



Keeping Bournemouth and Poole Healthy and Well

- how the voluntary and community sector supports health and wellbeing

Tuesday 18 July 2017

Executive Summary

Bournemouth Council for Voluntary Service (BCVS) and Poole Council for Voluntary Service (PCVS) jointly organised a fourth networking event for voluntary and community organisations (VCOs). The event was for any VCO that considered it is improving health and wellbeing in Bournemouth, Poole or Dorset and was attended by 36 people from 24 VCOs, plus the two CVSs, Public Health Dorset and LWD.

Two surveys undertaken in September 2014 and November 2016 show that:

- Almost all VCOs consider they improve health and wellbeing
- About a third of VCOs work with the general public and about one in 5 with those with health related needs
- VCOs tend to offer a wide range of services and activities (an average of 3 per VCO), even to very specific users, aiming to work **holistically** and **individually** with their users
- 75% of VCOs work with adults across the age range.
- The median number of users per month is between 52 and 80. If a figure of 50 is used then the 725 charities in Bournemouth and Poole are being used by 36,250 users per month (about 10% of the total population).
- The two most frequently identified differences VCOs see in their users are:
 - Reduced isolation and increased connectedness to their communities
 - Improved confidence and self-esteem
- 80% of VCOs state their work improves users' experience of fun, enjoyment and feel-good factor

Sam Crowe (Deputy Director of PHD) said that the survey results clearly highlight the valuable contribution the VCS makes to H&WB. For statutory services there are increasing demands and so we need to look at how to better use the resources that are available. There needs to be a shift from what is the matter with you to what matters to you.

A Toolkit to help VCOs better plan and measure the difference they make to H&WB was launched that includes factsheets on why measure, how and suggested tools. The Toolkit is available at: www.bournemouthcvs.org.uk/healthandwellbeing.asp

At the event there were table discussions and a presentation from Poole Sailability about how their work impacts on the Five Ways to Wellbeing. LWD gave a presentation about their service and a case study of their close work with West Howe Community Enterprises.

Discussion notes show that nearly all organisations are trying in some way to measure the difference they make to H&WB. VCOs are using a variety of methods, however most are bespoke and informal. Some VCOs indicate they may use some or all of the Factsheets to improve their practice. However some groups do feel they are still too distant from front line delivery, unfriendly and perhaps too advanced for some. Some delegates believe that users will find more formal means of measuring difference too intrusive and may well over score themselves. Although some VCOs may consider using the Factsheets many are unclear as to who with and how.

VCOs would value 1 to 1 advice and support, peer learning and networking to improve their impact on H&WB. Many VCOs want face to face training rather than online, however the peer learning element of training is important to many. Training needs to be relevant and timely. Perhaps there could be some co-ordination and facilitation of sharing training. There is much interest in differing levels of mental health training/awareness. However for some organisations there is always the difficulty of justifying time and cost of any such training.

Another table discussion shows the wide variety of activities VCOs at the event provide (and for some of the delegates not all their activities were described). Delegates found it easy to identify the contribution their activities make to H&WB, often using the 5 Ways.

The WHCE case study shows the close partnership working, and mutual benefit, that can develop between LWD and a VCO. Table discussions suggests a number of ways the working relationship could be improved. A very common suggestion is making more information available to front line groups as to LWD services and pathways. This could be achieved through LWD going out to groups. Some also felt LWD could attend events/activities with users to make direct contact with them. The training offer was also seen as a very useful one. VCOs could be more active in referring people onto LWD by handing out cards and supporting users. Some suggested that it would be beneficial to receive feedback on what happened to those they had referred.

The CVSs, PHD and LWD will reflect on the above and will consider the following:

1. Providing advice/peer feedback on how to better use and record qualitative conversations with users (including the use of questionnaires/forms to guide a conversation).
2. Need to provide evidence and examples of the accuracy, relevance, statistical significance and practicability of using more formal surveys and analysis.
3. Advice on how to report to the outside world the difference a VCO is making on H&WB.
4. Continue to offer 1-2-1 advice to some VCOs in their use of the Factsheets.
5. Provide some ideas as to how a VCO could use the Factsheets and improve their impact measurement and reporting.
6. The case needs to be made to senior managers/trustees as to the 'value for money' of staff/volunteers attending training.
7. To continue to offer bite sized training on H&WB.
8. We need to look at appropriate mental health courses.
9. We need to look at the opportunities for sharing of and shared training.
10. We need to continue to facilitate networking of VCOs.

11. Consider writing a case study that describes a service that addresses emotional/mental wellbeing more directly.
12. We need to continue to share how VCO activity with people contributes to H&WB, and recognise its inherent value but also to public health outcomes.
13. We need to advocate the value of the VCS contribution outside of the sector itself and the 'usual suspects'.
14. To develop the working relationship with LWD we should consider:
 - Improving the information on LWD services so individuals and VCOs better understand its added value, criteria and pathways (this could include online material)
 - Continue to make the training offer but improve VCS awareness of it
 - LWD offer to attend staff/volunteer meetings and user services
 - VCOs should refer users as appropriate
 - Learning for the two way data sharing pilot is shared.

Introduction

As part of a funded (by Public Health Dorset) project Bournemouth Council for Voluntary Service (BCVS) and Poole Council for Voluntary Service (PCVS) jointly organised a fourth networking event for voluntary and community organisations (VCOs). The event was for any VCO that considered it is improving health and wellbeing in Bournemouth, Poole or Dorset.

It aims were:

- Celebration of voluntary and community sector (VCS) contribution to health and wellbeing (H&WB)
- Delegates learn how to improve their impact and measurement of H&WB
- Delegates understand what support, advice and training is on offer
- Improve understanding of LiveWell Dorset (LWD) service to better refer users to them
- Allow opportunities for networking between VCS, Public Health Dorset (PHD) and LWD.

Any VCO operating in Bournemouth, Dorset or Poole was invited to send up to two delegates. A maximum of 40 places were available and the event attracted 43 bookings. On the day the event was attended by 36 people from 24 VCOs. It was also attended by staff from BCVS, PCVS, Public Health Dorset and LiveWell Dorset. Delegates were spread across five tables, each with two facilitators to encourage discussions and take notes. For a full list of attendees please see Appendix 1.

VCS Contribution to Health and Wellbeing

Following a welcome from Viv Aird (Chief Executive, BCVS) Steve Place (BCVS) summarised the results of surveys in September 2014 and November 2016:

- Almost all VCOs consider they improve health and wellbeing
- About 1 in 4 VCOs only operate at the neighbourhood level, but most work across Bournemouth, Dorset and Poole with 1 in 4 working beyond Dorset as well.
- About a third of VCOs work with the general public and about one in 5 with those with health related needs

- VCOs tend to offer a wide range of services and activities (an average of 3 per VCO), even to very specific users, aiming to work **holistically** and **individually** with their users often providing (in order of frequency):
 - advice and information
 - opportunities to volunteer
 - social activities
 - basic requirements (such as food, clothing, money/benefits, often a determinate of good health)
 - healthy activities/behaviour, particularly diet and exercise.
- 75% of VCOs work with adults across the age range.
- The median number of users per month is between 52 and 80. If a figure of 50 is used then the 725 charities in Bournemouth and Poole are being used by 36,250 users per month (about 10% of the total population).
- The most frequent differences VCOs see in their users are (first two were seen as the most important and frequently listed):
 - Reduced isolation and increased connectedness to their communities
 - Improved confidence and self-esteem
 - Increased independence, empowerment and resilience
 - Feeling better supported
 - Increase in fun, enjoyment and wellbeing.
 - Increase in healthy behaviours
 - Improved learning and employability
- 80% of VCOs state their work improves users' experience of fun, enjoyment and feel-good factor

The results of in depth interviews with 40 VCOs showed that services improved health and wellbeing by:

Difference	% of groups
Reducing isolation/increased contact with others	58%
Increased confidence/self-esteem	48%
Increased mental health	40%
Increased physical health	35%
Increased skills (particularly employability)	18%
Improved diet/nutrition	13%
Better awareness of services/assistance	10%
Improved accommodation	8%
Better healthy choices	5%

The percentage of groups who considered they had an impact on the four public health priority behaviours were:

Reduced smoking	8%
Reduced alcohol consumption	15%
Improved physical exercise	68%
Improved healthy diet	53%

The 40 groups:

- benefitted 17,000 people a year
- average of 447
- median (mid-point) of 200

How Public Health Dorset values the VCS Contribution.

Sam Crowe (Deputy Director of PHD) said that the survey results clearly highlight for PHD the valuable contribution the VCS makes to H&WB. For statutory services there are increasing demands and so we need to look at how to better use the resources that are available. The survey has emphasised the non-medical model and impact the VCS has on people. People will only stick to behavioural change if there are easy ways to do so, they have fun and is in a social context. There needs to be a shift from what is the matter with you to what matters to you. The work over the past few years has seen a move towards better understanding between the VCS and public sector and how we can better collaborate. LWD needs VCOs to succeed.

Measuring the Difference you Make

Steve Place (Bournemouth CVS) launched an updated Toolkit to help VCOs better plan and measure the difference they make to H&WB. In October 2015 a pdf document was presented to the last Network meeting with the intention of converting this into an online resource. To prepare for this two focus groups were run with VCOs to explore how best to do this. Unfortunately resources were no longer available to carry out the conversion. Therefore it was decided to develop nine factsheets. Although the factsheets follow a 'logical' sequence they can be used in any order:

- **Factsheet 1: What is Health and Wellbeing?**
After reading this you should be able to define health and wellbeing.
- **Factsheet 2: Improving Health and Wellbeing.**
After reading this you should be able to define how your work is making a difference to people's health and wellbeing and be ready to plan for it.
- **Factsheet 3a: Five Ways to Wellbeing.**
After reading this you should understand the Five Ways to Wellbeing model and be able to use it to plan your work.
- **Factsheet 3b: Planning Triangle.**
After reading this you should be able to use this tool to help plan your work.
- **Factsheet 3c: Other Planning Tools.**
After reading this you should be able to decide whether to use a Logic Model or Theory of Change to help you plan your work.
- **Factsheet 4: Measuring what you do.**
After reading this you should be ready to measure your work.
- **Factsheet 5a: Suggested Outcome Measures.**
After reading this you should be able to decide which existing measurement tools to use.
- **Factsheet 5b: WEMWBS.**
After reading this you should be able to decide whether to use WEMWBS.
- **Factsheet 6: What will you do with your data?**
After reading this you should be better able to make use of the data you have collected to you show your work has made a difference.

The factsheets are available at: www.bournemouthcvs.org.uk/healthandwellbeing.asp

Steve Place would welcome any comments on the Factsheets and is able to give advice and support to using them.

Table Discussion 1

Topic 1: Examples of how delegates currently measure the difference they make to H&WB.

Blue Table

- Triangle Community Services – monthly report produced to share with director – number of people, activity, feelings about it, kept in house
- Dorset Rape Crisis Support Centre – different funders want different information. Use ‘star’ model to record feelings of participants regarding mental and physical health, going back to work. For children use smiley faces/pictures to feedback H&WB and schools report back on children’s engagements/progress/wellbeing. Record feedback through texts/direct quotes about the difference to their H&WB e.g. ‘you’ve changed my life’ as well as more formal methods
- Bournemouth Older People’s Forum – social gatherings, not formal, each member is asked if they volunteer somewhere else to gauge impact on the community, asked ‘what matters to you?’. This can be feedback to funders or on grant applications
- Bournemouth Blind Society – emotional support – use CORE form at beginning, half way point and end of support, not shared beyond the member of staff and their 1:1 client at present

Green Table

- Using the Five Ways – how the charity is making a difference, outcomes
- Knowing your aims as a charity – what is it that wants to be achieved – to know if it’s working
- Asking volunteers and participants, trustees and paid staff

Purple Table

- British Red Cross – NHS Friends and Family (for commissioned services). Implement various other ways but trying to measure social isolation and loneliness is very difficult. Community connectors in Poole x2, ask clients to outline and measure their top 3 goals 1) Order own shopping, 2) walk the dog
- Anglo-European College of Chiropractic – questions after a week, regular intervals for 3 months, ‘care response’ measures pain and reduction
- Dorset Advocacy - Advocate Case Agreement reviewed, questionnaire – discuss outcomes at the end, what they feel/how things have improved, based on personal goals - detailed report for funders
- Help and Care – Help and Care – use of person centred goals measurement tools – PAM/outcome star, meeting needs of individual, external validated evaluations and ‘going with our gut’ – what we believe but may not be able to prove

Red Table

- The Shine Project – questionnaires, WEMWBS, scoring at start of the course, middle and end, notes on individual clients, overall reports on small groups, annual results from data throughout the year
- Citizens Advice Bournemouth – financial outcomes recorded but H&WB data difficult to record, data recording easier with long term clients, possible case-recording system – Net Promoter score – see LiveWell Dorset
- Poole Waste Not Want Not – currently not measuring outcomes, but ask clients/customers for feedback
- Brendoncare – surveys – identifying areas needing action/support (volunteers and servers), benefits of clubs (% based on questions), feedback on services, membership and attendance continue

Yellow Table

- Bournemouth Blind Society – individual action plans – what, how and planned outcomes, discussion with user rather than set by organisations. Outcome examples – large print filing systems for individuals, setting up befrienders.
- Poole Waste Not Want Not - record all feedback – verbally with service users
- Help & Care – diabetics support group, informal, non-clinical role. Impact is measured by reviewing continued attendance and verbal, anecdotal feedback/conversations. Evidence also seen in relationships formed.
- Shelter – outcomes are recorded, create a picture of impact using data. Feedback on 20% of cases – all verbally previously but now started to do this more officially – how less stressed/relieved/happier do they feel. Want to work more on how they measure impact on the wider family as this is harder. All measuring is done in terms of individual adults so a lot of impact is missed

Topic 2: Does the toolkit look useful? Particularly ideas on how to measure?

Blue Table

None of the groups had seen the toolkit before today's event

- Bournemouth Older People's Forum – yes will use Factsheet 6
- Triangle Community Services – we use some of these questions for our core plan already, but worded differently
- Dorset Rape Crisis Support Centre and Bournemouth Blind Society – also ask similar questions
- Livability Holton Lee – we use questions as part of a discussion, not a form, it's a conversation

Green Table

- Surveys – at the start of engagement and then at the end to compare improvements
- Evaluation/questionnaire – using questions and WEBWMS together
- The need of help
- Less invasive as WEBWMS solely as can be invasive and personal

Purple Table

- Toolkit - More generic – less person centred,
- Culturally questions do not mean anything (naturally give a 5 or a 10 to give the best score)

- Like the factsheets, particularly 5B
- Big challenge – individuals have long term conditions – never going to be fully well (range of issues), take away pressures e.g. having someone walk the dog
- Everyone will mark the score differently e.g. going from 1-4 will mean different things to different people
- Individuals not always truthful – afraid of upsetting the ‘volunteer’ on feedback questionnaires
- Just speaking to someone is of immense value and can increase scores
- Dealing with small number of people can skewer the figures (not statistically significant)

Red Table

- Poole Waste Not Want Not – yes, template for using with volunteers
- Brendoncare – yes, to interpret data for potential funders, sets the parameters
- The Shine Project - yes

Yellow Table

- Straight forward
- Great to have something to follow rather than having to spend time on looking into how to do this themselves
- Perhaps needs looking at a bit more in terms of user friendliness. How can we make those tools easy for service user groups to understand/make it relevant to them?
- Older people a harder group to work with re measuring impact – won’t use technology/fill out surveys etc.
- Very theoretical needs to be more user friendly/fun
- Overall very useful, room for organisations to adopt it

Topic 3: Would groups use them?

