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# Health & Well Being Update - October 2011 - Issue 35

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

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## Health & Well Being Update - October 2011 - Issue 35

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

The Health & Well Being E-Bulletin is produced 6 times a year, every 2 months. We are currently sending our Health & Well Being Bulletin out to 157 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 people can be found in the section "Receiving the Health & Well Being Bulletin" on Page 29 .*

## **SAFEGUARDING VULNERABLE ADULTS—PHYSICAL ABUSE**

Geeta Patel is the Third Sector representative on the Adult Safeguarding Board. She chairs a subgroup that is tasked with promoting greater awareness of safeguarding adults within the City. A number of agencies, including Wolverhampton Homes and New Cross hospital are going to use their existing communication methods to raise awareness by using case studies of the 7 types of abuse that can happen to adults. These are: Financial, Physical, Sexual, Emotional, Neglect, Discriminatory and Institutional abuse.

In this edition of the Health and Well Being E Bulletin we are looking at Physical Abuse.

### **Definition**

In the guidance it is explained as "To hit, slap, push, kick, misuse medication, and use inappropriate restraint methods or sanctions."

In the subgroup we thought that Physical abuse is when someone causes physical harm to another person by assault, force, use of inappropriate restraint and restriction or deprivation of basic human needs.

### **Case Study**

*Mrs D is 83 and lives with her 42 year old son T. Mrs D is a diabetic and has arthritis. Mrs D has a daughter who lives in London, she has contacted social services to say she is very concerned about her mother and believes T may be physically abusing her as recently Mrs D has told her on the phone that T has hit her and pushed her to the ground and is also depriving her of food.*

## NEWS

If what you have read has caused you concern about a vulnerable person, you can discuss this anonymously, if you wish, by calling the Safeguarding Adult Team on 01902 553218/553259.

If you have read this information and wish to raise a referral or wish to discuss a possible need for an assessment, this can be undertaken by the Access and Initial Assessment Team on 01902 551199.

### **FUNDING FOR HEALTH AND WELLBEING BOARDS**

The government has announced £985,000 to support the development of health and wellbeing boards; the funds will be used to create a learning programme to develop solutions to join working, an interactive online forum, tools and events.

## NEWS

### INTERIM REPORT BY EQUALITY & HUMAN RIGHTS

### COMMISSION INTO HOME CARE

The Equality and Human Rights Commission is conducting an inquiry into how well the home based care and support system in England is protecting the rights of people over 65.

In the course of the research it has found worrying findings including people being left in bed for 17 hours or more between visits, being left in soiled bed or clothes for long period, failure to wash people regularly and provide help with eating and drinking and excessive staff turnover - one woman recorded 32 different carers in a two week period.

Major themes the Commission has identified include inadequate time to deliver care, lack of control over timing of care, inadequate care, lack of staff awareness and training, high turnover, fear of complaints and low expectations.

The Commission's full report is due in November.

For further information follow link below

**Interim report by Equality and Human Rights Commission into home care**

Or visit

<http://www.equalityhumanrights.com/news/2011/june/inquiry-reveals-failure-to-protect-the-rights-of-older-people-receiving-care-at-home/>

## NEWS

### HEALTH BILL GOES TO THE LORDS AND

### LIB-DEM REBELS

The health bill cleared its Commons stages in September, despite criticism from some Lib Dems as well as Labour.

It was approved by MPs by 65 votes, and will now go to the House of Lords where it is expected to face further opposition.

#### **Lib Dem rebels**

Four Lib Dem MPs - out of a total of 57 - voted against the health bill.

They were Andrew George, Julian Huppert, Greg Mulholland and Adrian Sanders.

Another Lib Dem, Stephen Gilbert, voted both for and against - a device to register a deliberate abstention.

It is also thought that a small number of Lib Dems unhappy with the legislation did not vote at all.

## EVENTS

### WOLVERHAMPTON COMMUNITY SUPPORT SERVICE

Rethink Wolverhampton Community Support Service aims to support anyone who has, or is at risk of, a mental health issue, to access existing community services and activities.

They aim to assist people in their personal route to Recovery; providing a service tailored to the individual.

***Go and meet with them at the following two venues:***

***The Coffee Melting Pot Cafe***

*St Leonards Church*

*Walsall Street*

*Bilston*

*WV14 0AT*

*Every Wednesday*

*Venue Meeting 11am -12noon*

*Lunch Club 12noon -1pm*

***St Peters Coffee House***

*4 Exchange Street*

*Wolverhampton*

*WV1 1TS*

*Every Friday*

*Venue Meeting 10.30am -11.30am*

*Lunch Club 11.30am -12.30pm*

***For more information, please contact them on 01902 779615***

## POLICIES AND STRATEGIES—NATIONAL

### **ESTABLISHING SOCIAL ENTERPRISES UNDER THE**

### **RIGHT TO REQUEST PROGRAMME**

The National Audit Office suggests that the government's programme for health social enterprises, in which staff are encouraged to set up social enterprises is unlikely to deliver savings because the DH did not set out clearly what it wanted to achieve.

Also while social enterprises were generally expected to deliver greater efficiencies and other benefits than other providers, PCTs did not contract with them to deliver savings.

The NAO said it was too early to assess costs and benefits because only 20 social enterprises were operational, most being set up in April 2011.

For further information follow link below

**Establishing social enterprises under the right to request programme**

Or visit

[http://www.nao.org.uk/publications/1012/the\\_right\\_to\\_request\\_programme.aspx](http://www.nao.org.uk/publications/1012/the_right_to_request_programme.aspx)

## POLICIES AND STRATEGIES—NATIONAL

### **AN OUTCOMES STRATEGY FOR PEOPLE WITH CHRONIC OBSTRUCTIVE**

### **PULMONARY DISEASE (COPD) AND ASTHMA**

Chronic Obstructive Pulmonary Disease (COPD) is the most common cause of emergency admission and one of the most costly diseases in terms of acute hospital care.

England has the highest prevalence of asthma in the world - nearly 6%.

The strategy provides six shared objectives to improve outcomes through high quality prevention, detection, treatment and care.

There are connections between COPD and health inequalities as well as smoking and risky environments with dust and gases. COPD is also related to mental health.

For further information follow link below

**An outcomes strategy for people with chronic obstructive pulmonary disease (COPD) and asthma**

Or visit

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_127974](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127974)

## REVIEWS OF POLICIES AND PROCEDURES

### **ADULT SOCIAL CARE COMPLAINTS TO OMBUDSMAN**

The Local Government Ombudsmen's annual report shows that complaints about councils' adult social care provision rose by 73% last year, with 1,820 complaints and enquiries received.

The Office indicates that the upward trend is set to continue this year, as a result of public spending reductions and an increase in complaints about privately funded or arranged adult social care (now covered by the ombudsmen).

There were 57% more complaints about the quality of care. However, few cases (0.4%) resulted in findings of maladministration causing injustice.

Overall complaints about public services rose by over 20%.

## RESEARCH

### ATTITUDES TO MENTAL ILLNESS SURVEY

A regular survey on attitudes to mental illness finds that views are becoming more positive. 77% of people said that it is an illness like any other (up from 71% in 2009), 70% would be talking about their illness with a friend or family (up from 66%), and 43% said they would be uncomfortable talking about it to their employer (down from 50% in 2010). However, 16% of people believe the main cause of mental illness is lack of self discipline and willpower, and 17% still think having a mental health facility in their area would downgrade the neighbourhood.

For further information follow link below  
**Attitudes to mental illness survey**

Or visit

<http://www.ic.nhs.uk/news-and-events/news/public-more-positive-on-some-mental-health-issues-but-some-less-favourable-opinions-still-exist-survey-suggests>

## RESEARCH

### **MAKING AN ECONOMIC CASE FOR PERSONALISATION:**

#### **BUILDING COMMUNITY CAPACITY**

Research from the London School of Economics working alongside Think Local Act Personal Partnership have been investigating whether community-based approaches have the potential to provide savings by prevent or delaying the need for formal social care. Research shows:

- time banks cost £450 per member per year but can provide savings of more than £1,300 per member
- befriending services cost around £80 per person per year but save £300
- community navigator schemes cost £480 but save at least £900 in the first year alone.

TLAP has published the results to help community and voluntary services make the economic case for grant funding in the current challenging times. As well as the report there are tools to help commissioners and providers:

- Does it work? A guide to evaluating community capacity initiatives
- Are we there yet? A planning tool and checklist for building community connections.

For further information please click and follow the link below

**Building community capacity: making an economic case for personalisation**

Or visit

<http://www.thinklocalactpersonal.org.uk/News/PersonalisationNewsItem/?cid=9012>

## RESEARCH

### **INVISIBLE ADDICTS– OLDER PEOPLE & ALCOHOL & DRUGS**

A study by the Royal College of Psychiatrists seeks to raise awareness about the undetected levels of substance misuse in older people.

A third of older people with alcohol misuse problems develop them in later life due to depression associated with factors such as retirement or bereavement.

Illegal drug use was uncommon in the over-65s, but a growing problem in the over-40s. Inappropriate use of prescription medication was already a problem in pensioners, particularly women.

The health of older people is more at risk through misuse, but there is evidence that treatments can make a difference.

The report calls for routine GP screening, specific government guidance on lower alcohol consumption limits for older people, and all health and social care staff to be trained in substance misuse in older people.

For more information follow link below

**Invisible addicts-Older People and Alcohol and Drugs**

**Or visit**

<http://www.rcpsych.ac.uk/press/pressreleases2011/ourinvisibleaddicts.aspx>

## RESEARCH

### UNINTENDED CONSEQUENCES OF INCENTIVES

#### IN PRIMARY CARE

A study by the universities of Oxford, Manchester and Bristol has found that quality of care for conditions covered by financial incentives for GPs under the Quality and Outcomes Framework (e.g. monitoring high blood pressure and diabetes) improved at a much higher rate than conditions not incentivised e.g. dementia and arthritis.

Incentives resulted in much higher results than predicted, while the other indicators were 'significantly below' what was expected.

Overall performance had also been improving even before the QOF was introduced.

The conclusion was that improvements were achieved at the expense of other aspects of care that were not incentivised, and that the findings raise important questions about possible unintended consequences of financial incentive schemes.

## CONSULTATIONS

### NHS FUTURE FORUM TO CARRY OUT NEW

### WORK ON KEY HEALTH ISSUES

The Government has asked the NHS Future Forum to continue a new phase of conversations with patients, service users and professionals following its listening exercise on the proposals to modernise the NHS.

The NHS Future Forum, a group of health experts led by GP Professor Steve Field, will provide independent advice on four themes:

**Information**: how can information be made to improve health, care and wellbeing. Your views are sought in this area, including:

- How can cultural and behavioural change be fostered to stimulate collection and use of data among all professionals?
- How can we ensure information is available that enables people to take more control of their own care and enable shared decision-making?
- How can we ensure that information supports improved care and better integration of services (for example, commissioning, research, clinical audit, public health) whilst protecting patient confidentiality?
- How can we open up access to information and support people to use it?

The NHS Future Forum's work on information is led by Professor David Haslam and Jeremy Taylor.

## CONSULTATIONS

**Education and training:** How can we make sure that we have the right incentives and accountabilities for developing the healthcare workforce to enable the delivery of world class, patient-centred healthcare?

Your views are sought in this area, including:

- How can we ensure that education and training in the new system is flexible and fit-for-purpose for the new way that care is delivered and enables training beyond the job, for example stimulating a culture of continuing professional development or academic and research development?
- How can we ensure the right balance of responsibilities and accountability and line of sight throughout the new system (for example, Health Education England and the provider-led networks, employers / professions / education sector, whole workforce) including for research training?
- How do we best ensure an effective partnership with health, education and research at a local level?
- How can we ensure appropriate and effective patient and public engagement in the new system?
- How can we improve information on the quality of education and training?
- How can we improve information on the quality of education and training and what should be the roles and accountabilities of the key players in this?

The NHS Future Forum's work on education and training is led by Julie Moore.

