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# Health & Well Being Update—January 2011 - Issue 31

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

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## Health & Well Being Update - January 2011 - Issue 31

The Health & Well Being E-Bulletin is produced 6 times a year, every 2 months.  
We are currently sending our Bulletin out to 169 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 36.*

## NEWS

### ENGAGE COMMUNITY INFORMATION DIRECTORY

The City has a new community information directory which will help local people find activities run by voluntary and community groups as well as by others.

Information on more than 800 organisations, groups and associations in Wolverhampton and the West Midlands is now available online at <http://wolverhampton.talis.com/engage/>

Duncan Fellows from the Library Service explains, "The new database contains details on local organisations covering a range of themes from dance to dog-walkers and cancer support groups to conservation - there really is something for everyone."

"We would like to encourage all local groups to play a part in the new directory which may be an ideal way to raise awareness of a service, or to increase the number of volunteers available to help staff it. If local groups would like to feature in the directory, they can complete an online form available at [www.wolverhampton.gov.uk/libraries](http://www.wolverhampton.gov.uk/libraries) or contact me on 01902 552002 for further details."

## NEWS

### **CAMPAIGN AGAINST MOBILITY CUTS TO DISABILITY ALLOWANCE**

The major disability charities, Leonard Cheshire, Scope and Mencap are joining forces to oppose government plans to cut the mobility component of disability living allowance for state-funded care home residents.

They say it will leave 60,000 people confined to care homes. The Department of Work and Pensions (DWP) states that local authorities should pay for transport in their contracts with homes, if they do not already. Local authorities have said that they cannot fill the funding gap of what is a state benefits issue.

Campaigners are pressing the DWP for an equality impact assessment to gauge the impact of the policy on disabled people.

### **PEOPLES PARLIAMENT FOR WOLVERHAMPTON**

People with a learning disability officially launched the new Parliament in December last year. The Peoples Parliament will give individuals with learning disabilities a stronger voice in the City. 10 MP's have been recruited so far and more will be encouraged to join. The MP's have already met with council officers to discuss increasing employment opportunities in Wolverhampton. Scott Watkin from "Valuing People Now" a three year cross government strategy for people with learning disabilities opened the first meeting.

## AN INTERIM EVALUATION OF TAKE PART

### **Take Part Programme**

Take Part Programme Work began in January 2009, and is due to run until March 2011. There are two key strands: the Take Part pathfinders and a programme of national support.

Pathfinders aim to support community leadership and active citizenship learning in 19 areas across England.

### **Impact of Take Part on local communities**

6,569 people directly benefited from Take Part activities in the 2009-10 financial year, with the majority involved in active citizenship learning, including workshops, one-off sessions, pathfinder organised events or informal and formal learning activities.

The Take Part programme is increasing civil and civic participation among local people. There is also evidence of unexpected benefits, such as people going on to gain further qualifications or new employment. Participants are more likely to get involved in volunteering, both in community groups and with public services. They have gone on to volunteer in Brownie groups, to form Neighbourhood Watch groups, to work in charity shops and to have a great involvement in their local schools.

Pathfinders supported participants in the pursuit of civic roles, with several successfully becoming school governor, councillors or magistrates. There is also evidence of benefits cascading to those not directly involved, such as community groups and families.

## NEWS

### Reflection for the final year

The interim evaluation indicates emerging trends, which will be investigated further in the final evaluation.

Trends include:

- The Take Part style of learning is most effective when developed in response to people's own issues and concerns
- Learning is most successful when it is participatory and includes an element of critical reflection
- There is a strong emphasis on increasing levels of civic participation through Take Part, which is seen as requiring long-term support structures
- Where the local authority has a working relationship with the pathfinder, there is increased coordination of empowerment activities.

### **WOLVERHAMPTON WINS COMPACT CROWN 5 YEARS RUNNING**

For the fifth time in a row, Wolverhampton Compact has won an award for excellence in the National Compact Awards, in recognition of the work it is doing for the people of Wolverhampton.