Blue Table

- Triangle Community Services – we have a wellbeing policy so I imagine some of this information is in there – I’ll see how/if the policy needs to be adapted
- Bournemouth Blind Society – discuss together and decide what to use.
- Dorset Rape Crisis Support Centre – it’s a good resource to review what we already do
- Livability Holton Lee – doing a lot of it already e.g. 5 Ways case study
- Bournemouth Older People’s Forum – I’d use it as a check list

Green Table

- Yes

Purple Table

- 4/5 people said yes
- 1 – potentially (new in post)

Red Table

- Yes groups would use them.

- Citizens Advice Bournemouth – examples in the toolkit are beneficial for establishing individual templates in organisation

Yellow Table

- Shelter – toolkit is the next step on for them, great useful framework to look at their wider impact
- Aspects would be used. Not all as too much detail. Strategy planning rather than action/delivery planning
- More difficult to actually apply with service users in reality e.g. WEMWBS seems a simple questionnaire but it's not that easy to get people to complete. Some client groups not happy to be that open.

Topic 4: Would groups use them with trustees, other staff, volunteers?

Green Table

- Never considered before, but using Five Ways encompasses the wellbeing of everyone

Purple Table

- Organisationally
- Everyone
- Useful to have trustees on board

Red Table

- Volunteers mainly

Yellow Table

- Definitely at a strategic level in terms of planning and evaluation

Topic 5: What sort of advice and support would groups like to improve the way they measure the difference they make to H&WB?

Blue Table

- Time to effectively analyse the information gathered is needed
- Some of our service users do not have the verbal skills or capacity to understand the questions so they are adapted based on our observations

Green Table

- Networking and asking other groups what works
- Mixture of using toolkits and speaking with others
- Measuring the wellbeing of members, users, trustees

Purple Table

- Have to do things organisationally, need flexible/moveable
- Accountability awareness that people measure 'meaningful activities' differently
- Examples of personal experiences/successful/unsuccessful examples
- Feedback session – organisations can input information
- Data from other sources – see correlations
- Communication across the sector
- List of organisations that are on board – do they have sight of x, y and z?

- 1 to 1 sessions very useful, small organisations support others
- Need the CVS to challenge commissioners and contracts on practice and process
- Summing up, 1:1 support would be very good. Examples and data from other groups to use as a guide and /or comparison would be helpful.

Red Table

- Support/advice – central contact point for communication with medical centres (inconsistent), promotion/marketing
- One to one advice
- Networking events – sharing ideas and supporting each other

Yellow Table

- Tips on how to make it service user friendly or case studies on how organisations have used it with hard to reach/engage groups
- More guidance on how to apply it to service users – more case studies of successful use.
- Time an issue, we know it's important to do but difficult to find the time
- Individual organisations senior teams need to make decisions on which tools suit them best and engage staff/train staff in its use /application rather than trying to use all the tools available in the kit so it becomes a cultural process.

Training and Support

Chris Beale (Chief Executive Poole CVS) reported on a detailed survey in February/March 2015 of 78 respondents. Priority topics for training included:

- Monitoring and evaluating impact on public health outcomes
- Influencing and motivational techniques
- Promoting mental health

As a result 10 training workshops were delivered for 119 participants on the following topics:

- Motivational interviewing,
- Behaviour change,
- Five ways to Wellbeing, and
- Mental health awareness

A further five workshops are being planned for 2017/18 (for more information contact: kevin.eaton@poolecvs.org.uk). Also a peer support network was organised involving 8 organisations visiting each other and sharing practice.

Positive feedback was received for the training and peer network. However in future the mental health training will be delivered at a higher level. Also there is limited time for organisations to engage with the peer network, as a result we are discontinuing it and providing more time at some workshops to network.

Based on the experience of providing the training and peer networking we need to:

- follow up organisations to assess how the training is being implemented
- support organisations to access funding and develop training budgets

Steve Place (Bournemouth CVS) is also available for 1-2-1 advice and support (01202 466130 steve.place@bournemouthcvs.org.uk)

Table Discussion 2: What advice and training is needed?

Blue Table

- Face to face training is preferable to online
- Not motivated to do online training – like to go somewhere
- Sharing knowledges/experiences/network/language/outcomes is useful at training – sharing success and failures – peer support
- We don't want long sessions
- Not PowerPoint stuff
- Do we need training or do we need to draw out and share our own experiences? Use peers
- Training on 'how to write NHS tender document' wanted

Green Table

- Staff training and support for mental support and also for awareness
- Communication – of training available/ costs/where
- Flavour of training – rather than just information
- Training on what to do with all outcome data and measures once they have collected this
- Training in analysing this data and shaping service the charity provides

Purple Table

- Previously mental health training was very useful for staff who then share it with other staff at team meetings, but find it difficult for volunteers to attend – time commitments, volunteer with other organisations, existing training already very intense
- LiveWell Dorset – bite sized training much better, free to attend
- Could we find out/ share/discuss what training other organisations do- chance to share resources
- Help & Care – call centre staff – resilience training for their jobs, staff found it really valuable, model shared/feedback so other organisations aware of importance/relevance/need. Volunteers would benefit from this.
- Need awareness/knowledge of long term health conditions – mental health/personality disorders so know how to handle/ have an understanding of their individual needs. All training so far for neuro-typical
- Dementia is now well known/publicised – what about other conditions?
- Dorset Advocacy – experts by experience – volunteers with learning difficulties going into GP surgeries, training on managing their needs
- Royal Bournemouth Hospital – Traffic lights and Passports for people with Mental Health needs or learning disabilities - what matters to me, how you need to speak to me, what I need with me...

