

## Allocating LAA reward grant

### Background

The first Local Area Agreement (2006-09) set out a range of targets to be delivered in Oxfordshire. Each target attracted a reward proportionate to the level of achievement. The targets managed through the Health and Well-Being Partnership were both met and will attract some reward, subject to the verification processes which are currently underway. This process includes audit of the data submitted in the claim that the target has been met and the eventual agreement of Government (through GOSE) that the reward has been earned. This should be completed in the autumn of 2009.

The Public Service Board agreed that half of the reward for each target would be allocated to the organisation or partnership responsible for delivering the work. The other half would remain unallocated and be available for future work (and decisions on this unallocated reward were made at the Public Service Board on September 2<sup>nd</sup>). The reward for the Health and Well-Being related targets was originally allocated to the County Council and Primary Care Trust, who have both decided to make the money available for decision by the Health and Well-Being Partnership Board.

It was agreed that this money would be used to take forward the three strategic priorities of the H&WB Partnership:

1. Successful Aging
2. Mental Well-Being
3. Tackling Obesity.

Detailed proposals for the allocation of the money were invited from the Delivery Group leads and are included in this paper.

### Assumptions

We are waiting for final confirmation on the total reward that will be paid. This means that allocation of funding can only be indicative at this stage, given that the final total is still unknown. The assumption on the amount of money expected is:

Target	Reward expected	Allocated element allotted to the H&WB Partnership
Increase the number of people supported to live in their own home	The target was met in full so the allocation of £1.383 m is expected	£690k (£345k capital, £345k revenue)
Reduce the number of falls amongst older people living in care homes	61% of the target was met so an allocation of £844 is expected	£422k (£211k capital, £211k revenue)
		<b>Approx £1.112m (£556k capital, £556k revenue)</b>

## Contents of the paper

There are four funding proposals in the following pages. They have been written on a common template (which is the one used by the Public Service Board for bids for the unallocated reward element). These proposals have been written by Delivery Group leads for the strategic priorities of the H&WB Partnership and discussed by the H&WB officer group. It is hoped that the content will give sufficient detail to enable the Board to make decisions on funding allocation. The Officer Group is making no recommendations on whether some proposals are higher priority than others but regard them all as equal options. Each of the proposals will take forward our priority work.

Each proposal includes details for how the delivery group would spend £250k and how they would spend £500k. It is hoped that this approach will enable Board members to weigh up relative cost benefit of allocating money to all of the projects or just some of them.

The proposals are

<b>Topic</b>	<b>Strategic Priority</b>	<b>Pages</b>
1. Telehealth – monitoring of vital signs.	Aging Successfully	p.3 – 8
2. Workplace Well-Being – making the most of work	Aging Successfully, Mental Well-Being Tackling Obesity	p.9 – 16
3. Adopting Healthy Behaviours – mental well-being, aging successfully, tackling obesity	Aging Successfully, Mental Well-Being Tackling Obesity	p.17 – 22
4. Sports Partnership – increasing physical activity across Oxfordshire	Aging Successfully, Mental Well-Being Tackling Obesity	p.23 – 27

## Recommendations

The Health and Well-Being Partnership Board is asked to

1. Agree to work with the current assumptions regarding the likely amount of reward available, subject to confirmation.
2. Consider whether there are any solutions to the capital:revenue split of the allocation for projects which are revenue-hungry.
3. Consider the content of each of the proposals and agree /amend the outline action plans.
4. Allocate capital and revenue grants as appropriate for delivering the action plans, aiming to ensure a cost effective impact on outcomes.
5. Consider implications for cost savings which would accrue from this investment and how these savings can be reinvested.

Jackie Wilderspin  
Chair of the HWBP Officer Group

# LAA PERFORMANCE REWARD GRANT APPLICATION FORM

## TITLE OF PROPOSAL

### TELEHEALTH – MONITORING OF VITAL SIGNS

This project will provide equipment that is simple to use and enables people with respiratory and heart conditions to monitor their vital signs on a daily basis, to send their information to a clinician, and to receive advice back.

## MEETING HWBP PRIORITIES

1. Indicate the extent to which this bid meets the Board's three strategic priorities

priority	has a <u>minor</u> impact on this area	<u>moderate</u> impact on this area	has a <u>major</u> impact on this area
Ageing successfully/ prevention for older people			YES
Tackling obesity		YES	
Improving mental well-being	YES		

## LAA targets

✓ NI 08 – Increase adult participation in sport	-
✓ NI 120 – Improving all-age all cause mortality	YES
✓ NI 131 – Reducing delayed transfers of care	YES
✓ NI 135 – Increasing number of carers receiving a service	YES
✓ NI 141 – Increasing vulnerable people achieving independent living	YES
✓ NI 06 – Increasing number of people engaged in volunteering	-
✓ NI 152 – Reducing the number of people on work related benefits	-
✓ NI 156 – Reducing number households in temporary accommodation	-

## OUTCOMES

2. What will be the outcomes of the project? Please include deliverables

Outcomes:

1. Better health outcomes with health condition being managed more effectively
2. Delay in care home admissions
3. Earlier intervention and patient centred
4. Improved quality of life for user and carer
5. Increased capacity in case management, more users managed by existing staff
6. Reduction in emergency admissions to hospital
7. Reduced anxiety and increased confidence for user and carer
8. Reduction in clinical interventions
9. Increased confidence in self management and care
10. Improve value for money from community services, by reducing the number of home visits required to provide quality care
11. Earlier discharge from hospital of people requiring monitoring

## PLANS

### 3. Please describe the project

#### Aim

- Management of own health with more appropriate intervention in a more timely manner, and quicker response to fluctuations in condition
- Promotes more independence, confidence and dignity
- More transparency in data which is exchanged between user and clinician
- Reduction in hospital admissions, reduction in bed days for admitted users, reduction in medical resources, delay in care home admissions
- Increased capacity in case management
- More effective care in the home through empowerment of user and carer
- Identifies users at risk of more acute episodes

#### Rationale/ Why take this approach

- Local need:
  - Pressures on social care and health are increased by an ageing population and in Oxfordshire this population is to show very large increases by 2028 with an estimated 24,000 over 85's (from 15,000 in 2010). Telecare and Telehealth can provide a means to ease this pressure and to deliver more choice to older people who would otherwise be denied these choices through 'ill-health'. This project supports people to stay in their own homes for longer with interventions which are more tailored to their needs, and delays admissions to care homes and hospitals.
- Impact/ Effectiveness:
  - Reduction in hospital admissions (up to 41%)
  - Reduction in admissions to care homes, average saving £377 per person, per week
  - Reduction in bed days on admission to hospital (up to 59%)
  - Reduction in clinical staff visiting time as remote monitoring of users
  - Reduction in visits to GP surgeries (up to 42%)
  - Users and carers feel more empowered and in control
  - Fewer hospital admissions mean less stress for users and carers
  - Quicker response to fluctuations in condition of user
- Research indicates:
  - Reduction in emergency admissions for inappropriate cases
  - Prompt and appropriate discharges from hospital with confidence that technology will be used to monitor condition on a frequent basis and clinician will be involved in giving advice and taking remedial action
  - Information is accurate and frequent which informs subsequent monitoring
  - Reduced stress levels for users and carers
  - Promotes independent living and increases self-management of condition
  - Telehealth intervention can reduce acute episodes, reduce health inequalities and empower the user and carer. This means there is better use of time and resources for all parties – care managers, clinicians, users and carers;
  - Appropriate users can be effectively targeted through the respiratory and heart failure nursing staff by using patient lists and knowledge of individuals who

would most benefit from the provision of the service – this will lead to an increase in the number of patients who can be case managed by staff;

- Users and carers are more in control and become more familiar with the condition being managed
- Health behaviours associated with chronic diseases can be influenced, for example, by weight monitoring.

### **Scope/ Overview**

To work with Oxfordshire County Council, Oxfordshire PCT and Community Health Oxfordshire, to establish the effectiveness of applying the Kent model of Telehealth in Oxfordshire, and to quantify the specific benefits for users and carers. The purpose of the investment, of either 250k or 500k will enable the model used in Kent to be replicated in Oxfordshire through partnership working between social care and the respiratory and heart failure clinical and case management staff, using similar methods. The effectiveness of the technology and staffing resources will be considered both before and after implementation. Research indicates that it should be possible to achieve the very impressive savings realised by Kent in Oxfordshire in relation to emergency admissions, delayed care home admission, reduction in GP appointments and staff case management time.

This project could not happen without the investment being requested and without the joint working and partnership arrangements set out in this paper. This project will contribute to achieving the targets set out in both the LAA and the delivery plan of Oxfordshire 2030. JSNA data will be used to assist in targeting those most at risk and living in the more deprived areas of Oxfordshire.

### **Objectives**

- To enhance the quality of care provided by interpreting client specific information, generated by the vital signs monitoring equipment, in a timely and targeted way
- To delay admissions to care homes for those with heart and respiratory conditions
- To empower users to take control of their health by monitoring their vital signs and by receiving the most appropriate clinical intervention and feedback
- To empower the user and carer by planning any hospital admissions required rather than reacting to an emergency situation
- To empower the carer and user to become part of the condition management process and to develop knowledge and expertise in this area
- To facilitate and enhance partnership relationships between health and social care through information sharing and client management
- Reduction in emergency admissions to hospital for inappropriate cases which will save resources both in staff time and acute facilities.

### **Description**

This project will incorporate the learning and experience of Kent County Council who are a telehealth innovation and improvement site, who commenced their project in 2005, and who have achieved the reductions outlined in the impact section of this document.

Telecare describes any service that brings health and social care directly to a user in their own home, supported by information and communication technology. Telehealth extends this definition to include remote monitoring of a person's vital signs including blood pressure, weight, blood glucose and lung capacity levels. Vital signs data is transmitted to a secure web site which can be accessed by a clinician in order to monitor against the parameters set for the individual patient. Evidence that vital signs are outside of 'normal' parameters triggers a response. There is increasing support for the view that telehealth is a valuable addition to local health and social care pathways for managing long term conditions.

This project will be delivered by a project team who will work across social care and health and include clinicians, case managers, commissioners and providers of health services.

#### **What will success look like/ What we will achieve**

- Fewer admissions to hospital due to respiratory conditions and heart failure from the pilot areas.
- Users and carers will have increased awareness of the condition being monitored
- Earlier targeted medical interventions will reduce the risk of acute episodes
- Fewer admissions to hospital will mean less stress for users and carers
- Clinical intervention in the home environment will reduce as there will be more central monitoring of conditions with information which is more up to date and more frequent
- The preventative agenda will be promoted through more self-management and less acute episodes.

#### **Sustainability**

The project will demonstrate financial savings from existing budgets which will be re-invested in the project to ensure sustainability. The project will show:

- Reduction in bed days due to emergency admission (up to 59%)
- Reduction in visits to GP surgeries (up to 42%)
- Respiratory and Heart Failure team staff able to deal with more patients with the same resources
- Reduction in hospital admissions (up to 41%)
- Delayed admission to care home

Oxfordshire County Council's Prevention Strategy 2008 -2011 supports improving the quality of life for users and reducing the use of emergency bed days (p7) and notes that people with long term conditions are major users of health and social care services accounting for 55% of GP consultations; 68% of outpatient and A&E appointments and 77% of inpatient bed days (p9). The strategy also categorises the impact of prevention services on spending as:

- an existing outlay is no longer required or reduced;
- an outlay that would otherwise have been incurred is prevented;
- better outcomes are achieved for the same expenditure;
- there is a reduction of waste
- costs are reduced through service redesign.

It is anticipated that this project will achieve against these categories.

An internal target has been set by Social and Community Services to increase the percentage of budget spent on preventative and community services by 2% per year so that by 2030, 50% of the net budget is sent on preventative and community

services. (The current non-pooled budget is approx 38m per annum),  
**PCT/NHS sustainability intentions when one-off funding ends**

This project will provide local experience and evidence to demonstrate the cost benefit of telemedicine within Oxfordshire. Assuming the benefits realised in Kent can be replicated locally, then this will provide a robust business case for ongoing funding by releasing funding from the following sources:

- Acute hospital contracts by reducing contract level for admissions from respiratory conditions and heart failure. Reduction in length of stay will also reduce the number of people incurring a higher tariff due to passing the trim point and so reduce the cost of admissions.
- Community contracts by avoiding the need to employ additional Respiratory and Heart Failure Specialist Nurses to manage the increasing number of people with respiratory conditions and heart failure

## RESOURCING

4. Outline the resources required

This bid is for either £250k or £500k

5. Outline whether you have any existing resources to contribute.

£60k

6. How will the money be spent?

Resourcing	Revenue	Capital
<b>Investment of £250k</b>		
Project Manager full time based on salary of £38k plus 28% overheads (1 year)	£48,640	
<b>Equipment costs 80 users x £850</b>		£68,000
<b>Set up costs</b> including data management, staff training, and installation of equipment	£39,500	£8,000
<b>Service costs</b>		
Identification of clients by respiratory & heart failure teams/ social care staff. Assessment of clients needs. Selection of appropriate equipment. Monitoring of data.	£85,860	
Total	£174,000	£76,000
<b>Grand total</b>	<b>£250,000</b>	

<b>Investment of £500k</b>		
Project manager full time based on salary of £38k plus 28% overheads (2 years)	£97,280	
<b>Equipment costs 260 users at £850</b>		£221,000
Installation of equipment		£26,000
<b>Service costs</b>		
Identification of clients by respiratory & heart failure teams/ social care staff.		
Assessment of clients needs.		
Selection of appropriate equipment.		
Monitoring of data.	£155,720	
<b>Total</b>	<b>£253,000</b>	<b>£247,000</b>
<b>Grand total</b>	<b>£500,000</b>	

7. Scaling back: indicate what options you feel there are for delivering a smaller project with less money.

Minimum project viability is at £250k with 80 users.  
Better value for money will be achieved with £500k as 260 users will be involved.

