

**INSIDE THIS ISSUE**

<b>HEALTH AND WELL BEING BULLETIN</b>	<b>PAGE</b>
<b>NEWS</b>	
• News from the new government.....	5-6
• My ambition for Patient-Centred Care– Health Secretary.....	7
• Emergency Budget & Third Sector.....	7
• NHS Operating Framework.....	7
<b>EVENTS</b>	
• Reach Out Obsessive Compulsive Disorder Support group.....	8
• Women Take Part Information Morning.....	9
• Locality Health Panel Meetings.....	10
<b>HEALTH AND WELL BEING POLICIES AND STRATEGIES</b>	
<u>National</u>	
• Government announces new health & social care policies.....	11-12
<u>Reviews of Policies and Procedures</u>	
• 15 years of The Disability Discrimination Act leads to little change.....	13-14

# Health & Well Being Update - July 2010 - Issue 28

*Health & Well Being Update  
Keeping you in the know*

## **PAGE**

### Research

- Better communication for those with dementia ..... 15-16
- Survey reveals sector's involvement in Healthy Eating & Physical Activities..... 17-18
- Is it really that easy to involve service users?..... 19-21

### Consultations

- Consultation on Alcohol Services..... 22
- Pathways to care engagement by Wolverhampton Primary Care Trust (PCT)..... 23-24
- End of Life Services..... 25-28

## **RESOURCES**

### Information

- Lobbying for Lottery Funds..... 29
- Community Work Skills Manual 2009..... 30
- Awards For All..... 31
- Writing better fundraising applications..... 31
- An unexamined truth ..... 31
- Improving support website to reach out to disabled people's organisations..... 32

### Funding

- PRS for Music Foundation..... 33
- Comic Relief Older People's Programme..... 33

# Health & Well Being Update - July 2010 - Issue 28

*Health & Well Being Update  
Keeping you in the know*

	<b>PAGE</b>
<u>Funding</u>	
• Drinkaware Grants.....	33
• Epic Awards.....	34
• UIA Charitable Foundation.....	34
• 2011 GlaxoSmithKilne Impact Awards.....	35
<u>Awards</u>	
• Big Lottery- Successful Awards.....	36
<b>RECEIVING THE HEALTH AND WELL BEING BULLETIN.....</b>	<b>37</b>

**You will be receiving the Health and Well Being E-Bulletin every two months from now on.**

**The next E-Bulletin will be in September then November, January 2011 and March 2011.**

## Health & Well Being Update - July 2010 - Issue 28

We currently 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 37.*

# NEWS

## NEWS FROM THE NEW GOVERNMENT

Since the last E-bulletin in April, the general election has taken place and a new coalition government has been established. Therefore, there are a number of updates to policies that have been announced and are featured in this issue. Whilst the details of the coalition agreement are below, information about the measures outlined in the Queen's Speech can be found in the *Policies and Strategies* section of the E-bulletin.

As part of the coalition agreement, the government agreed that funding for the NHS should increase in real terms each year. This means that the NHS escapes the proposed spending cuts that are being made across other public services.

Other agreements made as part of the coalition arrangements include:

- A commission on long-term care which will report within a year.
- A commitment to break down the barriers between health and social care funding to incentivise preventative action along with a commitment to give local communities greater control over public health budgets.

## NEWS

- Direct election of individuals on to the boards of their local primary care trust. In addition, the remainder of the PCT's board will be appointed by the relevant local authority and the Chief Executive and principal officers will be appointed by the Secretary of State on the advice of the new independent NHS board.

### **Government ministers with responsibility for health are now as follows:**

Secretary of State for Health:	Andrew Lansley CBE MP
Minister of State for Health:	Simon Burns MP
Minister of State for Care Services:	Paul Burstow MP
Parliamentary Under Secretary of State for Public Health:	Anne Milton MP
Parliamentary Under Secretary of State for Quality:	Earl Howe

## NEWS

### MY AMBITION FOR PATIENT-CENTRED CARE—HEALTH SECRETARY

In his first speech as Health Secretary, Andrew Lansley said patients would be the driving force of improvements to the NHS, not just as beneficiaries of care but as participants, with shared decision-making.