Red Table

- Important forms of advice/support training needed: LiveWell Dorset training – Motivational, Five Ways, establishing relationships – barriers are funding/getting the deposit if you are part of a large organisation

- Mental Health Training: combined with physical treatment, not just treating single disorders, small discussion groups are also a very good way of learning and getting new ideas/ strategies. Dorset Community Action run very good bite size training courses.
- Most important way of delivering advice: 1 to 1 by phone, email, then face to face, age appropriate (i.e. younger clients prefer instant messenger apps), group sessions for peer support but the main thing is that it needs to be responsive and timely.

Yellow Table

- Help in upskilling/training support for front line volunteers in elements e.g. 5 ways to wellbeing
- LWD training – senior agreement that time can be allocated to this
- Time to do it also an issue/barrier to individual volunteers finding time to implement afterwards
- Better planning
- More individualised training for each organisation rather than generic sessions for the conurbation. LWD going to them, tailoring in delivery
- Webinars? Delivery avenue. Short and sharp
- Adapted training for supporting individuals
- Change management training
- Level 2 training Mental Health

Learning from Others

Liz Cooper (Poole CVS) described how individual case studies were written to show how six local organisations were using the 5 Ways to Wellbeing to describe the benefits of their work on H&WB. The case studies are available at:

www.bournemouthcvs.org.uk/healthandwellbeing.asp

Peter Davies, Poole Sailability (one of the case study groups) then gave a presentation. The charity was first registered in 1995 whose objects are to provide water-based activities in Poole Harbour for people with impaired health and disabilities. It is based at Rockley Park, Poole. They sail on Wednesdays and Sundays using 4 Keel Boats (each taking 5 people) and a Safety Boat. They currently have 80 members, sailors and volunteers. Over the year they provide 45 sailing sessions with over 450 individual sailing places. They are about to offer an outreach programme each Tuesday. Peter explained how their activities contribute to the 5 Ways:

Be Active



- We are an impaired health and disabled sports charity.
- Our members join us in sailing, the exercise will make them feel good.
- Most importantly they discover a physical activity that they enjoy, one that suits their level of mobility and fitness.

Keep Learning

- Try something new; rediscover an old interest.
- Take on different responsibilities; learn to sail or even race.
- Set a new challenge you will enjoy achieving. Hoisting a spinnaker (the devil's sail); driving the safety boat.
- Learning new things will make you more confident.



Take Notice



- Be curious, catch sight of the beautiful surroundings of Poole Harbour.
- Keep a lookout for other boats; remark on the unusual; notice the changing seasons.
- Savour the moment, whether you are in the boat, having a coffee or talking to friends.
- Be aware of the world around you and what you are feeling.
- Reflecting on your experiences will help you appreciate what matters to you.

Connect

- Connect with the people around you, with sailing colleagues, family, friends, and neighbours.
- Joining in our social evenings, working on the boats in the offseason.
- At home, work, in the boat or in your local community.
- Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.



Give



Mayor visits Poole Sailability



Participating in Poole Week Racing



Receiving Civic Award 2016/17



Poole Harbour Boat Show



Quiz Night at Parkstone Yacht Club



Hosting visit by Dorset ME Group

Table Discussion 3: Learning from Others

On each table delegates were asked to share at least one activity they provide that improves H&WB, with other delegates suggesting how it might also improve H&WB.

Blue Table

Organisation	Activity and Description	How does it improve H&WB?
Livability Holton Lee	Horticulture programme – gardening and woodland activities helps those battling addiction/anxiety/depression/autism etc. Groups are combined and work together Dying/nurture linked to horticulture is linked to the cycle of life Photography groups Produce grown is given away	Take notice, be active Connecting Giving
Bournemouth Blind Society	'Roots' group, art, curling, walking groups, pottery	Connect, be active, learning, take notice
Dorset Rape Crisis Support Centre	Trauma can lead to addiction – people feel their control has been taken away, by accessing services people gain confidence to go out	Connect, be active, take notice
Triangle Community Services	'Singing for the brain', learnt new songs, participated/performed for the group	Connect, be active, learning, giving

Bournemouth Older People's Forum	Gardening presentation at a meeting – learnt how to take cuttings, free plants given to attendees, questions and answers, conversations, advice given between peers	Connect, learning, be active, take notice, giving
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Green Table

Organisation	Activity and Description	How does it improve H&WB?
Safe Partnership	Giving – help, support, information, time	Learning the options
Natural Choices	Activities	Giving opportunity, physically being active, noticing the wildlife in surroundings, learning about nature
West Howe Community Enterprises	Café	Connecting with the community, learning about activities, take more notice about what is around them, volunteering in community
Sailability	Social Activities	Connecting with other people
Tomorrows People	Training	Providing 5 steps training – volunteering, clients to help in community on projects
Brendoncare	Activity groups – talks, games	Enabling people to meet and drink, giving them opportunity to learn new games, all run by volunteers connecting

Purple Table

Organisation	Activity and Description	How does it improve H&WB?
Dorset Advocacy	Paid reps go into care homes for people who don't have capacity (very little interaction) – enabling /independence – look at activities then engage other services to provide what that person wants - What are their interests? Are things fundamental to their needs being lost in the care system?	Often lose all aspects of H&WB when going into a home Need to help them connect, take notice, keep learning Empower them