## EVENTS

**A talk by Richard Lane OBE  
on Diabetes  
new treatments for type 1 and type 2  
will be delivered**

**on**

**Saturday 12th Feb 2011**

**at**

**Civic centre, Wolverhampton (back entrance) 3<sup>rd</sup> floor  
Starting at 9.30 am.**

**Check out this website for more information on diabetes:**

**<http://www.wdconline.org.uk/05sup/group01.htm>**

## EVENTS

### **The Determinants of Health & Well Being: Reducing Health Inequalities in Wolverhampton**

**Free Workshop on  
Friday 25th March 2011  
9.30am—3.00pm**

**At**

**The Workspace, All Saints Road,  
Wolverhampton**

#### **Who is this workshop for?**

- Black Minority Ethnic led voluntary and community groups
- Voluntary and community groups that provide services to a significant proportion of Black Minority Ethnic communities
- Other voluntary & community groups that work with a range of disadvantaged communities

Cont'd

## EVENTS

### **During the day we will be looking at the following:**

- What are the determinants of health & well being for disadvantaged communities?
- Will the new structures that involve GP's being in the lead help or hinder the health & well being of disadvantaged communities in Wolverhampton?
- 9 strands of equality: Good practice in improving the health & well being of local people

**For further details or to book place contact Kuly Sidhu, Wolverhampton Voluntary Sector Council**

**Tel: 01902 773761**

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

## POLICIES AND STRATEGIES—NATIONAL

### WHITE PAPER ON PUBLIC HEALTH

The Government released the White Paper on Public Health on November 30<sup>th</sup> 2010, entitled *Healthy Lives, Healthy People: Our Strategy for public health in England*

What is public health?

The Faculty of Public Health defines public health as: The science and art of promoting and protecting health and well being, preventing ill health and prolonging life through the organised efforts of society.

There are three domains of public health: health improvement (including people's lifestyles as well as inequalities in health and the wider social influences of health), health protection (including infectious diseases, environmental hazards and emergency preparedness) and health services (including service planning, efficiency, audit and evaluation)

Seizing opportunities for better Health through Public Health

Public health has formidable achievements to its name: clean air and water, enhanced nutrition and mass immunisation have consigned many killer diseases to the history books. There are huge opportunities to go further and faster in tackling today's causes of premature death and illness. People living in the poorest areas will, on average, die 7 years earlier than people living in richer areas and spend up to 17 more years living with poor health. They have higher rates of mental illness; of harm from alcohol, drugs and smoking; and of childhood emotional and behavioural problems. Although infectious diseases now account for only 1 in 50 deaths, rates of tuberculosis and sexually transmitted

## POLICIES AND STRATEGIES—NATIONAL

infections (STIs) are rising and pandemic flu is still a threat.

The challenges are stark, for example:

- By improving maternal health, we could give our children a better start in life, reduce infant mortality and the numbers of low birth-weight babies.
- Taking better care of our children's health and development could improve educational attainment and reduce the risks of mental illness, unhealthy lifestyles, road deaths and hospital admissions due to tooth decay.
- Being in work leads to better physical and mental health, and we could save the UK up to £100 billion a year by reducing working-age ill health.
- Changing adults' behaviour could reduce premature death, illness and costs to society, avoiding a substantial proportion of cancers, vascular dementias and over 30% of circulatory diseases; saving the NHS the £2.7 billion cost of alcohol abuse; and saving £13.9 billion a year, the societal cost related to drug-fuelled crime.
- We could prevent many of the yearly excess winter deaths - 35,000 in 2008/09 - through warmer housing, and prevent further deaths through full take-up of seasonal flu vaccinations.

### **What is the role of the Voluntary Sector as providers of services as well as employers?**

Charities, voluntary organisations and community groups already make a vital contribution. They provide services to individuals and communities, act as advocates for excluded groups and catalysts for action. The Government will encourage partnership working and opportunities for providers from all sectors to offer relevant services.