8. Outline the phasing of resources required and the type of expenditure.

Financial year	Capital	Revenue
2009/10	£76,000	£174,000
2010/11	£171,000	£79,000
2011/12		
2012/13		

9. Please outline what other resources will support delivery of the project.

Resources will be contributed by partner organisations in kind (e.g. desk space); officer and manager time will be contributed as part of developing the project and recruiting project manager.

## SUBMISSION DETAILS

- Partnership/Group/Organisation submitting this bid

Health & Wellbeing Partnership Board – PCT, OCC

- Lead officer, for all initial queries relating to this bid

Name: Margaret Brownlie (OCC) & Ian Cave (PCT) Sponsored by Varsha Raja  
 Job title: Service Manager, Strategic Commissioning  
 Organisation: Social and Community Services OCC  
 Address: Fourth Floor, County Hall, New Road, Oxford, OX1 1ND  
 Tel: 01865 323215 or 07709 526220  
 Email: margaret.brownlie@oxfordshire.gov.uk

# LAA PERFORMANCE REWARD GRANT APPLICATION FORM

## TITLE OF PROPOSAL

**Workplace Wellbeing: Making the most of work**

## MEETING HWBP PRIORITIES

1. Indicate the extent to which this bid meets the Board's three strategic priorities

Priority	has a <u>minor</u> impact on this area	<u>moderate</u> impact on this area	has a <u>major</u> impact on this area
Ageing successfully/ prevention for older people			<b>YES</b>
Tackling obesity			<b>YES</b>
Improving mental well-being			<b>YES</b>

## LAA targets

✓ NI 08 – Increase adult participation in sport	<b>YES</b>
✓ NI 120 – Improving all-age all cause mortality	<b>YES</b>
✓ NI 131 – Reducing delayed transfers of care	-
✓ NI 135 – Increasing number of carers receiving a service	-
✓ NI 141 – Increasing vulnerable people achieving independent living	<b>YES</b>
✓ NI 06 – Increasing number of people engaged in volunteering	-
✓ NI 152 – Reducing the number of people on work related benefits	<b>YES</b>
✓ NI 156 – Reducing number households in temporary accommodation	-

## OUTCOMES

2. What will be the outcomes of the project? Please include deliverables

This innovative project will support public, private and voluntary sector employers to make the very best of their number one resource – people – at a time when a challenging economic climate is forcing all organisations to find ways in which to save money and improve efficiency.

Through practical advice and support, this project will work with Oxfordshire employers to create working environments that promote physical health and mental well-being, support carers to take up and remain in paid work, and help employees to stay healthy, be more productive and to continue working for longer than they otherwise would have done.

The project will deliver (among participating employers) a range of **outcomes**, including:

1. A reduction in the number and length of sickness absences
2. A reduction in the incidence of illness related to inactive lifestyles, poor diets, stress and other mental health problems
3. An increase in the proportion of older people still in work beyond traditional retirement age
4. An increase in the proportion of carers who undertake paid work
5. Increased understanding of what constitutes mental well-being and how to

- promote and maintain this through work
6. A measured improvement in attitudes towards people with mental health problems
  7. An increase in employees' productivity, motivation and satisfaction

## PLANS

### 3. Please describe the project

#### Aim

This project aims to deliver productive, healthy employees who are encouraged and enabled to stay in work for longer.

Drawing on learning from Dame Carol Black's review of the health of Britain's working age population<sup>1</sup>, the project will focus on improving all employees' physical health and mental well-being, and on the particular needs of older workers and carers.

By tackling the root causes of much sickness absences and helping employers to recognise and tap into the skills and motivation of older workers at a time when the number of younger workers in the South East is expected to fall significantly, this project will make a significant contribution to the creation of a world class economy in Oxfordshire.

#### Need

- There are currently no holistic workplace well-being programmes in Oxfordshire
- Workplace interventions have been identified as a need nationally through *Choosing Health* and locally via health needs assessments for obesity and mental well-being
- 25-30% of the UK workforce under-perform at work due to ill-health
- 175 million working days were lost to sickness in the UK (2006)
- 26% of long term sickness at Oxfordshire County Council was due to stress, anxiety or depression (2008)
- Paid work offers significant benefits in terms of health and independence, especially to older people, carers and people with mental wellbeing issues
- People aged 50 to 65 have told us that remaining in work enables them to be financially and socially independent
- People are living for longer and spending up to 30 years in retirement when they could have remained economically active for longer
- The number of younger people in the South East labour market is falling. By 2015 there will be 130,000 fewer 35-45 year olds, but 124,000 more 45-65 year olds<sup>2</sup>
- Currently more than 3 million people juggle caring responsibilities with paid employment – 1 in 7 of the workforce. Each year 1 in 5 Carers gives up work to care, whilst 2.3 million people stop caring for another person and could be in a position to resume, and benefit from paid employment<sup>3</sup>

#### Effectiveness

- Workplace wellbeing initiatives can reduce sickness absence by 12% - 36%
- Promoting health in the workplaces is likely to be particularly effective in tackling hard to reach groups, including men - men are more likely to die than women at

<sup>1</sup> Working for a Healthier Tomorrow, 2008

<sup>2</sup> *Opportunities for Older Workers in the South East*, Hann, C, SEEDA, March 2009

<sup>3</sup> *Oxfordshire Carer's Strategy, 2009-2012*

ALL ages, currently the average man can expect to be seriously or chronically ill for 15 years of his life, but men are far less likely to go to the doctor or get a health check than women

- Up to 60% of our waking hours are spent at work
- Tapping into the skills, motivation and experience of older workers makes economic sense – older workers have lower rates of absenteeism<sup>4</sup>, lower turnover<sup>5</sup> and longer staying power<sup>6</sup>, and according to SEEDA 80% of the most workable and worthwhile new production ideas come from employees over age 40

## Objectives

The objectives of this project are:

- To develop a model for changing behaviour and improving health in the workplace that can be easily adopted by public, private and voluntary sector organisations
- To create working environments which promote physical health and mental well-being, through changes to the physical environment, attitudes and working practices. (e.g.: healthy eating workshops, cycling refresher courses and bike buddy schemes, healthy vending, anti-discrimination policies)
- To increase productivity and satisfaction at work (e.g.: training line managers, coaching schemes)
- To reduce the number of working days lost to common health problems such as back pain and stress (e.g.: return to work policies)
- To help employers make adjustments to enable people to stay in work as they age or as their personal circumstances change (e.g. phased retirement, supporting carers, change in policy, flexible work practices)
- To help employees re-train as they age to carry out different types of work (down-shift)

## Method

### Working with a core group of employers

The project will be delivered by a small team who will work with senior management, staff, HR and occupational health to identify and embed best practice initially among a small, pilot group of public, private and voluntary sector organisations that are committed to improving the health and wellbeing of their employees. The experiences and best practice derived from working with this group will be shared proactively with a wider group of employers over the course of the project.

### Responding to employers' interest and overcoming barriers

Work by Oxfordshire County Council, Cherwell District Council and others has already established that there is an appetite for interventions such as this among employers, but concerns about the time and resource implications can be a barrier to participation. The project will draw on the experience of successful programmes and initiatives that have also sought to change behaviour through the workplace, such as waste, carbon and energy management programmes, to establish effective methods of engaging with

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<sup>4</sup> 39% lower absenteeism among older workers at B&Q, Nick Wilson, 40-70 Tomorrow's Workforce Programme, SEEDA

<sup>5</sup> 4% turnover for older workers compared with 10% for younger workers at Nationwide, Nick Wilson, 40-70 Tomorrow's Workforce Programme, SEEDA

<sup>6</sup> People recruited by Nationwide in their 50s and 60s stay an average of 13 years, Nick Wilson, 40-70 Tomorrow's Workforce Programme, SEEDA

employers, removing barriers to participation and sustaining their commitment to the project and workplace wellbeing.

#### Drawing on employers' experience and best practice

The project will also draw on the experiences of local employers that have begun to explore the benefits of workplace wellbeing.

Oxfordshire employer Amey is investing in a workplace wellbeing programme covering all of its 170 sites across the UK. With minimal up-front investment in a programme co-ordinator, support for Wellbeing Champions across the organisation and just £50,000 per year for site-based actions and initiatives, such as "walk a mile at lunchtime", running clubs and the "Amey Olympics", the company is on course to achieve its target of reducing its average for long term sickness by 1 day over 2 years, and achieving a saving of £1million in the process. Amey also believe that the programme played a key part in maintaining their Investor in People status, as the inspectors identified wellbeing as a key strand for review in the company's reassessment.

West Oxfordshire Council and South Oxfordshire District Council have also begun to develop similar programmes. West Oxfordshire Council's Go Active and 'fit at work' initiatives provide a calendar of activities for staff that promote healthy lifestyles through exercise classes, walks and cycle rides.

Examples of national best practice include Ginsters, winner of the Business in the Community / Department of Health's 2009 Healthy Workplaces Award. Ginsters developed an "Active Workplace Project" which reduced sickness absences to just 3.1% (compared to an average of 7.8% for manufacturing, 6.4% for the private sector as a whole, and 9.7% for the public sector), reduced employee turnover by 4% and achieved a measured increase in the company's popularity with its employees.

#### Targeting health inequalities and 'making it real' for SMEs

The vast majority of Oxfordshire employees work in small and medium sized enterprises, but smaller companies can often be excluded from similar programmes because of the actual or perceived resource implications.

Within the private sector, we will seek the involvement of 2-3 small companies that employ mainly manual or low skilled staff. Such companies are likely to benefit significantly from healthy workplace interventions, but may lack (or believe that they lack) the staff, time, money and experience needed to develop successful initiatives. Involving them will help us in developing a model for workplace wellbeing initiatives that is credible and effective across all employment sectors. We will also explore the potential to reach large numbers of employees via companies based on business and industrial parks, such as Amey.

We will seek the involvement of champion employers, such as Amey, to help engage other employers and to demonstrate that as well as delivering real improvements in employees' health and wellbeing, workplace wellbeing plans make financial sense too.

The aim will be to identify, implement and evaluate initiatives that will be sustainable across all sectors.

#### Establishing the baseline – Health MOTs

We will develop a survey for participating employers to use in carrying out a 'Health MOT' for their organisations. The survey will collect information from employees about their current levels of physical activity, mental wellbeing (including stress levels, perceived level of control over their job/work, colleague support etc.), and the challenges faced by and aspirations of older works and people with caring

responsibilities. The same survey will be used to monitor changes in workplace wellbeing over the course of and at the end of the project.

#### Identifying champions

We will identify a number of 'workplace wellbeing champions' who will represent their organisations, lead the process of change within, and help the project's resources to go further. The project team will work with the health champions to analyse the results of the Health MOTs and other baseline information, and identify what initiatives are feasible and most likely to deliver sustainable changes in healthy habits and lifestyles, promote mental wellbeing and encourage older people and carers to remain in work for longer.

#### Workplace wellbeing plans

These initiatives will be formulated as part of 'Workplace Wellbeing Plans', with specific actions, targets and plans for monitoring and evaluating the results. Involving employers and employees in identifying and designing solutions to suit their organisations will help to achieve and maintain buy-in during and after the project has finished.

#### Finding out what works

The project will invest funding in a selection of activities in within the core group of employer's individual workplace well being plans to establish the effects, such as:

- On-site health checks for staff (BP, BMI, height, weight, general health advice)
- Fitness (on-site gyms, home fitness advice, group exercise such as cycling and walking, links to local gyms)
- Staff seminars (subjects could include alcohol, smoking, cancer awareness and men's health, planning for retirement and/or working longer)
- Practical workshops (healthy cooking, complimentary health, mental health, stress management)
- Active social activities (e.g. bowling clubs, cycling clubs, dance classes)

The scale of investment will necessarily be limited by the overall budget and participating employers will be encouraged to build on this investment in terms of time, commitment by senior management, and possibly additional funding.

#### Evaluation

A detailed plan for monitoring and evaluating the project's overall effectiveness and for evaluating the effectiveness of individual workplace wellbeing plans and activities/interventions within these will be drawn up at the start of the project. Participating employers will be expected to play an active role in monitoring and evaluating the effectiveness of their plans, but will be supported by guidance from the core project team and the independent evaluation built into the detailed project plan.

#### Sharing learning and best practice

As part of the project, the team will develop tools and resources to support the participating organisations with employee engagement, healthy workplace interventions, and evaluation. These outputs will be designed for use by a range of organisations, during and after the project. The project will draw on learning from the Well@Work programme, Dame Black's review, NICE guidance, Healthy Schools and the Centre for Workplace Health.

From the outset, emphasis will be placed on sharing learning and experience and a website will be developed during the first year of the project as a means of sharing tools and ideas more widely. This will include links to relevant initiatives and further sources of information, advice and guidance.

A conference and a publicity campaign carried out during the third year of the project will help to spread the message and encourage more employers to develop and adopt their own “Workplace Wellbeing Plan”.