Anglo-European College of Chiropractic	Everyday fitness class (recovering from physical illness) Nominal fee	Be Active Connect Take notice Keep Learning	Not embarrassed to try as everyone in the same situation
British Red Cross	Shopping service – take them/get then the shopping Aim: go independently/eventually self-manage (short term impact) Signposting to local groups Shopping not done by care agencies Purchasing equipment – microwaves, fridge freezers Setting up Meals on Wheels	Connecting people back into the community Service is growing – uses volunteers Eye opener to make volunteers who have never been in a super market before! Learning curve for the volunteer Service users go on to become volunteers – purpose/make new friends/empathy	
Royal Bournemouth Hospital	Treatment for cancer 3 times in journey – questionnaire, identify what they are struggling with Covers everything: finance, family, support	Being Active – maybe not original life but a life they have chosen based on their health Learning about own condition and their potential. Healthy eating etc. Gives – volunteers share their experiences. Can see them grow	
Help & Care	Community works (1 paid member and volunteers) 1) Walking group 2) Telephone befriender Roots gardening service – think of their service as ‘volunteers’, takes away stigma from their conditions	Connect – volunteers collect individual from home – reduces logistics/worry Reduces isolation Take Notice – outdoor activities – changes in the seasons/weather (saw an egret), see things differently Keep Learning very implicit Give – use volunteers – some are in their late 80s/90s Volunteering – protective factors, have benefits, gives them a purpose Be Active - walking	

Red Table

Organisation	Activity and Description	How does it improve H&WB?
Citizens Advice Bournemouth	Debt advice sessions and from volunteer perspective	Learning new skills, being financially self-sufficient? Improves mental well-being which boosts physical well-being
Poole Waste Not Want Not	Unlike food bank, there is more selection for healthy, fresh foods, teaching about different foods	Learning, being active, take notice, physical health – eating well, giving back
Brendoncare 55+	Cooking for one demonstrations, better health recipes, cooking on a budget, simple cooking	Being active, improving general H&WB, learning and giving
The Shine Project	Wellbeing course, each week different aspect of H&WB i.e. exercise class, mindfulness, mental wellbeing, self esteem	Being active, each session covers an aspect of the Five Ways to H&WB

Yellow Table

Organisation	Activity and Description	How does it improve H&WB?
Bournemouth Blind Society	Minibus collecting people who would otherwise be unable to travel to day activities/ events Service users get involved with organising/planning days by default with an official commitment as such	Connecting, active, learning, taking notice Giving back
Poole Waste Not Want Not	Minibus to events/activities for service users Some events are about learning new skills – form filling, trying new foods, cooking (basic life skills) Providing food for others	Connecting, active Learning, taking notice Giving
Shelter	Volunteering opportunities, donations for general public Helping people get into a home, legal advocacy, navigating housing service and technology Taking stock and control of situation, over-coming barriers More opportunities of service users to engage in focus groups, wider organisations. Peer support involvement 5 ways help us to focus on how much are actually contributing to H&WB	Giving Learning Taking notice

The LWD Offer

Lydia Turnbull, LWD, gave a presentation about the service. It was launched in 2015, creating a client focused 'single point of access', for the 750,000 people of Bournemouth, Poole and Dorset. Its purpose is to protect and improve health and wellbeing, enabling sustainable behaviour change in key lifestyle areas (alcohol, tobacco, diet and activity). It is an opportunity to move away from fragmented services towards a more holistic model; empowering clients to take ownership of their H&WB. It makes a universal offering, actively engaging communities and promoting the service to 'hard to reach' groups where health outcomes are poorest.

It offers 4 pathways:

- Weight Management: Coaching, Slimming Groups, Education, Support
- Smoking Cessation: Pharmacy Service, Coaching
- Alcohol Reduction: Education, Coaching, Signposting
- Physical Activity: Coaching, Signposting, Accessibility. Not including GP referrals

LWD understands not everyone is clear as to what lifestyle changes would improve their wellbeing. One of their Wellness Coaches will work with these clients to guide them through the '5 Ways to Wellbeing' and ensure they have information and support to begin identifying their path to better H&WB. The Wellness Coaches are experts in Behaviour Change and work with clients to ascertain real or perceived barriers to making lifestyle changes. Coaches use both motivational interviewing and a person-centred approach. An evidenced-based tool is used to select and suggest Behaviour Change Techniques for the client to trial with the aim of overcoming barriers and instigating change, with a weekly cycle of action planning, goal setting and review forming the basis of the coaching service.

Anyone can refer into LWD. All contact details are on cards, leaflets, posters and media. It is widely recognised that self-referrals have more successful outcomes. VCOs can give a client a card and encourage them to self-refer themselves to LWD. The effectiveness of self-referral is optimised if the VCO can give a detailed explanation of the LWD service and the support typically available to a client. A client calling into LWD will have an initial conversation with a Wellness Advisor, who will aim to understand more about the client's needs in a friendly, non-judgemental manner. The client will be provided with ongoing support as determined by the Initial Assessment and followed up at 3, 6 and 12 months. On initial phone call into LWD, a client will be asked 'How did you hear about us?' If client has received a card from a Community Group and reports this, 'Community Group' referral will be recorded.

