

The Care Forum Annual Conference

16 November 2011

Attended:

Mel Akers	Milestones Trust
Gaia Franklin Alderson	Bristol Mind
Wendy Barker	Dorothy House Hospice
Marion Boateng	Cancer Help for Ethnic Communities
Daphne Branchflower	Bristol City Council
Hazel Braund	NHS South Gloucestershire
Sue Burn	Care Quality Commission
Anne Bush	Supportive Parents
Jo Byrne	South Gloucestershire Senior Citizens Forum
Paula Cannings	Develop
Andrea Clark-Ward	Good E.I.dea
David Cole	South Gloucestershire Senior Citizens Forum
Joan Cox	
Tina Dean	South Gloucestershire Senior Citizens Forum
Keith Evans	Bristol Older Peoples Forum
Bill Flook	South Gloucestershire LINK
Sally Gapper	North Bristol Advice Centre
Keith Hall	Bristol Mind
Simon Hankins	Southville Community Development Association
Melanie Hodgson	Bath and North East Somerset Council
William House	British Holistic Medical Association
Sue Jaques	South Gloucestershire Council
Nicky Lambourne	The Care Forum, Trustee
Ian Lawry	Wellspring Healthy Living Centre
Matthew Maneely	The Care Forum, Trustee
Mavis Massell	South Gloucestershire Senior Citizens Forum
Lyn Mitchell	Bristol LINK
Victoria Morris	Knowle West Health Park
Dawn Osborne-Tiller	St Mungos
Kirsty Philbrick	Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)
Carolyn Purcell	KWADS
Pam Richards	The Care Forum, Trustee
Joy Rodwell	Kinergy
Jon Rogers	Bristol City Council
Louise Salter	Lifeskills - Learning For Living
Martin Scott	Second Step Housing Association
Leonie Seaborne	County Community Projects
Shirley Stephen	The Care Forum, Trustee
Rob Stirzaher	South Gloucestershire Council
Laura Stoll	New Economics Foundation
Steve Strong	The Care Forum, Trustee
Naseem Ali Talukdar	The Care Forum, Trustee
Janice Vincent	Independent Complaints Advocacy Service (ICAS)
Bernard Wildsmith	Care Learning
Lesley Wilmott	KWADS
Sally Wood	Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)
Lizzie Woodall	North Bristol Advice Centre

Apologies:

Patricia Bell	Nilaari
Judith Brown	Bristol LINK/Older Peoples Forum
Caroline Burfield	Carewatch Bath
Paul Clarke	Bristol Mind
Janet Elisabeth Cowland	
Liz Cox	West of England Centre for Inclusive Living (WECIL)
Julie Cox	Bristol Mediation
Christine Cox	Youth Education Service
Dale Cranshaw	The Carers Support Centre
Paul Crossley	Bath and North East Somerset Council
Rachel Eade	Local Medical Practice
Hilary Elms	Action for Pensioners
Janice Fortune	Develop
Paul Frisby	NHS South Gloucestershire
Melanie Gibbs	NHS South Gloucestershire
Don Grant	Focus Resources
Tess Green	Bristol City Council
Val Harris	Bipolar Organisation North Somerset
Jill Hopkins	Dial Weston
Damaris Howard	Freeways Trust
Patsy Hudson	The Care Forum, Trustee
Sonia Hutchison	Bath and North East Somerset Carers Centre
Dave Jones	County Community Projects
Tara Kahan	Mimosa Healthcare No 4 Ltd
Jean Langmead	
Bev Leworthy	Community Transport - Yate, Sodbury and District
Jenny Lyus	Time 2 Share
Alice Meason	Quartet Community Foundation
Jacqui Offer	South Gloucestershire Council
Marty Parish	Missing Link Housing Association
Liz Price	Bath and North East Somerset Council
Dawn Primarolo	Member of Parliament
Izzy Robinson	Stonham Housing
Elizabeth Rogers	Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)
David Smith	NHS Bath and North East Somerset
Bob Snow	Voluntary Action North Somerset (VANS)
Jane Spence	Children's Playlink
Helen Storey	Crossroads - Caring for Carers Bath and North East Somerset
Elaine Stott	South Gloucestershire Fibromyalgia Support Group
Sam Taylor	Brunelcare
Ann Walker	South Gloucestershire Fibromyalgia Support Group