## POLICIES AND STRATEGIES–NATIONAL

The White Paper envisages working collaboratively with the voluntary sector through the Public Health Responsibility Deal with five networks on food, alcohol, physical activity, health at work and behaviour change.

The Deal will be launched in early 2011 and agreements announced on further reformulation of food to reduce salt; better information for consumers about food; and promotion of more socially responsible retailing and consumption of alcohol. The deal will also develop the Change4Life campaign, for example through the 'Great Swapathon', £250 million of partner-funded vouchers to make healthy lifestyle choices easier.

Employers from all sectors, including the voluntary sector, should look to support the health and well being of their staff. There are potentially major benefits for them and their staff if they do. The NHS will lead the way on this.

The Department of Health will work in partnership with employers, through the Public Health Responsibility Deal, to improve health at work. Employers have the opportunity to improve health outcomes in areas from obesity to smoking, substance misuse and physical activity in their employees, employees' families and wider local communities. They can achieve this through establishing a strong cultural lead, strengthening management training in recognising and responding to the health needs of the workforce, and working more closely with others, particularly occupational health and primary care.

Central government will provide the evidence and data needed to raise awareness among employers of

## POLICIES & STRATEGIES–NATIONAL

the clear case for investing in the health of their employees. This includes further development of the Change4Life employee wellness programme and the promotion of the Workplace Wellbeing Tool to help organisations assess progress and understand further steps. This important tool can help demonstrate the business case that investing in the health and wellbeing of your workforce will increase productivity as well as staff engagement.

### **Research and evaluation**

The best evidence and evaluation will be used, supporting innovative approaches to behaviour change - with a new National Institute for Health Research (NIHR) School for Public Health Research and a Policy Research Unit on Behaviour and Health. There will be greater transparency, with data on health outcomes published nationally and locally.

The approach to Public Health will: **reach across and reach out** - addressing the root causes of poor health and well being, reaching out to the individuals and families who need the most support and also be:

**responsive** - owned by communities and shaped by their needs;

**resourced** - with ring-fenced funding and incentives to improve;

**rigorous** - professionally-led, focused on evidence, efficient and effective; and

**resilient** - strengthening protection against current and future threats to health

## REVIEWS OF POLICIES AND PROCEDURES

### REVIEW OF PERSONAL BUDGETS

An Audit Commission report based on a study of eight councils found that personal budgets improve outcomes for service users and constitute value for money. However, they are unlikely to generate significant cost savings for local authorities and pose major financial challenges and risks.

Authorities have not all considered medium and long-term implications. They need to ensure that resource allocation systems are able to identify whether budgets are financially sustainable, and spending more effectively monitored.

Authorities need to identify which block contracts and in-house services are in danger from personal budgets. Where authorities are lagging, they need to progress quickly before cuts hit next year, learning from the best authorities.

## RESEARCH

### **TELEHEALTH LEADS TO SAVINGS**

A report into the Kent Telehealth Evaluation project concluded that over a six-month period the technology saved an average of nearly £2000 per person, leading to potential savings of £7.5 million a year.

The results have very significant implications for potential savings across the UK. Telehealth records patient information such as blood pressure and sugar levels and sends the data directly to a health professional to be monitored remotely.

The study was conducted across health and the council and followed 250 people with long-term conditions over 65.

As well as financial savings, there were high levels of patient and carer satisfaction, and reduced GP and hospital visits and hospital stays.

### **EXPERIENCE OF IMPLEMENTING PERSONAL HEALTH BUDGETS**

A second interim report from the Personal Health Budgets Evaluation Team found an overwhelming view that personal health budgets would have a positive impact on budget holders and carers. Perceived benefits include increased choice and control, flexibility, self confidence and sense of purpose, and improved relationships with the NHS as people feel they are being listened to.

## RESEARCH

Problems include the need for more time in the care planning process, a lack of choice of services and the need for cultural change.

