ADULTS AND PUBLIC HEALTH SCRUTINY BOARD
1 October 2012

ITEM 7

Report of the Strategic Director of Resources

Reducing Health Inequalities Progress Report

SUMMARY

1.1 In 2003, the Social Care and Health Commission conducted a major review on health inequalities. The review received evidence from a wide range of people and found that there were significant differences in life expectancy between people living areas of high deprivation and the more affluent parts of the city. People living in Allestree for example were expected to live up to 9 years longer than those living Normanton. The final report of the review made five high level recommendations to improve health outcomes and narrow the health gap.

1.2 This report updates the Board on the actions taken by relevant partner organisations on addressing the key factors affecting health. The report shows that relatively good progress is being made in some service areas, however the life expectancy gap is still as large now, if not greater than when the review was conducted.

RECOMMENDATION

2.1 To consider and note the report.

2.2 To consider whether recommendations made in the 2004 report to tackle health inequalities could be strengthened and if so what further measures need to be included.

REASONS FOR RECOMMENDATION

3.1 There are still significant differences in life expectancy between people living in deprived and affluent areas of the city. We need to consider measures that could be taken to further improve the health of people living in deprived areas and narrow the life expectancy gap with affluent areas.

SUPPORTING INFORMATION

4.1 The life expectancy at birth for all communities continues to grow and on average

people are now living longer than ever before. However, the rate of increase in affluent areas is faster than those in deprived areas and therefore the gap between the two communities continues to grow.

4.2 The Social Care and Health Overview and Scrutiny Commission conducted an in-depth review of health in equalities in 2003 by focusing on three of the most deprived areas in the city, namely Derwent New Deal for Communities and Osmaston and Normanton Neighbourhood Renewal Fund areas. The review found that the gap in life expectancy at birth between Normanton and Allestree was around 9 years.

4.3 The review received evidence from a wide range of people and made following recommendations:

1. Partner organisations address key factors affecting health including:
    - Crime and disorder
    - Education
    - Road Traffic Collision
    - Public Health
    - Housing
    - Unemployment

2. Continue to reduce levels of smoking in the city

3. Target interventions at groups most at risk
    - Older people
    - Children
    - Ethnic minorities
    - Areas of high deprivation

4. Primary Care Trust to prioritise problems linked to coronary heart disease, cancer and diabetes

5. Environmental Health Services to lead in developing local priorities and indicators to address health inequalities

4.4 The latest information shows that the gap in life expectancy between Arboretum Ward and Allestree Ward is now around 10 years. The progress against the original recommendations is attached in Appendix 2.

OTHER OPTIONS CONSIDERED

5.1 None.

For more information contact:	Mahroof Hussain 01332 643647 e-mail mahroof.hussainn@derby.gov.uk
Background papers:	None
List of appendices:	Appendix 1 - Implications Appendix 2 - Response Appendix 3 – 2004 Reducing Health Inequalities Summery Report

This report has been approved by the following officers:

Legal officer	N/A
Financial officer	N/A
Human Resources officer	N/A
Service Director(s)	N/A
Other(s)	Phil O'Brien – Statutory Scrutiny Officer

Appendix 1

IMPLICATIONS

Financial and Value for Money

1.1 None arising directly from this report.

Legal

2.1 The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 gives health scrutiny committees powers to review any matter relating to the planning, provision and operation of health services.

Personnel

3.1 None arising directly from this report

Equalities Impact

4.1 Effective scrutiny benefits all Derby people.

Health and Safety

5.1 None arising directly from this report

Environmental Sustainability

6.1 None arising directly from this report

Asset Management

7.1 None arising directly from this report

Risk Management

8.1 None arising directly from this report

Corporate objectives and priorities for change

9.1 Our aim is to work together so that Derby and it's people will enjoy a thriving sustainable economy, good health and well-being and an active cultural life.

Briefing Paper: *Health Inequalities Update for Adults and Public Health Scrutiny Board*

August 2012

A 'Reducing Health Inequalities' report was published locally in 2004. This briefing provides an update to the findings of that report.
The Scrutiny Committee will appreciate that a number of major changes have taken place since 2004, not least a new Government administration. It is therefore not possible to report specifically on the key areas identified i.e. Derwent new Deal for Communities, Normanton Neighbourhood Renewal Fund and Osmaston/ Allenton Neighbourhood Renewal Fund areas as data on these discrete areas are no longer available collectively . It remains the case however that wards associated with these areas still comprise the highest levels of deprivation according to ward IMD figures below.