#### A partnership approach

This project has been developed by Oxfordshire County Council and Oxfordshire PCT with the involvement of West Oxfordshire District Council and Age Concern. However, we have established that there is a likely to be a far wider level of interest in the development of this project including from:

- **Oxfordshire Economic Partnership** – as part of its business support and learning and skills agendas, and because of the project’s contribution towards achieving NI 152
- **Oxfordshire Carers** – because of its role in helping carers to secure and sustain paid employment
- **Other district councils and Oxford City Council** – because of its impact on health and wellbeing
- **Oxfordshire Sports & Physical Activity Partnership** – because of its contribution towards ‘achieving a more active, healthy and thriving Oxfordshire’
- **Job Centre Plus** – because of its contribution towards achieving NI 152
- **The Oxfordshire Employment Service** – which supports people with long term health issues and disability to secure and sustain paid employment

#### Making the most of partner’s existing programmes and initiatives

The project team will be able to draw on a wide range of support and, potentially, resources from convergent programmes and initiatives that are already underway in the county. For example, the Carer’s Employment Partnership Group is working to provide support for people employed by Oxfordshire County Council who are carers, and to promote carer-friendly employment in the county through the roll out of a new logo for employers. Similarly, the project will seek to draw on the efforts and resources of the Oxfordshire Sports & Physical Activity Partnership’s GO Active programme in promoting physical activity through work.

#### **What will success look like?**

If we are successful this project will have:

- Demonstrated the effectiveness of working with employers and employees and through workplaces to achieve improved health and wellbeing
- Achieved a measurable improvement in the health and wellbeing of employees of participating employers
- Increased the proportion of older people who remain in work beyond traditional retirement age, and also increased the proportion of carers who undertake paid work
- Increased awareness and understanding of what constitutes mental well-being and how to promote and maintain this through work
- Helped participating employers to save money

## **Sustainability**

The project will produce a model of best practice, a website, tools and resources that will enable all local employers to launch their own 'workplace wellbeing' initiatives. The "Workplace Wellbeing Plans" developed by participating organisations will be designed to deliver measurable outcomes and benefits, including financial savings and therefore to be self-sustaining. The project will foster and demonstrate the benefits of changing working practices, providing a basket of tools, guidance and evidence that will require minimal ongoing funding.

We believe that if the model proves effective it will have achieved its desired outcomes and made a significant contribution to a number of National Indicators. We therefore believe that the minimal funding required to sustain the website, update and maintain core tools and resources, as well as continuing to promote these to Oxfordshire employers will be secured. Potential funders with an interest in achieving the outcomes that this project will deliver include Oxfordshire Economic Partnership, Oxfordshire County Council, Oxfordshire PCT and others.

## **RESOURCING**

4. Outline the resources required (total bid for).

This bid is for £500,000.

5. Outline whether you have any existing resources to contribute.

Additional resources will be contributed by partner organisations in kind (e.g.: desk space, basic operating costs etc)

6. How will the money be spent?

### **Revenue**

- 'Workplace well-being' website and tool-kit for employers
- Health MOT baseline surveys
- Cascade training events
- Support for the trial and evaluation of individual activities within individual workplace well being to find out what works
- Communications / conferences to disseminate best practice
- Engaging other employers to implement the model of best practice developed by the project
- Salaries for the programme team – project manager, up to 3 'workplace well-being' advisers, initial consultancy costs to enable us to 'hit the ground running'.
- Independent evaluation

### **Capital**

- New equipment and adaptations to enable older workers in particular to remain in work for longer
- Physical changes to workplace environments such as a healthy eating outlets, refurbished canteens, healthy vending, lockers, bicycle parking (grants for physical adaptations will be dependent on signing up to the programme).

7. Scaling back: indicate what options you feel there are for delivering a smaller project with less money.

This bid is for £500,000. It will deliver an extensive programme of work, which will involve a number and range of Oxfordshire employers, and deliver a lasting legacy for the benefit of other employers and employees in the county.

This project has the potential to use a significant sum of capital funding to achieve the identified outcomes of the project, although the learning from the project will be transferable to other organisations and will include examples of effective interventions that can be implemented at minimal/no cost and with both revenue and capital funding.

If combined with the separate proposal for LAA Reward Grant funding for Telehealth, the two bids could effectively utilise the whole of the capital allocation (50%) of the LAA reward grant, if both bids are funded to £500K each.

If less money were available to fund the project, then its scale would be reduced. Fewer employers would be invited to participate in the core programme of work, and the level of investment in the trial “Workplace Wellbeing Plans” would be reduced. This will tend to reduce the pool of evidence and experience on which the model for “Workplace Wellbeing Plans” will be based, and potentially its credibility with the widest possible group of employers that ultimately the project seeks to reach and persuade to the benefits of investing in workplace wellbeing.

8. Outline the phasing of resources required and the type of expenditure.

Financial year	Capital	Revenue	Total
2009/10		30K	30K
2010/11	50K	100K	150K
2011/12	100K	100K	200K
2012/13	50K	70K	120K
<b>Total</b>	<b>200K</b>	<b>300K</b>	<b>500K</b>

9. Please outline what other resources will support delivery of the project.

Resources will be contributed by partner organisations in kind (e.g.: desk space, basic operating costs etc). Officer and manager time will be contributed as part of developing the programme and supporting development and implementation of individual workplace plans

## SUBMISSION DETAILS

- Partnership/Group/Organisation submitting this bid

Oxfordshire Primary Care Trust, Oxfordshire County Council (Social and Community Services and Adult Learning), District Councils, Age Concern.

- Lead officer, for all initial queries relating to this bid

Name: Rachel Lawrence

Job title: Service Manager, Promoting Independence & Prevention

Organisation: Social & Community Services, OCC

Address: Fourth Floor, County Hall, New Road, Oxford. OX1 1ND

Tel: 01865 323867

Email: [rachel.lawrence@oxfordshire.gov.uk](mailto:rachel.lawrence@oxfordshire.gov.uk)

# LAA PERFORMANCE REWARD GRANT APPLICATION FORM

## TITLE OF PROPOSAL

**Creating successful initiatives that result in people adopting healthy behaviours – mental well-being, healthy aging, tackling obesity**

## MEETING HWBP PRIORITIES

1. Indicate the extent to which this bid meets the Board's three strategic priorities

priority	has a <u>minor</u> impact on this area	<u>moderate</u> impact on this area	has a <u>major</u> impact on this area
Ageing successfully/ prevention for older people			<b>YES</b>
Tackling obesity			<b>YES</b>
Improving mental well-being			<b>YES</b>

## LAA targets

✓ NI 08 – Increase adult participation in sport	<b>YES</b>
✓ NI 120 – Improving all-age all cause mortality	<b>YES</b>
✓ NI 131 – Reducing delayed transfers of care	-
✓ NI 135 – Increasing number of carers receiving a service	-
✓ NI 141 – Increasing vulnerable people achieving independent living	<b>YES</b>
✓ NI 06 – Increasing number of people engaged in volunteering	-
✓ NI 152 – Reducing the number of people on work related benefits	-
✓ NI 156 – Reducing number households in temporary accommodation	-

