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HEALTH AND WELL BEING BULLETIN

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Keeping you in the know*

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Health & Well Being Update - September 2010 - Issue 29

We send our Health & Well Being Bulletin out to 163 members.

The E-Bulletin is aimed at voluntary and community groups to

- Increase their knowledge of local, regional and national health and well being policies and strategies
- Increase their knowledge of resources, funding, training and support.

If you want to nominate more members then please let us know so that their details can be added to our database and they too can benefit from the information we provide.

Contact details to advise us of interested parties can be found in the section "Receiving the Health & Well Being Bulletin" on Page 38 .

NEWS

POPULATION PROJECTIONS FOR WOLVERHAMPTON

These projections give an indication of future trends in population for the period 2008-2033. They take into account the local fertility and mortality rates to calculate the number of projected births and deaths. They are also adjusted for migration into and out of Wolverhampton.

Here are some headlines:

- Wolverhampton will experience a "baby boom" in the next 10 years, with the number of children from 0-15 set to increase 10% by 1018.
- Adult population of working age will be boosted and will gain at least 1,800 people by 2033, reversing previous projections of decline.
- Population of older age (above age of retirement) is predicted to grow 32.4% in the next 25 years.

If you have any queries, or need some more detailed analysis of the statistics, please contact Debbie Turner on 01902 55 4042.

NEWS

CONSULTATION ON THE CHANGE TO POLICY DIRECTION

FOR THE BIG LOTTERY

This consultation seeks views on the proposed wording of a new policy direction for the Big Lottery Fund. The new direction for the fund aims to focus its funding to the voluntary and community sector. Your views will be taken into account when future funding decisions on lottery grants are made. Deadline: 29 October 2010.

[Consultation on the Change to Policy Direction for the Big Lottery Fund](#)

For more information please click on title above or go to
<http://www.culture.gov.uk/consultations/7313.aspx>

NEWS

NICE STANDARDS FOR DEMENTIA

The National Institute for Health and Clinical Excellence (NICE) has produced these standards which will form part of the new NHS Outcomes framework. The recommendations include:

- people with dementia receive care from health and social care staff adequately trained in dementia care
- carers receive an offer of needs assessment to ensure they have adequate support including respite and short break services
- people with suspected dementia are referred to a specialist memory assessment service
- people newly diagnosed and their carers receive written and verbal information about their condition, treatment and local support options
- people with dementia have an ongoing personalised care plan agreed across health and social care
- people in the latter stages of dementia are assessed to identify and plan palliative care.

The standard also calls for people with dementia to have the opportunity to discuss advance decisions to refuse treatment, Lasting Power of Attorney and preferred priorities of care whilst they have capacity.

The standards show what high-quality health and social care for dementia should look like and are aimed at patients, carers and professionals and the full document indicates what each group should expect as part of the standard.

NEWS

CARE FUNDING COMMISSION

The government has established an independent commission to make recommendations on the future funding of long term care. Terms of reference include:

- the best way to meet care and support costs as a partnership between individuals and the state
- how an individual's assets are protected against the cost of care
- how public funding for the care and support system can be best used to meet needs
- how to deliver the preferred option including implementation, timescales and impact on local government.

The commission will build on evidence already available and will report in summer 2011. This will be followed by a white paper which is expected to be published in October 2011 and followed by legislation in 2011-12.

The website for the commission is due to be updated as evidence is collected and can be found at www.carecommission.dh.gov.uk

NEWS

SECRETARY OF STATE SPEECH ON PUBLIC HEALTH

Secretary of State, Andrew Lansley, has set out a vision for public health which includes:

- a new health premium to target resources at areas with the poorest health
- enhanced role for public health directors with resources and authority
- a new ring-fenced public health budget
- clear outcome measures to judge progress
- a new cabinet subcommittee on public health chaired by the Health Secretary.

A white paper will be published later in 2010 with further details of these strategies.

EVENTS

Wolverhampton Sexual Abuse Forum

Wolverhampton Sexual Abuse Forum (WSAF) is a local multi-agency network for statutory and voluntary sector agencies and individuals that need and/or wish to learn about and share information related to supporting, treating, caring for and advocating on behalf of adult survivors of childhood sexual abuse.

