

Health as a cross
cutting theme

Guidance and Performance Management Framework for ESF providers

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1. Introduction

This purpose of this guidance and performance management framework (PMF) is to support London's European Social Fund (ESF) providers to incorporate health as a cross cutting theme (HCCT) into their projects and to monitor their impact on factors that are likely to affect their participants' health and well-being.

The GLA Act (2007) gave the Mayor of London a statutory duty to produce and lead the development of a Health Inequalities Strategy (HIS) for London. The ESF programme in London is delivered under the strategic direction of the Mayor and is part of the delivery of the HIS which was published on 8 April 2010.

Health as a cross-cutting theme has been introduced for the first time into the London Region 2007-13 ESF programme. This theme is led by the London Development Agency's European Programme Management Unit which is responsible for managing the ESF programme in London. The London Health Commission (LHC) is delivering this project.

The London ESF Regional Framework has health as a cross-cutting theme and co-financing organisations are responsible for incorporating and promoting this theme within their programmes. All ESF funded providers must also ensure that health is integrated within the scope and provision of their projects.

This guidance sets out the positive link between good health and good work, and shows how ESF providers can promote health through their projects. It also sets the wider context for health in London and the many influences on health and well-being. Finally it details the HCCT performance management framework which all ESF providers must use to ensure health is integrated into the scope and provision of their projects.

Health and Londoners

Health inequalities are the differences in levels of health between people: a Londoner's well-being, how long they live and how well they are, is strongly influenced by where they live in the city, and such factors as their social and economic background, income, employment and education. The Mayor of London's Health Inequalities Strategy (2010)¹ dedicates one of its five objectives to health, work and well-being in recognition of the links between work and health and well-being. For more information on the health of Londoners see Appendix A.

2. The link between good health and good work

Health and work are inextricably linked: skills and good jobs can reduce health inequalities and improve the health of all Londoners.

There is now clear evidence that 'good health should improve an individual's chances of finding and staying in work and of enjoying the consequent financial and social advantages'². There is also compelling evidence that work has an inherently beneficial impact on an individual's state of health. Work is known to be 'good for mental health and to aid recovery even for those with the most severe of conditions. Unemployment is known to be bad for mental health and the longer people are out of the workplace the harder they find it to return and the greater the impact on their health and well-being'³.

The nature of work is also important. Work characteristics that contribute to health and well-being include:

- work that is healthy and safe, and allows access to support such as from health, housing or transport services that help an individual to maintain their job;
- work that is appropriate to a person's ability to perform in the job – arising from their health (including mental health) status, as well as their skill level;
- work where an individual feels able to exert some influence over how they work;
- work that gives an individual a sense of self worth.

What influences health and well-being?

Figure 1 is a visual way of showing that health is affected by a range of factors. These include individual genetic factors such as age, gender, race, disability, and lifestyle factors such as the food people eat, exercise, drug and alcohol use and sexual behaviour. Social and community support networks such as family, friends and social connections also contribute to health. Access to good quality living and working conditions such as education, housing, transport, employment and public services all support people to improve their health and the choices they make. Finally, the general socio-economic environment provides the framework that enables people to make healthy choices and live healthy lives.



Figure 1: The main determinants of health
(Dahlgren and Whitehead 1991)

3. How ESF providers can promote good health – an overview

The aim of this guidance is to support ESF providers to maximise health outcomes for their participants in practical ways including:

- empowering participants to make their own choices and find their own solutions, develop assertiveness skills and build self-confidence;
- helping participants to manage their health in order to become job-ready and providing advice for staying healthy once in work including managing stress and physical energy;
- negotiating with employers to secure good, sustainable jobs (for example through flexible working arrangements, supportive line management).

ESF providers prepare their participants for work, and support them once in work to sustain employment through skills development. This in itself is likely to improve their health and well-being. It is however important to acknowledge that there is only so much that ESF providers can do to improve their participants' health and well-being as there are many factors that will be beyond their control (see Figure 1, page 2).