Figure 1 Change in Indices of Multiple Deprivation by Ward, 2004-2010

CAS Ward Code	CAS Ward Name	2004			2010		
		Score	Decile	Quintile	Score	Decile	Quintile
00FKMX	Abbey	32.5	2	1	28.8	2	1
00FKMY	Allestree	6.1	10	5	4.8	10	5
00FKMZ	Alvaston	35.8	2	1	34.9	2	1
00FKNA	Arboretum	62.2	1	1	47.0	1	1
00FKNB	Blagreaves	15.8	5	3	14.9	6	3
00FKNC	Boulton	31.8	2	1	27.1	3	2
00FKND	Chaddesden	25.2	3	2	22.2	3	2
00FKNE	Chellaston	15.5	5	3	13.8	6	3
00FKNF	Darley	23.4	3	2	19.3	4	2
00FKNG	Derwent	41.9	1	1	34.4	2	1
00FKNH	Littleover	13.2	6	3	9.1	8	4
00FKNJ	Mackworth	30.2	2	1	28.3	2	1
00FKNK	Mickleover	5.9	10	5	5.6	10	5
00FKNL	Normanton	50.7	1	1	41.4	1	1
00FKNM	Oakwood	11.8	7	4	9.8	8	4
00FKNN	Sinfin	44.5	1	1	39.6	1	1
00FKNP	Spondon	17.4	4	2	15.6	5	3

Osmaston/Allenton NRF
Normanton Road and Peartree NRF
Derwent NDC

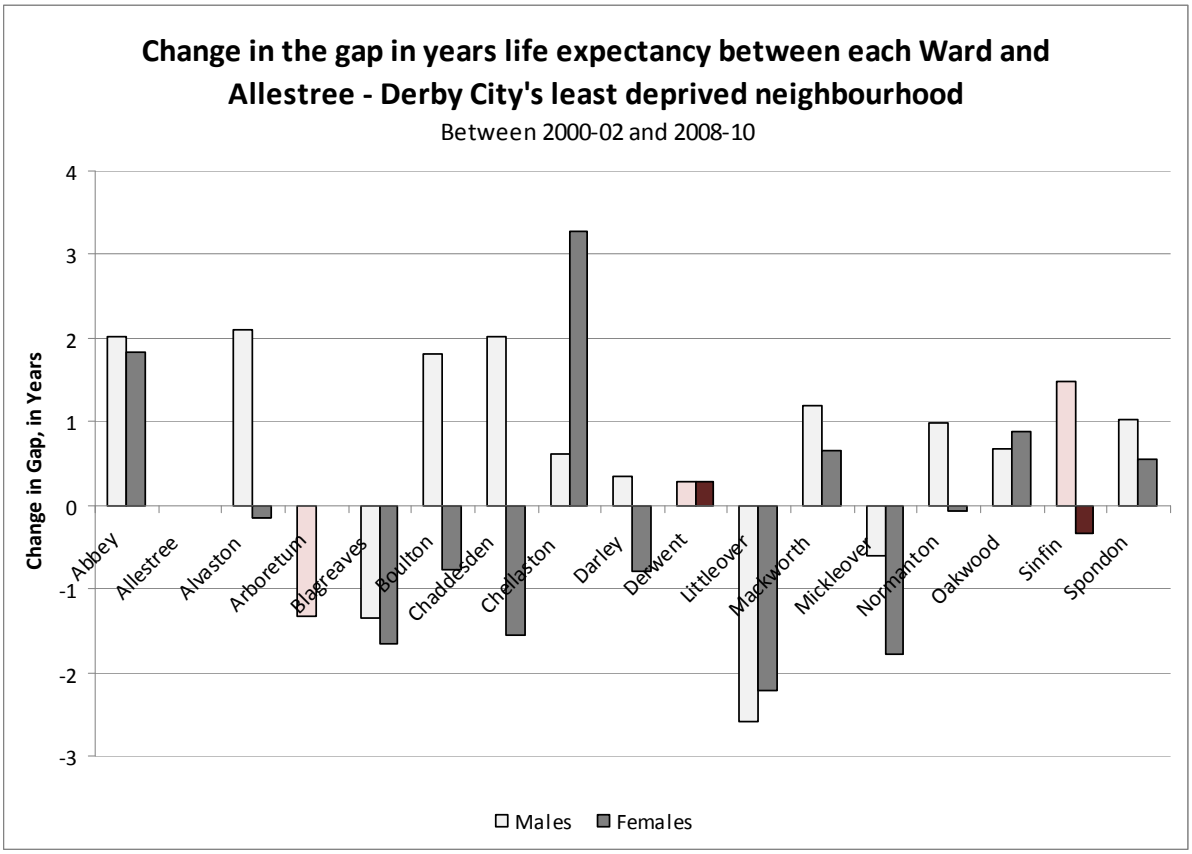
Source: (DCLG) Department for Communities and Local Government