**WSAF is holding a training day
on
Thursday, 28th October 2010
at
Bantock House**

on "Male Survivors of Childhood Sexual Abuse".

If you would like further information then please contact
Di Drew or Amanda Williams of the Mental Health Empowerment Team on 01902 328978.

EVENTS

CYCLING FOR DISABLED PEOPLE

**Wednesdays 5pm-7pm
Aldersley High School
Barnhurst lane
Wolverhampton**

Come and try a range of adapted bikes which can either be leg or arm powered. All sessions are delivered by volunteers who will show you how to mount and dismount a bike safely, change gear and brake correctly. Sessions are run in a safe environment within the school grounds. We ask that anyone attending who needs assistance on and off the bikes to bring a carer/helper to assist them. Sessions are free and all about having fun!

**To book your place contact Beccy Martston
CTC Community Cycling Development Officer**

Office: 01902 554755

Mobile: 07717731927

Email: beccy.marston@ctc.org.uk

EVENTS

FREE TB half day seminar for Voluntary & Community Group Leaders

**Friday 26th November 2010
9.30am – 12.30pm
Birmingham**

This seminar is aimed at organisations working with the communities most at risk of TB, predominantly those working with south Asian or black African communities, or homelessness and substance misuse organisations.

The seminar will help you to:

- Learn more about TB and how it affects the communities you work with
- Hear how your organisation could become involved in local TB awareness programmes
- Find out about the training, support and materials available to your organisation
- Meet local TB clinicians and NHS decision makers

Seminar participants will receive a multilingual TB awareness DVD and other TB awareness resources to share with their staff teams.

Contact details to book a place are as follows:

Tel: 01273 234029

Email: bookings@tbalert.org

Post: Seminar bookings, TB Alert, Community Base, 113 Queens Road, Brighton BN1 3XG

POLICIES AND STRATEGIES—NATIONAL

NEW WAYS OF WORKING FOR THE NHS

More details have been published by the Department of Health of the priorities and reforms that the coalition government will be implementing. Whilst these are targeted at the NHS, some proposals will have implications for social care services and there is an increased emphasis on GPs taking on responsibility for commissioning.

Changes in NHS operating framework

A revised NHS operating framework has been published which includes:

- Increased priority on implementing the National Dementia Strategy and care for veterans.
- Removal of some indicators and targets such as 18-week referral to treatment and access to primary care, but keeping a maximum four-hour wait in A&E target. The reforms indicate that patient choice and GP led commissioning should make long waits for treatment unacceptable.
- Care Quality Commission to halt further work on the annual health check and not publish overall assessment for trusts.

Changes to the hospital tariff from 2011-12 - there will be no payment for patients readmitted 30 days following discharge, and hospitals have a responsibility to provide post discharge support and reablement - this potentially involves some funding for social care.

POLICIES AND STRATEGIES- NATIONAL

Department of Health structural reform

Structural reform plans are the key tool of the coalition government and set out in detail how departments will implement reforms. The Department of Health plan has five priorities:

- a patient-led NHS
- shift resources to promote better healthcare outcomes
- revolutionise NHS accountability
- promote better public health
- reform social care.

The plan sets out a timetable of actions for the priorities. Some milestones include:

- White Paper on social care funding reform and legislative framework October 2011
- publish a vision for social care reform November 2010

GP consortia take full responsibility for commissioning April 2013

More information about the operating framework and structural reform plan can be found on the Department of Health website, www.dh.gov.uk, in the Publications section.

POLICIES AND STRATEGIES– NATIONAL

GUIDANCE FOR HEALTH DIRECT PAYMENTS PILOT AREAS

The Department of Health has produced information to assist those areas that are part of the direct payments pilot scheme. Whilst not a comprehensive 'how to' guide, the document sets out a framework and best practice for administering the payments. There are examples throughout the document to help illustrate how direct payments may be used appropriately for people with differing needs.

