



## **SELF RELIANCE IN GUILDFORD BOROUGH**

### **SURREY COUNTY COUNCIL LOCAL COMMITTEE (GUILDFORD)**

**14<sup>th</sup> December 2006**

#### **KEY ISSUE/DECISION:**

This report reviews progress of the County Council's Self Reliance Policy in Guildford and outlines proposals for future projects.

#### **SUMMARY**

Update on the various activities carried out by the Healthy Living Programme as the Self Reliance programme for Guildford. Progress on development work in Ash and pressures and options on the internal & external funding streams to support this work.

#### **OFFICER RECOMMENDATIONS**

The Committee is asked:

- (i) to comment on progress being made in this report including developments in Ash.
- (ii) to comment on the funding issues highlighted within the report

#### **1.0 INTRODUCTION**

- 1.1 Surrey County Council (SCC)'s Self Reliance activities are carried out in partnership with the Healthy Living Programme (HLP). The HLP is a partnership of communities and groups across Park Barn and

Westborough, Bellfields and Slyfield (Stoke ward) and the town centre. The HLP superseded the Single Regeneration Budget-funded 'North Guildford Project'. Recently the HLP aligned its resources with the previous SCC 'Self-reliance Programme' pilot in Guildford to form a cohesive and coherent community development partnership.

- 1.2 Through partnership working, the HLP has enabled over 100 community-based projects and activities across all ages and groups. Since 2002, nearly 7000 people have participated in activities to improve their mental, physical, community, environmental, financial and spiritual health and wellbeing.
- 1.3 Financially, the HLP is supported by a Big Lottery Fund grant until April 2007 as well as having contributions from Surrey County Council and Guildford Borough Council. The HLP accesses other funding streams on a project-by-project basis. The HLP is hosted, line managed and overseen by the PCT.

**2.0 TARGETING AREAS OF RELATIVE DEPRIVATION**

A report summarising some of the statistics available was brought to the Local Committee on September 28<sup>th</sup>. Data included Census information, Indices of Multiple Deprivation, Health data and Audit Commission profiles. Members agreed to receive this report with further information about the response of Surrey County Council and other agencies to this information.

- 2.1 The 2004 Index of Multiple Deprivation (IMD) was commissioned by the Office of the Deputy Prime Minister (ODPM). It considers factors relating to deprivation by population groupings smaller than electoral wards called super output areas (SOAs). For our PCT population this has proved useful in identifying the pockets of deprivation, which we have known about for years but been unable to formally identify.
- 2.2 At a national level absolute deprivation is the main issue. However locally, a key issue is that while some of these SOAs are among the 25% most deprived nationally and are consequently absolutely deprived using national measures, other SOAs may have more significant issues due to the relative gap between the people who live there and their very affluent near neighbours. This provides an excellent opportunity for the HLP to work with the high-ranking communities to address these inequalities.

**Overall Index of Multiple Deprivation (IMD) 2004**

<b>Rank in Surrey</b>	<b>Ward</b>	<b>Score</b>	<b>Rank in England</b>
2	Westborough	29.38	8401

5	Stoke	26.80	9646
18	Ash Wharf	21.55	12704

2.3 The HLP approach recognises the time necessary to effect changes in health, wellbeing and social cohesion. If further investment is not made after the national funding expires, it will result in a lost opportunity to engage and develop these communities in the future. To date a number of partner agencies have supported the HLP in addition to voluntary and community groups. The HLP has been highly successful in attracting significant amounts of additional funding to Guildford.

2.4 The HLP has had significant funding from the Big Lottery Fund for the period 2002-07. As a requirement of receiving this funding it must produce regular detailed reports. The most recent HLP Evaluation Review and Annual Monitoring Reports, including end-user survey and interviews (conducted in 2006):

- Over 100 projects and activities
- Nearly 7000 participants
- Over 100,000 individual session attendances
- Membership and contribution to over 50 partnerships and committees
- High levels of end-user satisfaction with projects and activities
- Reported positive impact on personal and community health and well-being
- New skills and confidence built
- Improved relationships and sense of security within the community
- Overwhelming community requests for continuation of Programme
- Contributions to numerous strategies and work plans of partner agencies

### **3.0 PROGRESS MADE BY THE HEALTHY LIVING PROGRAMME**

#### **3.1 OBESITY**

The evidence is clear that the only way to halt the rise in obesity and consequential financial pressure on the healthcare system is to:

- i) Treat an almost exponential rise in secondary clinical consequences of obesity
- ii) Treat the underlying obesity in a soaring number of people to prevent secondary clinical complications
- iii) Reverse the societal and commercial changes of the past 200 years

The barriers to successful management of obesity are often political and organisational ones along with a lack of resources. Supporting the HLP in developing its existing community weight management schemes, healthy walks, dietary promotion and physical activity schemes will target the management and prevention of overweight and obesity in these communities.