## CONSULTATIONS

**Integrated care:** how to ensure the Government's modernisation programme leads to better integration of services around people's needs. We are interested in views in this area, including:

- What does good look like?
- Where should services be better integrated around patients, service users and carers - both within the NHS, and between the NHS and local government services? We are particularly thinking of social care - for example, better management of long term conditions, better care of older people, more effective handover of a person's care from one part of the system to another, etc.
- How can integrated services achieve better health, better care and better value for money?
- What, if any, barriers to integration should be removed, and how can we incentivise better integration of services at all levels?
- Who needs to do what next to enable integration to be progressed in a pragmatic and achievable way?
- How can innovation in integrated care be identified and nurtured?
- The NHS Future Forum's work on integrated services is led by Geoff Alltimes and Dr Robert Varnam.

**The Public's Health:** how to ensure the public's health remains at the heart of the NHS.

Your views are sought in this area, including:

- What role could NHS and health and care professionals effectively play in systematically delivering improved population health outcomes, including tackling inequalities?

## CONSULTATIONS

- What are the mechanisms that commissioners, providers and the wider system could use to help support professionals in improving outcomes?
- How can we ensure that the NHS's role in the public's health aligns with the roles of Public Health England and local authorities?
- How can the NHS contribute to people's health and wellbeing in its role as a large employer?
- The NHS Future Forum's work on the NHS's role in the public's health is led by Vicky Bailey and Ash Soni.

## CONSULTATIONS

### GOVERNMENT CONSULTATION ON PREVENTING SUICIDE

### AND DEMOS REPORT: THE TRUTH ABOUT SUICIDE

The Government has published a draft cross government strategy on preventing suicide in England on which **consultation will end on 11 October**.

The main message of the strategy is that suicide prevention public health activities should be the responsibility of local authorities through local health and wellbeing boards. The consultation document sheds some interesting light on how the Government sees the responsibilities of the proposed new boards and how it sees them working.

Demos has published a report arguing that people who are chronically and terminally ill should be added to the list of those at high risk of suicide and given more support.

In July 2011, the Coalition Government published a draft cross government strategy *Consultation on Preventing Suicide in England*.

**The deadline for responses is 11 October 2011.**

In 2009 there were 16.1 suicides for every 100,000 men and 4.8 suicides for every 100,000 women. In England, one person dies every two hours as a result of suicide. Despite the fact that this is an important public health issue, there is little available information about the causes of suicides.

## CONSULTATIONS

The *National Suicide Prevention Strategy* in 2002 identified the following 'high risk groups':

- young men
- people in recent contact with mental health services
- people who have recently deliberately self-harmed in the previous year
- prisoners
- high risk occupational groups (including farmers and agricultural workers, nurses and doctors).

The consultation document notes that many of the groups protected in equality legislation are disproportionately distributed across the high-risk groups.

Figures included in the consultation document suggest that the 20 per cent reduction target set by the *National Suicide Prevention Strategy* will probably be missed.

In the proposed Public Health Outcomes Framework there are three indicators with direct relevance to suicide prevention. These are:

- domain 4: rates of hospital admission as a result of self-harm
- domain 5: suicide rate and mortality rate of people with mental illness.

The document also notes that Joint Strategic Needs Assessments (JSNAs) will be key to developing effective strategies.

The JSNA's bring together a wide range of qualitative and quantitative data, including users views.

## CONSULTATIONS

### **The Demos report**

The report by Demos was based on a national survey, in-depth interviews with 15 coroners, interviews with expert organisations and an examination of suicide inquest files at Norwich County Coroner's District.

The authors conclude that approximately two per cent of all suicides are by people who are terminally ill, while approximately 10 per cent are by people who are chronically ill.

They argue that this means that these groups should be considered a high risk for suicide within national policy and that greater attention should be given to providing better support to them.

### [Preventing suicide in England: an outcomes strategy](#)

This consultation covers reducing the rate of suicide and improving support for bereaved or affected individuals. In the consultation there are questions the Government would like respondents to consider and answer.