[www.dh.gov.uk/en/MediaCentre/Speeches/DH\\_116643](http://www.dh.gov.uk/en/MediaCentre/Speeches/DH_116643)

### EMERGENCY BUDGET AND THIRD SECTOR

The NCVO National Council for Voluntary Organisations website has a page on what the Emergency Budget will mean for the Third sector. <http://bit.ly/ncvobudget>.

Treasury Budget web pages: [www.hm-treasury.gov.uk/2010\\_june\\_budget.htm](http://www.hm-treasury.gov.uk/2010_june_budget.htm)

BBC News Budget web pages (including Budget at a glance). [www.bbc.co.uk/budget](http://www.bbc.co.uk/budget)

'Third Sector' Budget coverage: [www.thirdsector.co.uk](http://www.thirdsector.co.uk)

### NHS OPERATING FRAMEWORK

A revision to the NHS Operating Framework was published on 21 June, setting out changes to key priorities for the NHS and plans to reduce management costs. <http://bit.ly/nhsopfr>

## EVENTS

### **REACH OUT** **OCD Support Group**

**Do you have a Compulsion or Obsession?**  
**It could mean things like:**

Eating Disorder, Hoarding or Counting, Fear of Contamination, Checking, Orderliness, Violent Thoughts, Magical Thinking, Excessive Doubting, Compulsive Skin Picking (CSP), Tourettes Syndrome, Body Dysmorphic Disorder, Fear of Sexual Thoughts, Aspergers Syndrome or Trichotillomania

**Then come along to our meetings**  
**Last Friday of every month**  
**Between 1.00pm and 4.00pm (Except December)**

Wolverhampton Voluntary Sector Council  
16 Temple Street, Wolverhampton  
WV2 4AN

**Contact: Amanda Williams or Diane Drew**

Telephone 01902 328978

Email: [mfinfo@wolverhamptonvsc.org.uk](mailto:mfinfo@wolverhamptonvsc.org.uk)

## EVENTS

### **Women Take Part!**

#### **Women active in communities and public life**

Women Take Part is part of an exciting national programme providing opportunities for people to be more active in communities and public life.

It is a course including 8 full-day sessions plus a weekend residential and field trips. It will start on 17 September 2010 and run on Fridays every few weeks. The course includes:

**leadership skills, confident communication, democracy, decision-making  
and citizenship and human rights**

If unsure about the course why not attend the  
**Information morning**

**Monday 19<sup>th</sup> July, 10am to 12pm**

**at**

**Wolverhampton Voluntary Sector Council  
16 Temple Street, Wolverhampton, WV2 4AN**

Refreshments provided, Childcare or carer expenses paid and Wheelchair accessible

To book a place or for further information contact Sharon Essex on

**01902 328977** or email [sessex@wolverhamptonvsc.org.uk](mailto:sessex@wolverhamptonvsc.org.uk)

Funded by Communities & Local Government & part of Black Country Take Part Pathfinder

## EVENTS

### **SOUTH WEST LOCALITY HEALTH PANEL MEETINGS**

On

**Wednesday 21 July 2010 5pm- 6.30pm**

At

**YWCA**

**Claverley Drive**

**Wolverhampton**

**WV4 4QL**

**Future dates: 20<sup>th</sup> October 2010 & 9<sup>th</sup> February 2011**

### **SOUTH EAST LOCALITY HEALTH PANEL MEETINGS**

**Future dates: 14<sup>th</sup> October 2010 & 3<sup>rd</sup> February 2011**

### **NORTH EAST LOCALITY HEALTH PANEL MEETINGS**

**Future dates: 6<sup>th</sup> October 2010 & 19<sup>th</sup> January 2011**

For further information please contact  
Venue details for future meetings contact

**Cath Cunningham on 01902 444757**  
**Tracey Cresswell on 01902 445894**

## POLICIES AND STRATEGIES—NATIONAL

### GOVERNMENT ANNOUNCES NEW HEALTH AND SOCIAL CARE POLICIES

The new coalition government has announced a number of reforms that they intend to introduce within the current Parliament. Three Bills are proposed covering Health, Public Health and Social Care.

#### Health

The main elements of the Health Bill are:

- To take forward proposals to significantly cut the number of health quangos, helping cut the cost of NHS administration by a third.
- To establish an independent NHS Board to allocate resources and provide commissioning guidance, and to allow GPs to commission services on behalf of their patients.
- To improve efficiency and outcomes by strengthening the role of the Care Quality Commission.

The government is quite clear in its intention to replace the 'top down' control that has dominated the NHS with more power being placed in the hands of patients and doctors.

In a subsequent speech Health Secretary, Andrew Lansley, outlined that hospitals will be responsible for patients for the 30 days after they've been discharged. This is as a result of the 50% increase of emergency readmissions over the last decade. If a patient is readmitted within that time the hospital will not receive any additional payment for the additional treatment. The government hopes that this

## POLICIES & STRATEGIES – NATIONAL

will deter hospitals from discharging patients too early.

### **Public Health**

The government is committed to working to improve public health and to reduce health inequalities. A new public health service will be created led by the Department of Health and further plans for this will be announced in due course. Wider consultation will then take place although some principles of the service have been revealed:

- Public health funding allocations will be weighted towards the most disadvantaged areas through payment of a health premium.
- Local NHS organisations will be responsible for improving the health of their residents and will be paid for the outcomes they achieve. They will work closely with local authorities, voluntary organisations and local business to deliver this.
- Public health funding will be protected through ring fenced budgets.

### **Social Care**

Whilst no specific legislation is planned to reform social care within this session of parliament, the government has recognised that the social care system needs to change in order to better meet the needs of individuals and their carers. The government announced that an independent commission would be established to report within a year and to consider how to sustain funding for long-term and work in partnership with the state, families and carers. The intention is to use the results of this commission to shape legislation which will be outlined in the 2011 Queen's Speech.

## REVIEWS OF POLICIES & PROCEDURES

### 15 YEARS OF THE DISABILITY DISCRIMINATION ACT

#### LEADS TO LITTLE CHANGE

Leonard Cheshire Disability have published a report into the experiences of disabled people in accessing goods and services following one of the most comprehensive surveys in recent years. The report collated evidence from over 1,000 interviews and 15 in-depth case studies to assess the impact of the 1995 Disability Discrimination Act which aimed to eradicate discrimination in access for Disabled people.

Key findings from the research included:

- 40% of respondents had experienced difficulty accessing goods and services in the previous 12 months - difficulties in using public transport, lack of disabled facilities and problems in entering or getting around premises were the most common responses
- 62% of those who experienced difficulties did not take any further action of any kind
- 20% of those interviewed had never heard of the Disability Discrimination Act (DDA) and a further 51% said that they knew little or nothing about it
- Only 1% took legal action after experiencing difficulties in access with many reporting that they would not be able to afford to pursue a legal case and others not knowing where to go for help in making a legal challenge

## REVIEWS OF POLICIES & PROCEDURES

- From those who made a complaint, 39% received a formal apology and 9% reported that the organisation had improved accessibility for the disabled

The report discovered that the rights to equal access that the Disability Discrimination Act had given people 15 years ago were not being brought into reality. Improved access to goods and services for disabled people would improve their opportunities and open up new markets for shops and services. The report sets out a range of proposals to help make the law work more effectively including:

- Conducting a formal review to assess how disabled people's legal rights can be improved.
- Raising awareness among disabled people of their rights and of the procedures that exist to challenge discrimination in accessing services.
- Increasing the level of support available to disabled people in order for them to take forward accessibility cases.
- Considering options such as an arbitration procedure, 'equality tribunals' or the ability to take joint or representative legal action.
- Raising awareness amongst service providers of their legal obligations around equal access.

More information about the survey results and subsequent recommendations can be found in the full report which can be accessed at the Leonard Cheshire Disability website, [click here](#).

Or visit <http://www.lcdisability.org/?lid=12274>

## RESEARCH

### **BETTER COMMUNICATION FOR THOSE WITH DEMENTIA**

There are a rapidly increasing number of people diagnosed with dementia and many are being diagnosed at an earlier stage. There is a greater need to involve patients in decisions about their care and Talking Mats® may offer a means by which this can be achieved. Family members are often taking on the role of carer, especially during the early to moderate stages of the illness.

The Joseph Rowntree Foundation has recently reported on research into the use of a low-tech communication device to assist people with dementia or Alzheimer's. Devices, known as Talking Mats®, were given to 18 couples (consisting of a person with dementia and a family carer) and the results assessed.

Talking Mats® use a simple set of picture symbols that allow people to indicate their feelings by placing them on a visual scale on the mat. The system is accessible and inexpensive and can be used in virtually any setting after a short amount of training. A previous study (Murphy et al. 2007) found that Talking Mats® could be used by people at all stages of dementia and that it improved their ability to communicate. With this in mind, the latest study focused on whether the system could be used in a home setting to communicate around issues such as personal care, getting around, housework and other activities (such as watching TV or reading).

The research found that the Talking Mats® aided communication between the couples with those

## RESEARCH

suffering from dementia reporting:

*"It helped me remember what we were talking about."*

*"I found it a big help, sometimes I get the words muddled and can't get out what I am trying to say."*

*"The pictures are really clear; they helped me to remember when I couldn't find the right word."*

Overwhelmingly, they felt more involved in decision making about their care and were able to maintain a conversation for longer. Surprisingly, the carers also reported that they felt a significant improvement in conversations and they benefitted by being able to discover what their partner was feeling and how to best meet their needs.

The research team are now looking at how Talking Mats® can be more widely used as part of the care package for dementia sufferers. They hope to raise awareness of this method of communication by working with other organisations to disseminate their findings and encourage greater provision of training to use the Talking Mats®.

The full report can be accessed here:

**Talking Mats help people with dementia**

Or visit

<http://www.jrf.org.uk/sites/files/jrf/Talking-Mats-and-decision-making-in-full.pdf>

## RESEARCH

### **SURVEY REVEALS SECTOR'S INVOLVEMENT IN**

### **HEALTHY EATING AND PHYSICAL ACTIVITIES**

The Health & Well Being team at Wolverhampton Voluntary Sector Council recently surveyed a number of voluntary and community organisations working across the city in an effort to find out about their involvement in activities on healthy eating and physical activities. This reflected the higher than national average levels of obesity in the city, making measures to improve residents' health a priority. A small number of organisations replied (giving a 4.5% return rate for the survey) of which 47% undertook healthy eating activities for adults and 67% provided some physical activities for adults. The survey went on to assess whether organisations monitored or evaluated their physical activity or healthy eating activities. 43% reported that they monitored their healthy eating activities with 43% also reporting that they evaluated their healthy eating activities. In terms of physical activity, whilst 60% of organisations who responded monitored their activities, only 20% of organisations evaluated these activities. Unfortunately, the survey results did not indicate the reasons for this lack of evaluation.

Comments from those organisations that responded did highlight some common themes and barriers to adults accessing opportunities to take part in physical activity:

- The lack of low-cost or free physical activities prevented many individuals from being more active. Being on low wages or having no income was mentioned as a preventative factor .

## RESEARCH

- Access to physical activities is a barrier with some organisations reporting that transport to facilities needs to be improved. Other organisations reported problems for people who needed additional support, whether as a result of a physical disability or those who needed specifically designed activity programmes such as older people or people with long term conditions.
- A lack of healthy eating options and advice about healthy eating was also highlighted. This included a lack of information in accessible formats and advice about how to eat healthily on a budget.

**For more information about the survey results, please contact Geeta Patel at WVSC on 01902 328976 or email [gpatel@wolverhamptonvsc.org.uk](mailto:gpatel@wolverhamptonvsc.org.uk).**

## RESEARCH

### **IS IT REALLY THAT EASY TO INVOLVE SERVICE USERS?**

The Joseph Rowntree Foundation and Age Concern London have worked together to create a 'think paper' focussing on the role of service users in developing local services. The paper was not designed to result in a set of recommendations but to examine the extent to which service users are currently involved and to establish some principles for effective involvement in strategic commissioning. Their research involved both users and commissioners and found that a number of levels of user involvement had been used ranging from one-off consultations to equal partnerships.

The research carried out established that service users felt in a good position to:

- inform needs assessment processes and activity;
- provide feedback into quality assurance processes and activity;
- provide insight into uptake and accessibility (psychological and physical) of services;
- highlight areas that cross traditional service sector boundaries;
- contribute to discussion in areas that transcend particular interests - for example, transport.

Commissioners reported that service user involvement often had a positive impact on services including raising the profile of a particular service, helping to redesign or decommission services, and selecting preferred suppliers to ensure services met users' needs. It was acknowledged by both commissioners and service users that there were a range of issues that made involvement

## RESEARCH

difficult including:

- Discrepancies between the level at which service users are involved in comparison to the level at which decisions are made. This was further complicated by different approaches to involvement adopted by PCTs and local councils who may be working together to provide services.
- A lack of common understanding of need between commissioners and service users and a common language to discuss it.
- Difficulties in equipping service users with the skills, knowledge and confidence to become involved and maintaining their motivation to stay involved.
- Problems managing culture clashes, such as the medical need for service provision balanced against the users wishes.

The role of third parties, such as voluntary and community groups or advocacy services, as representatives for service users was also researched. From the service users' point of view, third sector organisations were able to play a valuable role in communicating their views to public sector officers. This, however, relied on the level of trust and understanding that had been developed between service users and their representatives - in other words, users had to be confident that the organisation would represent their views. Generally, commissioners were not concerned by the involvement of third parties and did not feel that there was any conflict of interest if service users are represented by an organisation.

Difficulties were identified when trying to balance the individual needs of users against the strategic

## RESEARCH

commissioning process - a problem exacerbated in part by the introduction of personal budgets. In addition, whilst there is pressure from government to involve service users in all aspects of care, many struggle to maintain the level of commitment required to make this involvement a reality. Often service users undertake a representative role in addition to employment and, in many cases, they do not enjoy good health. The paper suggests that decisions must be made about when and how to involve service users, depending on factors such as:

- the existence of willing and available service users;
- the capacity of those involved in commissioning to involve service users meaningfully;
- the stage of development of strategic commissioning in the locality;
- the extent to which commissioners are able to be open about budgets and decision-making processes.

To access the full report [click here](#)

Or visit <http://www.jrf.org.uk/publications/users-local-services>

## CONSULTATIONS

### CONSULTATION ON ALCOHOL SERVICES

Wolverhampton City Primary Care Trust (PCT) has launched a consultation on alcohol services, which ends on **Friday 23rd July 2010**.

The PCT wants to reduce the impact of alcohol abuse and wants to know your views on

- Alcohol services now and in the future
- What your work shows as the needs of people with alcohol issues

**To respond to the consultation go to**

[http://www.wolverhamptonhealth.nhs.uk/Healthy\\_City/Alcohol\\_Strategy/CommunityBasedAlcoholServicesConsultation.asp](http://www.wolverhamptonhealth.nhs.uk/Healthy_City/Alcohol_Strategy/CommunityBasedAlcoholServicesConsultation.asp)

or contact **Margaret Liburd** on **01902 444634**

Email: [margaret.liburd@wolvespct.nhs.uk](mailto:margaret.liburd@wolvespct.nhs.uk)

## CONSULTATIONS

### **PATHWAYS TO CARE ENGAGEMENT BY**

### **WOLVERHAMPTON PRIMARY CARE TRUST (PCT)**

The PCT is seeking your views on moving the management of services such as:

**Children and Families**  
**End of Life**  
**Health and Well Being**  
**Long Term Conditions**  
**Mental Health**  
**Rehabilitation**  
**Urgent Care**

The plan is to transfer the management of services that the PCT provides on patient and care services to New Cross Hospital. However managing mental health, addiction services, learning disability and child and mental health services will transfer to Sandwell Mental Health and Social Care NHS Foundation Trust.

Services will continue to be provided in Wolverhampton.

The transfer needs to happen by the 1<sup>st</sup> April 2011 and shadow arrangements in place by Autumn 2010.

## CONSULTATIONS

**Your views are sought till 27<sup>th</sup> August 2010 on the following:**

**Is there anything the PCT has not considered?**

**Is there anything they should take into account during transition?**

To receive the document on Pathways to Care call **Cath Cunningham** on **01902 444757**,

Or visit the PCT website on <http://www.wolverhamptonhealth.nhs.uk>

and send your views via email to [getinvolved@wolvespct.nhs.uk](mailto:getinvolved@wolvespct.nhs.uk)

## CONSULTATIONS

### END OF LIFE SERVICES

#### Introduction

Wolverhampton Primary Care Trust (PCT) in consultation with key stakeholders has developed a strategy document covering End of Life Care (EOLC) services for adults in Wolverhampton. The strategy covers issues such as the choices available to people at the end of their lives, what information is available about their condition and how and when this is available.

Members of Wolverhampton Citizens panel were asked a range of questions about end of life care.

The PCT recognises that this is a very sensitive issue which affects everyone and therefore wanted to find out people's views about this issue so that they can influence the services as they are developed. As was the case throughout the survey, panel members were not under any obligation to answer these questions.

#### Care choices and planning

The first question on this subject asked panel members to consider a situation where they had a serious illness. In this scenario 67% state they would always want to be informed of the options available for care and how they might affect them. A further 20% would want this detail upon request. Just 7% said they would not want to receive information on the care options available to them.

## CONSULTATIONS

Some variation in responses is evident by gender. While 78% of females state they would always want to be informed of the care options available to them, this proportion falls significantly to 56% among males. Indeed males are significantly more likely than females to state they would only want this information if they asked for it (24% c.f. 15%) or to not want it at all (11% c.f. 3%).

If faced with less than one year to live as a result of serious illness, where they were still able to make decisions, the vast majority would prefer to retain the decision making regarding their care (82%). However, 49% indicated that they would be happy for their spouse or partner to make their care decisions and 39% said this could be done by other relatives. A quarter (26%) indicated such decisions about care could be made by a doctor.

The second question asked panel members to consider a situation where they had less than a year to live and their views about who would make decisions about care.

Again significant differences exist by gender. Females are significantly more likely to want to make their own care decisions than males (88% c.f. 76%). While making decisions themselves is the most common choice among both males and females, males are a significantly more likely to state such decisions could be taken by their partner (54% c.f. 43%).

One approach to ensuring an individual's wishes are respected and followed during end of life care is to write an end of life care planning document in advance so that care wishes are known should that person lose the ability to communicate them at a later date. When considering this approach, over half expressed an interest in being involved in writing such a document (52%). A quarter said no (24%) and a further 24% said either don't know or did not provide a response.

## CONSULTATIONS

Looking at responses more closely shows that females are significantly more likely to be interested in being involved in preparing a care planning document than males (63% c.f. 40%). In terms of age, interest in such a document is higher among those aged 16-74 (54%) compared to those more likely to be approaching their end of life phase (31% interested among those aged 75 and over).

### End of life phase

In a situation where panel members were suffering from a serious illness like cancer and had less than one year to live, all were asked where they would prefer to die if circumstances allowed them to choose. They were also asked to express where they would least like to die. The highest preference is to die at home (62%), followed by at a hospice or palliative care unit (23%). Other options were favoured by no more than 2% of panel members. While the home was the most favoured location for dying, interestingly it is also among the top two least favoured locations for passing away (24%), along with in a non-palliative care unit of a hospital (34%).

Dying at home is the first choice for both males and females (both 62%), for both BME and non-BME residents (56% c.f. 64%) and among all age groups.

The final question on this topic presented all panel members with three statements about the key principles that are being developed for end of life care. All were asked to what extent they agree or disagree with these principles. In response strong agreement is seen with each:

- 94% agree individuals in their end of life phase should be supported so they are able to remain in their community if this is what they wish.

## CONSULTATIONS

- 91% agree carers (i.e. those looking after someone who is approaching the end of their life) should also have their needs assessed and should be able to have bereavement support should they request it.
- 76% agree the care needs of someone in their end of life phase should be co-ordinated by one person so that carers do not have to co-ordinate different services.

This suggests the principles underpinning the end of life care strategy resonate clearly with the public. Only on the issue of whether care should be co-ordinated by a single person is there any notable level of uncertainty (14% said don't know).

**For a copy of the full report please contact Kuly Sidhu on  
01902 773761 or Email: [ksidhu@wolverhamptonvsc.org.uk](mailto:ksidhu@wolverhamptonvsc.org.uk)**

## RESOURCES/INFORMATION

### LOBBYING FOR LOTTERY FUNDS

Kevin Curley, from the National Association from Voluntary and Community Action (NAVCA) met recently with the Lottery Minister, John Penrose, to discuss the Government's proposal to reduce the share of good causes money going to the Big Lottery Fund from 50% to 40%.

He sought an assurance that any changes would result in gains for local community arts and community sports groups and not for professional or elite arts and sports. He also pressed the case for 100% of Big Lottery Fund money to go in grants to the voluntary sector. At present 80% of Big Lottery Fund grants are awarded to the public sector.

NAVCA are seeking members' views and are concerned that if more money is going to the arts and sports, it is given to community art and sports, not elite arts and sports.

NAVCA will submit a response to the DCMS consultation which closes on 21 August. Email your views to [barney.mynott@navca.org.uk](mailto:barney.mynott@navca.org.uk)

## RESOURCES/INFORMATION

### **COMMUNITY WORK SKILLS MANUAL 2009**

The Community Work Skills Manual has been informing Community Development practitioners for over 20 years. The 2009 edition contains all new material. Techniques and case studies on a wide range of issues, from virtual communities to running green conferences, the 2009 Community Work Skills Manual has it all!

**50% discount to all FCDL members on their first copy (normal price £30)**

**(even to FCDL members who have already purchased the resource before 1st May 2010)**

**The offer is valid until 30th September 2010**

<http://www.fcdl.org.uk/projects/CWSkillsManual09/index.htm> on the resource

**To order your copy of the manual, and/or join the FCDL, please see our website [www.fcdl.org.uk](http://www.fcdl.org.uk), contact [admin@fcdl.org.uk](mailto:admin@fcdl.org.uk) or**

**call the FCDL on 0114 253 6770.**

**The Community Work Skills Manual order form and FCDL membership application form are both available to download by following the links from our home page.**

## RESOURCES/INFORMATION

### AWARDS FOR ALL

A reminder that the Big Lottery Fund's Awards for All programme is not able to fund existing or repeat activities. You must demonstrate clearly on your application that the activities proposed are significantly different from your core activities. This could mean the number or type of beneficiaries involved, different participation techniques, or a different location. [www.awardsforall.org.uk](http://www.awardsforall.org.uk)

### WRITING BETTER FUNDRAISING APPLICATIONS

Visit DSC. [www.dsc.org.uk/publications](http://www.dsc.org.uk/publications)

### AN UNEXAMINED TRUTH

Report of a Baring Foundation initiative which looked at how to help non-environmental voluntary organisations explore the impacts of climate change on their primary charitable purpose. <http://bit.ly/bfuetruth>

## RESOURCES/INFORMATION

### **IMPROVING SUPPORT WEBSITE TO REACH OUT TO**

### **DISABLED PEOPLE'S ORGANISATIONS**

The Office for Disability Issues is working in partnership with Capacitybuilders' new support providers' website. [www.improvingsupport.org.uk/disability](http://www.improvingsupport.org.uk/disability) provides a gateway for disabled people's organisations to learn more about the resources and initiatives that are available to strengthen their organisations and support what they do. It will also help mainstream organisations better understand how they can meet the needs of disabled people's organisations through their work.

## RESOURCES/FUNDING

### **PRS FOR MUSIC FOUNDATION**

PRS for Music Foundation is looking to support music creators, performers and promoters who are involved in adventurous or pioneering musical activity. Deadline: 9 August 2010.

[www.prsformusicfoundation.com](http://www.prsformusicfoundation.com)

### **COMIC RELIEF OLDER PEOPLE'S PROGRAMME**

This programme supports older people to bring positive change to their communities, enabling them to contribute their time, energy and skills to those individuals who need it most. Deadline:

3 September 2010. [www.comicrelief.com/apply\\_for\\_a\\_grant/uk/olderpeople](http://www.comicrelief.com/apply_for_a_grant/uk/olderpeople)

### **DRINKAWARE GRANTS**

The Drinkaware grants scheme aims to change the UK's drinking culture for the better. It works to influence public behaviour and to find innovative ways to raise awareness of the effects of alcohol and reduce alcohol misuse and minimise alcohol-related harm. [www.drinkaware.co.uk/grants](http://www.drinkaware.co.uk/grants)

## RESOURCES/FUNDING

### EPIC AWARDS

Voluntary Arts England supported by Arts Council England present The Epic Awards, an award scheme designed to recognise and shine a spotlight on the excellent work taking place within the 50,000 Voluntary and amateur art and craft groups throughout the country. Deadline: 10 September.

### UIA CHARITABLE FOUNDATION

The foundation is a small-grant-making trust, established to provide financial support to organisations that help people in need. Deadline: 1 August 2010. [www.uia.co.uk/About/Charitable-foundation](http://www.uia.co.uk/About/Charitable-foundation)

## RESOURCES/FUNDING

### **2011 GLAXOSMITHKLINE IMPACT AWARDS**

GlaxoSmithKline's IMPACT Awards reward charities' excellent work to improve people's health.

- Up to 20 awards are available, plus free training valued at £4,000
- You do not need to present a new project, and you decide how to spend the award money
- Open to charities that are at least three years old, working in a health related field in the UK, with income between £10,000 and £1.5 million

**To apply or for more information go to [www.kingsfund.org.uk/gskimpactawards](http://www.kingsfund.org.uk/gskimpactawards)**

**CLOSING DATE FOR APPLICATIONS: 24 SEPTEMBER 2010**

## RESOURCES/AWARDS

### AWARDS FOR ALL- BIG LOTTERY

**Congratulations to the following six projects from Wolverhampton who have been successful in gaining funding:**

<u>Project</u>	<u>Award</u>
Whitgreave Infant School	£3,119
1st Finchfield Scout Group	£10,000
Bosangani Group	£8,846
The Orchard Centre PRU	£9,743

## 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](mailto:ksidhu@wolverhamptonvsc.org.uk)**

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

***THANK YOU.***