It should also be acknowledged that the range of ESF providers and the resources they have to call on is wide – from small borough-based projects to large organisations working across London and employing a wide range of staff. Many providers are already working with participants who have health needs such as people with mental health or drug and alcohol problems and will already be doing much to support their health and well-being – no one size fits all. This guidance and the accompanying performance management framework outline areas where ESF providers can realistically make a difference to participants' health. It supports providers to build on work they are already doing to improve health. See Appendix A for additional case studies.

Case study: Nacro: *In-Touch*

Nacro's 'in-touch' programme (a project funded by the LDA and the European Social Fund) has been designed to provide resettlement support to young male offenders and support them into education, training and sustainable employment. The project will target 15-19 year olds either on remand or serving custodial sentences, who are due to be released back into the community and are returning to London. Nacro and its partners are contracted to deliver support and educational provision to 700 beneficiaries over the lifespan of the project.

In Nacro's words: "To ensure health is an integral element of our service delivery, we have included a series of health-related questions as part of our initial assessment. We have also introduced a range of skills development sessions to support the mental health of young people including confidence building, self-esteem, anger management and coping with stress. Prior to release our skills development sessions focus on healthy eating, money management and financial capability, substance misuse, sexual health, healthy living and personal hygiene. Finally as part of our on-going relationship with young people our community action plans include registering with a GP, identifying relevant community services, menu planning on a budget, family mediation, and finally attitude and thinking."

4. Using the performance management framework

The PMF aims to be a supportive, enabling process for ESF providers to strengthen their understanding of the links between their projects and the improved health and well-being of their participants.

The PMF process is in three stages:

Stage 1: Completing the PMF and action plan

This involves making judgements and providing supporting evidence about activities that will make a difference to their participants' health and well-being. It encourages providers to identify possible actions that could be built into the project at as early a stage as possible to improve potential positive impacts and make arrangements to reduce any unintended negative impacts. It can therefore be used as a supplementary project planning tool.

Stage 2: Ongoing monitoring

The completed PMF assessment will provide a framework for providers to monitor their activities and any changes they make as a result of the first stage assessment. A simplified form will be provided for this.

Stage 3: Evaluation

As the project draws to a close the completed PMF together with the project monitoring information will support providers to evaluate and provide supporting evidence for their performance on health and well-being.

How to complete

To undertake the PMF process it is best if two people who have a good working knowledge of the project and target groups work together.

It is designed to take providers through a process that when completed should give them the basis for an action plan to integrate health as a cross-cutting theme in their project. The first question asks providers to describe their target population groups(s) for their project. Please list all that are relevant.

Next is a series of tables that are structured to support providers to consider the question "What is the likely impact that your project will have on a range of factors that are relevant to health and well-being?" Priority 1 providers (working to support people back into employment) should complete tables 1, 3,4 and 5. Priority 2 providers (working with people in low paid employment to improve their skills base) should complete tables 2, 3, 4 and 5.

Providers will be asked to 'score' how their project is performing on the factors on a scale of 1 to 10 where 1 is low and 10 is high. The aim of this exercise is not to get the highest score but to assess whether there is anything else projects could do that would have a positive impact on participants' health.

Scoring key					
Score	1	2-4	5-7	8-9	10
Definition	<p>The project has no activity that is likely to have an impact for participants on this factor/determinant.</p> <p>Check if this is appropriate for the project or if some activity could be started.</p>	<p>The project is doing a minimal amount of activity on this factor/determinant. This is likely to have an impact for participants</p> <p>There is room for a great deal of improvement.</p>	<p>The project has some activity on this factor/determinant. This is likely to have a moderate impact for participants.</p> <p>There is room for a moderate amount of improvement.</p>	<p>The project has a lot of activity on this factor/determinant. This is likely to have above average impact for participants.</p> <p>There is room for a minimal amount of improvement.</p>	<p>The project is doing all it can on this factor/determinant and is having a high impact for participants.</p>

The next box asks for evidence/information to back up this scoring. The last box asks what else the project could do to improve this score. A template for an action plan is included at the end of this PMF for providers to fill in with their actions for health once they have completed the tables in the PMF.

