..... **Agenda No 4(iii)**

Report to the Warwickshire Public Service Board

22nd September 2008.

Reducing Health Inequalities in Warwickshire
- Audit Commission Report

Report of the Chief Executive Nuneaton & Bedworth Borough Council, the Strategic Director Adults, Health and Community Services WCC and the Interim Chief Executive, NHS Warwickshire

Recommendations

That the:

1. Public Service Board notes the Audit Commission Summary Report.
2. Public Service Board accepts the leadership role for reducing health inequalities across the county as part of the Narrowing the Gaps agenda.
3. Public Service Board delegate authority to the Healthier Communities and Older People Partnership Board to lead the work across all the blocks on reducing health inequalities, recognising the wider determinants of health.
4. Healthier Communities and Older People Partnership Board be given the authority to review its membership to ensure that it has the correct representation and skills.
5. Healthier Communities and Older People Partnership Board be asked to produce a countywide "Health Inequalities Strategy" for the Public Service Board to ratify and own across the blocks.
6. Public Service Board sets a time scale for implementation of recommendations 4 & 5 and instructs the Healthier Communities & Older People Partnership Board to give early consideration to identifying the necessary resources to do so.
7. Health Overview & Scrutiny Committee is asked to scrutinise progress 12 months after the Health Inequalities Strategy is adopted.

1. Background

Narrowing the health gap between disadvantaged groups and the rest of the country is a top priority nationally with a national Public Service Agreement target which is:

By 2010, reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth.

- *Starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between routine and manual groups and the population as a whole.*
- *Starting with local authorities, by 2010 to reduce by at least 10% the gap between the fifth of areas with the lowest life expectancy at birth and the population as a whole.*

As a result of this the Audit Commission undertook the first phase of their audit of health inequalities in Nuneaton & Bedworth, which they chose due the high levels of deprivation and therefore the spearhead status of Nuneaton & Bedworth. The audit entailed a high-level diagnostic that sought to identify the key risks associated with how the partner organisations are tackling health inequalities. The partners included Nuneaton & Bedworth Borough Council, Warwickshire County Council, Warwickshire Primary Care Trust and George Eliot Hospital NHS Trust. *(A copy of the summary report is attached for information)* The full report is available from Carole Edkins caroleedkins@warwickshire.gov.uk

The report states:
"Partners have not identified a clear strategy for tackling health inequalities in Nuneaton and Bedworth. The lack of a coordinated approach is likely to reduce the impact on addressing health inequalities that could otherwise be achieved if partners adopted a joint approach to strategic planning.

"There is a lack of a clear strategic vision, championed by leaders that would drive the delivery of services in addressing health inequalities. Accountability and responsibility for addressing health inequalities has not been clearly identified at either a political or management level."

Following the receipt of the draft report a meeting took place with the partners and the Audit Commission to review and comment on the content of the report and the actions required. The partners agreed that, whilst recognising the special status of Nuneaton & Bedworth, the recommendation should be applied across Warwickshire and not be confined to Nuneaton and Bedworth. The final report has since been received.

2. Next steps

Taking account of the recommendations of the Audit Commission and broadening them out across Warwickshire the Public Service Board is asked to agree the recommendations at the head of this paper.

To ensure that the recommendations are implemented across the county and across the LAA blocks the Healthier Communities & Older People Partnership Board is the body that is best placed to take this work forward providing they are given the delegated authority to do so and they can review their membership to ensure they have the correct representation and skills.

The HCOP Partnership Board is asked to develop a countywide "Health Inequalities Strategy" for the Public Service Board to consider and adopt across the blocks recognising the wider determinants of health e.g. education, income, housing, environment, access to services etc. It should be acknowledged that there will need to be some dedicated resources to support the work required.

If Warwickshire is really to make a difference and reduce health inequalities then the members of the Public Service Board should ensure that there are short term targeted interventions in place whilst recognising the long term

nature of the solutions required. The Public Service Board should also encourage countywide organisations and others to shift resources if the need is identified to do so and that there will be a need for some to do things differently, if necessary, to halt the widening of the health inequality gap and then start to reduce it.

The Healthier Communities & Older People Partnership Board is asked to monitor and evaluate progress and report on a 6 monthly basis to the Public Service Board. The Health Overview & Scrutiny Committee is also asked to undertake a scrutiny exercise 12 months after the adoption of the strategy.

This report is a fore running to a fuller report on wider issues relating to Narrowing the Gaps which will come to the Public Service Board in November 2008.

3. Suggested actions to address the Audit Commission's specific recommendations.

Listed below are the eight specific recommendations from the Audit Commission report with suggested actions.

Recommendation	Action
a collective analysis, understanding and agreement by partners of the contribution they can make, individually and in partnership, to tackling and reducing health inequalities;	The Joint Strategic Needs Assessment will be available from end August. This together with other data including health equity elements of Health Needs Assessments will be used to agree priorities. Partners will consider the priorities and agree their individual and collective contribution to addressing these, taking account of the wider determinants of health e.g. education, income, housing, access to services etc.
the identification of clear targets and outcomes for reducing health inequalities	Using the above data HCOP PB will ensure that SMART targets will be agreed including baselines, outputs, outcomes, timescales and targeting, within the Strategy and its relevant delivery/action plan.
a clear programme of actions and activities, which are evidence-based and appropriately targeted to those most in need, to be undertaken by partners that will contribute to the delivery of health inequality outcomes	Action plans already exist both at a county and district level for individual determinants of health. These will be reviewed with partners to ensure that actions and activities are planned, co-ordinated and targeted to meet the priority needs in line with recommended action above If gaps exist then additional activity will be identified and commissioned subject to funding availability.

	An audit of action plans for the wider determinants of health will also be undertaken to ensure that health inequalities are being addresses.
effective performance management arrangements that include robust monitoring of performance against SMART targets and timescales, and evaluation of outcomes;	Programmes of work will be monitored and evaluated against targets and timescales on a quarterly basis and reported to the Partnership Board at least 6 monthly. A mechanism for providing challenge and resolution to under performance will be developed.
clear service and financial planning to ensure that services are aligned and resources are targeted to the delivery of identified outcomes;	Recommendations will be made to countywide organisations and others about the need to have service and financial planning arrangements in place that will shift resources and/or to work differently to ensure that activity is targeted to those in most need.
engagement with all sections of the community, particularly 'hard to reach' groups to ensure that health needs are identified and addressed; and	Hard to reach groups will particularly need to be engaged to ensure take up of activity, some good examples of this already exist and lessons will be learnt and shared from those who do this well. How diversity issues will be addressed will be included in the Health Inequalities Strategy.
effective ownership, leadership, responsibility and accountability for this strategic approach by both management and via scrutiny to ensure that focus and momentum is maintained.	The Public Service Board will be asked to take on the leadership and accountability role. The county Health Overview and Scrutiny Committee will also be asked to scrutinise progress. Each partner will be asked to name an accountable officer for health inequalities, and local authorities will also be asked to name an accountable politician and to clarify internal scrutiny responsibility.