## OUTCOMES

2. What will be the outcomes of the project? Please include deliverables

As a result of this project:

- People in debt will manage their debt effectively so it will not negatively influence their mental well-being
- Older people will seek treatment for incontinence
- Admissions to residential care resulting from incontinence will be reduced
- People with mental health problems will report greater acceptance, support and care from BME groups, employers and health professionals
- The numbers of people doing no sport or active recreation activity will be reduced.
- The level of skill within the public sector to create successful initiatives that result in people adopting healthy behaviours will be increased

## PLANS

### 3. Please describe the project

#### **Aim**

To change people's behaviour (re: debt, discrimination, healthy ageing and obesity) by moving from a 'sell' and 'tell' approach to implementing successful interventions based on a deep understanding of peoples' motivations for unhealthy/healthy behaviour and effective ways of influencing them.

#### **Rationale**

##### Local need:

Local needs assessments have identified a number of specific health related problems within Oxfordshire. These fall within the three priority areas for the Health and Well-Being Board and are more prominent in areas of deprivation. These issues are:

- Mental well-being<sup>7</sup>
  - People in debt do not manage their debt effectively
  - BME communities, employers and health care professionals discriminate and/or do not fully support people with mental health
- Older adults<sup>8</sup>
  - Older people view continence issues as a normal part of aging, do not seek treatment and often enter residential care as a result.
- Tackling obesity<sup>9</sup>
  - 36% males and 45 % females in Oxfordshire's population have done no 30 minute session of sport or active recreation in the last 4 weeks.

The work proposed below will focus on tackling these problems within Oxfordshire's geographical areas of deprivation.

##### Impact/ Effectiveness:

The following projects were developed using the approach suggested in this bid (see page 3 for an explanation of the approach)<sup>10</sup>:

- 'Health on Tap' in Kent reduced falls among older people in residential care by 50% through increasing water intake.
- Participation in 'Q-Active' activity classes at Queens Medical Centre, Nottingham University Hospitals NHS Trust increased by 385% from 2007 to 2008.
- In 2006, 32.6% of Knowsley were current smokers. A unique partnership was established NHS Knowsley, Knowsley Council and the Roy Castle Lung Cancer Foundation's 'FagEnds'. Results:
  - 2,324 successful 4-week quitters through the service in 2007-2008
  - 2,719 smokers referred to the service October 2006 to March 2007
  - 2007-2008 national league tables - more people quit in Knowsley than anywhere else in England
  - Knowsley came first out of England's 152 PCT's with more people per head of population who have successfully quit smoking and results which are almost twice the national average

<sup>7</sup> Burton, A; Hitch, B. Mental Well-Being Needs Assessment 2008. Oxfordshire PCT. 2008.

<sup>8</sup> Oxfordshire Continence Briefing Paper. Institute Of Public Care Oxford and Bath. 2009.

<sup>9</sup> Active people survey 2. Sport England. 2007/08

<sup>10</sup> <http://www.nsms.org.uk/public/default.aspx>

### Research indicates:

- 71% public sector service providers think they understand customer needs but only 52% of users agree. 82% public sector providers think it is easy for customers to contact them only 50% of citizens agree.<sup>11</sup>
- Encouraging positive health behaviour is challenging and complex. Information and awareness raising approaches alone are very unlikely to achieve the improvements in health and reduction in health inequalities desired by the Councils and the PCT.

### **What is this approach to behaviour change?**

If we want individuals to adopt healthy behaviours we have to truly understand them. Usually we consider them in terms of gender, age, ethnicity and where they live. This project will take a different approach resulting in more effective interventions.

This project will seek to fully appreciate what these people's lives are like; what stresses they have; where they work, live play.

People consciously choose to adopt unhealthy behaviours because there is a specific benefit to them. Giving these up to adopt healthy behaviours will result in 'costs' to them. For example:

- Unhealthy eating – a benefit may be little time needed for cooking allowing time for a single mother to relax. The cost of healthy eating would be the loss of relaxing time.
- People in debt – a benefit may be retaining self-pride by not admitting to debt and not showing others (e.g. at a CAB) that one is in debt. The cost of getting support would be loss of self-pride.

The project will identify these benefits and costs.

Individuals receive messages from society which compete with the messages about adopting healthy behaviours: e.g. eating sugary foods is pleasurable, fathers must provide for their family so if I admit I have fallen into debt I am a bad father. This project will seek to understand these.

This initial scoping stage will provide in depth information which will be used to identify target audiences in a new way. We usually segment our audiences via gender, age, ethnicity and geography. With this approach audiences will be segmented via what moves and motivates them, what does and doesn't 'make them tick'.

The interventions will then be developed based on this audience segmentation and the in depth knowledge gained. They will achieve the behaviour changes/outcomes identified because they will be individual led, behaviour focused and strategically focused. These will be different to what we often do which is professional led, one-off awareness campaigns which 'sell' and tell'.

The exact interventions can not be specified at the bid stage because we do not know which exact audience we are aiming to reach and exactly what makes them tick. However we do know the interventions could be service re-design, mass media communications or new/ adapted projects. For example:

- 'Health on Tap', Kent. Scoping found hydration was not a part of staff training, residents feared increased toilet trips if they drink more, availability and visibility of drinking water are key. The intervention included installation of mains-fed water coolers, establishing drinking water routines, residents' groups to promote good

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<sup>11</sup> House of Commons Public Accounts Committee AT Kearney Consultancy 2008

hydration, prompts as reminders to drink water, staff training DVD.

- 'Q-Active', Nottingham. Scoping found nurses had poor health behaviour, despite a professional understanding of health they felt unsupported, they were too busy to look after themselves, were stressed, had low morale and fatalism regarding health. As a nurse, taking time out to look after yourself seems selfish. The intervention included: improved on-site facilities and activities, including gym, well-being room, cycle storage, bike lease scheme, parking permit scheme, refurbished changing rooms, exercise classes, beauty therapies. Also programme communications, including posters, electronic display boards, and website with online class booking system

### **Description**

1. Four scoping projects (one each for debt, discrimination, healthy ageing and obesity).

Four separate scoping project reports. These will provide detailed information on people's motivations for unhealthy/healthy behaviour, a deep understanding of their lives 'in the round', messages from society which challenge the healthy behaviour messages. These will identify target audiences in a way which will facilitate a higher percentage of people changing their behaviour.

This information will be obtained via:

- Existing local research e.g. from JSNA, Rural Inclusion Group, NHS, OCC, Districts, Oxfordshire Data Observatory, businesses etc
- Existing national research e.g. 'Change4Life', Sport England
- In depth focus groups (six for each of the four reports)

NB: A combination of national and local research will be used. Existing national and local research will provide an overview of the issues. Focus groups with people from the target audiences will provide the in depth understanding of exactly what does and doesn't make these specific people 'tick'.