VCOs may benefit from training in 'Healthy Conversations'. This free training module aims to equip VCOs to start effective conversations with clients about H&WB:

- Understand the role we play in supporting people to initiate healthy change.
- Understand the Stages of Change and how we can support someone to move through them.
- Develop 'Healthy Conversations' skills to support people to take the next steps to improving their health, including:
 - Open Discovery questions
 - Reflection

➤ SMART(ER) Goal setting

There are a number of resources available to VCOs, including an information sheet about the LWD service. This aims to provide an overview of the service to assist in conversations with clients and aid effective referrals. The website provides more information: www.livewelldorset.co.uk. Also the team can host and participate in events across Dorset: All our service news can be found at [Livewell Dorset - Events](#) or please follow on **Facebook@LiveWellDorset** and **Twitter@LWDorset** .

Working with LWD

Diane Humphries from West Howe Community Enterprises (WHCE) talked about their experience of working closely with LWD. WHCE run a community café, shop and a variety of group activities. They work with a variety of age groups, and people with a range of health conditions including mental health. WHCE's Public Health funded Health Helpers project brought them into contact with Lydia of LWD. Developing good communication was vital to developing the partnership and so knowing what each other does and can help each other. WHCE has signposted residents using cards, posters and through 1-2-1 contact. As well as residents making contact themselves WHCE directly supports residents to make contact with LWD. LWD has been invited into the community to attend events but also to run groups and training. Most referrals have been for support around weight management and smoking. WHCE has seen positive outcomes for their users by using LWD, particularly in weight management. LWD has been beneficial for WHCE by providing training to their staff and volunteers, offering a one stop referral point and being on hand to give WHCE advice and support. LWD have found the relationship beneficial as they get access into the community and WHCE provides initial and ongoing support to clients. It works because WHCE is clear about their H&WB agenda and they use the 5 Ways to Wellbeing for everything. (NB the CVSs are working on a longer case study about WHCE which will be posted on the website with all the other H&WB resources).

Table Discussion 4: How to improve relationship with LWD

Blue Table

- Clients of LWD could be signposted to voluntary groups
- Justification of LWD – why the offer is different to GP support/why is LWD needed?
- More information on the client journey – not just need to lose weight and go to weight watchers

Green Table

- LWD to attend group sessions
- Availability and flexibility of LWD to attend VCS meetings
- Bitesize training
- Using YouTube for access of deliveries

Purple Table

- Majority of the table does not engage with them at present
- Royal Bournemouth Hospital - Go and meet with LWD in person, explain our services and how it fits in with 5 steps, share personal experience with clients

– having a face and name helps, out of patient mentality and into independence, give them autonomy back, telephone based service – how you prevent it, helping people realise they can take control

- Red Cross – advise people to self-refer to LWD, getting feedback as to whether referral was successful would be really good, look at other organisations that make high number of referrals – can learn from them, how they promote the service, support provided when making
- Anglo-European College of Chiropractic- training – how to bridge the gap/ go down certain routes, e.g. making healthy conversations, plenty of time to make small talk
- Dorset Advocacy – knowing what support LWD provides via training for staff, be useful to know what other services are out there
- Help & Care – Wayfinders and POPP – they’d be signposting, how to explain LWD services without offending service users, debunking myths

Red Table

- Each organisation promoting LWD by handing out contact cards to users
- Training and reminding volunteers and staff about LWD
- Making services (i.e. weight loss groups) more accessible to all (barriers = financial)
- What are LWD’s criteria for specific services?
- Short video clips about incentives of improving H&WB through LWD (YouTube, podcasts, links via email)

Yellow Table

- Finding out more about the service and how we can build relationship in terms of our delivery
- Gap in awareness training of the service
- More embedding of the pathway into organisation practice
- Feeding back LWD opportunity to those who would make the links on behalf of individual organisations
- LWD visiting organisations at team meetings to start relationships where they don’t already exist

Closing Remarks

Chris Beale (Poole CVS) closed the event by reminding everyone that there is an inevitable increasing demand on the system and so we in the VCS and public sector need to use the system more efficiently. Although the work with the sector over the past few years looking at its contribution to H&WB has revealed the contribution and needs of the sector, in the future the CVSs should be looking at the needs of individual organisations and sub-sectors. Finally reflecting a recent publication he suggested we should be called the ‘wellness sector’.

Evaluation

23 evaluation forms were returned with the following average scores out of 5:

Celebration of VCS contribution to H&WB	4.2
Delegates learn how to improve their impact and measurement of H&WB	4.3
Delegates understand what support, advice and training is on offer	4.3

Improve understanding of LWD service to better refer users to them	4.4
Allow opportunities for networking between VCS, Public Health and LWD	4.0
How useful did you find the event?	4.3

Discussion on the Event

Notes of Table Discussion 1 show that nearly all organisations are trying in some way to measure the difference they make to H&WB. VCOs are using a variety of methods, however most are bespoke and informal, with many using records of conversations. Many VCOs recognise what they are currently doing is covered by some of the Factsheets, and others indicate they may use some or all of the Factsheets to improve their practice. However some groups do feel they are still too distant from front line delivery, unfriendly and perhaps too advanced for some VCOs. Some delegates believe that users will find more formal means of measuring difference too intrusive and may well over score themselves. Although some VCOs may consider using the Factsheets many are unclear as to who with and how.