**Presentation: Laura Stoll, Centre for Wellbeing, New Economics Foundation
'Wellbeing – you know it makes sense'**

To download Laura's presentation, go to:

<http://www.thecareforum.org/assets/files/Volunatry%20Sector/Presentations/Bristol%20/The%20OCare%20Forum%20-%20Nov%2011%20LS.pdf>

Panel Discussion

Q: During the second part of the presentation you talked about work and its effect on wellbeing. Job Seekers Allowance allows you to do a maximum of four hours voluntary work per week. With Employment and Support Allowance you can't do any volunteering.

A: Laura: If the government uses subjective wellbeing measures it will become obvious that volunteering improves people's wellbeing. We need to collect data but it takes time. It needs to be integrated into policy processes. We need to ensure that we use the measurements as a way to hold politicians to account. I think it will take time and persistence.

A: William H. The sort of evidence we have is not the sort the government will take notice of. Your evidence doesn't necessarily mean cause and effect.

A: Laura: As we collect evidence over time, I hope there will be more ways to show cause and effect. Acquisition of better evidence will help immensely.

Q: I think in my experience of psychiatry, a lot has been negative. I think you have to have a balance. Unemployment isn't always negative. People want meaningful and enjoyable use of their time and wellbeing is a good phrase to say that.

A: Martin: With the people I work with their expectations of work are often not positive. I wonder if that has to do with the nature of work available.

Q: Freedom of choice is helpful. Most people's experience of psychiatry means they aren't vocal about how they are feeling and can't do that.

A: Martin: At Second Step, we have recently employed people because of their lived experience – people who have used secondary services. We have found legislation around contracts doesn't support people to stay in employment. Something we need to do is to change our policies and procedures to respond.

A: Mel Akers: At Milestones, we have tried to pursue work as part of a means to happiness route. We have set up an arts group which connected a community of mental health users with artists. It ticked all five boxes with very low investment. People are learning, becoming aware etc. It is better than investment in job coaching.

A: William House: Matt Crawford's "The importance of using your hands" focuses on the health-giving effect of using your hands. Psychiatrists have focused almost exclusively on the medical model and focused on the disease rather than the person. Ideas are changing about what health is. There was a conference in Holland a few years ago which identified the ability to adapt and self manage as a key to health. Disease and health and wellbeing are on a different axis. You can be healthy and with disease.

Q: I am not a clinician, but I know the recovery model is becoming central with many organisations using the Recovery Star. We have a lead for volunteering in AWP. We are encouraging more people to volunteer (carers and service users). I am a huge advocate of the many benefits that volunteering brings to individuals but do have concern about the limits around volunteering.

A: Ian: The three points are linked. We need a policy change. Volunteering isn't valued. I personally think restrictions on volunteering should be removed. There is a question about what is meaningful. Volunteering can be meaningful because finance is not involved; people do it because they want to. Hopefully, this work and the desire to make volunteering more significant will make it more valued in future.

Q: How do you monitor outcomes for wellbeing and evaluate? How can we work in the same way? How do you capture the beginning and end of the process?

A : Laura: The most commonly used measure is a life satisfaction questionnaire. It is slightly different from ONS. I recommend Warwick Edinburgh Mental Wellbeing Scale (WEMBS) which captures different dimensions of wellbeing. Their scale is validated, robust, used nationally and internationally. I would advise it is a good scale to start with. It helps with looking at the wellbeing of people before and after an intervention or change in circumstance. If you measure according to ONS you can say this is the national measure of wellbeing and compare your local population before and after your intervention.

A: Martin: There are a number of outcome stars. We use the Recovery Star which covers wellbeing, trust and hope and relationships. It look at different aspects and works out where people are at entry and exit to service and where they have moved along the scale.