Further examination of the data in the table above reveals that although all wards have improved their IMD scores from 2004 to 2010, the biggest improvements to IMD scores have resulted in areas of greatest deprivation. This is of particular note with regard to Arboretum ward and is good news from an inequalities perspective.

The table below highlights the change in life expectancy (LE) between the years 2000-2002 and 2008-2010 compared with Allestree ward i.e. the least deprived of City wards. Although LE has improved for all wards between the 8 year period (bar Abbey and Chellaston females) the graph demonstrates where the gap between the most deprived and least deprived has narrowed e.g. females in Alvaston, males in Arboretum, females in Boulton, females in Normanton and females in Sinfin. These figures are absolute and not likely to be significant but worth noting for possible future trends.

Interestingly female LE in Abbey and Chellaston Wards has reduced over the period by 0.5 and 2 years respectively. Taking the confidence intervals into account, this isn't a significant reduction, though is something to monitor and may warrant further investigation.

Figure 2 Change in the gap in years life expectancy between each Ward and Allestree (Derby's least deprived neighbourhood)



Challenges

Central and Greater Derby Primary Care Trusts are no longer in existence. Derby City PCT and Derbyshire County PCTs have "clustered" and the Derby City Public Health team is now in transition to Derby City Council. From April 2013 public health will be the responsibility of Derbyshire County Council and Derby City Council respectively.

Other challenges to addressing inequalities since 2004 include

- Changes in ward boundaries making consistent measurements of improvement problematic
- Influx of high numbers of Eastern European settlers into Normanton (language and cultural differences)
- Major changes to Derby City PCT including 3 different chief executives and 3 different Directors of Public Health.
- Major changes to Derby City PCT in relation to the NHS Bill
- Current transition of public health to local authority employment
- CCG commissioned health services making equity of provision problematic

Where we are now and examples of activity undertaken to get us here (Reducing Health Inequalities, 2004)

1.1 Recommendation 1: *Partner organisations should seek to address the key factors (determinants) linked to ill health in addressing health inequalities*

1.1.1 Crime and Disorder

The Public Health Department is directly responsible for commissioning drug and alcohol services in the City. The Drug and Alcohol Action Team (DAAT) is now located within public health.

Data for 2009/10 showed the rate of increase for alcohol related admissions flattened at around 1% compared with the 23% rate of increase seen in the previous year.

A programme board is in place to ensure strategic leadership and training has taken place to enable professionals to give lifestyle issues advice including alcohol. The B You programme currently being piloted is designed to support people holistically to improve their lifestyle including drinking to excess. All targeted lifestyle interventions are based on an understanding of “at risk” groups e.g. pregnant women, ethnic communities etc and are culturally sensitive. There is also a targeted approach towards frequent attendees at A &E including those associated with alcohol.

1.1.2 Education

The Healthy Schools team is now part of the public health department and actively works to support a “whole school approach” to keeping children mentally and physically healthy.
On-going work with health visitors and LA partners helps to ensure children are ready mentally and physically for the school environment although there is still work to be done to ensure health visitor checks are taken up at age 2.5 years.

1.1.3 Housing

The impact of poor housing on mental and physical health is well evidenced. Public health works closely on a number of initiatives championing healthy housing e.g. Winter Warmth campaigns, staff awareness and referral into local and national initiatives to improve homes e.g. Warm Front and by promoting access to seasonal flu vaccination for vulnerable and older people.