2. Develop and pre-test four interventions

These interventions may not require additional or large sums of funding. Seed corn is provided from this budget for four interventions.

3. Deliver the four interventions

The interventions will be chosen based on the information gained in 1 and 2.

4. Four external evaluations

5. How to manual for this approach (plus associated training)

### **What will success look like/ what we will achieve**

- People in debt will manage their debt effectively so it will not negatively influence their mental well-being
- Older people will seek treatment for incontinence
- Admissions to residential care resulting from incontinence will be reduced
- People with mental health problems will report greater acceptance, support and care from BME groups, employers and health professionals
- The numbers of people doing no sport or active recreation activity will be reduced.
- The level of skill within the public sector to deliver this type of approach will be increased.

## Sustainability

- This project will pave the way for other public sector partnerships to implement this approach to developing interventions which change specific behaviours. For example Oxfordshire Waste Partnership (e.g. reducing energy usage) and Oxfordshire Economic Partnership (e.g. uptake of employment skills training).  
A detailed 'how to' manual of the practical elements of taking this approach will be developed as part of the evaluation. A series of training courses will be provided to other partnerships and officers on this approach.
- The project will also provide detailed deep understanding of people's lives 'in the round' on four sections of the Oxfordshire population in greatest need. This will be used to inform future interventions – not just health interventions.

## RESOURCING

4. Outline the resources required (total bid for).

This bid is for £500k for the four projects which make up the project.

5. Outline whether you have any existing resources to contribute.

6. How will the money be spent?

The £500k is revenue and will be spent as follows:

a) £400 will be spent on the four topic areas. Each will need £110k.

	Per topic area	Total for 4 outcomes
Phase 1: Understanding the individual	£40k	£160k
Phase 2: Developing and pre-testing the interventions	£20k	£80k
Phase 3: Implementing the interventions (seed corn)	£25k	£100k
Phase 4: Evaluation	£25k	£100k
<b>Total</b>	<b>£110k</b>	<b>£440k</b>

Work on the four topic areas (debt, discrimination, healthy ageing and obesity) will be phased across three years. As Oxfordshire is new to this approach this will ensure learning from the first project is built on in later projects, and becomes embedded within the organisations involved.

Please note that seed corn money is for the interventions which will result from work in phase 1 and 2. It is not possible at this stage to identify the interventions.

b) £60k will be spent on a project manager working two days a week for three years. The aim is to mainstream this post following the end of year three to continue the work with these project and develop other social marketing within the partner organisations.

7. Scaling back: indicate what options you feel there are for delivering a smaller project with less money.

Smaller projects with less money could be developed by reducing the number of topic areas addressed. For example:

Two topic areas (over two years): £220k plus £40 project management. Total: £260K

One topic area (over one year): £110k plus £20 project management. Total: £130K

8. Outline the phasing of resources required and the type of expenditure.

Financial year	Capital	Revenue
2009/10		£160k
2010/11		£170k
2011/12		£170k

9. Please outline what other resources will support delivery of the project.

Officer and manager time as part of implementing plans on the three strategic priority areas. This will be within the PCT, local authorities and other partner agencies.  
Funding to support the implementation of interventions.

## SUBMISSION DETAILS

- Partnership/Group/Organisation submitting this bid

Health & Wellbeing Partnership Board – PCT, OCC

- Lead officer, for all initial queries relating to this bid

Name: [Becky Hitch](#)

Job title: [Health Improvement Practitioner](#)

Organisation: [Oxfordshire PCT](#)

Address: [Jubilee House](#)

Tel: [01865 336870](#)

Email: [becky.hitch@oxfordshirepct.nhs.uk](mailto:becky.hitch@oxfordshirepct.nhs.uk)

# LAA PERFORMANCE REWARD GRANT APPLICATION FORM

## TITLE OF PROPOSAL

Increasing physical activity across Oxfordshire

## MEETING HWBP PRIORITIES

1. Indicate the extent to which this bid meets the Board's three strategic priorities

Priority	has a <u>minor</u> impact on this area	<u>moderate</u> impact on this area	has a <u>major</u> impact on this area
Ageing successfully/ prevention for older people			YES
Tackling obesity			YES
Improving mental well-being			YES

LAA targets (delete as appropriate)

✓ NI 08 – Increase adult participation in sport	YES
✓ NI 120 – Improving all-age all cause mortality	YES
✓ NI 131 – Reducing delayed transfers of care	-
✓ NI 135 – Increasing number of carers receiving a service	-
✓ NI 141 – Increasing vulnerable people achieving independent living	YES
✓ NI 06 – Increasing number of people engaged in volunteering	YES
✓ NI 152 – Reducing the number of people on work related benefits	-
✓ NI 156 – Reducing number households in temporary accommodation	-

## OUTCOMES

2. What will be the outcomes of the project? Please include deliverables

This project will result in.

1. Increased participation in physical activity and sport
2. Widening access to physical activity and sport by working with groups who do not participate as much as others.
3. Improve health and well being by increasing physical activity levels within Oxfordshire.
4. Develop thriving communities by supporting volunteer clubs, opportunities for activity and volunteers.
5. Strengthening new joint work between partners in the physical activity, sport and health fields and thereby adding value to the obesity, older people and mental well being strategies and plans.
6. Innovative sustainable programmes across Oxfordshire that would not happen otherwise

## PLANS

### Aim

- To increase participation in physical activity and sport with particular emphasis on under represented groups such as older people and those with need to improve mental well being.

### Rationale

- Local need:
  - Estimated that inactivity costs Oxfordshire £8million per year\*<sup>1</sup>
  - 26.7% of the population undertake moderate intensity sport and active recreation on 3 days a week for 30 minutes\*<sup>2</sup>
  - 45% women and 36% men have undertaken no 30 minute session of activity in the past 4 weeks\*<sup>2</sup>
  - 60% of those aged 55 years of age or older have undertaken no 30 minute session of activity in the past 4 weeks \*<sup>2</sup>
  - 68% of those with a limiting disability have undertaken no 30 minute session of activity in the past 4 weeks\*<sup>2</sup>
- Impact/ Effectiveness:
  - Estimated that £2.39 billion would be saved nationally if 70% of the population were physically active.\*<sup>6</sup>
  - Partners working within the Oxfordshire Sports Partnership have increased participation in moderate intensity sport and active recreation from 23.2% in 2005/06 to 26.7% in 2007/08\*<sup>2</sup>
- Research indicates:
  - People physically active reduce the risk of developing major chronic disease by up to 50% and the risk of premature death by about 20-30%. \*<sup>3</sup>
  - Those who included physical activity as part of their weight loss plan have a better chance of long term success\*<sup>3</sup>
  - Physical Activity brings important reductions in the risk of mortality and morbidity for those who are already overweight and obese. \*<sup>3</sup>
  - Physical Activity is associated with reduced risk of depression and can be as successful as psychotherapy or medication. It also reduces physiological reactions to stress. \*<sup>3</sup>
  - Regular lifestyle activity is particularly important for older people for the maintenance of mobility and independent living. \*<sup>4</sup>
  - Recommendations from the CMO report 'At Least 5 A Week' (DH, 2004); 'Move It – A framework for action on physical activity in the South East' (SEPACT, 2004); recent NICE guidance (2006), and Choosing Health White Paper (DH, 2004), set out the key principles for supporting the public to make more, healthier and informed choices in regards to their health, form the basis for action.
  - Evidence suggests that 'brief interventions' in primary care to increase physical activity can be effective in the short term (12 weeks), longer term (over 12 weeks) and over a very long time frame. Statistics from the local Oxfordshire smoking advice service show that 27% of smokers (5,470) set a quit date with the service in 06/07. Of these, 37% (2,000) were referred by their GP practice\*<sup>5</sup>

\*1 Be active be healthy' 2009 HM Government

\*2 Active people survey 2 2007/08 IPSOS Mori for Sport England

\*3 days a week moderate intensity sport and active recreation for at least 30 minutes ( includes recreation walking and

cycling)

\*3 Chief Medical Officer in 'Be active be healthy' 2009.

\*4 Department of Health 2004

\*5 Oxfordshire's healthy weight strategy.

\*6 The impact of achieving Sport England's target. Sheffield University/Sport England 2004

## **Description**

The bid if successful would expand the GO (Get Oxfordshire) Active project countywide to increase adult participation in sport and active recreation by those who do not participate at the recommended frequency to maximise health benefits.

This will see a full time equivalent GO Active Activator in the 2 Districts/City that do not have them already and these would be funded on the same basis as the other Activators within the County.

The Activators work closely with the GO Active Co-ordinators in providing innovative physical activity opportunities for those people informally referred or signposted from GP surgeries. This could include for example cycling events, Nordic walking, Buggyfit events and [Fit@work](#) sessions.

The funding will also enable the new Disability Sports and Inclusion Development Officer post to be fully funded, including a small operational budget, for the next 3 years. The post will aim to increase participation in sport and physical activity by people with a disability and work with partners in making sport and physical activity services more inclusive.

Funding would also be allocated to the employment of a new Physical Activity Equality Officer whose work would be targeted at those least active in targeted communities with an emphasis also on mental health and the ageing population and linking mainstream sport and physical activity providers with other service providers.

A contribution to project management by the Partnership's Core Team is also included to enable effective support for the project and build in sustainability.

Finally the bid provides an innovative Countywide approach to developing activity sessions and promotions to get the least active more active. This builds on successful project developments and campaigns such as the Oxfordshire Half Hour Health campaign and Nordic Walking and enables all of Oxfordshire to benefit. The bid involves an operational activity session and volunteers development budget for partners to bid in for and a co-ordinated promotional budget and expertise to enable economies of scale and co-ordination.

## **What will success look like/ What we will achieve**

- 30,000 people more active by 2012
- 5000 people more regularly active from doing nothing by 2012
- Greater cross sector working between service providers in mental health, older people and the Physical Activity and Sport sector

## **Sustainability**

The multi-partner approach of the proposed project means that retaining the existing staff team and the scope of the project is feasible at the end of the 3 years. The GO Active team are employed across a variety of partners who are all striving to increase participation. If the project is successful the work that the Activators do on behalf of Leisure Providers should help to justify their future funding. Also in all cases a significant amount of partner funding is already in place so any shortfall should be achievable.

The new Disability and Inclusion post is presently part funded by 7 partner contributions and long term it would be hoped to fully fund this via partner mainstream contributions.

Whilst it is hoped that the Physical Activity Equality Officer post would be similarly funded being one of the few posts in the County targeted at the least active. Activity projects would be planned with an exit route at the start such as becoming self financing via a local coach or volunteer or adopted by a mainstream partner such as a Leisure Centre.

## RESOURCING

3. Outline the resources required (total bid for).

The bid is for £500,000 with options for reduced funding and capital/revenue splits

4. Outline whether you have any existing resources to contribute.

The project would seek in kind and cash contributions from partners for the GO Active element in keeping with the project to date. Expressions of interest and funding available have been provisionally secured.

The projects would benefit from the cost efficiencies and savings inherent in an existing Partnership.

5. How will the money be spent?

### Revenue/ Capital

	£500,000	£250,000	Capital	Capital
GO Active Activators	£110,000	£110,000		
Activity session budget	£120,000	£38,000	Physical activity equip. i.e. pedometers	£30,000
Disability and Inclusion post and project management	£125,800	£102,000	Adapted equipment	£30,000
Physical Activity Equality Post	£144,200	n/a		

6. Scaling back: indicate what options you feel there are for delivering a smaller project with less money.

If we were not successful with our £500k bid we could have the following options:

### £250,000

7.1 Reducing the activity session budget, not employing the Equality Post. reducing the Core Team project management required and reducing the delivery budget for the disability and inclusion post.

### Less than £250,000 revenue

7.2 A further option would be to secure capital funding in addition to reduced revenue. This would replace an activity pot with a capital pot for partners to bid for and provide the Disability post with an equipment budget for adapted versions of the activity.

### Impact assessment

7.3 In terms of impact GO Active would have the most impact on obesity whilst the activity budget, Disability post and Equality post will have the most impact on inequalities. The latter package being one of the few projects targeted at the least active

7. Outline the phasing of resources required and the type of expenditure.

Financial year	Capital	Revenue
2009/10		164,000
2010/11		164,000
2011/12		172,000
2012/13		

**NB** this table reflects the £500k bid (reduced bids include some capital funding)

8. Please outline what other resources will support delivery of the project.

Officer time from the Core Team and partners of the Oxfordshire Sports Partnership.  
The GO Active Project involves resources from:

- Primary Care Trust
- District Councils
- Nexus leisure
- Parkwood Leisure
- Sport England

The Activator posts would be funded on the same basis as the existing posts, which would enable 2:1 match funding.

The Disability and Inclusion post involves 7 partners to date.

## **SUBMISSION DETAILS**

- Partnership/Group/Organisation submitting this bid

Health & Wellbeing Partnership Board – on behalf of Oxfordshire Sports Partnership

- Lead officer, for all initial queries relating to this bid

Name: Chris Freeman

Job title: Managing Director

Organisation: Oxfordshire Sports Partnership

Address: Bury Knowle House, North Place, Headington, Oxford, OX3 9HY

Tel: 07712 922235

Email: [cfreeman@oxford.gov.uk](mailto:cfreeman@oxford.gov.uk)