Pilot sites are also finding 'difficulties in maintaining the momentum' of personal health budgets in light of the abolition of PCTs and the focus on efficiency savings

### **RESIDENTS IN CARE HOMES FACE SOCIAL ISOLATION**

A study published by the charity the Relatives & Residents Association (R&RA) based on government-funded research shows that at least 8% of older people in care in England (40,000 people) are without family and friends, so have little chance of visits or outings.

Neither central nor local government have national policies to combat social isolation in care homes. R&R intends to campaign to improve their quality of life. It seeks an obligation on social care departments to identify how many potentially isolated older people are in care, and implement strategies for their support, and for the Care Quality Commission to inspect for potential isolation and the measures in place to address this.

## RESEARCH

### **NHS CHOICES COST EFFECTIVE**

A study from Imperial College has found that NHS Choices - a quick reference guide to illness and treatment - saves the NHS around £44 million every year.

Last year the site had 100 million visits, with a 10% increase in visits in 2010 compared with 2009. 19 million people logged on for information on swine flu. A third of those searching for health information decided there was no need to visit their GP. More than 40,000 have posted comments on NHS organisations.

## CONSULTATIONS—LOCAL

### WORKSHOP ON REDUCING THE HARMS CAUSED BY ALCOHOL

#### IN WOLVERHAMPTON

The Health and Well Being project in WVSC organised a workshop held on a snowy day in early December 2010. A range of voluntary and community groups attended to hear about and contribute to discussions about the harms caused by alcohol in the City, to members of the Asian community in particular and about evidence based approaches to reduce alcohol harms.

Evaluation of the workshop shows a 41% increase in knowledge about the harms caused by alcohol experienced by Asian community members and 47% increase in knowledge of Wolverhampton's approach to improve matters on alcohol issues.

We asked Elaine Breakwell, who has been appointed to work in New Cross as the Alcohol Project Nurse about her views on the workshop. She says:

What was good about the workshop was the venue, the lunch, the very warm welcome (despite the very cold

weather), and the presentations - very informative. Well organised and managed, yet felt relaxed and informal. It was good for me to meet members from voluntary organisations and to hear their perspective on the issues - it made me think more broadly about how community groups could contribute to the work on prevention/health promotion and in the recovery process of those who are

## CONSULTATIONS—LOCAL

trying to change their alcohol use and rebuild their lives.

She said the surprising element was the 6 hats method developed by Edward De Bono. This method was introduced by Geeta Patel as the facilitator to maximise creative contributions. Elaine said that "The 6 Hats was new to me and an inventive way to enable people to explore issues in a variety of ways."

What could have been better? - Elaine wondered whether three separate events that happened about alcohol over December could have been amalgamated into one larger event effectively, so that each group (GPs/Practice staff; voluntary sector; statutory organisations) could have had the opportunity to explore the issues from their own perspective, and also to hear the views of the other groups too. It might have been an opportunity/starting point to look at how organisations can link in with one another. However, she was also aware that some people might find such an event slightly intimidating, whereas the smaller event probably enabled people to feel more comfortable in airing their views in a less formal atmosphere.

## CONSULTATIONS—NATIONAL

### HEALTHY LIVES, HEALTHY PEOPLE: TRANSPARENCY IN OUTCOMES -

### PROPOSALS FOR A PUBLIC HEALTH OUTCOMES FRAMEWORK

The consultation on the framework runs until 31 March 2011. A range of public health and other bodies have already been involved in contributing to the draft. The Department of Health stresses that it wants to go beyond consultation - 'we want to co-produce the outcome framework with you.' The framework is made up of the following elements.

A high-level vision for public health: *'To improve and protect the nation's health and to improve the health of the poorest, fastest.'*

Five domains representing high-level goals:

- preventing ill health
- tackling the wider determinants of ill health
- promoting healthy choices and healthy lifestyles
- focusing on premature mortality and the health of the most vulnerable
- health protection and resilience

Within each of the domains there will be a number of indicators supported by centrally collated and analysed data sets. A subset of indicators, agreed with public health and local government, will have a

## CONSULTATIONS—NATIONAL

'health premium' reward funding intended to 'incentivise' councils to make progress on health improvement priorities.