1.1.4 Sport and Leisure

Derby City is similar to the England and East midlands average for physically active adults however, Derby has shown a decline in physical activity generally since 2010.

The proportion of obese children (age 10-11) remains similar in Derby to its comparator groups however it remains that around one fifth of 10-11 yr olds in Derby are obese.

1.2 Recommendation 2: *Partner organisations should continue to reduce the level of smoking in the City*

National legislation has assisted the decline in smoking from an average 30% in Derby City (44% in the 3 key areas previously referenced in the 2004 report) to an average of 25%. However smoking continues to be problematic in areas of high deprivation and among some ethnic groups in the community.

The FreshStart smoking cessation service is commissioned to provide support for people wanting to quit and the new B You pilot will also support people wanting to change their lifestyle from a holistic perspective focussing on behaviour change techniques.

- In Derby we have achieved a smoking quit rate of 61%, which is the highest rate in the East Midlands and in the top 10% of PCTs in the country
- Success rate of 4 week quitters per 100,000 population is higher than national average (aged 16 and over)
- Fresh Start offers additional support to encourage users to stay quit for 52 weeks. Last year 16.9% stayed quit after one year compared to the recommended average of 15%.

However there are high rates of smokers in the routine and manual workers groups, with Derby having the second highest rate in the region, and 25% of people living in Derby continue to smoke (approx 59,475 people).

1.2.1 Work in Primary & Secondary Schools

- Work continues in schools with tailored package developed specifically for use in primary schools delivered to assemblies and class sessions along with half day workshops.
- Provision of informative and preventative messages school children whilst also linking in with a harm reduction message for the parents around the dangers of second hand smoke continue in keeping with promotion of the national Smoke Free Homes and Cars initiative.

1.2.2 Re Asian Community and wider communities

- Fresh Start has worked in partnership with JET, Sure Start and local mosques and continual promotion of stop smoking in the BME communities.
- Fresh Start has also been working with Pfizer pharmaceuticals to establish new initiatives in the community e.g. Shisha awareness
- Targeted work with the Roma community at Lister House Practice has taken place with interpreters trained to run stop smoking clinics
- Weekly smoking cessation clinic held at Pear tree Clinic
- Work with local mosques e.g. focus on quitting for Ramadan and continuation of smoking cessation once Ramadan ceases.

1.3 Recommendation 3: *The partner organisations need to target intervention measures at the groups considered to be most at risk of developing health problems*

1.3.1 Older people

Public health is working closely with the City council on joined up initiatives to improve housing; for example energy efficiency and winter warmth (affordable warmth) campaigns. Keeping homes warm and safer for frail older people should reduce the number of hospital admissions and social care costs: enabling people to stay in their own home safely and for longer.

Flu vaccination uptake for >65 yrs age group was 76.1% last year which is the highest in the region and we have achieved national targets (75%) for last few years. However, flu uptake for < 65 yrs is not as good as it could be for vulnerable groups including the elderly, but still above the national average i.e. 53.9% last year (national uptake 51.6%) against a 60% national target. There are many ongoing events, training sessions and seasonal flu campaigns planned this year for raising awareness across Derby and promoting and implementing best practice guidance across primary care and other community services.

1.3.2 Children

We have improved levels of childhood vaccination rates to nationally recommended levels apart from MMR and uptake for this vaccination continues to be below target especially in areas of high deprivation including the travelling community. A recent measles outbreak in the travelling communities has led to improved awareness of the value of the vaccine with a further 13 children receiving the jab locally. Continuing targeting of this group is necessary. Health visitors have been recruited to address the specific needs of the Polish community and also for South Asian and Eastern European communities.

1.3.3 Ethnic minorities

Diabetes and bowel cancer awareness continues to be targeted towards ethnic communities and recent Government policy on bowel screening has supported local public health action in this area. Nationally introduced Health Checks (screening for people aged >40) has had an inverse effect on inequalities with

more people from affluent communities accessing checks. Targeted work in the City is underway with primary care to improve uptake by ethnic minority groups and people in more deprived areas.