The audit commission stated that implementing the recommendations above would ensure a more co-ordinated and focused approach and was more likely to maximise the impact of partners in addressing health inequalities.

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August 2008.

Performance Detailed Report

August 2008

audit commission

Health Inequalities

Warwickshire County Council

Audit 2008/09

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Introduction

1 Health and wellbeing is a key national focus for improvement. Narrowing the health gap between disadvantaged groups and the rest of the country is a top priority. The single overarching target to reduce health inequalities is a national Public Sector Agreement (PSA) target. The target is based on Tackling Health Inequalities: A Programme for Action (2003).

> By 2010, reduce inequalities in health outcomes by 10 per cent as measured by infant mortality and life expectancy at birth.

2 This target has since been underlined in subsequent policy documents, including two White Papers; Choosing Health (2004) and Strong and Prosperous Communities (2006). It is now one of the four top level priorities in the 2007/08 NHS Operating Framework.

> Health inequalities are differences in health experience and health outcomes between different population groups. These groups are determined by socio-economic status, geographical area, age, disability, gender or ethnic group.
>
> Health inequities are the differences in opportunity for different population groups that result in unequal life chances and unequal access to health services, nutritious food, adequate housing and so on. These can lead to health inequalities.

3 The latest national data shows that there has been a widening of these inequalities. Public sector organisations must therefore determine whether resources are appropriately targeted in relation to the health needs of different groups. Without this, people can experience inequality of provision, access and take-up of services.

4 There are many different partners involved in the health inequalities agenda. These often have competing priorities and all have many other demands on scarce resources. Across the country, early partnership action on Local Area Agreements has been initiated, but the pace of change is often limited by the capacity of individual organisations and staff to deliver and implement the changes. Universally, there is a need to establish a number of key arrangements, often including performance and risk management, as well as scrutiny and effective challenge.

5 Partners[1] in Warwickshire have included targets on health inequalities in their Local Area Agreement, signed off in March 2007.

6 The Audit Commission has developed a cross-cutting review methodology aimed at ensuring that audited bodies, and the partnerships in which they work, are taking action to:

- understand their local health inequalities;
- direct resources appropriately to narrow the health inequalities gap;
- have arrangements in place to challenge and review their actions; and
- know how well they are doing.

Background

7 Within Warwickshire, Nuneaton and Bedworth was identified by the Department of Health as a Spearhead area in 2004 because it was in the bottom fifth nationally on indicators for female life expectancy, cancer mortality rate in under 75s, and cardiovascular disease mortality rate in under 75s.

8 The latest Department of Health profile for Nuneaton and Bedworth shows that male and female life expectancy in Nuneaton and Bedworth has increased over the last decade, but both remain below the England average (by 13 and 18 months respectively). However, progress in addressing health inequalities in Nuneaton and Bedworth is declining. In 2002-2004 progress on achieving Department of Health targets was on track for both male and females. In 2003-2005 it was on track for female only, and in 2004-2006 neither were on track. Within the borough, life expectancy for both men and women is significantly lower in the most deprived wards compared to the borough's more affluent wards.

9 Indicators that are significantly worse than the England average also include obesity, physical activity, diabetes, early deaths from heart disease and stroke, and GCSE results. Early deaths from cancer are closer to the England average. The proportions of working age people from Nuneaton and Bedworth in routine and manual occupations (these occupations generally experience poorer health than professional occupations) are higher than the England averages, across most ethnic groups.

[1] In the context of this report 'partners' includes Nuneaton and Bedworth Council, Warwickshire County Council, Warwickshire PCT and George Eliot Hospital NHS Trust

10 Audit work on health inequalities has been included in the 2007/08 audit plans for Warwickshire PCT, Warwickshire County Council and Nuneaton and Bedworth Borough Council and George Eliot Hospital NHS Trust. The focus of this audit is on Nuneaton and Bedworth, because of its Spearhead status. This report focuses specifically on how partners are addressing health inequalities in Nuneaton and Bedworth rather than across the County as a whole, but tackles broader issues across the whole county which may have a differential impact on Nuneaton and Bedworth.

11 Warwickshire's Local Area Agreement (LAA) has targets which relate to reducing mortality between Nuneaton and Bedworth and the rest of England, and between Nuneaton and Bedworth and the rest of Warwickshire. The LAA also has a target for reducing deaths from circulatory disease in Nuneaton and Bedworth.

Audit approach

12 The review was undertaken by applying the first phase of the Audit Commission's health inequalities audit. This is a high-level diagnostic that seeks to identify the key risks associated with how the partner organisations are tackling health inequalities in Nuneaton and Bedworth.

13 The diagnostic is structured around six themes:

- delivering strategic and operational objectives;
- delivering in partnership;
- using information and intelligence to drive decisions;
- securing engagement from the workforce;
- performance management; and
- corporate responsibility.

14 The review sought to answer a series of questions under each of the themes. These questions are set out in Appendix 1 of this report. Evidence was gathered by reviewing key documents, supplemented by a limited number of interviews with key people in each of the partner organisations.

Main conclusions

15 There is a good level of partnership working at an operational level to address health inequalities in Nuneaton and Bedworth. This has been recognised recently when the Council was awarded the National Municipal Journal Award for achievement in Health Inequalities. However, effective partnership working at an operational level takes place in spite of, rather than because of, any clear overall strategic framework.

16 Partnership arrangements have been developed with research/academic institutions and the voluntary sector and the Healthy Living Network is a positive example of cross sector engagement. However, uncertainty over future funding of the Healthy Living network casts doubts over the sustainability of this initiative.

17 The existing workforce is being used increasingly effectively to tackle the health inequalities agenda, although there is scope for developing a more structured and coordinated approach.

18 Partners are all adopting a proactive approach in relation to promoting healthier lifestyles amongst the workforce.

However:

19 Partners have not identified a clear strategy for tackling health inequalities in Nuneaton and Bedworth. The lack of a coordinated approach is likely to reduce the impact on addressing health inequalities that could otherwise be achieved if partners adopted a joint approach to strategic planning.

20 There is a lack of a clear strategic vision, championed by leaders that would drive the delivery of services in addressing health inequalities. Accountability and responsibility for addressing health inequalities has not been clearly identified at either a political or management level.

21 Health inequality targets are not driving service and financial planning and it is difficult to identify a link between LAA targets and the commissioning plans, service plans and financial strategies of partners. There has been no substantial shift in the deployment of resources that would reflect a refocusing of priorities to address health inequalities.

22 Some targets within the LAA are countywide and could actually serve to increase rather than reduce health inequalities. It is possible that while overall targets are achieved health inequalities actually deteriorate if, for example, there is a greater response to health promotion initiatives in more affluent areas of the county.

23 There is a recognition by partners of the need to target actions according to need, but limited progress has been made on this to date. It is not clear that cross-cutting factors are fully understood and integrated into partnership planning.