**3.2 EDUCATION & BEHAVIOUR**

Since a Breakfast Club started at Guildford Grove School in Park Barn funded by HLP, there has been a significant improvement in truancy rates, behaviour and concentration levels in school of the children who attend the club.

**3.3 BREASTFEEDING**

Breastfeeding rates have improved in Guildford. The HLP has enabled mothers to have access to peer-led breastfeeding drop in sessions and a Young Mothers Support Group where the women are encouraged to make friends and support each other. From research, it is well known that breastfeeding enhances maternal infant bonding and reduces infant and childhood infections.

**3.4 CRIME & DISORDER**

Anecdotal evidence suggests that crime and disorder rates reduce when community centres or schemes are open. In working with the HLP, the residents have taken 'ownership' of the available resources including community sites and have actively discouraged theft or vandalism of them.

**3.5 EDUCATION**

The HLP has demonstrated that a significant proportion of the 100,000 individual session attendances are people who attend various other HLP projects. These include courses to improve numeracy, literacy and return to work skills. As a result, the participants will be better placed to help children with homework and encourage them to attend school in order to achieve in any opportunities during their life.

**4.0 EVIDENCE OF COST DIVERSION & PUBLIC PURSE SAVINGS****4.1 FUNDING LEVELS**

The HLP in 2002/7 was funded through a Big Lottery Fund Grant of £788,170 and an additional £214,688 support from local partners; all for a 5-year period. As the HLP has become established and respected, the HLP team have advised and mentored these communities to successfully bid and fundraise for a range of projects totalling £256,500 in 2002/7. This additional resource comprises 53% of the total funding redistributed to the communities by the HLP.

**4.2 HOSPITAL AND GENERAL PRACTICE ATTENDANCES**

- It is known that obese people take up a greater time in general practice, are prescribed more drugs and need more referral than people of normal weight.
- Through the participation of community walking and exercise schemes, residents will be less likely to be obese as well as attend their GP practice for musculoskeletal complaints
- It is widely known that breastfeeding reduces the risk of children developing ear, intestinal and chest infections.

**4.3 TRUANCY AND SOCIAL CARE INTERVENTION**

Attendance at Breakfast Clubs, after school clubs and youth centres impacts upon the truancy rates and social care intervention, which is traditionally a problem in these communities.

**4.4 WALKING**

Walking schemes not only encourage physical activity which contributes to weight reduction and physical wellbeing, but they also result in community cohesion and improved safety as the members increase their awareness of and presence in a community.

**4.5 SELF SUFFICIENCY**

The HLP activities have shown to promote a self-sufficiency approach in communities who actively fundraise and submit bids for additional resources e.g. Through successful fundraising efforts enabled by HLP, a treatment room and equipment was purchased for Guildford Action for people to receive some medical treatment (chiropractic and primary care outreach) in Guildford town centre.

**4.6 INFORMAL CARER DEVELOPMENT**

Activities that promote communities to come together in a social or cohesive way result in the development of informal carers as the 'neighbourhood spirit' returns. Individuals will come to know their neighbours through these activities and offer support to anyone in need of low-level care.

**4.7 MENTAL HEALTH, SOCIAL INTERACTION AND PHYSICAL WELLBEING**

All of the activities facilitated by the HLP improve these areas in a community. In addition to consulting their GPs less and requiring less prescribed medication it will restore a belief in themselves that they can achieve and that their community is worth investing in.

**5.0 THE FUTURE AND FUNDING OF SELF RELIANCE**

5.1 Some initial research has been undertaken by the Local Partnerships Team and the Healthy Living Programme into issue of relative deprivation in the Ash area. An audit of services (mainly those provided by voluntary and community organisations) was undertaken in 2006. The following issues emerged from the audit:

- There are gaps in provision in areas of literacy and numeracy, and Information Communication Technology.
- There is a need for more youth services and facilities
- Voluntary organisations could benefit from extra support in volunteer recruitment and retention, fundraising and targeting of their services

5.2 The findings have been discussed at an initial consultation evening with key stakeholders and representatives in Ash. A further significant issue

to consider is the identity of Ash as a locality, which takes various positions in relation to surrounding communities (Surrey, Guildford town, Aldershot and Hampshire).