A GP led targeted approach to support new entrants with integration into Derby, to identify early potential health problems, and to provide a degree of ongoing support for those service users with higher levels of health need was reported on in 2008. The service aimed:

- To offer a new entrant assessment interview to all new entrants to Derby
- To provide advice and education, health screening, vaccinations and treatments to new entrants.
- To offer communicable disease screening to all new entrants to Derby
- To assist with registration with a general practitioner
- To reduce the barriers to access to health care faced by new entrants
- To empower and equip new entrants with the means to improve their own physical and mental health
- To improve the knowledge and skills within the wider primary care community to address new entrant health
- To be a support and/or a resource for the wider primary health community.

This flexible approach meant that staff were not restricted to offering care from one site to registered patients possessing a specific immigration status. The specific service ceased about four years ago however much of the good practice realised has been embedded across primary care.

1.3.4 Areas of high deprivation

Working in partnership with other organisations the PCT(s) have, over the years, adopted a process of continual awareness raising regarding geographical areas of deprivation and the need to target services and initiatives accordingly. Recently produced health profiles by ward will support this agenda. The need to target vulnerable groups (e.g. travellers, children in poverty, frail elderly, people with mental health problems etc) and adapt services appropriately is also taken into account as well as texts promoting health services written in a number of languages.

1.4 Recommendation 4: *PCTs should prioritise tackling health problems associated with coronary heart disease, cancer and diabetes in line with national priorities*

The introduction of NHS Health Check across England started in 2009, but full implementation of the programme will take some time and is not expected until 2012/13. The purpose of the Health Check is to identify people at risk and thus lower the risk of four common but often preventable diseases: heart disease, stroke, diabetes and kidney disease. The Health Check is available to adults in England aged between 40 and 74 who haven't already been diagnosed with any of those four diseases. Because the service is universal rather than targeted we have seen a disproportionate uptake of the health check by people from the relatively affluent areas north of the City. Hence in Derby we are actively targeting practices in the more deprived wards to promote the service and also working through our community contacts to raise awareness and encourage uptake.

In January 2012 Derby was launched as a Heart City and a commitment to deliver the Heart City community pledge was agreed by the Shadow Health and Wellbeing Board. Heart City is a 5 year partnership approach between the NHS, City Council and the British Heart Foundation (BHF) and the principal aim is to raise awareness about heart health through targeted 'awareness' campaigns and activities. Heart City work streams include:

- Working with partner organisations to raise the public's awareness about heart health, causes of heart disease and focus on prevention of heart disease.
- Engaging with primary care (Open Access Centre) to stimulate wider community outreach to targeted communities to promote heart health and positive lifestyle behaviours
- Engaging with employers (via the health work and wellbeing strategy) to promote health and wellbeing in the workplace
- Engaging with educational establishments to raise awareness about BHF resources tailored to the curriculum
- Linking in with other health improvement programmes such as b-You, community assets/ natural communities work, health volunteers/ health champions.

PCT and SHA cluster chief executives remain responsible for the commissioning of screening and immunisation programmes until April 2013 and therefore we will continue to implement nationally agreed initiatives and ensure the safety of services during the transition. This includes deadlines for the roll-out of programmes highlighted in previous NHS Operating Frameworks, such as abdominal aortic aneurysm screening and the extension of the bowel cancer screening programme.

1.5 Recommendation 5: *The environmental Health Division takes the lead to establish as agreed set of local priorities and indicators to address health inequalities*

The Public Health department works with environmental health and planning regarding pollution concerns, green space initiatives, and health inequalities impact assessments of planning initiatives for example transport, new build etc. It is anticipated that further involvement and improved co-ordination in this aspect of public health will be possible once public health staff are fully integrated as city council employees.

Looking forward: current activity

The challenges of reducing inequalities in the Derby City remain. There is no doubt that healthy public policy both national and local has the greatest impact but this needs to be balanced against accusations of “nanny state” and lack of individual informed choice. It is important therefore that we create supportive environments in which people can exercise freedom of informed choice. Strengthening community action, as well as developing personal skills, knowledge and confidence should encourage people to make healthy choices.

Public Health still has a key role in influencing health service provision by re-orienting health care services towards prevention of illness and ensuring evidence based approaches to health care. We need a balanced approach to resource allocation between universal health promotion/ health care for all versus a targeted approach to vulnerable groups and communities to reduce inequalities more quickly and effectively.

