

## Performance Reward Grant Scheme APPLICATION FORM

To be returned to: Karen Spence, Performance Manager, Performance Team Email: <u>wiltshirelaa@wiltshire.gov.uk</u>

Area Board	Tidworth, Amesbury and Warminster	
Name of initiative,	Skilled for Health	
		inequalities
Brief Description of Initiative	The SfH programme integrates the goals of reducing in health with those of improving the literacy, lan numeracy skills of adults. In a collaboration between NHS Wiltshire, Arm Healthcare and other partners, the programme work supports the families of, service men and women series of short courses to improve confidence and s encourage learners to access further education to im skills/take employment. This encourages the develo strong and healthy community. These courses include on healthy eating, how to stop smoking, responsible and fitness. Learners in the Tidworth, Bulford, Larkhill and Warmi have, since attending, taken up further learning of such as Basic Level Maths and English cours employment. Some learners have taken unpaid volu	guage and ny Primary s with, and through a elf esteem, prove their pment of a de sessions ole drinking nster areas pportunities ies, and/or ntary posts
	locally. (We have data to substantiate the above in Civilian families have now been invited to join.	normation).
Please put a cross	Building resilient communities	x
against the ambition(s)	Improving affordable housing	
that this initiative will support	Lives not services	
	Supporting economic growth	x
	Safer communities	x
	Protecting the environment	
	Action for Wiltshire – combating the recession	
Amount of funding sought	£25,000	

What will this money be spent on? (please show split between capital and revenue. For capital expenditure guidance – see Appendix 1 in the Bid Pack)	Project Costs for 1st April 2010 – 31st March 2011Project Manager £52,000 **Project Assistant £24,000 **Total £151,000Creche Facilities £45,000Tutors£25,000Marketing etc£ 5,000** This figure includes agency charges – PCT has beenapproached to employ Manager and Assistant to reduce costsbut they are unable to recruit at present.Project Income for same period:Primary Care Trust£100,000ConfirmedPlain Action£ 25,000ConfirmedAnnington Trust£ 1,000PendingTotal income:£126,000	
	Shortfall £ 25,000	
Please describe how your initiative will support the ambition(s) indicated above, and summarise the action that will be taken	With an increase in knowledge of health issues, improved educational attainment through basic skills courses, and the integration of civilian and army families, we will be working towards building a resilient community, able to confidently take care of themselves and each other. Those who progress to either new employment, or obtain better paid work will contribute to the economic growth of the area. The practical sessions (including dealing with safety in the home, first aid and resuscitation) will provide learners with skills to keep their homes and community safer. We provide employment for local people as tutors and as crèche workers attached to a mobile crèche company.	
What makes this initiative a local priority (eg evidence from research and local support)	Evidence proven that 50% of all new recruits to the Army have basic skills level 1 (age 8). Army currently embarking on health promotion programme for Army personnel to tackle issues of obesity, substance abuse, healthy eating etc. Holistic approach needed to provide information to army dependents, therefore improving health of whole family.	
How will you know you have been successful?	The SfH Army Project was part of the second phase of the Department of Health Skilled for Health initiative which has been running throughout the country since 2003. It ran from Sept 08- July 09 and obtained funding from the PCT to run for a further year from 1 Apr 2009 to 31 Mar 2010. This was to ensure there was sufficient data to make a measured decision on whether this initiative would work in this area. Data from both our own local initiative and the national project (provided by the Tavistock Institute in London) has shown successes to date. We continue to collect data from our learners, and from anecdotal information from outside bodies and our learners. We analyse findings on a regular basis, making any adjustments to the programme as necessary.	

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•	How will you measure the impact? (may	Will continue with questionnaires completed by learners at both beginning and end of their sessions. A quiz to ascertain	
	have more than one	assimilation of information, and learner satisfaction form. Data	
	measure)	collected and analysed from data programme. Anecdotal	
	medodrej	evidence from learners, tutors, partners involved in referring etc.	
•	What is your	The learners come to small groups of no more than 8 on each	
	improvement target	course. They run in term times only as our learners need to care	
	(s), and when do you	for their children during the holidays. We expect 60% of all	
	expect to achieve	those signed up for SfH to attend the sessions with	
	this/these?	approximately 70% going on to do a further six sessions	
		combining health and skills subjects. From current data we	
		would expect 85% of those to take up further education through	
		other courses (approximately 45% to take and pass basic skills	
		subjects), and a further 10% to take up some form of	
		employment/voluntary work. Each learner will make some	
		improvement to their lifestyle (healthy eating, exercise etc) the	
		degree is dependent on the current state of their current lifestyle.	
		Data to date is very promising.	
		We aim to have 192 learners on new courses and 96 attending continuation sessions each term.	
		If we receive funding from April 2010, we would expect to	
		achieve these figures by the end of March 2011.	
•	How will you ensure	Follow up Questionnaires will be sent out to learners 6 and 12	
	that the improvement	months after they have completed courses to track ongoing	
	continues after the	improvements. Working in collaboration with other agencies,	
	end of the initiative?	signpost learners to other learning/employment opportunities.	
		On going support where possible. We are working in	
		collaboration with the Primary Care Trust to train some SfH	
		learners to be community Health Trainers. These learners will	
		work locally, on a one to one basis, with people who wish to	
		improve their lifestyle through improved health initiatives such as	
\\/	ho will benefit from this	reducing smoking and taking more exercise. Of the number of communities in Wiltshire requiring special	
	tiative?	approaches to meeting their needs for health and wellbeing,	
		Military personnel constitute around 3% of Wiltshire's population.	
		Many of them live with their families in Wiltshire. SfH is expected	
		to reach approximately 192 learners a year, over 4 venues	
		(Tidworth, Bulford, Warminster and Larkhill). Approximately 384	
		children under age 5 years old will benefit from the crèche and	
		improved health and wellbeing of their parents. We do not have	
		figures for the number of children over the age of 5. 192 partners	
		will also benefit from learners attendance, along with their wider	
		family and friends in the community. SfH will help to build a	
		healthier, resilient community, working towards the integration of	
		both the civilian and army population. It will assist learners to	
		improve their earning potential and employability through	
		increased skills levels which will impact on the economy in the local area.	

Confirm no unfunded commitments from this initiative	Please delete the statement that does not apply: I confirm that there will be no unfunded financial commitments arising from this initiative. **Both the Project Manager and Assistant are on agency contracts, which can cease at any time. The tutors are working as on self- employed contractors supplying their services to the project and their letter of engagement states that due to the nature of the work the project may cease, together with their work for SfH at any time.	
What are the key risks to success and how will these be managed?	<ol> <li>Without funding the programme will not be sustainable, although it is envisaged that this programme will continue beyond 2011. Continuing to look for further and future funding, via DoH, PCTs, outside charities and trusts. Have applied to the National Lottery and Salisbury Diocese. Providing data to senior Army personnel to enable SfH to be integrated within Army health promotion programme which will ensure majority of funding. We realise that this is a one off grant, and would not be seeking further funding in the future.</li> <li>Loss of key personnel, in particular tutors. Building up bank of workers.</li> </ol>	
Who will manage the initiative	Lydia Baos, Project Manager. Has successfully ran the project to date. Will be supervised by Col Bates, Regional Clinical Director of Army Primary Healthcare, and Sarah Walker, Ops Manager	

Signed:

Chairman of Area Board

Dated: