



## Impact Forum 2015 – 2017

### Can Adult Learning Play A Role in Prudent Healthcare

9<sup>th</sup> February 2016, Welsh National Institute for Sport, Sophia Gardens, Cardiff

#### In attendance:

Catina Barrett, LWI/BIS, Jan Eldred, LWI, Jodie Crossley, Ecorys, Janet Davies, Pembrokeshire College, Cerys Furlong (chair), LWI, Katrina Hargrave, Public Health Wales, Kathryn James, Freelance consultant, Christopher Jones, Welsh Government, Tina Jones, Learning Pembrokeshire, Claire Jordan, Aneurin Bevan University Health Board, Calvin Lees, LWI, Alison Lyon, Learn 2 Be, Northampton Council, Lynne MacIntyre, NHS Wales, Gareth Powell, Care Support Services, Helen Scaife, Welsh Government, Kay Smith, LWI, Faye Walker, Public Health Wales, Ceri Waters, Aneurin Leisure.

#### Apologies:

Jeff Greenidge, Chair LWI, Johnathan Richards, University of South Wales, John Gates, Learner Representative, Ann Brain, ACL Partnership, Liam Kealey, Associate LWI, Mike Wilson, Dwr Cymru.

#### 1. Welcome and Introductions:

Cerys Furlong welcomed colleagues and explained more about the Wales Impact Forum and the European Agenda for Adult Learning. The role of the Forum is to exchange ideas and discuss research and development activities related to the UK's programme of work, to build evidence and take forward issues of priority for Wales, and will feed into the development of a State of the Nation report to be published in September 2017.

Cerys highlighted that this seminar will be followed by an evening lecture given by Professor Sir Michael Marmot – titled “The Health Gap” the Challenge of an Unequal World, at the Haydn Ellis Building in Cardiff. Cerys encouraged forum members to use the seminar to feed through issues and ideas for her to pick up in her introduction in the evening session. 150 delegates have signed up for this event, included Chief Medical Officer, Ruth Hussey.

#### 2. The UK National Co-ordinator for the European Agenda for Adult Learning:



Jan Eldred gave an overview of the role of Learning and Work Institute as the UK Co-ordinator for the European Agenda for Adult Learning. She highlighted the work carried out in the 2014/15 programme and circulated the Final Report. She highlighted that the programme of work for 2015 – 2017 would be delivered through three themes of Health, Communities and Work and would be supported by desk research and literature reviews from the research team at Learning and Work Institute.

Cerys introduced the first speaker, Catina Barrett, Head of Inclusion at Learning and Work Institute, currently seconded to BIS to lead on the Community Learning and Mental Health Pilots.

### **3. BIS Community Learning and Mental Health Pilots: Catina Barrett, LWI Head of Inclusion, seconded to BIS**

Adult education providers, in 61 local authorities in England, are now working with local mental health partners to pilot short, part-time community learning courses to test the effectiveness of targeted adult education courses in supporting recovery from mild to moderate mental health problems.

The Government's 2014 Autumn Statement announced an additional £5m in 2015-16 and £15m in 2016-17 for piloting community learning courses to help adults recover from mild to moderate mental health problems, such as depression, anxiety and sleep disorders.

This funding, across the two years, will aim to help up to 80,000 learners as part of their recovery from common mental health problems, including depression, anxiety and sleep disorders.

Research undertaken by the London School of Economics and Institute of Education <sup>1</sup> has identified a range of positive impacts on wellbeing resulting from participation in mainstream community learning courses. There is also evidence that educational approaches can benefit people who are experiencing mental health problems.

**Catina highlighted** that there was no overall blueprint for the content of these courses. They may tackle a mental health condition directly, for example through a 'Manage your Stress' course, use activities, such as art, music, craft, dance etc. to enable people experiencing mental health problems to share, develop and practise strategies for recovering mental health. Complement interventions such as IAPT, NHS-funded Recovery College courses or other activities commissioned by local mental health services.

---

<sup>1</sup> The relationship between adult learning and wellbeing: Evidence from the 1958 National Child Development Study (Institute of Education); Review and update of research into the wider benefits of learning, LSE, 2012

The pilots are developing and delivering educational approaches embracing non-formal courses to support adults aged 19+, developing and delivering workforce development to ensure the teachers, managers and volunteers involved in the pilot are trained to use these approaches effectively.

Pilot activity also includes, identifying and testing different approaches to outreach and referral of eligible individuals working with external evaluators to identify the impact and cost benefits of different types of course, collecting data and evidence about the impact of using educational approaches to help people manage, and recover from, mild to moderate mental health problems.