24 Overview and scrutiny committees are not fully effective in challenging progress on tackling health inequalities. Responsibility for scrutiny of health inequality issues has not been clearly defined.

25 The extent of community engagement, including diverse and hard-to-reach groups, has been mixed. A number of the health inequality targets in the LAA are countywide and do not focus on communities or groups in greatest need. There is limited information or understanding of the specific issues facing diverse communities.

26 There is a wide range of information that describes the state of health and health inequalities in Nuneaton and Bedworth which is shared between partners, although this is not used to systematically drive decisions. While work is being undertaken to analyse the impact of interventions on targeting and addressing health inequalities this is at an early stage of development and is not yet driving and coordinating the activities of partners.

27 Specialist public health skill and capacity is available to partners but is not adequately influencing service delivery.

28 Non-executive directors and councillors have the skills but lack the focus to adequately provide challenge in relation to plans to tackle health inequalities.

29 Performance management arrangements are not yet fully effective. Arrangements for targeting, coordinating and monitoring the actions of partners to achieve health inequality objectives are not robust.

Recommendations

Recommendation
R1 *Develop a strategic approach to addressing health inequalities in Nuneaton and Bedworth that is clearly defined, owned, agreed and understood by all partners. This should include:* • *a collective analysis, understanding and agreement by partners of the contribution they can make, individually and in partnership, to tackling and reducing health inequalities;* • *the identification of clear targets and outcomes for reducing health inequalities;* • *a clear programme of actions and activities, which are evidence-based and appropriately targeted to those most in need, to be undertaken by partners that will contribute to the delivery of health inequality outcomes;* • *effective performance management arrangements that include robust monitoring of performance against SMART targets and timescales, and evaluation of outcomes;* • *clear service and financial planning to ensure that services are aligned and resources are targeted to the delivery of identified outcomes;* • *engagement with all sections of the community, particularly 'hard to reach' groups to ensure that health needs are identified and addressed; and* • *effective ownership, leadership, responsibility and accountability for this strategic approach by both management and via scrutiny to ensure that focus and momentum is maintained.*

The expected benefit of this recommendation is as follows.

This will ensure that a more co-ordinated and focused approach is adopted which is more likely to maximise the impact of partners in addressing health inequalities in Nuneaton and Bedworth.

This report will be presented to the Local Area Agreement Public Service Board at it's meeting in September 2008. Partners have agreed to produce an action plan outlining how and when they will deliver these recommendations, and the associated costs, by October 2008.

Detailed report

Delivering strategic and operational objectives

30 Partners have not identified a clear strategy for tackling health inequalities in Nuneaton and Bedworth. Targets are identified in the Local Area Agreement (LAA) for reducing health inequalities and promoting healthier lifestyles. Partners also have their own targets. For example, Nuneaton and Bedworth Borough Council has its Sustainable Community Strategy 2007-2021 and Corporate Plan 2007-2021, both of which have priorities and targets that relate to reducing health inequalities. However, there is no coordinated framework which sets out how the actions of partners will be delivered to achieve LAA targets.

31 Partners are beginning to identify their own delivery actions, for example, the PCT through its local delivery plan and commissioning strategies, George Eliot Hospital (GEH) through its draft integrated business plan and the councils through their service planning arrangements. Additionally, the Director of Public Health identifies recommendations for addressing health inequalities in his annual report. However, the degree of coordination amongst partners is limited. The lack of a coordinated approach is likely to reduce the impact on addressing health inequalities that could otherwise be achieved if partners adopted a joint approach to strategic planning.

32 There is an absence of clear and focused leadership in addressing health inequalities. The Public Service Board (PSB) of the LAA comprises the political leaders of the main partner organisations but it has yet to develop a clear vision for tackling health inequalities other than the targets contained in the LAA. The key theme of the LAA is 'narrowing the gap' across all the LAA block areas, including health. However, this is still at a largely developmental stage in that partners are identifying the scale and nature of the gap before deciding how to address it.

33 The commitment that clearly exists amongst partners is not always translated into actions. For example, poor access to primary care in some parts of Nuneaton and Bedworth contrasts with good access in southern parts of the county. Despite a willingness on the part of the PCT to address this there has been limited progress to date. Capacity issues during the first year of the PCT have meant that the health inequalities agenda has largely been led by other partners within Warwickshire. The PCT is looking to take a more pro-active role this year in driving and shaping the agenda. GEH has had little input to the development or delivery of the LAA. This is a missed opportunity in terms of identifying and maximising the contribution that the hospital can make in addressing health inequalities with partners. There is therefore a lack of a clear strategic vision, championed by leaders that would drive the delivery of services in addressing health inequalities.

34 Public health expertise is becoming increasingly influential in developing strategies. For example, the PCTs local development plan (LDP) process was previously led by the commissioners but now all meetings include public health representatives who can influence health inequalities priorities.

35 Accountability and responsibility for addressing health inequalities has not been clearly identified at either a political or management level. This is the case both between and within partner organisations. This leads to a lack of ownership and the situation where it is not readily apparent who is responsible for driving forward the health inequalities agenda and who can be challenged and held to account. In the absence of such clear accountability it is easy for momentum in addressing health inequalities to be lost.

36 Health inequality targets are not driving service and financial planning and it is difficult to identify a link between LAA targets and the commissioning plans, service plans and financial strategies of partners. The result is that most of the service level initiatives aimed at addressing health inequalities are 'bottom up' and based on the local knowledge of service practitioners rather than being driven by an overarching strategic framework. This results in an approach that is ad hoc and piecemeal rather than planned and coordinated.

37 The LAA was signed off in April 2007, which was too late to have any significant impact on 2007/08 resourcing/business plans. Much energy at the moment is being focused on negotiating the new LAA for 2008/09 onwards. Lottery funding for the Healthy Living Network comes to an end in March 2008 and while the County Council has agreed to maintain funding until March 2009 the availability of funding after this date is uncertain. The future sustainability of the Healthy Living Network project is therefore unclear.

38 At the PCT a new approach to the prioritisation of LDP projects tests bids against their relevance and feasibility in terms of the PCT's corporate objectives. This helps to ensure that only appropriate developments get funded through the LDP process. The impact of new developments on health inequalities is specifically tested in this process.

39 There has been no substantial shift in the deployment of resources that would reflect a refocusing of priorities to address health inequalities. Services are starting to work more collaboratively, for example, district environmental health officers and county trading standards officers are working together to promote food standards and quality. GEH has a promotions caravan and works with health workers to carry out opportunistic health screenings in the community.

40 A corporate group has been established within the County Council to identify how services can make a greater contribution to health inequality issues. The Borough Council's Leisure Trust has a range of programmes that are designed to tackle ill health amongst vulnerable groups, eg with Walking for Health programmes, GP referrals, and drugs outreach. The Council was criticised in a 2007 Culture Inspection for not targeting leisure pricing schemes on vulnerable groups – in response the Council is looking at moving from universal to targeted discounts. However, partners acknowledge that overall there has been little shift in service or financial planning to reflect an increased prioritisation on health inequalities.