A: William: The Recovery Star is particularly directed towards mental health users. In the evaluation of New Routes (The Care Forum's social prescribing service) the WEMWBS was used.

A: Ian: Monitoring and proving our value is not just for service users but also for commissioners; for example, it could result in fewer hospital visits, and prescriptions. Government resources are finite but in human society there are unlimited resources for support. The voluntary and community sector can be brokers to stimulate wellbeing.

Q: One concern is that it is still very subjective. If someone is in a low place and your intervention has been positive they can be overly grateful in evaluating the service.

A: Laura: It is still worth putting the subject at the centre of evaluation. We are trying to capture people's experiences and this can't come from any objective viewpoint. It is not our impression but theirs. I suggest measuring objective indicators alongside the subjective. National policy has objective measures at its core, for example income inequality, and that sits alongside subjective measures. On a national large scale this will account for subjectivity.

A: Many organisations in this room work with smaller organisations. Is there anything that NEF does to help organisations feed into larger projects? Also, once you do embark on a measure, stick with it. We have just come through ten years of difficult performance measures.

William H: We are moving away from worrying about things being objective and subjective. There is nothing wrong with subjective. The bias that might be introduced by people wanting to please the organisation can be overcome by having an independent person asking questions.

Q: How can we influence local decision makers that if you are happier you're healthier? It's not just about services but also relationships. How can we quantify health gains and provide evidence to commissioners? Are you able to offer persuasive evidence to local decision makers that by using wellbeing measures they can commission cheaper and better?

A: Laura: Yes. We wrote a report for the Local Government Association. Using wellbeing can be a huge preventative force. Local authorities that have embraced the wellbeing agenda can show they improve outcomes. It is important to show commissioners hard evidence of the links between wellbeing and health. The presentation slide on partnership comes from evidence from local authorities and is in your packs; for example, green gym projects that were intergenerational. They were low cost interventions which had wide ranging impacts. Self-reported happiness (see feedback loop) - these appeal to commissioners. Happy people live up to seven years longer.

A: Ian: Are the five ways influencing commissioning? With modernising mental health in Bristol the emphasis is on primary interventions at local level, rather than expecting service users to go to services outside their neighbourhood, and social prescribing is to be included. This is an example of where wellbeing is included in the commissioning of services. In our social prescribing service at Wellspring we are doing an evaluation and we hope it will demonstrate interventions that impact on wellbeing and demonstrate their wider cost effectiveness.

A: William: In Keynsham the redevelopment of the civic centre will include scope for a supermarket. A group wants to persuade the council to let the space to the community to run a people's supermarket. It will tick all five boxes as it will use volunteers and local food, and will be community- run, but the council would have to accept there would be no business rates. The council is asking whether the wellbeing we get from the community will make it worthwhile.

A: Martin: It's a high risk for commissioners to invest and let things run long enough to get results.

A: Laura: Social Return on Investment (SROI) tries to quantify returns. For example, with crime it measures benefits in terms of decreased recidivism; for example, for every £1 you invest, you get £1.70 back. A lot of people feel uncomfortable with putting value on wellbeing, but it seems to be one step closer to making it meaningful for commissioners.

Q: The psychiatric medical model is focussed on disease. The recovery model uses lived resources. It is the wrong idea that people are broken. The medical model tends to give a focus on what is wrong and to try and find a cure. The tradition has been about evidence-based practice. Now we should be looking at practice-based evidence when looking at new ways to evaluate. It is about confidence and exploring how we can use positive outcomes. The Recovery Star works. It is graphic and empowers service users. Commissioners are becoming more open to the idea of practice-based evidence.

A: William: Commissioners want to commission services because they feel intuitively that they will be good and then they look for the evidence that supports their feelings. We need to win the hearts and minds of commissioners and then give them the evidence to support it.

Q: I am the chairwoman of South Gloucestershire Senior Citizen's Forum which has 4,300 members. I am very intrigued by the whole event and not sure why it is so mental health focussed. The problem in South Gloucestershire is that it is a large rural area and we have a large number of members who are isolated and cut off because they can't access the towns. Are you aware that in South Gloucestershire, there are some places where the bus ends at 5pm? In some areas, people can't go to church unless they have a friend or neighbour that can take them. People are often not getting out of their houses for a week. In the forum, we are trying to help people do what you are talking about, but trying to persuade an 80 year old who is stuck at home to be happy is very difficult. You talk about the government needing to rethink employment and the four-hour rule on volunteering. Most of the things that the government is doing is making it very difficult for people; for example, grandparents are having to look after their grandchildren because mums can't afford childcare which impacts on that older person being able to socialise. People who would want to volunteer can't. I would like to know who they are asking and I wish they would ask me.

A: Mel: My bet would be that your 4,000 members would get better outcomes just because they are connected with your organisation. If we could measure the 4,000 in your organisation with 4,000 older people not in an organisation I think it would show better results

A: William H: An organisation called the Chew Valley Village Agents is working to overcome exactly the same problems you describe and find ways to connect people in the community.

Evaluation:

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

- More knowledge of health and wellbeing
- More detailed examples of 5 Ways to Wellbeing
- Better informed about NEF 5 Ways and also local initiatives
- Question time
- Awareness raising around wellbeing - lots of thoughts and ideas to follow through.
- Networking
- Discovery of (possible) solutions for measuring wellbeing, and the importance/need not to lose sight of subjective evidence.

- A better understanding of the 5 Ways to Wellbeing
- Useful presentation - keynote speaker
- Need to try and ensure that any future events are not 'hi-jacked' by a specialist element, in this case mental health
- Sharing positive outcomes. Recognising the best measures of well being and looking forward
- The talk on wellbeing and following discussion were very interesting
- Discussion re monitoring systems
- Learning about plan to measure wellbeing
- Re-enthused to campaign for wellbeing (progressive taxation and shorter working hours to employment). Take back 5 a day to forensic AWP services
- Learning of methods to measure wellbeing outcomes
- Understanding wellbeing and 5 key points
- Learning about 5 Ways to Wellbeing and people's comments about them
- Networking
- Good speaker - interesting - 5 wellbeing items. Constructive participation in discussion
- Useful tools
- Understanding of Nef Wellbeing
- Interesting - lots of discussions for our team ahead
- The learning from the presentation by Laura Stoll, NEF and networking opportunity

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

- The outcome and impact of the current cuts that are taking place at BCC
- To do with older people
- No
- Subjects for senior citizens
- Endemonic approach. The emphasis on the individual and freedom of choice
- What progress on wellbeing influencing policy and commissioning
- Funding - adult social care green paper
- Connectivity between organisations
- Further exploration of wellbeing and input of attachment theory on happiness

Are there any other comments you would like to make?

- My name was not on the list, also 3 other members from South Glos Forum
- Really interesting event. Excellent speaker. Thank you
- Room too hot
- Good event
- Feedback problem in microphone
- Very good informative speaker and worthwhile event to attend. I gained insight into wellbeing and definitions
- I was impressed by the high standard of organisation - thank you
- Don't really like people reading what's on the slides
[The Care Forum asks speakers to read out their slides so that the information is accessible to people with visual impairment]
- Excellent speaker
- Very interesting topic, great speaker. Things need to change - hopefully for the better, keep up good work
- Interesting, stimulating
- Good acoustics in room
- The Care Forum has a good atmosphere
- Congratulations - good AGM as usual
- Very good information

- Panel was mostly male/not very representative
- Parking
- The room was far too hot. The interactive web-based annual report and audited accounts were fine, but frustrating to use, read. It would have been nice to have a pdf that could be printed and/or you to have a few to give out at the AGM
[The Care Forum had made available a number of printed copies of the annual report, alongside the laptop showing the web-based version. Several of the printed copies were taken by participants.]

Content	Average mark (out of 5)
Understanding of subject at start	2.7
Understanding of subject at end	3.9
Sessions	
Speakers	4.4
Other elements	4.0
Organisation	
Pre-event information	3.6
Facilitation	4.3
Organisation on day	4.5
Venue	
Access	4.5
Refreshments	4.4
Standard of room	4.4