Targeted interventions to improve access to culturally appropriate health services will result in earlier diagnosis and increase healthy life expectancy. However there will be an inevitable time lag between intervention and improvement in population life expectancy so we need to focus on both short and long term approaches to achieve success.

The paper “Inequalities; Short term priorities” (appendix 1) was developed to attempt to demonstrate clear improvements to reducing inequalities in the City during this year and the year ahead. This is against a background of on-going development work in partnership with the council and voluntary sector organisations to effect an on-going and sustainable health improvement in vulnerable groups and geographical areas of high deprivation in the City.

Public health is currently developing a Business Plan which will reflect priorities identified with partners in the Health and Well-being Strategy and also CCG priorities from an inequalities perspective. Joined up working with partner organisations will maximise efforts to reduce inequalities in health and associated gaps in life expectancy.

Note: for further information see briefing paper ‘Health Profiles 2012’ available from Public Health Directorate.

Author:	Vicki Price, Consultant in Public Health
Sponsor:	Derek Ward, Joint Director of Public Health
Date:	30/08/2012

Appendix 1: Inequalities – Short-term priorities for attention 2012/13

Background

Following discussion with members of the senior Public Health Team the following proposed actions have been agreed in our commitment to tackling health inequalities. These actions have been prioritised from the longer paper "Health Inequalities" comprising short and medium term actions to tackle health inequalities across Derby City. They have been chosen because we believe they comply with SMART objectives; that is they are specific, measurable, achievable, realistic and time scaled. The priorities are being developed with data and allocated resources to effect measurable change in the year(s) 2012/13.

Targeted approach: Inequalities by ward

We know that there is a difference in life expectancy of up to 10 years between the ward with the highest IMD (Arboretum ward) and the ward with the lowest IMD (Allestree ward) below. People living in wards with high deprivation scores have problems with accessing mainstream services for all sorts of reasons including ethnicity, language barriers, perception of services not meeting their needs, lack of confidence, lack of information etc etc. Services that improve health are not confined to GP practices and hospitals, although they are a very important aspect of health care. Education, housing, social support, anti poverty initiatives and debt advice all have a significant impact on health and people's ability to engage with their peers and environment and maximise their potential for living.

Public health has a key role in ensuring health and health related services are tailored to the needs of communities and that resources are prioritised to this effect. This applies to the SMART actions outlined below.

NB .Public Health recommends Health Equity audits are undertaken on a range of existing services to ensure that, through a targeted approach to wards with high deprivation scores, we are meeting the needs of the population and maximising uptake of health improvement opportunities.

(For a fuller description of health inequalities and what it means for the people of Derby City please see the paper "Health inequalities Dec 2011").

Proposed actions to be taken to Health and Wellbeing Board for ratification

1.6 Children

Action	Maximise uptake of childhood vaccination and immunisation

Rationale

Over the past year a great deal of work has been undertaken with practices to improve vaccination and immunisation rates. Coverage improved by almost 10% and is now around 90-92% for the majority of the childhood vaccinations.

An alternative approach is required to reach parents of the remaining unvaccinated children. We are working with the children's accident emergency department to enable staff to check immunisation status and deliver any overdue immunisations for children attending with minor injuries.

The outcome of this activity will be assessed via monitoring data which will include the postcode of residence for the children and so ensure that inequalities in coverage are being reduced.

This targeted approach will be further developed by direct interventions from staff of Derbyshire Healthcare Foundation Trust (DHcFT) employed to identify and follow up families who we know are not bringing their children to be immunised (see Adults section, bullet point 1). Reasons for refusal will be discussed and appropriate arrangements put in place where possible.

Action	Continue to target additional breastfeeding support to women in areas with the lowest rates

Rationale

Department of Health Funding has been used to employ additional staff to offer telephone and home visiting support to breastfeeding women following discharge from hospital. This additional capacity has been targeted at the five wards in the city with lowest breastfeeding rates and high levels of deprivation. Initial evaluation, comparing rates in those areas covered against all other areas of the City, has been encouraging.

We will continue to ensure that this additional targeted support is provided and continue to monitor the outcomes by comparing ward level breastfeeding rates. Our long term aim will be to include this as core work within the Health Visiting specification once capacity has increased within the service.