Closely linked to the above table discussion, Table Discussion 2 shows that VCOs would value 1 to 1 advice and support, peer learning and networking. Many VCOs want face to face training rather than online, although some recognise there are pressures on staff and volunteer time, however the peer learning element of training is important to many. Training needs to be relevant and timely. There are already a number of training offers out there and perhaps there could be some co-ordination and facilitation of sharing training. There is much interest in differing levels of mental health training/awareness. However for some organisations there is always the difficulty of justifying time and cost of any such training.

Table Discussion 3 shows the wide variety of activities VCOs at the event provide (and for some of the delegates not all their activities were described). Delegates found it easy to identify the contribution their activities make to H&WB, often using the 5 Ways.

The WHCE case study shows the close partnership working, and mutual benefit, that can develop between LWD and a VCO. Table Discussion 4 suggests a number of ways the working relationship could be improved. A very common suggestion is making more information available to front line groups as to LWD services and pathways. This could be achieved through LWD going out to groups. Some also felt LWD could attend events/activities with users to make direct contact with them. The training offer was also seen as a very useful one. VCOs could be more active in referring people onto LWD by handing out cards and supporting users. Some suggested that it would be beneficial to receive feedback on what happened to those they had referred (there is a pilot in progress exploring how to develop two way data sharing between LWD and VCOs). There was only one suggestion that LWD could refer their clients out to VCOs. There were a few suggestions that LWD could use more online resources like YouTube to provide access to its services and help explain them.

The event was generally highly valued by the delegates and it achieved its four aims. Generally the data on the sector's contribution was seen as useful but we need to make sure it is more widely distributed. Comments suggest that the Factsheets will be a useful resource but some assistance will be needed by some to make the best

use of them. Presentations on LWD were seen as valuable, however some delegates want more information about the service. Some delegates suggested the networking could have been more structured including the use of displays (NB the organisers were unsure about the space and so had refused requests for displays although with hindsight there would have been room). 17 (89%) of the 19 delegates who answered the question said they would be reviewing their work as a result of the event. The most common was making use of the training offer followed by improvements to measuring outcomes and data analysis.

Suggested Learning Points

The CVSs, PHD and LWD will reflect on the above and will consider the following:

1. Providing advice/peer feedback on how to better use and record qualitative conversations with users (including the use of questionnaires/forms to guide a conversation).
2. Need to provide evidence and examples of the accuracy, relevance, statistical significance and practicability of using more formal surveys and analysis.
3. Advice on how to report to the outside world the difference a VCO is making on H&WB.
4. Continue to offer 1-2-1 advice to some VCOs in their use of the Factsheets.
5. Provide some ideas as to how a VCO could use the Factsheets and improve their impact measurement and reporting.
6. The case needs to be made to senior managers/trustees as to the 'value for money' of staff/volunteers attending training.
7. To continue to offer bite sized training on H&WB.
8. We need to look at appropriate mental health courses.
9. We need to look at the opportunities for sharing of and shared training.
10. We need to continue to facilitate networking of VCOs.
11. Consider writing a case study that describes a service that addresses emotional/mental wellbeing more directly.
12. We need to continue to share how VCO activity with people contributes to H&WB, and recognise its inherent value but also to public health outcomes.
13. We need to advocate the value of the VCS contribution outside of the sector itself and the 'usual suspects'.
14. To develop the working relationship with LWD we should consider:
 - Improving the information on LWD services so individuals and VCOs better understand its added value, criteria and pathways (this could include online material)
 - Continue to make the training offer but improve VCS awareness of it
 - LWD offer to attend staff/volunteer meetings and user services
 - VCOs should refer users as appropriate
 - Learning for the two way data sharing pilot is shared.

Appendix 1 Delegates

Organisation	Name
Anglo-European College of Chiropractic	Maria Browning
Bournemouth Blind Society	Geraldine Bradley
Bournemouth Blind Society	Marie Evans
Bournemouth CVS	Vivienne Aird
Bournemouth CVS	Lisa Churchill
Bournemouth CVS	Amy Collins
Bournemouth CVS	Steve Place
Bournemouth CVS	Hannah Rees
Bournemouth Older People's Forum	Patricia Lewis
Brendoncare	Sarah Selby
Brendoncare	Adam Taylor
British Red Cross	Carole Smith
Citizen's Advice Bournemouth	Emma Lee
Dorset Advocacy	Christina Dollen
Dorset Rape Crisis Support Centre	Helen Stevens
Dorset Wildlife Trust	Maria Clarke
Help and Care	Emma Leatherbarrow
Help and Care	Ted Taylor
Livability Holton Lee	Neil Stevens
Livewell Dorset	Tracey Hudson
Livewell Dorset	Lydia Turnbull
Poole CVS	Christopher Beale
Poole CVS	Liz Cooper
Poole Sailability	Peter Davies
Poole Waste Not Want Not	Bill Deans
Poole Waste Not Want Not	Elaine Lawford
Public Health Dorset	Sam Crowe
Public Health Dorset	Michelle Smith
Public Health Dorset	Jo Tibbles
Royal Bournemouth Hospital	Deborah-Lynn Wilkinson
Safe Partnership	Andrea Preece
Shelter	Kate Parker
The Shine Project	Anne Clarkson
Tomorrows People	Sarah Wilkinson
Triangle Community Services	Tracy King
West Howe Community Enterprises	Diane Humphries