Delivering in partnership

41 There is a good level of partnership working at an operational level to address health inequalities in Nuneaton and Bedworth. There is positive engagement and commitment amongst staff from all partner organisations in delivering local initiatives. Engagement also extends to include partners from other organisations, such as the voluntary sector. Initiatives delivered through the Healthy Living Network (HLN) are a good example of effective collaborative working. HLN is governed by a board which comprises statutory partners and is characterised by positive working relationships. However, effective partnership working at an operational level takes place in spite of, rather than because of, any clear overall strategic framework.

42 Partnership working via the Nuneaton and Bedworth Local Strategic Partnership (LSP) is effective. One of the priorities of the Nuneaton and Bedworth LSP is to address the health inequalities that exist within the district. The Borough's Health Housing and Partnership Theme Group (HIWEB) has been established to help focus the efforts of partners in achieving this. Partners include the PCT, GEH, Borough Council, County Council, Healthy Living Network, Council for Voluntary Services and Leisure Trust.

43 One of the LPSA2 targets is to reduce deaths from circulatory diseases in Nuneaton and Bedworth by 9 per cent over three years. A number of local initiatives have been delivered in partnership to help achieve this. These include a healthy lifestyle project which involves the use of a lifestyle consultant to improve physical activity and diet and working with coronary rehabilitation services and GPs to target those most at risk. There is also a weight busters programme, street health checks and visits to pubs and clubs which involve collaborative working amongst partners. Nuneaton and Bedworth Borough Council was recently awarded the National Municipal Journal Award for Achievement in Health Inequalities in recognition of the range of initiative that are being delivered with partners to address health inequalities. However, HIWEB's strategic focus is not well developed. The partnership's Health Improvement Action Plan 2007-2010 (replacing its 2005-2008 action plan) is not particularly SMART[2], is not focused consistently on outcomes and does not link effectively to broader strategic objectives.

44 Engagement between the Borough Council and the PCT is improving. There is a considerable legacy of concern within the Council over the use of Spearhead funding. An early draft of the PCT commissioning strategy was strongly (but constructively) criticised by the Council for failing to focus on health inequality/prevention issues. The PCT addressed these criticisms in a subsequent draft of the commissioning strategy. The PCT will be informally sharing its draft LDP with the Council. The relationship between the Borough Council and PCT has therefore become more constructive.

[2] SMART - Specific, Measurable, Achievable, Realistic, Timebound

45 Some targets within the LAA are countywide, are not appropriately targeted at those in most need and could actually serve to increase rather than reduce health inequalities. For example, under the outcome of 'enabling Warwickshire residents to lead healthier lifestyles' there are countywide targets to eat more healthily, increase physical activity and reduce tobacco consumption. It is possible that there will be a greater response to the associated initiatives in less deprived districts than in Nuneaton and Bedworth. It could therefore be the case that while overall targets are achieved health inequalities actually deteriorate.

46 The LAA is considered by the PCT to be productive at District and Borough Council level but not at County level. There is concern that it is bureaucratic and process focused and that relationships are focused on acute services rather than public health and preventative strategies. Full knowledge and understanding of the respective roles and activities of partners is incomplete and this hinders effective partnership working.

47 There is a recognition by partners of the need to target actions according to need, but limited progress has been made on this to date. For example, the PCT is funding some work on GUM in the north of the county but the Borough Council sees no evidence of these resources being focused on the wards in Nuneaton and Bedworth which have the highest rates of teenage conceptions. It is not clear that cross-cutting factors are fully understood and integrated into partnership planning.

48 Overview and scrutiny committees are not fully effective in challenging progress on tackling health inequalities. The County Health Overview and Scrutiny (O&S) Committee, which comprises County and district councillors together with patient and public forum involvement representatives does provide challenge on health issues. For example, it recently challenged the PCTs local delivery plan process for having an insufficient focus on LAA targets, partnership working, joint commissioning and joint funding and requested that these issues be more fully addressed. However, responsibility for scrutiny of health inequality issues has not been clearly defined. For example, at the County Council, it is unclear which issues should come under the scrutiny of Health O&S, and which under Adult and Community Services O&S. This results in health inequalities not receiving a sufficiently clear and discrete scrutiny focus. This mirrors the lack of clearly defined responsibility at executive and directorate level. The result is that responsibility for leadership, delivery and challenge of health inequalities is not clearly defined.

49 The Borough Council's Social Inclusion Scrutiny Committee has the health remit. It has contributed well to critiquing the PCT’s draft Commissioning Strategy. It is well chaired and has a reasonably strategic focus. However, it has had a limited role to date in challenging progress on tackling health inequalities. The recent corporate assessment of the Borough Council highlighted the need to develop the challenge role of Scrutiny.

50 There are examples where GEH works with partners to deliver initiatives, but these tend to be isolated initiatives rather than being part of a structured, focused and coordinated programme. One of the key issues the hospital is trying to address is the problem of late presentation of patients with symptoms. It has conducted a range of presentation evenings on specific illnesses such as heart attacks, lung cancer and diabetes with the aim of increasing local awareness of early symptoms. GEH also works with the County and Borough councils on delivery of the HIWEB programme, with County adult social care on facilitating better discharge and using their caravan with health workers to do opportunistic health screening. There has been some involvement by GEH in the Health Living Network (HLN) and in smoking cessation, but otherwise engagement has been limited.

51 Partnership arrangements have been developed with research/academic institutions and the voluntary sector. For example, the Applied Research Centre in Health and Lifestyle Interventions at Coventry University undertook an evaluation of the HLN in 2007. This assessed the health coordinator project and the extent to which the network had met and monitored lottery objectives as well as the wider objectives of the borough and county council and PCT. It concluded that the health coordinator project was providing good health education and advice to service users, and the HLN was achieving its objectives, particularly improving diet and fitness and also improving mental well being. However, it identified that more work was needed to achieve the objective of increasing the numbers of people accessing smoking cessation services. A research fellow from the University is working with the HLN on a childhood obesity project in Nuneaton and Bedworth to help set up systems to identify and deliver outcomes. The HLN comprises a number of voluntary sector partners and is a good example of cross sector engagement.

52 The extent of community engagement, including diverse and hard-to-reach groups, has been mixed. The HLN has been designed to take health services out into the community and target groups who have been traditionally hard to reach. Initiatives have included health workers proactively engaging with the community by visiting workplaces, pubs and clubs etc and making contact with people who would not normally access their services. The evaluation report compiled by Coventry University stated:

> *'…the health coordinator project has focused on taking services to where people are in the community rather than waiting for people to access organisations already established, it has been instrumental in reaching out to people who are not accessing services'.*

However, a number of the health inequality targets in the LAA are countywide and do not focus on communities or groups in greatest need. As such they do not assist partners in focusing resources and effort where they are likely to have the greatest impact.