**Pilot phase information and data:** [www.mhfe.org.uk](http://www.mhfe.org.uk)

BIS would like the pilots to identify evidence which indicates that adult learning does contribute to improving mental ill-health?

Is the contribution greater, lesser or the same as the impact of such medical interventions as Cognitive Behavioural Therapy?

Phase 2 will be looking at differences between progress in community learning and progress from Improving Access to Psychological Therapies activities: [www.iapts.nhs.uk](http://www.iapts.nhs.uk)

The project has a cross governmental steering group, involving DWP, the Department for Health, Skills Funding Agency and NHS England.

Pilot proposals must be developed in partnership with local health and mental health services, such as the IAPT team, Psychological Wellbeing and Work pilot, NHS-funded Recovery College and/or other local mental health partners. They must demonstrate how the proposed adult learning courses complement other local mental health interventions, which are likely to vary from area to area and not duplicate or compromise other local mental health activity.

Progression may take the form of improved anxiety/depression and wellbeing scores, reduced use of medical services, a return to employment, moving on to learning/training, re-engagement with family and/or active participation in community life.

**Catina highlighted that independent research has been commissioned and key questions include:** How do we know whether differences are indicated? What measurements are being used? Are those measurements comparable in the medical and the learning/social approaches? What seems to make the difference? Is it special facilities and support, for example managing your condition or is it simply joining in community learning that makes the difference? Mental health specialists bring different things from Community Learning; each should have a part to play and defining the best way to fulfill the partnership approaches and roles could emerge from this 2<sup>nd</sup> phase.

**The group was asked to consider what are Wales' priorities?  
On what evidence are the priorities based?**

Representatives from Adult Community Learning (ACL) reported that pockets of practice exist where partnerships have developed with local health boards or health centers. Currently ACL funding through DfES has been focused on delivering Essential Skills, with fewer non-formal courses "leisure" courses available.

There was some discussion on the focus of **Communities First** and their delivery around Health, Learning and Employment.

How were clusters delivering on these themes and what were the outcomes?

Cerys reported that an invite had been sent to the Communities Division within WG but they had been unable to attend.

**4. Learn 2 Be: Alison Lyon, Northamptonshire Adult Learning Service**

Alison introduced the **Learn 2 Be** programme delivered by Northamptonshire Adult Learning Service.

<http://www3.northamptonshire.gov.uk/councilservices/children-families-education/adult-learning/community-learning/Pages/learn2b.aspx>

Learn 2 Be started as a 3 year project in partnership with **Northamptonshire Primary Care Trust (NPCT)**. With funding of £300K over 3 years using Community Learning grant funding via the Skills Funding Agency (SFA).

Funding provided: a full time manager within NPCT, a coordinator within NCCALS and course costs

Key features:

- People who are experiencing mild to moderate mental health difficulties;
- The aim is progression supported by IAG, to further learning, volunteering or employment
- People self-assess; some GP referrals and some ESA claimants via JCP
- Small number of partners including Public Health, country parks, environmental services; JCP
- Short courses – 4-6 sessions
- All staff mental health aware; teaching assistants often former learners
- KSF strong levels of support and learner forum

- Outcomes assessed using RARPA; the Warwick-Edinburgh Mental Wellbeing Scale

**The next step has been to develop a partnership with Job Centre Plus and a new pilot – Pathway 2b for 2015/16 targeting ESA claimants - 7,145** ESA claimants in Northampton of which 3,630 (47%) have mild to moderate anxiety and depression.

**A programme delivered in 6 x 8 week blocks, over 12 months (total programme hours 240 anticipated learners 250/300 enrolments).**

**P2b adds value to the existing support, similar course content to the existing Learn2b programme. The focus is to improve employment outcomes and personal recovery.**

Alison reported that the next development is to establish - **First for Wellbeing Community Interest Company (CIC) Ltd** - a joint venture with Northamptonshire County Council, Northamptonshire Healthcare NHS Foundation Trust; University of Northampton.

This CIC is a bold step to bring diverse services together, which contribute to positive health and operate at 'arms length' from the LA, but working with all relevant services.

### **3. Prescriptions for Learning: Kathryn James**

Kathryn highlighted how the NIACE Prescriptions for Learning pilots began in 1999 with funding for learning advisors based in GPs surgeries to take referrals from all health workers – not just GPs - to encourage people to talk about what they want from life, perhaps something they always wanted to do and learn about; The referral included information, advice and guidance designed to support people and help to remove real and perceived barriers to learning, not with specialist programmes but opening up all learning opportunities.

NIACE published a book *Winning Hearts and Minds, How to promote health and wellbeing through adult learning* (2004), It gathered all the insight and lessons from the development to inform future practice in what is essentially IAG relating to learning of all forms.