The domains and some of their indicators are as follows:

*Prevention of ill health: reducing the number of people living with preventable ill health and reduce health inequalities.* The role of government and its partners in business and industry are identified as critical to this domain. In local health and wellbeing partnerships, public health will share responsibility with the NHS, adult social care and children's services to improve outcomes. Shared indicators appear in all three health and care outcome frameworks. Proposed indicators include low-birth weight of term babies, breastfeeding, work sickness absence rate, proportions of people with HIV at late stage of infection, smoking rates during pregnancy, emergency readmissions to hospital within 28 days of discharge, acute admissions as a result of falls for over-65s.

*Tackling the wider determinants of health: tackling factors which affect health and wellbeing and health inequalities.* This domain requires the combined efforts of all public services, working through health and wellbeing boards, to address the factors that cause health problems in poor and disadvantaged communities. Proposed indicators include children in poverty, housing overcrowding rates, employment of people with long-term conditions, road casualties, and rates of violent crime.

*Health Improvement: helping people to live healthy lifestyles, make healthy choices and reduce health inequalities.* National government will contribute to delivering these indicators through measures such as legislation, regulation, partnerships with industry and national campaigns. Much of

## CONSULTATIONS—NATIONAL

the delivery will be carried out through local government in partnership with health and wellbeing boards. Directors of Public Health will be responsible for investing in health improvement using the ring-fenced public health budget. Proposed indicators include smoking prevalence, prevalence of healthy weight, under-18 conception rate, and the number of people leaving drug treatment free of drug dependence.

*Healthy life expectancy and preventable mortality: preventing people from dying prematurely and reduce health inequalities.* Local improvement will be driven by health and wellbeing partnerships with shared responsibilities across the NHS, public health and care services. Other bodies will be involved in specific issues e.g. tackling seasonal mortality issues or communicable diseases. Proposed indicators include suicide rate, mortality rate from cardiovascular disease, cancer, chronic liver disease and chronic respiratory diseases in people under-75, and infant mortality. The mortality improvement areas are included in the NHS Outcomes Framework.

*Health Protection and Resilience: protecting the population's health from major emergencies and remain resilient to harm.* This is an overarching domain which will be coordinated by Public Health England with local authorities contributing through their role of leading local resilience and surveillance information. Proposed indicators include inter-agency plans for responding to public health incidents, population vaccination coverage and life years lost from air pollution. The actions in this domain will be required and not subject to the same local determination as the other domains.

Data for the indicators will be published centrally in a common format by Public Health England to enable analysis and comparison and reduce the burden on local authorities. Publishing the most relevant data on public health will aid the setting of national and local priorities. Each local area will

## CONSULTATIONS—NATIONAL

determine how they wish to use the indicators in response to local needs identified within their joint strategic needs assessment and set out in their joint health and wellbeing strategy. Local areas will be able to interrogate the published information to see how performance is changing and to drive improvements. 'In the final analysis local communities and neighbourhoods will lead improvement themselves through holding their local services to account'.

### Comment

One of the benefits of transferring (returning) public health to local authorities is that they are well placed to integrate their public health work with functions such as housing and education which should mean that the social determinants of health will be tackled in a much more consistent way than ever before. This is borne out by the framework and its five domains which for the first time bring together environmental, social and medical aspects of public health.

This is also an opportunity for voluntary and community groups who have long played a part in addressing the wider determinants of health to contribute to developments. A number of organisations are already working with people with long term conditions, also addressing healthy eating and exercise and inequalities based on for example gender, race and age.

The emphasis on the role of city councils in health improvement is also a helpful development in bringing a local perspective to this issue.

The public health indicators are intended to track the impact of local actions in tackling health improvement - while not a formal performance framework this obviously assesses performance.

For more information go to [http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_122962](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_122962)

## CONSULTATIONS

### **EQUALITY & HUMAN RIGHTS COMMISSION CALL FOR**

### **EVIDENCE ON HOME CARE**

The Equality and Human Rights Commission is undertaking an inquiry into how the rights of older people are respected in home care. It is seeking the views from older people, families, friends, home carers/personal assistants and organisations with expertise in this area. Evidence is sought by 4<sup>th</sup> February 2011.

## RESOURCES/INFORMATION

### **VIRTUAL DEMONSTRATION OF ASSISTIVE TECHNOLOGY**

National Charity, Home Farm Trust, has launched an online virtual smart house to demonstrate how technology and gadgets can be used to help vulnerable people stay independent and safe in their homes .

### **DR FOSTER'S HOSPITAL GUIDE 2010**

This year's guide by the independent provider of health and social care comparator covers information on patient experience, reporting on patient safety, particularly blood clots , urology ,mortality, stroke, orthopaedics, and efficiency.

It found an under-reporting of adverse medical events. 19 hospitals have significantly high overall mortality ratios and four have significantly high ratios for deaths after surgery; two are high across both.

However, mortality rates are improving and variation between hospitals is narrowing. A record for each NHS hospital in England is available.

## RESOURCES/INFORMATION

### **NHS ATLAS OF VARIATION IN HEALTHCARE**

This new tool identifies the amount each Primary Care Trust (PCT) spends on clinical services and links this with the health outcomes patients see. It sets out wide variations in performance and activity in different PCTs and regions, e.g. diabetes care. This information can be used by commissioners to improve services.

### **MAKING WRITTEN INFORMATION EASIER TO UNDERSTAND FOR**

### **PEOPLE WITH LEARNING DISABILITIES**

**Making written information easier to understand for people with learning disabilities: Guidance for people who commission or produce Easy Read Information - revised edition 2010**

This Department of Health guidance for health, social care and other sectors explains the use of Easy Read information and other suitable formats, and stresses the importance of involving people with learning disabilities in producing the material.

## RESOURCES/INFORMATION

### **BRUSH UP YOUR COMMUNITY ENGAGEMENT SKILLS**

Staff can now access from Wolverhampton Partnership's website a wide range of support and resources to help them engage the public more effectively.

The resources range from information sheets that you can download, to training, action research, mentoring, briefings and workshops. Titles currently include *Graphics Made Easy*, *Graphic Facilitation*, *Using Social Media in Community Engagement* and *Reflective Practice*. They are of interest to a wide range of staff including, community engagement practitioners, managers, commissioners and community representatives.

For more information, visit <http://www.wton-partnership.org.uk/page.php?identity=furtherlearningopportunities>

## RESOURCES/FUNDING

### TRUE COLOURS TRUST

[True Colours Trust](http://www.truecolourstrust.org.uk) has a small grants fund of up to £10,000 for organisations working with disabled children. For further information go to: <http://www.truecolourstrust.org.uk>

### UIA CHARITABLE FOUNDATION

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

For further information go to: <http://www.uia.co.uk/About/Charitable-foundation>

### MUSIC GRANTS FOR OLDER PEOPLE

Concertina makes grants to charities to provide musical entertainment and related activities for the elderly. The charity is particular keen to support smaller organisations which might otherwise find it difficult to gain funding.

The next application deadline is the 30th April 2011.

<http://www.concertinamusic.org.uk/Grants.php>

## RESOURCES/FUNDING

### **THE STEEL CHARITABLE TRUST (UK)**

The Steel Charitable Trust gives grants of between £1,000 and £25,000 to registered charities in the UK within the areas of:

- arts and culture
- environment
- health
- education
- disadvantaged.

Grants are made at regular intervals during the year and the total level of grants is approximately £1,000,000, 30% of these grants will be made to organisations in the Luton and Bedfordshire area. Applications can be made at any time as there are no application deadlines.