Using information and intelligence to drive decisions

53 There is a wide range of information that describes the state of health and health inequalities in Nuneaton and Bedworth which is shared between partners, although this is not used to systematically drive decisions. A number of reports are produced that highlight health inequalities. These include:

- the annual Quality of Life in Warwickshire report;
- the annual report of the Director of Public Health; and
- a report on indicators of health inequalities in Nuneaton and Bedworth that was produced by the PCT in 2007.

54 A report was recently produced for the Public Service Board on 'Narrowing the Gap in Warwickshire' which aims to quantify the 'gap' that exists amongst Warwickshire's communities across the six LAA blocks. This highlights that Nuneaton and Bedworth is the worst performer for most indicators. The report states that work is starting within the County Council to understand how effectively its activities and policies are impacting on the gap that exists between Nuneaton and Bedworth and other parts of the County. It states:

> *'This will firstly identify the geographical pattern of investment by the County Council over time, and could be an area of work repeated for other public sector agencies to provide a more comprehensive picture of investment…As a follow-on phase to the work it will be necessary to assess options for further and potentially different interventions to reduce the north-south divide.'*

While work is being undertaken to analyse the impact of interventions on targeting and addressing health inequalities it is at an early stage of development and is not yet driving and coordinating the activities of partners.

55 Local information and intelligence is used to target activities at an operational level. The HLN mapped existing health provision at a neighbourhood level and conducted street consultation with local people to identify their needs and delivery preferences. A range of interventions and activities were then developed to meet these needs at a local level. Staff who are involved in operational delivery are aware of the range of information and data that is produced, but state that this simply tells them what they already know, namely that there are health inequality issues in Nuneaton and Bedworth. Health data has been used to target operational activities, for example, differential local targets have been set for some of the overall LAA targets, but data is not well used to monitor the impact and outcomes of activities.

56 The Warwickshire Observatory is a useful resource which can provide partners with potentially valuable information and intelligence. In addition to purely statistical data it also undertakes community consultation for both the County Council and Nuneaton and Bedworth Borough Council via their peoples/citizens panels. It is therefore well placed to assist partners in analysing health needs and evaluating the impact of activities and interventions in addressing these, although it could be better utilised in this regard.

57 Public health data and intelligence does not directly inform commissioning strategies. The annual report of the Director of Public Health provides an analysis of health inequality issues and makes recommendations to help address them, but there is no formal linkage with the PCTs commissioning strategies.

58 Partner organisations have identified knowledge gaps and are working towards filling them. The 'Narrowing the Gap' report is an example of this. Additionally, Nuneaton and Bedworth Borough Council has identified areas where it needs a better understanding of local needs. It has commissioned two surveys, one looking at obesity levels and the other exploring barriers to physical activity.

59 There is limited information and inconsistent understanding of the specific issues facing diverse communities. In some areas, such as Camp Hill, there is good local knowledge and understanding of needs, but this is not consistent across all communities. At an operational level steps have been taken to identify and engage with traditionally hard to reach groups. However, at a strategic level there is limited information or understanding of the needs of diverse groups. As a result partners do not have a clear picture of the particular requirements of specific groups and how activities can be targeted to address these. It is not clear whether particular groups are disproportionately affected by health inequality issues.

60 The Local Government and Public Involvement in Health Act 2007 requires PCTs and local authorities to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of its local community. Partners in Warwickshire have started to explore this process. JSNA has the potential to develop the health and social care response so that it more closely meets the wants and needs of local people. It will provide an opportunity to look ahead at least three to five years and support and direct the change that needs to happen in local service systems so that:

- services are shaped by local communities;
- inequalities are reduced; and
- social inclusion is increased.

This presents an opportunity for partners in Warwickshire to develop a clear strategic approach to addressing health inequalities based on an analysis of local need.

Securing engagement from the workforce

61 The existing workforce is being used increasingly effectively to tackle the health inequalities agenda, although there is scope for developing a more structured and coordinated approach. At the PCT work is underway to enhance the skills of the workforce to effectively tackle the health inequalities agenda with specific focus on health promotion and school nurses. At an operational level there is a good level of commitment and enthusiasm and staff from partner organisations and other agencies work well together. However, they would welcome a clearer strategic direction and there is considerable scope for partners to develop a more coordinated approach at the strategic level, for example by developing a greater linkage between LAA targets and local delivery plan, commissioning strategies and service plans. Such an approach would help to ensure that high level targets are more likely to be achieved.

62 Specialist public health skill and capacity is available to partners but is not adequately influencing service delivery. The annual report of the Director of Public Health (who is a joint appointment between the County Council and PCT) provides a comprehensive account of health inequalities throughout the County and identifies recommendations for addressing these. However, there is no structured process for ensuring that these recommendations influence the delivery plans of the councils or PCT. As a result, the public health resource available to partners is not being used to best effect.

63 Non-executive directors and councillors have the skills but lack the focus to adequately provide challenge in relation to plans to tackle health inequalities. The role that the Health Scrutiny Committee played in challenging the draft local delivery plan has been mentioned, and this challenge should result in the revised plan having a grater focus on LAA targets and partnership working. However, the lack of clearly defined accountability for leadership and scrutiny of health inequalities adversely impacts upon the level and quality of challenge provided.

Performance management

64 Performance management arrangements are not sufficiently robust to enable partners to effectively plan, target and monitor actions and evaluate outcomes.

65 There is high level commitment to addressing health inequalities although performance management arrangements are not yet fully effective. Partnership reporting mechanisms are in place at LAA, LSP and HIWEB levels, but the lack of LAA action plans, and weak action plans at HIWEB level, mean that arrangements for targeting, coordinating and monitoring the actions of partners to achieve health inequality objectives are not robust.

66 LAA performance reports are presented quarterly to the PSB. The second quarter report at November 2007 highlighted that 30 per cent of performance indicators for the Healthier Communities and Older People block were forecast to miss target. Reasons provided included:

- shortfall not statistically significant (mortality rates); and
- 'possibly due to slow return of monitoring data …Agreed target likely to have been set too high' (tobacco consumption).

While these targets are nationally imposed and therefore do not reflect local circumstances this underlines a lack of SMARTness in monitoring their delivery.

67 Partners attempt to plan actions and initiatives based on an assessment of past and current performance and 'what works'. This is the case with many local initiatives that rely on the knowledge and experience of the staff involved. The success of initiatives is monitored, but this often relates to 'outputs', eg the number of participants, rather than 'outcomes', ie the impact that the initiative had on health inequalities.

68 The evaluation of the HLN undertaken by Coventry University included some qualitative assessment of impact by interviewing participants. It acknowledged the difficulties in establishing the impact of initiatives on addressing health inequalities and the complexities that exist around causality and the timescales involved. However, partners do not have a clear picture of the full impact of their actions and a more detailed evaluation could assist in the more effective targeting of resources.

