

## **LAA1 Reward Grant** **Proposals for the Health & Well-Being Partnership Board**

### **Summary**

This paper outlines the process by which the Local Area Agreement (LAA1) reward money is being allocated. The Board needs to consider how it wants the portion of reward money that is expected to be awarded to the PCT and Social & Community Services to be spent. Proposals for the reward must be agreed in principle to go into a report to the Public Service Board (PSB), meeting on Monday 6 July. An outline of current proposals is included for consideration.

### **Process**

- LAA1 (2006-2009) "stretch" targets that are achieved attract reward from the government.
- In 2007 the Public Service Board decided on the basic principle that 50% of reward should go back to those that delivered the target and 50% should be held by the Public Service Board for partnerships to bid against.
- The Public Service Board require that the 50% that goes straight to partnerships must be used to make further progress on the focus of that target.

Since the PSB made its original decision to split LAA1 reward grant 50/50 the partnership landscape has changed. In areas where partnerships were not well developed it had been left to various delivery groups to set out what they intended to do with reward. Since then partnerships such as the Health and Well-Being Partnership have come into being and identified their strategic priorities. The PSB now acknowledge that thematic partnerships are clearly best placed to make decisions about how to use these resources. In doing so these partnerships will need to manage the expectations of groups who were there at the beginning; who were improving their performance at least partly in expectation of getting more resources at the end.

LAA1 stretch targets for this Board relate to two areas – falls and home support. If the targets are achieved the expected reward will be £800,000 for falls and £1,300,000 for home support. 50% of this will be allocated by the Public Service Board, the other 50% will come to the Board for allocation (£1,050,000). The final amount has yet to be determined. The money is one-off and likely to be transferred to Oxfordshire in late 2009/10.

### **Next steps**

The PSB has asked for a clear statement of this Board's intentions that demonstrates that the partnership has a plan:

- for the reward element that it receives directly;
- that makes best use of reward grant to meet priorities;
- that is mindful of the 50/50 capital/ revenue split.

## **Current proposals**

1. Social marketing
2. Mental well-being
3. Increasing physical activity
4. Healthy workplaces
5. Telecare and Telemedicine

<b>1. Social Marketing £550,000</b>
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To use social marketing to achieve specific behavioural goals to improve health and reduce inequalities in Oxfordshire and build understanding of how this approach can be used across partnerships.

### **Overview of the programme**

This bid is for a social marketing programme which will have four projects. Each project will be focused on changing a specific behaviour. These behavioural goals will support the priority areas identified by the Health & Well-Being Partnership: mental well-being, tackling obesity, quality of life in older age. Social marketing will bring increased effectiveness and efficiency.

Behavioural goal 1: Debt (mental well-being)

- People in debt manage their debt by attending debt counselling

Behavioural goal 2: Discrimination (mental well-being)

- BME groups will accept and support people with mental health problems in their community
- People with mental health problems address discrimination when they experience it
- Employers will employ and support people with mental health problems
- Health professionals will provide best care to people with mental health problems

Behavioural goal 3: Independence (older age)

- Older adults will be more independent

Behavioural goal 4: Activity and healthy eating (tackling obesity)

- People will be more physically active
- People will eat more fruit and vegetables, less fat and sugar

### **What is social marketing? Why is it different to what we already do?**

Social marketing uses techniques successfully implemented for decades by business to get people to change their behaviour. This approach is radically different to traditional health interventions where messages are crafted and communicated to target groups selected by demographics or epidemiology. Social marketing facilitates a move from professional led, one-off awareness campaigns which 'sell' and tell', to consumer led, behaviour focused sustained strategically focused programmes.

## **2. Empowering Oxfordshire's residents to improve their own mental well-being £600,000**

To strengthen people's knowledge of and capacity to improve and maintain their own mental well-being via targeted mass communications.

### **Project outline**

This project will use mass communication to improve public knowledge of the basic steps people can take to improve or maintain their own mental well-being, principally:

1. Talk about your feelings
2. Keep active
3. Eat well
4. Drink sensibly
5. Keep in touch with friends/  
loved ones
6. Ask for help
7. Take a break
8. Do something you're good at
9. Accept who you are
10. Care for others

The campaign will focus on four of the most deprived Lower-layer Super Output Areas in the county: Barton, Blackbird Leys and Northfield Brook in Oxford; Ruscote in Banbury. It will take a blanket approach to maximise the opportunities for people living in these areas to receive the messages.

The main message will be developed in focus groups with the target audience. It is likely to be similar to 'there are simple things you can do to keep yourself happy'. Sub-messages will be similar to the ten steps identified above. The main message will be developed into a brand with a logo.

Messages will be communicated in the target areas via:

- Advertising on billboards, buses, at bus stops, in pubs and clubs. Advertising will take place for six months each year, with a change of adverts every month.
- Posters, leaflets and information packs for professionals to use in their work with local people.
- A branded website with information on local groups, activities and sources of support.

## **3. Increasing physical activity across Oxfordshire £502,000**

- Increased participation in sport and active recreation.
- Widening access to sport and active recreation by working with groups who do not participate as much as others.
- Improve health and well being by increasing physical activity levels within Oxfordshire.
- Develop thriving communities by supporting volunteer clubs, opportunities for activity and volunteers.

The existing GO Active project is led by Oxfordshire Sports Partnership and has involvement from all 5 district councils, the PCT and Leisure Providers (Nexus, Parkwood, SOLL) and Sport England. The PCT, Sport England and Nexus currently contribute financially to the project with significant contributions in kind from the 5 districts and the leisure providers. The intention would be to extend the provision of Activators. This would help to achieve a more balanced countywide approach, by enabling leisure providers/district councils that currently do not have staff provision being able to buy them in. The outcomes of the project will be:

- Expansion of the full GO Active project Countywide with an emphasis on recruiting a GO Active Activator in each District that does not have one.
- Marketing support budget for partners in getting more people active.
- Funding to enable the Oxfordshire Sports Partnership via its Core Team to retain role as delivery group for LAA2.

#### **4. Healthy Workplaces: making the most of work £600,000**

This project will support employers to create a work environment that helps their employees to stay healthy, productive and to continue working for longer than they otherwise would have done.

##### **Outline**

- To develop healthy workplaces to provide opportunities for staff to develop/ maintain healthy lifestyles and improve mental well-being. The project will address both the physical environment and attitudes and practices (e.g. healthy eating workshops, cycling refresher, healthy vending, anti-discrimination, improved 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, stress (e.g. return to work policies).
- To help employers make adjustments enabling 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).

The programme will be delivered by a programme team who will work with Directors, senior management, staff, HR and occupational health to identify and embed best practice. They will support organisations with employee engagement, policy development, interventions, monitoring and evaluation. Work will be specific to each organisation.

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

- Staff will be productive, motivated and satisfied
- Absences will be reduced
- Illness related to inactive lifestyles, poor diets and stress will be reduced
- Older people will be economically, socially and physically active

## **5. Promoting Independence using Telecare and Telemedicine £600,000**

A project to provide local evidence of effectiveness of self care support through the use of telemedicine. The project will scope the local benefits of expanding self care, telemedicine and technology to support a range of needs to maintain people in their homes and communities. The Long Term Conditions Board is supporting the bid.

A group of users who would benefit from remote monitoring will be jointly identified by PCT and Social and Community Services. Following an assessment of their needs, key elements will be tested and introduced. These are:

- telephone based coaching to support people with long term conditions to improve their self-management skills – e.g. similar to the ‘Birmingham Own Health’ scheme;
- use of technology and interactive television to monitor vital signs, support self care and alleviation of social isolation – e.g. similar to the scheme delivered by Hull and East Ridings.

Extended use of telecare, mobile phones and sensors all of which meet the needs of carers (reduced stress and relief), promote choice and maintain people in their own home and communities.

### **Recommendation**

It is recommended that the Board prioritise how they want to allocate the reward grant against the five projects, in the light of the three agreed Health & Well-Being strategic priorities. They should agree a process by which any further work on the bids should happen.

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