Areas that the information covers include:

- Who could receive a direct payment
- Issues of consent and capacity to consent
- Nominating persons to support those with capacity issues
- Who should the primary care trust consider when making direct payments
- Setting the amount of direct payments
- What a direct payment can be spent on
- Monitoring and reviewing direct payments

The full document can be downloaded from
[Direct payments for health care information for pilot sites](#)

REVIEWS OF POLICIES AND PROCEDURES

HEALTHCARE OF PEOPLE WITH LEARNING DISABILITIES

A Mencap survey of 1,000 healthcare professionals indicates that people with learning disabilities are still receiving poorer healthcare than the general population. 35% of respondents had not been trained to make reasonable adjustments such as extended appointment times. However the survey also showed that specialist posts are making a difference, and there has been a 60% rise in health checks since GPs were incentivised.

The survey was commissioned to help launch Mencap's new campaign, 'Getting it right.' The charity is promoting the use of a charter by healthcare professionals which includes the following:

- Appoint a learning disability liaison nurse in hospital/s
- Make sure every eligible person with a learning disability can have an annual health check
- Provide ongoing learning disability awareness training for all staff
- Listen to, respect and involve families and carers
- Provide information that is accessible for people with a learning disability

REVIEWS OF POLICIES AND PROCEDURES

MENTAL CAPACITY LEGISLATION

Bruce Jackson DoLS Mental Capacity Act Manager made the following comment on the report below "I am very pleased you are drawing attention to what I see as an excellent, albeit hard-hitting, report".

Mental capacity legislation

A Mental Health Foundation study from the online Mental Capacity Act self assessment tool found that significant numbers of professionals were contravening the Act's principles. For example, 52% of people were assuming people did not have capacity before conducting an assessment, 38% said they did an assessment because of an illness or disability rather than problems in making a decision, and 25% carried out an assessment because they felt someone's decisions were unwise. The MHF recommends more training in implementing the Act.

The DH has made continued resources available for the review of existing policies and practice in implementing the Act - LAC(DH)(2010)3

REVIEWS OF POLICIES AND PROCEDURES

HEALTH SELECT COMMITTEE HOLDING INQUIRIES

INTO SOCIAL CARE

The Health Select Committee is currently holding an inquiry into the effects of the Comprehensive Spending Review on the NHS and social care services. Written submissions are being accepted until 29th September for this inquiry which examines how integrated health and care schemes can be maintained and how social care services may be affected by spending cuts of up to 33%.

A second inquiry into how NHS commissioning may be affected by proposed reforms is also underway with submissions being accepted until 6th October.

Visit www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/ for more specific information about the inquiries.

REVIEWS OF POLICIES AND PROCEDURES

NATIONAL AUDIT OFFICE REPORT ON HEALTH INEQUALITIES

The National Audit Office has reported on the value for money of the Department of Health's programme of reducing health inequalities. Whilst the Marmot Review evaluated how far health targets had been met, this report examines whether the funds used in this area were effectively used.

The report outlines that addressing health inequalities was not embedded as a Department of Health priority until 2006. However, Primary Care Trusts then found it difficult to provide evidence of whether spending on interventions to reduce health inequalities had been effective. In addition, there have been few mechanisms available for PCTs to commission services to meet the needs of local populations for much of the time that reducing health inequalities was meant to be addressed. Finally, there were no effective measures to demonstrate whether the strategy was likely to meet its 2010 targets or whether successful interventions were being implemented.

In 2007, three key interventions were identified as means by which the gap in life expectancy could be reduced:

- increase the prescribing of drugs to control blood pressure by 40%
- increase the prescribing of drugs to reduce cholesterol by 40%
- double the capacity of smoking cessation services

REVIEWS OF POLICIES AND PROCEDURES

There was, however, no monitoring to indicate the take up of these interventions. The National Audit Office estimated that it would cost around £24 million per year to implement these but it is difficult to assess whether this formed part of the £3.9 billion spent by spearhead PCTs in areas where health inequalities are worst. There are no specific funds allocated to addressing health inequalities at a PCT level. Currently spearhead PCTs receive around £230 per head more than non-spearhead PCTs but it is not known whether this is being used to address inequalities or if it is absorbed into higher hospital costs in deprived areas.