69 Partners do learn from experience. For example, an evaluation of the health trainers initiative highlighted that this was not as effective as it might have been due largely to their central location in the Town centre. This has now been addressed by adopting an outreach approach that is likely to be more successful in engaging with local people.

70 Recent external assessments at the Borough and County Councils (eg corporate assessment at Borough Council and Supporting People inspection and IDeA Peer Review at County Council) have identified that performance management arrangements are improving.

71 The absence of SMART action plans and clear outcome measures do not assist partners in targeting resources to maximum effect and identifying the impact of actions on reducing health inequalities.

Corporate responsibility

72 Partners are all adopting a proactive approach in relation to promoting healthier lifestyles amongst the workforce. For example:

- the PCT recently launched an 'eight week challenge' with events such as lunchtime walks for staff and is committed to the Improving Working Lives standard;
- Nuneaton and Bedworth Borough Council has taken some actions to promote healthy lifestyles, eg advice is available to staff on healthy diets. There are some specific outreach activities, eg a health screening bus has visited the depot to do assessments of manual staff, resulting in some GP referrals; and
- Warwickshire County Council established the 'My Time' healthy workforce project. This includes arranging physical activities at lunchtimes, stress workshops and the availability of health checks for staff with occupational health nurses. A healthy eating policy has recently been produced which contains guidelines for school meals, residential homes, etc.

Partners are therefore leading by example and demonstrating a clear corporate commitment to promoting healthy lifestyles.

Appendix 1 – Key questions

Table 1

This diagnostic audit was based on the following questions
Delivering strategic and operational objectives
1. Is there a strategy for tackling the health inequalities agenda that is based on health need?
2. Is the leadership of this strategy clearly defined and operating effectively?
3. Is wider public health expertise influential in developing strategies?
4. Are strategic priorities being implemented with clear accountability and delivery mechanisms?
5. Are strategies and health inequalities commissioning plans reflected in financial plans and budgets?
6. How are resources being deployed to deliver strategies and objectives on health inequalities?
Delivering in partnership
7. Have appropriate partnerships been identified and are they engaged?
8. Are Local Strategic Partnerships (LSPs) and Local Area Agreements (LAAs) being used effectively to deliver change?
9. Do overview and scrutiny committees challenge progress on tackling health inequalities?
10. Are provider trusts engaged in the health inequalities agenda?
11. Have partnership arrangements been developed with research/academic institutions and the voluntary sector?
12. Are the public and communities of interest effectively engaged as partners? Does this engagement include local and diverse communities?
Using information and intelligence to drive decisions
13. Does a comprehensive health needs analysis exist which is shared with appropriate bodies and addresses health inequalities?
14. Is there effective and efficient use of data analyst skills and capacity in identifying health inequalities issues?
15. Does public health data and intelligence (including annual PH reports) inform commissioning strategies?

This diagnostic audit was based on the following questions
16. Have the partner organisations identified knowledge gaps and are they working towards filling them?
17. Does the organisation/partnership have a robust understanding of the issues facing diverse communities?
18. Does a wide range of stakeholder intelligence inform decision making?
Securing engagement from the workforce
19. Is the existing workforce being used effectively to tackle the health inequalities agenda?
20. Is specialist public health skill and capacity available to organisations to tackle the health inequalities agenda?
21. Do non-executive directors (NEDs) and councillors have the skills required to provide challenge in relation to plans to tackle health inequalities?
Performance management
22. Is there commitment at the highest level to effective performance management of health inequalities?
23. Is past and current performance used to plan future action to tackle health inequalities?
24. Is there an appropriate performance management framework in place which is regularly reviewed?
25. Is robust data available to support the performance management framework?
Corporate responsibility
26. Has a corporate responsibility policy/approach been developed?
27. Is there progress on taking action with corporate responsibility principles?
28. Have organisations begun to consider the financial implications of corporate responsibility?

Agenda Item 4 (iv)-c

Report to the Warwickshire Public Service Board

22nd September 2008.

Narrowing the Gap

Report of the Warwick Local Strategic Partnership

Recommendations

- That the PSB approve the Warwick LSP Spending Plan to work towards 'Narrowing the Gap' agenda across Warwickshire.
- That the PSB note the comments of the covering report.

1 **Background**

1.1. The Public Service Board (PSB) at it's meeting on13th March, 2008 agreed that £100,000 be allocated to the Warwick Partnership Executive Group (WPEG), the core group for the Warwick LSP, for 2008/09 in respect of the Narrowing the Gap bid, subject to approval, by the PSB, of a spending plan.

1.2. WPEG met on 8 May 2008 to consider the process for identifying suitable projects within the District. The Community Partnership Team (CPT) was allocated the task of coordinating the application process, collating bids and producing a draft spending plan.

1.3. The Draft Spending Plan would be presented to the WPEG in July It was also agreed that all projects chosen:

- Would need to start to make a difference within the first year
- Should be highly visible and have high impact
- Dovetail into and align with LAA blocks and the District's Sustainable Community Strategy
- Would need to include a succession strategy

1.4. WPEG met to approve the draft spending plan on 25 July 2008 and consensus was reached on the projects shown in the Warwick LSP Spending Plan attached as **Appendix A.**

2 **Performance Management**

2.1. The Spending Plan will be monitored by the Community Partnership Team (CPT) on a quarterly basis and the CPT will in turn provide up-dates and exception reporting information to the LSP and PSB respectfully.

2.2. Agreements will be drawn up with the relevant agencies delivering the projects and these will be monitored by the CPT and reported on as per 2.1.

2.3. Each Project Leader will complete a monitoring form, initially on a monthly basis, to ensure progress is being made.

3. Long Term Strategy

3.1. The work of the Warwick LSP will continue to strive towards improving the Quality of Life for all within the District via its Sustainable Community Strategy and alongside the delivery of the Spending Plan, the work of the LSP will still remain focused on the long-term objective to understand the nature of the gap and its causes and to work towards a long term strategy of actions that narrow the gap.

4. Conclusion

4.1. As reported WPEG believe that the programme identified within **Appendix A** will provide the knowledge, skills, and desire to create sustainable communities within Warwick District's deprived communities.

4.2. The sharing of lessons learnt, best practice and information with other SOA's within Warwickshire, will allow WPEG to explore the opportunities of SMART working with those organisations and authorities.

4.3. The Warwick Partnership through the identified work programme will contribute to the following:

- Improving the general health and wellbeing of those vulnerable communities.
- Ensuring that resources for skills development, capacity building and community empowerment are made available and are in the medium and long term integrated into the core budgets and activities of all major programmes;
- Raising the knowledge, awareness and understanding of the agenda across all sections of the population, but especially those vulnerable areas which will benefit from training and learning programmes;
- Acting as champions to inspire and motivate others, both individuals and agencies to contribute through the professions and the community;
- Encouraging collaborative working to ensure shared values and capabilities;
- Ensuring our key areas of deprivation are provided with the dimensions for growth and to ensure that they move from being dependent on interventions and activities of agencies to being interdependent.