Action	Take action to improve the readiness of children to go to school by ensuring Health Visitor checks at age 2.5 years

Rationale

The two to two and half year check, part of the Healthy Child Programme, is essential to spot child development problems, particularly speech and language difficulties, as early as possible. This can ensure that improvements are made or appropriate services are in place before the child starts school.

Over 2012/13 we will work with DHcFT to develop the data reporting for this check and to ensure that we achieve coverage that is targeted at those areas with high levels of

deprivation. In the long term, as the service receives an increase in capacity, we will work towards universal coverage for this check.

1.7 Adults

Action	Maximise uptake of annual Health Checks in primary care

Rationale

Following on the anticipated success of targeted working with families to maximise immunisation uptake, DHcFT staff will identify and encourage family members to attend NHS annual health checks in primary care (CVD risk assessment). A business plan is being developed with DHcFT to enable staff to undertake this work.

For people on a QoF register for specific conditions will be identified through exception reporting and followed up Barriers to their accessing their annual health check explored and overcome where possible.

Action	Improve uptake of annual Health Check for people with severe mental illness (SMI) and improve consistency and quality of the Health Check

Rationale

We know people with SMI die up to on average 25 years earlier than the rest of the population. Through a targeted CQUIN with DHcFT and planned stakeholder events with primary and secondary care our aim is to improve the physical health of this vulnerable group. Although this may be perceived as a long term outcome, there are very specific measurables that can be used as output indicators for such a target.

Action	Identify ‘natural communities’ in order to target health promotion and health interventions as appropriate

Rationale

We know that there are up to 1000 specific community groups in Derbyshire. Work is currently underway to identify these groups, particularly those in areas of high deprivation. Once identified, community leaders will be contacted to begin a dialogue - intended to bring relevant people who are currently not engaged – into health and health promoting services

1.8 Older people

Action	Develop integrated pathways with partners to ensure winter warmth opportunities are accessed by people with COPD and long term conditions

Rationale

There is great potential to join up services to improve housing (including warm homes) and health in Derby City. Working with partners we will ensure people with long term conditions are identified and their access to winter warmth opportunities maximised. Output measures will be developed including number of room thermometers distributed, number of discussions with patients and health professionals concerning the status of their homes, and awareness raising with health staff of the opportunities for home improvements for vulnerable people living in unfit homes.

Action	Maximise flu vaccination for winter 2012/13

Rationale

Older people are vulnerable to seasonable flu resulting in winter deaths and unnecessary morbidity. They are entitled to an annual flu jab but do not always take up this offer. We will work with primary care and identified community groups to outreach those people who have not received their annual flu jab and develop measures to aid their access.

Author:	Vicki Price, Consultant in Public Health
Sponsor:	Derek Ward, Joint Director of Public Health
Date:	January 2012

Addressing Barriers to Work action plan

Ref	Action	By When	Responsible Partner (s)	Named Leads	Status
ABW 1.	To develop and implement the City Council /Jobcentre Plus's Recruitment and Training agreement process for major developments in the city. Objective: to ring fence an agreed percentage of vacancies for larger recruitments for customers/residents who are unemployed- to include all priority customer groups.	Ongoing	City Council and Jobcentre Plus	Catherine Williams and Alison Maplethorpe	In development. Process model being refreshed. Plan to use Sainsbury's and Tesco developments as key test cases, and use Huddle as the means of co-ordinating our support to these employers
ABW2.	To take the "work awareness programme" out into the local community at venues not associated with Jobcentre Plus i.e. children's centres, cinemas and employers premises to help achieve the maximum participation from those harder to help groups in disadvantaged wards	Ongoing	A4E & JCP	?	Previous leads have both moved on. Any volunteers to pick up and co-ordinate this activity?

ABW3.	Map partner service provision	By end of Feb2012	CED	Rachel Hayward	Report back 22 March 2012. RH will email out to get information from providers what they can offer and what is available. RH to main and keep up to date.
ABW4.	All member to agree to lead on a specific activity born about from the recommendations of the Barriers to work research which are: 1. Absence of jobs and opportunities 2. Insufficient understanding of which jobs are in demand 3. Lack of experience		ALL	For discussion	To be e-mailed out to members unemployment figures and job value, narrative wide circulation. Frequency vacancies sector and demand.