Priority 1 and Priority 2 projects – Providers should consider the factors in light of the remit of their projects. Some factors may be more relevant for Priority 1 projects than Priority 2 projects and vice versa.

All factors in the four tables may not be relevant to the project's aims. If this is the case providers should give a short explanation in the relevant box.

For completed examples of the PMF for both Priority 1 and 2 projects please see Appendix B.

5. Performance management framework template

Target groups (see Appendix A, Section 1)

Different population groups, communities and individuals have different needs and experiences that can affect their health and wellbeing. We know that those experiencing disadvantages such as language barriers, low level income, social isolation, discrimination in one form or another, certain ethnic groups and ages and many other factors are more likely to experience poorer health. Therefore we need to understand which communities and individuals each ESF project is working with.

For example: Women in general are more vulnerable to poverty and unemployment; men are more vulnerable to completed suicide, drug and alcohol misuse, crime and violence. For Priority 2 Providers who work with people aged 50+ , consideration may need to be given to carers' responsibilities and confidence

Please fill in the box on the right. You may also wish to draw from the monitoring information you already collect for your ESF project monitoring to help with this section.

Please describe the target groups you are working with in your project (please list all if you work with many):

Table 1: Factors that influence health and well-being for Priority 1 projects (for more information see Appendix A, Section 2)

Think specifically about your project target groups and the programmes or activities that you deliver and respond to the questions. It is not expected that every provider will have a high impact on every factor as some factors may not be relevant to

the project you are delivering. If this is the case please state in the relevant box. However, remember the goal is to identify factor/determinants where improvements can be made in order to have a greater impact on health.

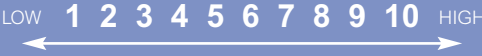
Health and well-being factors	What kind of impact is your project likely to have on these factors for your participants? LOW 1 2 3 4 5 6 7 8 9 10 HIGH 	What evidence/information do you have to back this score?	What other actions could you take to increase this score?
Support to enable sustained quality employment e.g. flexible or shorter working hours, childcare, good working conditions, meaningful work.			
Access to education and skills development to enable access into work e.g. skills at completing a CV, being interviewed, skills for the job.			
Transport access and options e.g. help with costs to attend interviews, training, clothing.			
Economic security e.g. access to secure employment.			

Table 2: Factors that influence health and well-being for Priority 2 projects (for more information see Appendix A, Section 3)

Think specifically about your project target groups and the programmes or activities that you deliver and respond to the questions. It is not expected that every provider will have a high impact on every factor as some factors may not be relevant to

the project you are delivering. If this is the case please state in the relevant box. However, remember the goal is to identify factor/determinants where improvements can be made in order to have a greater impact on health.


Health and wellbeing factors	What kind of impact is your project likely to have on these factors for your participants? LOW 1 2 3 4 5 6 7 8 9 10 HIGH 	What evidence/information do you have to back this score?	What other actions could you take to increase this score?
Access to education and skills development to enable progress in work e.g. help completing applications, organising childcare if required, understanding what being on a training course involves (studying, course work, assessments etc).			
Support to develop a learning development plan (LDP) for the course. Does it include a question on health needs?			

Table 2: Factors that influence health and well-being for Priority 2 projects (continued)


Project interventions and activities	What kind of impact is your project likely to have on these factors for your participants? LOW 1 2 3 4 5 6 7 8 9 10 HIGH 	What evidence/information do you have to back this score?	What other actions could you take to increase this score?
Support to enable completion of qualifications (during the course) e.g. meeting participant to review progress, helping solve any problems arising from review.			
Follow-up if participant misses two or more training days.			
Provision of support for people with disabilities (including learning difficulties, physical disability and mental health issues) to attend training.			

