



AGM and Annual Conference

10 November 2010

Attended:

Matthew Maneely; Fiona Discombe, ADP; Tina Mcveigh, ADP; Duncan Carmichael, ADP; Sue Rickell, Allies In Charge And NHS South Glos; Mel Akers, Aspects And Milestones; Jane Pye, Banes Equality; Raj Lalla, Bath & Nes Rec; Joe Scaife, Bishop Fleming; Hannah Smith, Bristol City Council; Lesley Alexander, Bristol City Council - Councillors; Ian Popperwell, Bristol City Council - Health & Social Care; Daphne Branchflower, Bristol City Council - Policy Performance And Equalities; Lyn Mitchell, Bristol LINK; Andy Coombs, Bristol LINK; Marion Boateng, Cancer Help For Ethnic Communities; Jane Spence, Childrens PlayLINK; Nadia Novali, County Community Projects; Andrea Clark-Ward, Good E.I.Dea; Steve Heigham, Help! (Bristol) Ltd; Audrey Heard, Homeshare West; Peter Tiley, Icas; Jessica Allen, Marmot Review, Project Director; Diana Elliott, National Autistic Society; David Harwood, NHS South Gloucestershire; Jane Kilpatrick, NHS South Gloucestershire; Jean Grant, NHS South Gloucestershire; Kim Smith, NHS South Gloucestershire; Nigel Roderick, NHS South Gloucestershire; Michail Sanidas, NHS South West; Pat Rose, Nilaari; Michael Matthews, Pilning Surgery Support Group; Joyce Moll, Rethink; Anna Joachim, Rethink; Narinder Chana, Rethink; Faith Allen, Rethink Carers Service; Michaela Fudge-Quinlen, Self Help Community Housing Association; Shirley Holloway, South Glos Council - Councillor; Frank Palma, South Glos LINK; Sean Bolton, South Glos LINK; Anne Bush, Supportive Parents; Charles Padmore; Jacques Hann; Patsy Hudson; Shirley Stephen

Apologies:

Lynn Cottle, ADP Dental Company; Dianne McCarthy, Age Uk - Bristol; Elizabeth Rogers, Avon & Wiltshire Mental Health Partnership NHS Trust (AWP); Mike Relph, Avon & Wiltshire Mental Health Partnership NHS Trust (AWP); Sally Wood, Avon & Wiltshire Mental Health Partnership NHS Trust (AWP); Bernard Barron, Bath And District Life Group; Jane Jones, Bath Stroke Support Group; Rosa Hui, Bristol & Avon Chinese Women's Group; Jane Hoyle, Bristol & District Tranquilliser Project; Helen Ball, Bristol City Council; Suzanne Pearson, Chair of Bristol Mind And Freelance Trainer; Jan Westrope, Citizens Advice Bureau - Bath & District; Adele Haley, Dial A Ride Bristol; Simon Gourlay, Friend Ltd - Weston Super Mare; Claire Murphy, Friend Ltd - Weston Super Mare; Hermie Samuels, Golden Agers; Kate Croucher, Headway - Bristol; Michael Clark, Icas; Malcolm Patterson, Independent; Sue Ricketts, Kaleidoscope; Liz Byrd, Kaleidoscope; Victoria Morris, Knowle West Health Park; Meryl Gaskell, Living; Chris Skidmore, Member of Parliament; Jacob Rees-Mogg, Member Of Parliament; Dawn Primarolo, Member of Parliament; Stephen Williams, Member of Parliament; Richard Weatherhead, NHS Bristol; Lesley Causon, NHS South Gloucestershire; Louise Winn, NHS South Gloucestershire; Melanie Gibbs, NHS South Gloucestershire; Mark Hughes, North Somerset Council; Dina Parker, Notable Club; Kerrie Ford, Raphael House; Debi Amor, Rethink; Kenzi Ireland, Rethink; Diane Perry, Royal National Institute for Deaf People; Robin Corser Langford, So Out In The South West; Andy Perkins, South Glos Council; Mervyn Monks, South Glos Senior Citizen's Forum; Chris Head, South West Acre Network (Swan); Judith Goldsmith, St Johns Ambulance - Avon; Beverley Craney, Swallow; Gill Kirby, Thornbury & District Club for Disabled People; Maria Damsell, Upper Horfield Community Trust; Joy Fussell, Willow Tree Centre; Peter Owen, Wrington Helpline; Laura Mitchell, Young Mothers Group Trust; Christine Cox, Youth Education Service; Pat Rose; Bill Flook; Janet Elisabeth Cowland ; Joan Cox

Presentation: Jessica Allen Project Director, Marmot Review, 'Fair Society, Healthy Lives': A Strategic Review of Health Inequalities in England Post-2010'

http://www.thecareforum.org/publication_uploads/careconference%208.11.pdf

Jessica explained that the public health white paper, due out at the end of November, draws heavily on the Marmot Review. There is commitment and understanding about health inequalities from the Secretary of State for Health Andrew Lansley. There are worrying signs with pockets of optimism.

Q: The Spirit Level book had a big impact. Is any notice being taken politically of income inequalities?

A: There is clear evidence that income inequalities directly relate to social problems, but the remedies are unpalatable.

Q: A report came out ten years ago and of the 39 recommendations, only one of them related to health. There was funding for the PCTs and projects such as neighbourhood renewal. It is questionable whether PCTs and local authorities understood the nature of the problems.

A: There are a lot of problems with politics, for example with short-term funding, such as for neighbourhood renewal. There's a four-year political cycle. Providing information doesn't solve health inequalities. There was a very good, clear message with the Change 4 Life programme, but the people responding were not at the bottom end. Some of the targets, such as infant mortality, may be wrong. Employment and housing policy, for example, are beyond the PCT's remit.

Q: My concern is how secure your funding is.

A: There is funding from the Department of Health until March. We will carry on in the same form, but not on the same scale.

Shirley Stephen, Chair of The Care Forum, thanked Jessica for a very interesting and illuminating talk.

Workshop 1

The Mental Capacity Act – is it equal? Hannah Smith, MCA and DOLS Facilitator, Bristol Health & Social Care

http://www.thecareforum.org/publication_uploads/The%20Mental%20Capacity%20Act-Is%20It%20Equal.pdf

Hannah Smith (HS) introduced herself as the MCA & DoLS Co-ordinator. She said that she would run through the basis of the Mental Capacity Act with reference to slides. An important point to consider was whether there were any barriers to the implementation of the Act. HS also emphasised the point that the MCA is time specific, ie. does a person have mental capacity at a particular time?

HS showed the following slides and talked through the information:

Slide 1: Principles of the MCA 2005. Point 2: "A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken" - HS made the point that assessing capacity should not be seen to be a test that someone can fail or pass.

Slide 2: The 2-stage test of capacity. HS explained that a disturbance can be temporary, e.g. a person is drunk or temporarily affected by drugs.

Slide 3: Factors to consider when assessing capacity. HS made the point that the assessor needs to consider levels of insight and awareness of the person.

Slide 4: Factors taken into account when determining what is in someone's best interests. HS made the point that a person's views should not be ignored and consideration should be given to views expressed by a person when they had capacity.

Case Studies

The participants split into two groups and each group discussed and considered two case studies. There was insufficient time to discuss each of the case studies so HS suggested that the participants consider the main themes from their discussions. HS posed the question, if the MCA should be applied, what should the assessor need to consider? Participants suggested the following factors:

- Background information about the person (being assessed)
- Circumstances leading to the situation in which the person may have become incapacitated
- How the person can be communicated with
- Consideration of the whole picture and not just isolated aspects of the person's situation
- Avoiding making assumptions that someone lacks capacity because they have a learning difficulty

HS referred to a slide – “Some issues to consider”. She made the following comments:

- Consider the lived experience of the assessor with regard to the values which they impose upon others.
- Consider the use of language, e.g. HS comes from a social work background where it is more likely that professionals will refer to mobility rather than walking. Is this language appropriate?
- Consider whether it is appropriate to consult family members when assessing a person. Family members may provide a useful insight.

Studies have shown that ethnic women are more likely to be assessed as not having capacity. This may be due to cultural factors which adversely influence the assessment.

Workshop 2

How can we make access to dentistry equal to all? Lynn Cottle, Area Business Manager, ADP Dental Company

Q: Why if you are an NHS patient and you do not have an appointment every 6 months, do you have to register with a new dentist?

A: This is no longer the situation and after 2005 patients are able to register with whoever they like.

Comment: I have not had problems finding a dentist, but if you live more centrally then there is more of a concern.

A: Over the past couple of years the PCT has spent a lot of money on making sure there are dentists available to all.

Comment: Maybe it is still in the mind of the public that there are not many dentists around.

A: ADP advertise where possible, but maybe the NHS needs to do further advertising of where dentist surgeries are available.

Q: In LINK there have been concerns about how accessible dentist surgeries are. Are surgeries accessible?

A: ADP has 8 practices within Bristol and all of these are accessible. For example, either there are lifts if there are stairs, or all rooms are on the ground floor. Legally, we do not have to have all practices on the ground floor, however this is seen as good practice.

Q: Is there a list of accessible venues?

A: There isn't, but we could certainly provide this and it is something the PCT should/could also do.

Q: What about people who are unable actually to get to a dentist surgery?

A: Practices in general do not do domiciliary visits. As practice manager it concerns me that there are a group of people (bed ridden, older, disabled people) who are unable to get dental care. This is a group of people that dentistry is not reaching.

A: The PCT needs to look into this; however in terms of health and safety it is not easy to provide domiciliary care.

Q: Are dentists aware of issues surrounding the Autism spectrum, not just those issues surrounding communication, but other issues such as lights, noise, etc.

A: We do have a referral service to Southmead. Most dentists want to understand these issues.

Q: do dentists have training?

A: Not all dentists, no.

Q: Where would we get the training from?

A: South Gloucestershire Council offers training alongside the National Autistic Society. I can give you this information.

Q: Is this training just for dentists?

A: No, however the training does cover key areas.

Q: Another area of concern for me is the receptionists. They are not always people friendly. My daughter will not go in to the dentist as her receptionist was not friendly and she was not regarded as an individual.

A: Some individuals are better than others.

Comment: Dentists should employ the best receptionists.

A: Our receptionists have good training. As a practice manager I wouldn't want any of my receptionists behaving rudely. It is difficult as the receptionist is the link between the patient and their dentist.

Workshop 3

For the many or the few? Access to information in the digital age

Ian Popperwell, Planning & Commissioning Manager, Health & Social Care, Bristol City Council

As subject leader, Ian introduced the topic by making the following points:

- This is a workshop about information in the digital age – for the many or the few? There are two distinct areas of interest which are of course not unconnected but are worth looking at: firstly, information itself and secondly, how it is presented and accessed.
- Firstly, I would raise the whole issue of information, what it means to us, what it means in relation to social care and health and to people who have had their access to it limited or restricted. Information is not a neutral subject. Social care and health services have traditionally had implicit belief that they know best. The palette of services that are offered has tended to be very limited; this has correlated very clearly with the low level of expectations and ambition that services have had for their service users.
- For many years we have been trying to shift this; concepts like choice, control and inclusion are not new. The personalisation agenda Putting People First has at last made these issues more mainstream.

- Many people have worked tirelessly over the years trying to provide health and social care workers with better information. This is so that they in turn could provide people who might need to know what would be available to them with better information. Often these attempts have been rejected, somehow people being happier to remain uninformed. However, now, with a new focus upon prevention as well as personal budgets, rejection is hopefully not an option.
- There is simultaneously a need to address a range of different groups in terms of informational needs: people who use services; people who don't yet use social care services but might in the future; their families, carers and neighbours; social workers and others who carry out assessments of need; care brokerage services; plus others who provide services, such as community groups and organisations.
- Information is key to making choices and trying things out, as well as to just glimpsing the array of possibilities. It is also about being able to make judgements, assessments of quality, and being able to move on. My hope is that we are bringing the expectations of being informed from the 'mainstream' into the social care and health arena.
- Secondly, I would raise how we make information available. Now, more so than ever before, we yearn for information in abundance, we expect unlimited choices and possibilities. We need to ensure that the information is properly available and accessible and that the systems are in place for assisting access.

Leon Quinn, facilitator and information services manager at The Care Forum, then talked about the statistics behind the new 'digital age' referred to in the workshop title. Studies have shown that today over 50% of the population uses the internet daily, and this proportion is growing quickly. For example, whereas in 2007 70% of social housing residents did not have internet access, by September of this year that statistic had been reversed, with 70% of social housing residents now having access. Even usage amongst groups traditionally not 'online' seems to be growing. Research done by Well Aware at events for older people plus other research elsewhere suggests that around 40-50% of over-65s may already be online. At the same time, this still leaves around 60% not connected. There are other disconnected groups too, including less obvious ones such as the fifth of young people who do not have internet access. For these reasons, Well Aware has a freephone enquiry service, so that it can be used without internet access. One of the key elements in an information and signposting database like Well Aware is ensuring not only that the quality of information on it is good and up-to-date, but also that it is as accessible as it can possibly be. As a result, a Well Aware user reference group has been created, and includes those groups with particular access issues around information, such as older people, people with learning difficulties, people with physical or sensory impairments and people whose first language is not English. Originally it was mooted that each group of users could work separately according to their area of interest, but all working together soon proved more popular as members began to appreciate each other's perspectives and to see how each group had shared interests in many aspects of information provision.

Q: The freephone line element of an information service like Well Aware is a vital resource for the following reasons:

- The hi-tech way (the internet) does not suit everyone for various reasons, for example, sometimes with sensory impairment it is preferable to have contact with an actual person;
- Freephone lines can be a resource for hard to reach groups.

Will it remain in place?

A: Yes: a freephone access line to use a service like Well Aware is crucial to ensure equality of access.

Q: Are the ways in which people use the information they are accessing being analysed?

A: Having a web-based service generates vast amounts of data. Every time someone searches for something and finds it, or searches for something and does not find it, it is recorded. This

helps to build up a picture of what people are looking for, and whether they find services that they need, or whether there are gaps. This should be a great help to statutory commissioners planning new or redesigned services. There is going to be a joint Care Forum project with the University of Bristol to analyse this data. This could involve speaking to people who have accessed the database and also those listed on it to find out what kind of outcomes they are finding from enquiries generated through Well Aware.

Q: How do you avoid information going out of date? And how do you avoid reinventing the wheel?

A: You have to constantly update and add to the database, and have people rather than automated searches doing it. You also have to think ahead to avoid duplication. For some aspects of health and wellbeing services, good information sources are already out there. For example, Well Aware does not try to list all the doctors and dentists and chemists in the area it covers; instead it links to the NHS Choices website, which already does this.

Q: What is the future for digital information?

A: It seems that once a digital information resource like Well Aware is there, people start to come up with lots of new uses and ideas to which it could be put. For example, having the mental health employment portal, with its directory of mental health and employment-related services, has encouraged Bristol's Mental Health Working Group to produce an electronic toolkit around the issue that will be carried on the portal. Having services and more general information in one place would seem to be the future.

Workshop 4

How can the voluntary sector prove that it is reducing health inequalities?

Lucy Rowe & Ronnie Wright, Voluntary Sector Coordinators, The Care Forum

http://www.thecareforum.org/publication_uploads/Lucy%20and%20Ronnie%20Workshop%20presentation.pdf

The concept of monitoring soft outcomes has been highlighted as an issue by voluntary sector organisations. She explained that the workshop would be an initial discussion, and a chance to get a sense of what people would like to find out more about, for potential future training sessions.

Q: If three people took a diary of a client's changes in behaviour (for example), what would you do if their diaries were all quite different?

A: I would aim to compare these and find averages.

Q: Since the white paper in July, my position at BANES LINK has been a lobbyist to Councillors, Commissioners, etc to think about including disability in policy. It is hard to measure outcomes for this.

A: The Care Forum voluntary sector team is in the process of developing a way of recording outcomes of representation. There are also some national examples of outcomes recorded from lobbying.

Q: Is one of the aims of this workshop for organisations to use the same form of measuring and to create greater uniformity?

A: Yes, and to have a shared understanding. From funders and commissioners' point of view, it is better if there is uniformity.

Q: Doesn't collecting soft outcomes mean that you ask people too many questions? The NHS takes similar information. The problem is that voluntary and community sector (VCS) could become an authority and lose its independence.

Comment: The star diagram tool depends on how well the person interacts with the tool. I have seen examples in mental health where the worker has put their own opinion down.

Comment: I have used the outcome star and found that it has been incredibly motivating for a lot of people. Small changes recorded can make a big difference to people's confidence.

Comment: The quality of the relationship between the advocate (for example) and client is key.

Q: Questionnaires for self assessment are useful. Where can we find these? The Warwick-Edinburgh Mental Well-being Scale. (WEMWBS) is a useful tool. Edinburgh University has developed a self-assessment tool. A good resource for self-assessment outcomes is: Measuring Soft Outcomes - A Basic Guide:

www.employabilityinScotland.com/FileAccess.aspx?Id=862

Comment: Our organisation supports people with dual diagnosis. We have an outcome set by funders for people to get into work. This is a very hard outcome to meet.

The workshop concluded with a reminder that one of the main reasons to measure soft outcomes is to make sure that services are as good as they can be for the community.

Evaluation:

What was the most significant outcome of the event for you?

- Hearing a bit more about the Marmot Review
- Learning about the Marmot Report
- Information in keynote speaker's presentation
- Listening to Jessica's presentation and the different inequality stats
- Personal clarity of understanding a little more
- Speaker and information she provided
- Really enjoyed the keynote speaker
- Very good keynote speaker and discussion group
- The links with future plans and the work I am doing, i.e. "empowering", encouraging personal responsibility (EI). The statistics spoke well and things are being noticed. Are they being acted upon and how?
- Networking opportunity
- Networking
- Meeting someone I hadn't seen for 20 years
- Workshop 4
- Learning more about the Mental Capacity Act
- Learning about Well Aware
- All of the day

Do you have any suggestions regarding topics/speakers for future meetings?

- Motivation of community members to access and/or support voluntary groups for their benefit
- "Big Society", what's in it for me?
- Where money is being allocated and how much, i.e. prioritising - do we have a say?
- The Big Society - what is it??
- The Care Forum project and project report

Are there any other comments you would like to make?

- I did enjoy the AGM – keynote and workshop (look forward to downloading the notes from the other 3 that I didn't attend)
- Excellent topic. Very relevant to current government happenings.
- Better if the speaker had been positioned to the side of the screen - couldn't see it. Her colourful slides are not so easy to read in black & white (hers need adapting)
- Could not see whole of screen from row 2 (lid up on computer)
- Would have preferred a discussion in the workshop
- The 4th workshop did not feel interactive enough
- Room got stuffy during AGM. Breakout room suffered from noise next door.
- Very good event - as usual
- Very well organised event - thank you.

Content	Average mark (out of 5)
Understanding of subject at start	3.3
Understanding of subject at end	4.4
Sessions	
Speakers	4.5
Other elements	3.7
Organisation	
Pre-event information	4.4
Facilitation	4.3
Organisation on day	4.6
Venue	
Access	4.8
Refreshments	4.6
Standard of room	4.6

Rachel Robinson drew the AGM and annual conference to a close with the following remarks:

We will be using the notes from the workshops to inform our work and they will be shared out with people through our networks.

The theme of the conference was how the sector can promote equality. We certainly heard that from the keynote speaker, Jessica, and it is clear that the sector will need to promote equality more than ever before.

New governments always like to make their mark and introduce changes but it seems to me that things are changing very fast at the moment. A whole range of white papers, policies and directives are coming through all the time.

Whatever the ideology of the present coalition government and whatever our views on it are, one thing is for sure – it's a time of cuts and they are falling in health, in social care, in welfare, in benefits, all the areas that affect the people that we work with. So we are going to have to champion the needs of vulnerable people and challenge injustice and unfairness and I look forward to The Care Forum working with you to do this.

I'd like to end with thanks – to the organisers of the AGM and conference, Katharine and the team who made it all happen, our guest speaker, facilitators from TCF and our guest facilitators, and to you all for coming. I'd like to echo Shirley's earlier thanks to the staff team for their work, cheerful, tireless and to an exceptional standard over the last year and also the trustees for their support and guidance to us through these times.