Councillor Sarah Boad (WCC) and Councillor Michael Doody (WDC)
Joint Chairs
Warwick Partnership Executive Group

APPENDIX A

Warwick Local Strategic Partnership – Narrowing the Gap Spending Plan September 2008

Project Priority Order	£	Process	Targets Set	Lead Org. & Person	Est. Start and finish	Associated Risks	Links to PSB 16 indicators and other key areas	Outcomes
COMMUNITY ENTERPRISE OFFICER MATCH FUNDING	£33,059 over two years	Appointment of a 0.5 FTE Community Enterprise Officer for Warwick District. Match funding already secured from Advantage West Midlands for a two-year post for Brunswick / Old Town	Annual figures (no. people): Accessing Business Link training modules: 10 Attending events focused on enterprise creation: 50 Attending events designed to promote and improve understanding of social enterprise: 20 Young people accessing the project: 15 Women: 15 BME: 15	Warwick District Council; Ray Smith Business Development Co-ordinator and WDC Enterprise Team	Jan 2009 – Dec 2010	Risk that the additional post does not secure funding for Years 3 and 4; while WDC have confirmed that the Brunswick post will be funded for this period, additional external funding would have to be sought for the second post in Years 3 & 4	Warwickshire LAA Economic Development & Enterprise Theme. Integrated employment & skills support. NI152 Working age people on out of work benefits; NI166 Average earnings of employees in the area	Creation of an "enterprise culture" among targeted communities – in Leamington Brunswick and Lillington wards, also Warwick North and West wards. Take up of business training; increased awareness of social enterprise as a business model; creation of social enterprises within the targeted communities

Project Priority Order	£	Process	Targets Set	Lead Org. & Person	Est. Start and finish	Associated Risks	Links to PSB 16 indicators and other key areas	Outcomes
HYBRID ARTS – ACCESS TO TRAINING AND INCOME MAXIMIS-ATION FOR YOUNG PEOPLE	£30, 000	The project targets excluded young people, some in danger of receiving ASBOs. It seeks to divert these youngsters away from offending due to boredom through creative musical activities and training. It will provide a daytime drop in and structured evening sessions. It will deliver structured and accredited training to young people with artists working in creative industries. Trainees will undertake NVQs in music, interactive media and enterprise development.	Short term aim – to give young people a safe, constructive environment in which to develop Medium term aim – to give young people the opportunity of progressing into enterprise activity, peer support and volunteering involving inter-generational community projects Specific targets: Numbers of young people attending over the course of the project 50 aged 11 – 16 yrs	Stella Carr, Hybrid Arts	Oct 08 – Mar 09	Continuation funding – aiming to build up local charity relationships e.g. Higgs Charity where enterprise and young people is an area of specialism Link in with Early Intervention Teams as possible source of ongoing funding basing it on success of project	School leaver destinations Lack of qualifications NVQ4 or above Job seekers allowance claimants Dealing with concerns regarding anti social behaviour	People from different backgrounds getting on well together… breaking down territorial barriers and building respect Work towards Continuous Assessment Framework principles for the most extreme cases e.g. self harm Stronger links and collaboration with police and health Increased number of young people and adults volunteering Improved access to training, skills enhancement

Project Priority Order	£	Process	Targets Set	Lead Org. & Person	Est. Start and finish	Associated Risks	Links to PSB 16 indicators and other key areas	Outcomes
		Participants will be drawn from a district wide area with the focus on the more deprived wards.	10 aged 17 – 18 yrs 5 aged 19 – 25 yrs 5 aged 9 – 11 yrs 15 young people to gain nationally recognised accredited unit in events management, financial literacy, marketing music or web design Engage 3 peer mentors and an additional 3 young people go on to set up their own activities. 15 adults continue to remain involved in project			Other possible risks identified are – young people don't attend Parents don't engage in project Young people attend but don't obtain qualifications and don't progress Failure to buy in enough specialist		through technology and therefore increase in employment opportunities Mutually beneficial joint working arrangements with Community Enterprise Worker Programme

Project Priority Order	£	Process	Targets Set	Lead Org. & Person	Est. Start and finish	Associated Risks	Links to PSB 16 indicators and other key areas	Outcomes
			Audiences attending the community celebration events up to 160 people of all ages x 4 events per year			staff to deal with numbers attending		

Project Priority Order	£	Process	Targets Set	Lead Org. & Person	Est. Start and finish	Associated Risks	Links to PSB 16 indicators and other key areas	Outcomes

Project Priority Order	£	Process	Targets Set	Lead Org. & Person	Est. Start and finish	Associated Risks	Links to PSB 16 indicators and other key areas	Outcomes
SWIMMING LESSONS FOR ASIAN LADIES	£1902 per term Breakdown Lessons £688.00 per term Teachers £164.00 per term Transport £300.00 Management of project £750.00	Programme for 10 participants initially to be run by WDC but managed and developed by Brunswick Healthy Living centre as part of a new physical activity post	To re-establish a 'learn to swim' scheme for women from the BME community. To encourage regular physical activity in a sector of the community that has been identified as at greater risk of Type 2 diabetes, cardiovascular problems and obesity.	**Mark Croston Cultural development and Strategy Manager WDC** **Brunswick Healthy Living Centre**	Oct 2008 – April 2009	To address underlying issues for Type 2 Diabetes in this population	Reducing Health Inequalities (priority 1) Creating opportunities for everyone to enjoy and participate in sport the arts and cultural activities PSA target to halt the year on year increase in obesity by 2010 Half and hour of physical activity five times a week LAA target	This scheme is based on a successful project which ran in the district and enabled women from the BME community to access physical activity in a culturally sensitive way.
PARISH PLANNING AND RURAL ENABLING	£10, 275 for 1 – 3 years Funding would allow a full and comprehensive service	Provide support, advice and information to parishes across the district to assist in addressing local issues including the implementation of their action plans dealing with	3 housing needs surveys undertaken 3 parish plans commenced	WRCC Kay Wilson	Sept 08-aug 09	Main risk no continuation funding is secured. Additional risks are - Lack of volunteers willing to	Empower-ment Helps to achieve NI 155, 141, 4	Parish plans allow communities to take the lead in determining what their needs and aspirations are and how they would

Project Priority Order	£	Process	Targets Set	Lead Org. & Person	Est. Start and finish	Associated Risks	Links to PSB 16 indicators and other key areas	Outcomes
	for WDC for a period of 12 months which would allow Warwickshire Rural Community Council further time to identify funding to keep the services going after this period	anything from highways to housing. Identifying housing need via parish planning and housing needs surveys and facilitate the provision of housing through Rural Exception Policy, identification of potential sites and aid in the identification of a Registered Social Landlord who can then bid for funding to develop the scheme				undertake parish plans; Lack of support for housing needs surveys from parish councils Inability to identify appropriate site where a need is identified.		like to see them delivered. This results in them feeling they are influencing decisions in their locality. Identification of local housing needs allows affordable development on exception sites which will contribute to the housing targets and provide opportunities for families to live together in the same village and build community cohesion.