Another problem was that Department of Health funding and incentives are not sufficiently aligned with the health inequalities target. The department has only just implemented a funding formula to 'help reduce avoidable health inequalities' but in 2010-11, 68% of spearhead PCTs will not receive their full allocations. The National Audit Office recommends that there should be more mechanisms available to share best practice in tackling health inequalities and that cost-benefit analysis should be used to identify which interventions work effectively.

RESEARCH

COUNTING THE COSTS 2010

Counting the Costs reports the findings of a survey (carried out by Contact A Family) of the financial situation of over 1,100 UK parents caring for a disabled child. It finds that more than half have borrowed money from family or friends and almost one-quarter have gone without heating.

Counting the Costs

For more information click on title above or go to

[http://r20.rs6.net/tn.jsp?](http://r20.rs6.net/tn.jsp?llr=m6uvarcab&et=1103628735212&s=396&e=001IOGJbV7CH2gfKSzqXWORX8aM42H44old4BxP_9w_FBrqubppe7rlc72VqkRgfs6599XG6QWwDrmTKBwW6DpgQAXdT1B6bEtEu-ClQd0KAJmhTw14Z4Rl6bhpTcY82ackdJcU7BNdeoYm9pwzScQp6_L52Y6ti2QLVmA1ifw_F5Q73PNQvBFKeDAI6xc1guxNJUo3Mv4xq2IuoQjCoAkCVpb0DUlpcb3zOQ6bKdOfbGi8=)

[llr=m6uvarcab&et=1103628735212&s=396&e=001IOGJbV7CH2gfKSzqXWORX8aM42H44old4BxP_9w_FBrqubppe7rlc72VqkRgfs6599XG6QWwDrmTKBwW6DpgQAXdT1B6bEtEu-ClQd0KAJmhTw14Z4Rl6bhpTcY82ackdJcU7BNdeoYm9pwzScQp6_L52Y6ti2QLVmA1ifw_F5Q73PNQvBFKeDAI6xc1guxNJUo3Mv4xq2IuoQjCoAkCVpb0DUlpcb3zOQ6bKdOfbGi8=](http://r20.rs6.net/tn.jsp?llr=m6uvarcab&et=1103628735212&s=396&e=001IOGJbV7CH2gfKSzqXWORX8aM42H44old4BxP_9w_FBrqubppe7rlc72VqkRgfs6599XG6QWwDrmTKBwW6DpgQAXdT1B6bEtEu-ClQd0KAJmhTw14Z4Rl6bhpTcY82ackdJcU7BNdeoYm9pwzScQp6_L52Y6ti2QLVmA1ifw_F5Q73PNQvBFKeDAI6xc1guxNJUo3Mv4xq2IuoQjCoAkCVpb0DUlpcb3zOQ6bKdOfbGi8=)

RESEARCH

EVALUATION RESULTS OF PERSONAL HEALTH BUDGET PILOTS

Interviews have been carried out in the 64 areas that are piloting the personal health budget scheme. The early findings indicate that there have been difficulties in calculating the value of personal budgets and releasing resources from block contracts in order to make payments directly to individuals. As the personal health budgets are at an early stage of implementation, feedback from the pilots indicates that solutions to these problems will be found over time.

MORE CARERS PROVIDING MORE CARE

Surveys recently carried out by the NHS Information Centre have helped establish the number of carers in the UK and the time that they spend providing care. An initial survey of 2,000 carers indicated that 22% were providing more than 50 hours of care each week in comparison with 10% in 2000-01.

A further survey of 35,000 carers known to councils found further key information about carers:

- 57% of carers spent 35 hours or more each week caring, 49% spent 50 hours or more caring and 37% spent 100 hours each week caring or looking after the person that they care for.

RESEARCH

- 49% of carers were aged 65 or over (with 44% aged 45-64 and 7% between the ages of 18 and 44).
- 47% of carers were either retired or self employed. 12% were in employment and were supported by their employer and a further 17% were not working because of their caring responsibilities.