Respondents may

- use the online questionnaire at: [www.consultations.dh.gov.uk](http://www.consultations.dh.gov.uk)
- email completed questionnaire to : [suicideprevention@dh.gsi.gov.uk](mailto:suicideprevention@dh.gsi.gov.uk)
- post completed questionnaire to: Suicide Prevention Consultation Mental Health and disability division 216 Wellington House 133-155 Waterloo Road London SE1 8UG

## CONSULTATIONS

### CARING FOR OUR FUTURE

The Government has launched *Caring for our future: shared ambitions for care and support* - an engagement with people who use care and support services, carers, local councils, care providers, and the voluntary sector about the priorities for improving care and support.

*Caring for our future* is an opportunity to bring together the recommendations from the Law Commission and the Commission on Funding of Care and Support with the Government's Vision for Adult Social Care. The engagement exercise will run until 2 December and the results from the discussions will inform a Government White Paper and a progress report on funding reform that will be published in spring 2012.

For more information and for details on how to get involved, please go to:  
[www.caringforourfuture.dh.gov.uk](http://www.caringforourfuture.dh.gov.uk)

## RESOURCES/INFORMATION

### **COUNSELLING AND GOOD MENTAL HEALTH IN WOLVERHAMPTON:**

### **THE EXPERIENCE OF LEWIS PSYCHOLOGY COMMUNITY INTEREST COMPANY**

Lewis Psychology CIC is a Wolverhampton based social enterprise that provides a wide range of psychological health service such as counselling, cognitive behavioural therapy (CBT) and clinical supervision.

With almost half of all adults experiencing at least one episode of depression during their lifetime and one in ten new mothers experiencing postnatal depression it is vital that people have access to good quality help

Mental ill health represents up to 23% of the total burden of ill health in the UK - the largest single cause of disability.

Lewis Psychology CIC has found that since January 2011

- 100% of clients at risk of harm to self or others had reduced or no risk at the end of six sessions of counselling.
- 100% of clients who used alcohol to help them cope had either reduced or stopped drinking after six sessions
- 52% of clients who were off work or out of work had returned to employment after six sessions of counselling

## RESOURCES/INFORMATION

Not all communities benefit equally - for example, many people from black and minority ethnic communities have received less benefit. Access to services is uneven and some people get no help at all. This contributes to health inequalities within and between groups with 'protected characteristics'. However, Lewis Psychology CIC has been particularly successful in reaching groups such as Asian males. Wolverhampton is an ethnically diverse city, with 24.6% of the population being of black or minority ethnic (BME) origin. However, over 28% of Lewis Psychology CIC counselling clients are of BME origin, with 33% being Asian males.

Feedback from Asian males has indicated that the success comes from the fact that Lewis Psychology is a generic counselling service and inclusive of gender, disability and ethnicity, which contributes to a sense of anonymity that is sought by many Asian male clients.

### **Counselling supervision**

Lewis Psychology CIC works with a number of third sector groups to promote good practice via their counselling supervision services.

Counselling supervision is a requirement of all trainee and qualified counsellors and ensures that the counsellor is acting ethically, lawfully and addressing the needs of the client. Supervision also maximises the counsellor's therapeutic effectiveness via facilitating the counsellor's ongoing self-development, continued learning and self-monitoring.

## RESOURCES/INFORMATION

### **Outsourcing solutions**

Lewis Psychology CIC also offers an outsourcing solution to the provision of counselling and psychological health services.

Rather than bearing the cost of employing a full time counselling team some Private, Public and third sector organisations have contracted the running of the function out to Lewis Psychology CIC who works in partnership with organisations to manage everything from accepting referrals, dealing with client enquiries and collecting outcomes.

The services are particularly tailored to the needs of charities, community groups and social enterprises and can be purchased on a contractual or an ad-hoc basis.

### **An ethical company**

The founders, Teresa and Paul Lewis chose to register Lewis Psychology as a community interest company (CIC) because it met their need for a transparent, flexible model that is clearly defined and easily recognised as a not-for-profit business. The Asset Lock, a fundamental feature of CICs, ensures that the assets of Lewis Psychology CIC (including any profits or other surpluses generated by its activities) are used for the benefit of the community. Together with the company annual accounts, Lewis Psychology CIC present an annual community interest report for public record, which shows what has been done during that year to benefit the community.

**Website:** [www.lewispsy.org.uk](http://www.lewispsy.org.uk)

## RESOURCES/INFORMATION

### **PUBLIC HEALTH REPORT FOR WOLVERHAMPTON PUBLISHED**

Dr Adrian Phillips, the Director for Public Health for Wolverhampton has published his Annual report for 2011.

The report highlights the six conditions which are the main priorities to address to improve life expectancy in Wolverhampton.

These are heart disease, stroke, infant mortality, lung cancer, suicide and alcohol.

For the full report follow link below

[http://www.wolverhamptonvsc.org.uk/sites/www.wolverhamptonvsc.org.uk/files/director\\_of\\_public\\_health\\_annual\\_report\\_2011.pdf](http://www.wolverhamptonvsc.org.uk/sites/www.wolverhamptonvsc.org.uk/files/director_of_public_health_annual_report_2011.pdf)

### **WOMEN'S ENGAGEMENT NEWSLETTER**

The Government Equalities Office produce a regular Women's Engagement newsletter.

To receive it email [womensengagement@geo.gsi.gov.uk](mailto:womensengagement@geo.gsi.gov.uk) with subscribe to newsletter as the subject heading.

## RESOURCES/FUNDING

### CHURCH AND COMMUNITY FUND

The Fund helps with imaginative and innovative projects of all kinds that brings the community into the church and the church into the community. The maximum grant is 10,000 and applicants are welcome to request any amount within this limit.

For more information or to apply for a grant visit the website below or follow the link

<http://www.ccfund.org.uk/apply/information>

or alternatively

Email: [ccf@churchofengland.org](mailto:ccf@churchofengland.org)

Telephone: 0207 898 1541 - Grants Manager (Andrew Hawkings)

### BARING FOUNDATION– THE ARTS PROJECT PROGRAMME 2012

The Arts programme 2012 continues the theme of arts and older people, the grants will support work to link different types of residential care settings into the community around them through the creative power of the arts.

For more information or to apply for a grant visit the website below or follow the link

<http://www.nlse.org.uk/2011/08/the-baring-foundations-arts-project-programme-2012/>

or alternatively

Email: [info@nlse.org.uk](mailto:info@nlse.org.uk)

Phone: 07963 706106

## RESOURCES/FUNDING

### COMMUNITY INITIATIVES FUND

The Community Initiatives Fund provides grants up to £750.

**Applications to the fund should show:**

The project will help to improve community safety and increase reassurance

Is a response to an issue affecting the community

Effective management structures are in place

An appropriate clear plan and justification.

**Details of how to apply are available on the website:**

[www.west-midlands-pa.gov.uk/comminitiativesfund.asp](http://www.west-midlands-pa.gov.uk/comminitiativesfund.asp)

**For further details, contact**

Pc 9803 Tariq MAHMOOD

Partnership Team | Central Police Station | Bilston Street | Wolverhampton WV1 3AA

Tel: 0345 113 5000 ext 7871 6462

Email: [t.mahmood@west-midlands.pnn.police.uk](mailto:t.mahmood@west-midlands.pnn.police.uk)

## RESOURCES/FUNDING

### MONEY SAVING EXPERT CHARITY

#### **Money Saving Expert Charity**

The [MSE Charity](http://www.msecharity.com) supports groups with grants of up to £5,000 for projects that educate people about money, debt and consumer issues.

<https://www.msecharity.com/home.aspx>

Or email: [stuart@msecharity.com](mailto:stuart@msecharity.com)

### WOODWARD CHARITABLE TRUST

#### **Woodward Charitable Trust**

The [Woodward Charitable Trust](http://www.woodwardcharitabletrust.org.uk) has announced deadlines for its General Grants and Summer Playscheme 2012 programme. They favour small-scale, locally based initiatives.

<http://www.woodwardcharitabletrust.org.uk/guidelines.html>

Or email: [contact@woodwardcharitabletrust.org.uk](mailto:contact@woodwardcharitabletrust.org.uk)

## 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 and Email address .

***THANK YOU.***