Project Priority Order	£	Process	Targets Set	Lead Org. & Person	Est. Start and finish	Associated Risks	Links to PSB 16 indicators and other key areas	Outcomes
HOUSING MEDIATION SERVICE	£13,400	The project will provide a constructive conflict resolution service to those in dispute, including neighbours, parents and their teenagers, parents and schools and between colleagues at work. Referrals will be received for young people facing immediate or future homelessness because of family disputes. Through the provision of a trained, impartial, skilled mediator who understands the issues facing both the parents and the young people, the project will offer a	100 cases of young people between the ages of 13 – 25 and their families to access the service annually. BASELINES Over a pilot period of one year, 53 cases were received, 33 % had positive outcomes Of the people accessing help for parent /teenager disputes, 71% were female. Significantly, 67% of cases were from female single parent households, 11% male single parents and only 22% were dual parent households.	Alison Simmons, Warwick DC Judith Halliday, Mediation & Community Support Ltd	Jan 2009 – Dec 2009	Continuation funding for future years as awareness of the service grows, which could significantly increase the number of referrals. The nature of some families may mean that longer term support is necessary. Both of the above points will overstretch the planned capacity of the project	NI 1, 4, 6, 21, 50, 69, 71, 87, 110,141 155 Access to services Cohesive Communities	Reduction in number of applications for temporary accommodation due to family breakdown in Warwick District. Of the families supported more than half with be single parent families .

Project Priority Order	£	Process	Targets Set	Lead Org. & Person	Est. Start and finish	Associated Risks	Links to PSB 16 indicators and other key areas	Outcomes
		process which helps all involved listen to and understand each others points of view, feelings and needs, giving them the opportunity to identify problems and work on them together, finding realistic and workable ways forward. The objectives of mediation in these cases are to: • reduce conflict within the family and improve mutual understanding and communication; • prevent homelessness by enabling young people to stay within the family home or return home where safe to do so; • allow time and						

Project Priority Order	£	Process	Targets Set	Lead Org. & Person	Est. Start and finish	Associated Risks	Links to PSB 16 indicators and other key areas	Outcomes
		planning for a more supported move out to the most appropriate accommodation for young people unable to remain at home; • maintain or rebuild longer term support networks.						
TACKLING OBESITY **A solution focused programme involving families with overweight and obese children and young people to help them gain knowledge and skills to**	£11,650	Facilitated 9 week healthy lifestyle sessions involving the whole family. Toolbox of materials to be used on the programme £500.00 Venue hire £900.00 Food and refreshments £1,350.00 Staff costs £7,400.00 Monitoring and evaluation £1,500.00	Long-term aim to encourage healthier lifestyle choices and reduce prevalence of obesity in the local population and cardiovascular risk. To help change attitudes to food and food choices in families. To address the underlying issues for Type 2 Diabetes in young people Total number of families benefiting in	**Warks PCT** Dr Gordana Djuric (Consultant in Public Health) Deb Saunders (Health Development Manager School Sports Partnership CSW Sport	Feb 2009 – April 2009	Long-term aim to encourage healthier lifestyle choices and reduce prevalence of obesity in the local population and cardiovascular risk. To address the underlying issues for Type 2 Diabetes in	Reducing Health Inequalities (priority 1) PSA target to halt the year on year increase in obesity by 2010 Half and hour of physical activity five times a week LAA target 5 a day [portions of	Reduction in overweight & obesity in children and young people Improved general health & emotional wellbeing. Successful families will be recruited and trained with the intention of peer mentoring future cohorts

Project Priority Order	£	Process	Targets Set	Lead Org. & Person	Est. Start and finish	Associated Risks	Links to PSB 16 indicators and other key areas	Outcomes
embed healthy lifestyle habits and messages			the first instance - 15			young people.	fruit and veg] LAA target	and delivering further programmes

APPENDIX 2

WARWICK LOCAL STRATEGIC PARTNERSHIP

Narrowing the Gap Spending Plan – September 2008

Summary

Project	**£**
1. Community Enterprise Worker – match funding	33,059
2. Hybrid Arts – Access to training and income maximisation for young people	30,000
3. Swimming lessons for Asian ladies	1,902
4. Parish Planning and Rural Enabling	10,275
5. Housing Mediation Service	13,400
6. Tackling Obesity	11, 650
TOTAL	**100,286**

Agenda Item 4(iv)-b

Report to the Warwickshire Public Service Board

22nd September 2008

Narrowing the Gaps Action Plan – Rugby Borough

Report of the Rugby Local Strategic Partnership

Recommendations:

It is recommended that the Board:

1. Notes the report, which provides information about the development of a Narrowing the Gaps action plan by the Rugby Local Strategic Partnership

2. Approves the Rugby LSP Action Plan to work towards the 'Narrowing the Gap' agenda.

1 Introduction & Context

The Public Service Board (PSB) at it's meeting on 12th March 2008 agreed that £100,000 be allocated to the Rugby LSP for 2008/09 in respect of the 'Narrowing the Gaps' agenda, subject to approval by the PSB, of an appropriate spending / action plan. This report provides a summary of the process undertaken to develop a Narrowing the Gaps Action Plan

2 Development of an action plan

Following the allocation of funding for the purposes of addressing the 'Narrowing the Gaps' agenda, the Rugby LSP began a process to develop a suitable action plan.

At its meeting on the 22nd April 08 the LSP board considered the issue of the Narrowing the Gaps funding and the criteria associated with it. It was agreed that the LSP theme group lead officers would be asked to contact their relevant theme group members and networks to begin to identify possible activities / projects to address the narrowing the gaps agenda.

At its meeting on the 30th June 08 the LSP board considered 16 initial project proposals that had been identified through the theme groups. From those 16 proposals the board identified 8 projects to be investigated / developed further. A sub group was also established to consider the selected projects further and make recommendations to the Board.

Following further consideration by the sub group the final action plan (appendix1) was approved by the LSP board at its meeting on 26th August 08. The action plan consists of four discrete but closely linked projects, namely:

Project	Purpose
Fresh Start	A reduction in those resettled as survivors of domestic and sexual violence returning to the cycle of abuse through **practical** and holistic support for the whole family
Community Development	The enhancement of Community Development in the priority neighbourhoods of the Borough.
Evolution	Diversionary activities and training/employment opportunities for young people at risk of offending
Financial Inclusion	Financial advice and guidance to reduce the debt spiral

Discussions have taken place with each of the project leads to ensure that where relevant and effective, close links will be made between the four projects and their associated activities.

3 Conclusion

The Rugby LSP board has agreed an action plan to contribute to the 'Narrowing the gaps' agenda in Rugby Borough.