Table 3: Well-being determinants for Priority 1 and 2 projects (for more information see Appendix A, Section 4)


Well-being factors	What kind of impact is your project likely to have on these factors for your participants? LOW 1 2 3 4 5 6 7 8 9 10 HIGH 	What evidence can you give to back this score?	Is there any action that you can take to increase this score?
Ability to cope with challenges and change e.g. problem solving, decision making, relationships with others, communication skills, self-esteem.			
Sense of belonging e.g. connectedness to community, neighbourhood, family group, work colleagues.			
Sense of control over one's life and choices e.g. choice of work, type of training, timing of access to work or training.			

Table 4: Project interventions or activities for Priority 1 and 2 projects (for more information see Appendix A, Section 5)


Project interventions and activities	To what extent do you offer these types of interventions/ activities? <small>LOW 1 2 3 4 5 6 7 8 9 10 HIGH</small> 	What evidence can you give to back this score?	Is there any action that you can take to increase this score?
Information about healthy lifestyles, services and social activities given to participants.			
Information about other services such as housing given to participants.			
Health-related questions asked in initial assessment to determine health issues for new participants and participants signposted accordingly.			

Table 4: Project interventions or activities for Priority 1 and 2 projects (continued)


Project interventions and activities	To what extent do you offer these types of interventions/ activities? LOW 1 2 3 4 5 6 7 8 9 10 HIGH 	What evidence can you give to back this score?	Is there any action that you can take to increase this score?
Access/signposting to financial and debt advice e.g. Citizens' Advice Bureau.			
One-to-one support including advocacy and accompanying participants to health services.			
Signposting participants to health related services e.g. physiotherapist, gym, psychologist, GP, mental health services.			

Table 5: Provider organisations – project development and partnership working for Priority 1 and 2 projects

(for more information see Appendix A, Section 6)

	Yes/No	What evidence/information can you give to support this?	Is there any action that you can take to improve this?
Do you challenge discrimination in your organisation? e.g. racism, sexism, ageism, homophobia and discrimination related to disability, mental illness or faith.			
Are you aware of any organisations working within the health and/or social care sector that could help design and develop your project?			
If yes, have you consulted them?			
Does your organisation have a health strategy?			

Table 5: Provider organisations – project development and partnership working for Priority 1 and 2 projects (continued)

	Yes/No	What evidence/information can you give to support this?	Is there any action that you can take to improve this?
Do you have a health champion in your organisation?			
Are you working in partnership with other ESF or other providers/projects to incorporate health into your project? e.g. sharing resources, good practice, venues, other?			
Do you have links with local health services? e.g. GP practices, mental health, drug & alcohol services, smoking cessation, sexual health and others.			
Do your staff have access to health-related training and support? e.g. working with people with mental health issues, raising issues related to health.			

6. Action Planning

Having completed the PMF providers should have information on:

- which population groups they are targeting and how these groups are likely to be affected by health inequalities;
- which determinants of health providers are having positive or unintended negative impacts upon;
- evidence to support this assessment;
- actions providers could take to improve the health and well-being impact of their ESF projects.

Providers should make sure they have ways of monitoring project delivery on these activities including actions to improve impact.

Action Plan Template

Providers may wish to use this template to help with a project improvement plan if they have identified areas where they could improve or introduce actions to promote health and well-being.

7. References

- 1 Greater London Authority (2010) *The London Health Inequalities Strategy* London: GLA
- 2 Black,C. et al (2008) *Working for a Healthier Tomorrow* London:TSO
- 3 National Mental Health Development Unit (2010) *Employment and mental health, Briefing two*. London: Dept. of Health (available at:www.nmhdu.org.uk)

Action required	By whom (lead responsibility)	When (deadline date)	Resources required	What evidence indicates progress	Date completed