- 5.3 The findings point towards a community development approach but will need to be tested further with residents and other stakeholders in Ash. Further consultation work is needed, and it is planned that approaches will be made to possible funding agencies for initial funding to carry out consultation work, with the possibility of developing a Community Development Worker post for Ash in the future, similar to the model in North Guildford.
- 5.4 There are two funding pressures on the Self Reliance activities in Guildford; one internal and one external. The SCC Self Reliance budget is due to stop at 31<sup>st</sup> March 2007, bar a few contingencies elsewhere in the county. On behalf of the Local Partnerships Team, the Area Director has submitted a Growth Bid for 2007-10 that would, if agreed, fund a sizeable commitment to SCC's Self Reliance programme. This Growth Bid will be considered alongside various other proposals in other Directorates and the outcome will be known by the time of the Leader's Budget Speech on 6<sup>th</sup> February 2007.
- 5.5 The Big Lottery Funding of the Healthy Living Programme expires by the end of June 2007. The HLP have submitted a bid of over £1,000,000 generated from the 'Wellbeing' bid submitted to the Big Lottery Fund. The statutory agencies (SCC, GBC, the Police and the PCT) are being asked to commit combined funding of approximately £663,000 total over 2007 – 2012. The SCC contribution would be dependent on the Growth Bid (see para 5.4) being agreed.
- 5.6 If this funding is in place then it is proposed to transfer community development work from the town centre into a new geographical area, Ash Wharf (6000 residents). Stoke, Westborough and Ash Wharf are the most disadvantaged wards in Guildford as identified through local work and the Index of Multiple Deprivation.
- 5.7 The Wellbeing Bid proposes these Outcomes for 2007–2012:
  - Increasing the number of people taking at least half an hours meaningful activity over 5 consecutive days each week
  - Reducing the number of people who are overweight or obese through appropriate physical activity and improving their diet and nutrition
  - Providing opportunities for local people to improve their mental health and well-being including;
    - Supporting the development of local groups focussed on improving mental health and well-being
    - Encouraging a range of programmes aimed at supporting local provision for the improvement of mental health in hard to reach populations (such as young people, ethnic and minority communities, people who are homeless)

- Reducing anti-social behaviour, especially amongst and against young people
- Reducing isolation of vulnerable groups
- Providing opportunities for a “brokerage” between local user groups and professionals and supporting existing programmes in such work
- Improving timely access to services and dissemination of health and social care information to increase choice and reduce dependency on public services
- Developing opportunities for social enterprise through sustaining successful community initiatives
- Engagement of ‘hard to reach’ groups to help them access stop smoking services

5.8 These outcomes would be delivered through projects in Westborough, Stoke and Ash Wharf. Some of these are the continuation of successful past projects. The detailed programme and spread of activity will be determined when the outcome of the Wellbeing Bid is known. It is also dependant on partnership funding to continue the Community Development Worker posts.

5.9 It is though proposed to support the following activities:

- Resident and Community Associations
- Breakfast Clubs
- Healthy eating and budgeting courses
- Physical Activity sessions
- Complementary therapies for people with mental health problems, social care issues and families
- Allotment and community gardening projects for the community, BME residents and people with mental health problems
- Volunteer led walks
- Swimming sessions for families, refuge women and their children
- Young Mums support groups
- Weight management schemes in the community (including children)
- Breastfeeding support groups
- Mental health support groups
- Health and social care outreach for the homeless
- Football training
- Art and drama groups

## **6.0 PERFORMANCE MONITORING OF THE HLP 2007-12**

6.1 The HLP will be monitored nationally through the statutory requirements attached to the Wellbeing fund and locally the HLP will be monitored against agreed outcomes that have been agreed by partners. The Area Director will continue to report annually and be accountable to the Local Committee.

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AREA DIRECTOR – SOUTH WEST

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**BACKGROUND PAPERS:** Healthy Living Programme Monitoring &  
Annual Reports

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'GUILDFORD AREA PROFILE', Item 13 of  
the SCC Local Committee meeting 28th  
September 2006



### **HEALTHY LIVING PROGRAMME VALUES**

- To be community-led, managed and accountable
- To facilitate through the introduction of community capacity-building
- To work in partnership
- To work alongside all members of our communities
- To use our resources effectively and wisely
- To actively reflect upon our work, developing ways to measure and share what works

### **HEALTHY LIVING PROGRAMME OBJECTIVES**

- to reduce social and health inequalities through the building of social capital
- to adopt an holistic view of health and the wider factors which contribute to health inequalities
- to enable community members to define what health means to them including aspects of physical, mental, emotional, social, community, environmental and spiritual health
- to enable people to work together, in partnership with local agencies and by strengthening the local communities through the employment of community development workers
- to build bridges between organisations by increasing their ability to work together and improve the opportunities for local people to live a healthier life
- to improve the health of specific groups in 3 electoral wards/areas by providing health-related activities
- to develop confidence, creativity and self esteem by providing skills development and arts-related activities at local level
- to improve access to health, social and voluntary services by giving information, advice and ensuring that services are provided locally, meeting the needs of the community
- to create and support structures and working processes which enable community members to guide, manage and take collective responsibility for the work

### **How it is achieved**

#### **Community Development Work**

- By supporting people to set up projects which improve health and bring the community together
- By releasing Healthy Living funds to get things started
- By advising and support groups to keep successful projects running

#### **Partnership Work**

- By helping groups access further funding and support when needed

- By helping build relationships and pull in partners to help achieve things that would not happen alone
- By supporting partner agencies to involve community members and groups to achieve our shared goals

**Service Improvement**

- By signposting users to health and social care services
- By helping people access services when needed and try to remove or overcome barriers
- By challenging service providers to listen and address community concerns and solutions to problems that have been identified