Although these figures may seem to suggest that carers have a poor quality of life, only 17% reported that their quality of life was bad, very bad or so bad it could not be worse. In addition, 83% of those who responded were at least fairly satisfied with the support and services they had received from Social Services.

More information from the national survey can be found at www.ic.nhs.uk/pubs/psscscarersurvey0910

URBAN GREEN SPACES ROLE IN IMPROVING HEALTH

The Commission for Architecture and the Built Environment (CABE) has carried out a widespread study into the relationship between urban green space, inequality, ethnicity, health and well being. It reinforced that people living in areas of greatest deprivation are usually those with the poorest local environment and this poor quality environment has a direct impact on their health and well being. As an example, the study discovered that less than 1% of people who lived in social housing used the green space on their estate. In contrast, previous studies have identified that the presence of green

RESEARCH

space can reduce the impact of deprivation and reduce the risk of serious health problems such as depression and lung disease. In addition, living close to green space reduces mortality and can deliver better health and well being and create a stronger community.

The four key findings of CABE's research were:

- Although green space has a definite impact on people's health, many local green spaces remain unused. The local park was named as the place where most people in the study went to access green space with 78% reported that they travelled to the park on foot. Where people perceive the quality of green space to be good, they are more satisfied with the neighbourhood and are more likely to report better health.
- People's concerns about safety affect their use of local green space. This concern varies with ethnicity with only 53% of the Bangladeshi community reporting that they felt safe in local green spaces compared to 75% of white people. Those who use green spaces less also tend to feel less safe in their area overall. The reasons for people feeling unsafe varied between physical problems such as overgrown areas and poor maintenance and feelings of insecurity brought on by fear of personal attack and the domination of a space by a particular group.
- Improving the quality of spaces will encourage more active use and exercise. 46% of interviewees said they would use their local green space more often if it had better facilities and everyone interviewed identified improvements they would like including toilets, cafes, play and sports provision and community events. 60% of those involved in the study stated that an improved local green space would improve their overall physical health and 48%

RESEARCH

thought it could improve their mental health. 52% reported that they would be more likely to do more physical exercise if green spaces were improved with Indian, Bangladeshi and Pakistani people being the most likely to use green spaces for exercise.

- Local people are best placed to know what they want from green space. There were significant differences between how different ethnicities expected to use green spaces with black and minority ethnic groups reporting that they visited green spaces to meet socially. The study found that people were extremely interested in their local green spaces and that these needed to be flexible spaces to meet the needs of different groups of users. The study suggests that those currently managing green spaces need to involve local communities in their development to a greater extent. If local people have the opportunity to shape green spaces, they are much more likely to use the space and become a healthier and more satisfied community.

The full research report, *Community green*, is available at: www.cabe.org.uk/publications/community-green

CONSULTATIONS

THE NHS WHITE PAPER, EQUITY AND EXCELLENCE:

LIBERATING THE NHS

The White Paper sets out the Government's long-term vision for the future of the NHS. The vision builds on the core values and principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how the government will:

- put patients at the heart of everything the NHS does
- focus on continuously improving those things that really matter to patients - the outcome of their healthcare
- empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services

The deadline for the consultation is 5th October 2010

There are four separate consultations linked to the White Paper. The deadline is the 11th October 2010.

- Transparency in outcomes - a framework for the NHS

CONSULTATIONS

- Liberating the NHS: Local democratic legitimacy in health
- Commissioning for patients
- Regulating healthcare providers

You can also have your say directly to the Department of Health.

Email: NHSWhitePaper@dh.gsi.gov.uk

Post: White Paper Team, Room 601, Department of Health, 79 Whitehall, London, SW1A 2NS

Copies of the white Paper can be found at www.dh.gov.uk

CONSULTATIONS

CONSULTATION NOW OPEN ON IMPLEMENTATION OF THE

AUTISM STRATEGY

Stakeholders have until 22nd October to comment on draft guidance for the implementation of the national autism strategy (Fulfilling and rewarding lives). The guidance is designed for health and social care agencies to ensure that the needs of adults with autism are clearly identified and met more effectively. The consultation particularly welcomes contributions from:

- adults with autism, their families and carers
- health and social care bodies responsible for the planning, commissioning and provision of services for adults with autism and their families
- representative local and national organisations
- health and social care professionals
- any other party with an interest in improving the health and social care provided to adults with autism and their families and carers

It should be noted that whilst some proposals within the guidance can be delivered within current health and social care resources, others require additional funding. The results of the Spending Review in later October 2010 will determine whether these plans will be implemented. **Further details can be found online at www.dh.gov.uk/en/Consultations/Liveconsultations/DH_118058**

RESOURCES/INFORMATION

END OF LIFE CARE

The government has announced a review of palliative care funding, reporting in Summer 2011 which will consider how to encourage more care based in people's homes and transparent funding.

Meanwhile, the National End of Life Care programme has started work on developing a new framework for end of life care and has published a guide, *Supporting people to live and die well*. This outlines how social care can be improved for people who are dying - especially relevant with the UK's aging population. It outlines key messages to be considered for end of life care to work effectively:

- Social care has a vital role to play in end of life care
- Integration of social care into end of life care is part of a wider transformation taking place in social care services
- The social care workforce may need training to support people who are dying and to respond to the changing circumstances in the social care system
- The move towards personalisation should result in opportunities for improving end of life care but it may be difficult for people to fully take advantage of this system.
- Greater integration is needed across all care and support services to improve the experience of dying for the individual and those around them.

There website, www.endoflifecareforadults.nhs.uk, has a wealth of information about end of life care and strategies.

RESOURCES/FUNDING

SKINNER'S COMPANY

The Skinners' Company fosters education and training, to house the elderly, to assist people in need, and to support charitable causes. It provides grants for Disability, Local Heritage, Local Community and Performing & Visual Arts through the Lady Neville Charity. (£1,000)

GARFIELD WESTON FOUNDATION

The Garfield Weston Foundation helps small local community organisations and are prepared to consider applications covering a wide range of charitable activity. Areas funded include: education, arts, health, general, environment, community, youth, religion and welfare Up to £50k.

TESCO CHARITY TRUST COMMUNITY AWARDS

The Tesco Charity Trust is accepting applications for projects that support older people, adults and children with disabilities living in the communities around their stores. One-off grants of between £500 and £4,000 are available.

For more information visit the [Tesco Charity Trust website](#).

RESOURCES/FUNDING

THE CHURCH URBAN FUND-MUSTARD SEED PROGRAMME

[The Church Urban Fund - Mustard Seed Programme](#) provides grants to enable churches and faith-based organisations working in very deprived communities to initiate or develop community work. Grant requests for up to £5,000 will be considered.

<http://www.cuf.org.uk/act/cuf-funding>

NIHR PUBLIC HEALTH RESEARCH PROGRAMME

[NIHR Public Health Research programme](#)

New funding opportunities are now available from the National Institute for Health research.

<http://www.phr.nihr.ac.uk/fundingopportunities/commissioned.asp?src=phrb>

Guidance notes and tips for success are available on the [NIHR website](#)

RESOURCES/FUNDING

PEOPLE'S POSTCODE TRUST

The People's Postcode Trust is open for applications from 11th October 2010. Funding of between £500 and £10,000 (£2,000 if not a registered charity) will be available to small organisations and community groups operating in the areas of poverty prevention, health, community development, sports, human rights and environment. <http://www.postcodetrust.org.uk/>

BAILY THOMAS CHARITABLE FUND (UK)

The Baily Thomas Charitable Fund is a registered charity which was established to support projects in the area of learning disability and to aid the care and relief of those affected by learning disability by making grants to voluntary organisations within the UK. The Trust consider under learning disability the conditions generally referred to as severe learning difficulties, together with autism. They will fund work with both children and adults. Application for funding is normally considered for capital and revenue costs and for both specific projects and for general running/core costs. . They will not offer grants for research into or care of those with mental illness or dyslexia. They offer grants from £250 upwards.

The next deadline for applications is the 1st October 2010.

For more information visit <http://www.bailythomas.org.uk/>

RESOURCES/TRAINING

UNDERSTANDING CONTRACTS: THE LEGAL IMPLICATIONS

In partnership with Michelmores law firm, this series of training days, from NAVCA's Local Commissioning and Procurement Unit, will help you to understand contract clauses and be better equipped to negotiate contract terms and conditions.

6 December 2010, 9.30am – 4.30pm,

**BVSC, the Centre for Voluntary Action, 138 Digbeth, Birmingham,
B6 5DR**

(Closing date: 30 November 2010)

For more information or booking form contact Rachel Rhodes NAVCA

Email: **lcpu@navca.org.uk**

Tel: **0114 278 6636**

RESOURCES/TRAINING

OUTCOMES TRAINING

WVSC is running a two day course

DAY 1- Thursday 20th January 2010

DAY 2- Thursday 17th February 2010

PLEASE NOTE YOU HAVE TO ATTEND ON BOTH DAYS

To Book a place Contact: **Kuly Sidhu**
Tel: 01902 773761
Email: ksidhu@wolverhamptonvsc.org.uk

TAILORED SUPPORT TO EMBED AN OUTCOMES APPROACH TO YOUR ORGANISATION'S WORK

**Do you deliver services (or are ready to)?
Gain the skills and knowledge you need to embed outcomes in your work.**

Cont'd

RESOURCES/TRAINING

Discuss your needs with **GEETA PATEL** or **SAFFI PRICE**

Geeta Patel

Tel: 01902 328976

Email: gpatel@wolverhamptonvsc.org.uk

Saffi Price

Tel: 01902 773761

Email: sprice@wolverhamptonvsc.org.uk

RESOURCES/TRAINING

TRAINING AND ACCREDITED QUALIFICATIONS FOR THE

VOLUNTARY SECTOR

Fircroft College of Adult Education in Selly Oak, Birmingham runs a wide range of short residential courses tailored to the voluntary sector.

Forthcoming courses include

Training the Trainer (29 Sep-1 Oct and 15-18 Nov)

Public Speaking and Presentation Skills(06-08 Oct and 10-12 Nov) Understanding Budgets and Finance (22-24 Nov).

Fircroft will also be running accredited programmes this Autumn, including the ILM Certificate in First Line Management, as well as the Certificate in Managing Diversity and Equality

For further information visit <http://www.fircroft.ac.uk/>

Or follow link below

[Training and accredited qualifications for the Voluntary Sector](#)

RESOURCES/TRAINING

THE SAINSBURY BURSARY SCHEME

The Sainsbury Bursary Scheme provides scholarships for students from the not-for-profit sector wishing to complete the Cambridge MBA.

Up to five awards are available each year, for either £14,000 or £28,000.

You must have:

- at least three years' work experience within the charitable or voluntary sectors prior to submitting their application
- strong support from their employer, or evidence of an on-going commitment to the charitable or voluntary sectors
- a clear idea of how they would use the skills and knowledge gained on the MBA programme to develop their career within the charitable or voluntary sectors .

Applications (including references and supporting documents), need to be made by 15 April 2011.

For more information follow the link below or visit

http://www.jbs.cam.ac.uk/mba/finance/finance_sainsbury.html

or follow link below

[Sainsbury Bursary Scheme](#)

RECEIVING THE HEALTH AND WELL BEING BULLETIN

The Health & Well Being Bulletin is sent out to Voluntary and Community Groups who believe that they work around issues of Health and Well Being in the City.

Please let us know if you have any friends or colleagues who would like to receive a copy of the health & well being e-bulletin. Copies can be sent out to multiple members in one organisation via email or hard copy in the post.

Details should be sent to:

**KULVINDER SIDHU
HEALTH & WELL BEING ADMINISTRATOR
WOLVERHAMPTON VOLUNTARY SECTOR COUNCIL
16 TEMPLE STREET
WOLVERHAMPTON
WV2 4AN**

TEL: 01902 773761

EMAIL: ksidhu@wolverhamptonvsc.org.uk

* Details should include: Name, Position, Organisation, Department, Address, Telephone Numbers, Email address and Fax Number.

THANK YOU.