[http://www.steelcharitabletrust.org.uk/grant\\_policy.htm](http://www.steelcharitabletrust.org.uk/grant_policy.htm)

### **SOCIETY FOR THE ASSISTANCE OF LADIES IN REDUCED CIRCUMSTANCES**

The Society for the Assistance of Ladies in Reduced Circumstances (UK) founded in 1186 is launching a new funding round in 2011 with application deadline of 25<sup>th</sup> March

Grants of up to £50,00 are available to support the work of other organisations that meet the objectives of the Society. Priority will be given to smaller projects where it can be demonstrated that

## RESOURCES/FUNDING

the Society's grant will make a real difference.

The Society cannot consider projects which also benefit men; children; and women who are not in financial need. All applicants must complete the online application form.

[http://www.salrc.org/guide\\_to\\_grants\\_for\\_orgs.htm](http://www.salrc.org/guide_to_grants_for_orgs.htm)

### **WOODWARD CHARITABLE TRUST (UK)**

The Woodward Charitable Trust, which is one of the Sainsbury Family Charitable Trusts, is inviting applications from UK registered charities working with or in the areas of:

- social and ethnic minority groups
- prisoners and ex-offenders
- homelessness
- violence and abuse
- arts outreach
- disability
- the environment.

The fund offers grants of up to £5,000 through their small grants scheme and grants of over £5,000 through their large grants scheme. Every year, the Trust makes about 50 grants through its small grants programme and around 5 awards through its large grants programme.

The closing date for applications is the 31st May 2011. In addition, the Trust runs a Summer

## RESOURCES/FUNDING

Playscheme Grants Programme. This is open to charities with an income not exceeding £100,000 a year.

The closing date for applications for Summer Playschemes is the 1st April 2011.

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

### **FUNDING FOR IT PROJECTS SUPPORTING DISADVANTAGED GROUPS UK**

Funding is available to organisations with innovative IT related project ideas that can make a positive difference to disadvantaged and vulnerable groups - in the UK, developing countries and around the world. The funding is available through the Nominet Trust.

The aim of the Trust is to fund innovative Internet projects that make a positive difference to the lives of disadvantaged and vulnerable people, primarily in terms of education, safety and inclusion. The Trust is particularly interested in funding projects that can be scaled up and replicated. There is no minimum grant application and applications for over £100,000 require an interview. Organisations wishing to apply need initially to complete an online eligibility questionnaire. Those organisations deemed successful will be provided with a link to a more detailed application form.

The closing date for applications is 14th March 2011.

<http://www.nominettrust.org.uk/>

## RESOURCES/TRAINING

### COMMUNITY ENGAGEMENT TRAINING IN MARCH 2011

A brand new training programme for people who want to engage more effectively with the public goes live now.

A two day core module course lies at the heart of the Community Engagement Learning Programme (CELP). Core modules are an entry point to the wider programme and provide common understandings, theory and practical input around planning community engagement and engagement methods.

Four local trainers from the Local Neighbourhood Partnerships, Age Concern, West Midlands Fire Service and Wolverhampton Partnership/Wolverhampton City Council worked together to develop and deliver the programme. The course was piloted last November to an invited group of participants whose feedback has helped to shape the course.

Consultation And Community Involvement Officer Sam Axtell told City People: "Participants were enthused by the course and offered some really helpful pointers which will be incorporated into future delivery."

Among the feedback from this first course: "I found the course very beneficial and would recommend

## RESOURCES/TRAINING

it to anyone who has community engagement as part of their role. I think it would be an excellent course if you were a beginner and just starting out in community engagement or an experienced practitioner looking for new ideas or just to reiterate and refresh what you have already learnt." Another commented: "The programme was very enjoyable and gave some great tips for community engagement activities including a planning model for events! It also made me really think about how we currently approach community engagement and better ways to do it!"

A course will run on 28th and 29th March 2011. Participants will need to attend both days. To request an application form please email [Laky@wton-partnership.org.uk](mailto:Laky@wton-partnership.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, Email address and Fax Number.

***THANK YOU.***