

1) Petteril Bank Community Garden

This project has already been identified by the local community. It has support from Surestart South, Petteril Bank Community Centre and Primary School. A site is identified next to the school and a small focus group has met to discuss development.

Aims: To be accessible to all ages in the community. Shared area for play, learning, new skills with users being responsible for maintenance. Ideas have been around an allotment area, a sensory garden, woodland and grassed area.

Cost: £20,000 (estimate)

2) Allotments Project

Offer tool hire, instruction on cultivation and ongoing support and advice. Could be linked to the food co-op with the further possibility of growing and retailing.

Cost: £12,000 (estimate)

3) Community Health Champions

Revisit of a HAZ project, training and supporting volunteers to become local 'Health Champions' – acting as a source of advice and information for community groups on health related matters.

Cost: £15,000 (estimate)

4 Free swimming opportunities

This would be a relatively easy initiative to implement. Costs would be governed by take-up. To be determined would be the qualification criteria ie areas involved; personal circumstances etc.

The principle could be extended into gym tasters, dance lessons etc.

Cost: A capped figure could be allocated by the group

4) Dental Project/smoking cessation

Community based/schools? – target children, young people, smokers – free toothpaste etc and basic hygiene. Potential link between gum disease and smoking.

Not costed.

5) Free Community Based slimming club

Weightwatchers charges £5 pw for classes. This involves dietary literature and weigh in. Group activity aids motivation. However, the cost is often prohibitive to those on limited income.

Not costed

6) Partnership projects with Mental Health Trust/Council for Voluntary Service

Could be workshops for in or out patients – sport; photography; music; producing a film etc

Basic skills could also be developed with a view to undertaking voluntary work.