**Impact:** 16 pilots ran across the UK and were evaluated and asked about impact; impacts reported included increases in confidence, self-worth, improved quality of life, increased employment aspirations, dealing with stress in better ways, improved social networks, getting out, healthier behaviours, eg exercise and diet, believed they saw themselves differently; others saw themselves differently... in the process of learning, people learned more

about how to navigate the system, ask for what they wanted/needed, develop confidence etc.

GP's reported less prescribing, less interventions with patients and feeling more satisfaction in achieving better outcomes for patients.

Jan Eldred suggested that social prescribing seems to be emerging once more via Clinical Commissioning Groups in England.

Kathryn reflected on lessons learnt and what should be done differently.

- Strategic partnership working is essential accompanied by strategic leadership.
- Co-creation and co-location of opportunities and services
- We should be more challenging of each other; partnerships create friendships and this could stop questioning, analysis and challenge
- Capture impact in a systematic way and inform all players especially the strategic partners.

## **Discussion:**

Katrina Hargrave, Public Health Wales (deputising for Sue Mably) – reported on the development of a Public Health Outcomes Framework (PHOF) which will sit alongside the other Outcomes Frameworks, which are already published by the Welsh Government. The new Framework is being set within the context of the Wellbeing of Future Generations Act – so it will join up with other areas of work.

The development of a PHOF for Wales will help us to understand how great an impact public health and associated policies and programmes are having on the health of the population. Contained within it will be a set of health indicators within a dataset. It will help to identify where further improvement is needed and where we all will need to prioritise in the short, medium and long term.

Claire Jordan of Aneurin Bevan Health Board reported on their expert patient initiative working and are looking at evaluations to produce 'real, personal evidence' eg learning about diabetes; self managing osteo-arthritis of the knee; other conditions are being examined eg eye-care. The NHS wants evidence from patients over long-term periods, about how learning helps people to be in greater control of their health.

Claire also highlighted the value of convening this group to look at issues of health and learning together.

Gareth Powell of Care Support Services reported how they were piloting the use of **Men's Sheds** as a way of providing support and social interaction.

A discussion from participants highlighted that what was needed was a strategic partnership across national government – between education, health, communities and DWP. It was suggested that flexed budgets where two agencies bring funding and share the outcomes, are very helpful.

### **Other discussion points included;**

- How do we talk about impact especially at a strategic level?
- What evidence does the funder want? What strategic objectives are being set and fulfilled? Are these being monitored and evaluated in the design and development of the work?
- What are the indicators of quality – why can some initiatives do more than others?
- We need both qualitative and quantitative evidence
- We need different evidence for different purposes
- How can we measure **what's being prevented**? We must examine and assess change over time...
- Sustaining provision often happens through co-production; self-managing groups; building on individual assets rather than deficit approaches and taking forward work which was initiated through projects or initiatives;
- At a group and community level there are lots of partnerships and groups working well but they are not pulled together strategically, nor is their work necessarily assessed for outcomes, impact and change;
- Public health in Wales has reviewed health improvements over the past 2 years – healthy communities are a priority and work must be more collaborative – they are currently in a process of finalizing how this might work; there is a political desire to encourage participation along with the sharing of power;
- Is there a danger that learning in relation to health becomes too prescriptive – 'managing conditions'; 'mindfulness'; etc etc
- Different data can be collected via RARPA.

### **Areas for further investigation:**

- What's the current situation in relation to adult learning and health in Wales? What evidence? What research? Evaluation studies? Projects/initiatives? This would feed into the 'state of the nation' report for Wales.

- What evidence could members of the Impact Forum contribute about impact of learning and health and what optimises the impact?
- Is the Recovery College model the 'right' approach to adopt in Wales? What other approaches could be adopted/developed? What lessons could be drawn from the Learn 2 Be Northampton model to inform action?
- What's the evidence of adult learning (ACL in particular) impacting on health and well-being – in what ways? How is this being assessed or measured? What evidence exists?
- How can adult learning work with Public Health in both strategic and operational ways? What opportunities are there for working on healthy communities agendas? Where is the evidence of effective partnerships between public health and adult learning and what impact has been recorded?

### **Priorities for future action in Wales**

- Approach key willing partners to form a strategic partnership for Wales on Learning and Health; many at the Impact Forum were keen to work together
- Agree priorities for development including mapping activities and identification of existing research to support development; these could be supported by sub-groups which support different developmental themes, which report to the strategic partnership;
- Create an action plan(s) to further the impact of the health and learning strategic partnership
- Is there a desire to be involved in social prescribing? How? With whom? What IAG networks could be involved?
- Identify opportunities for collaboration around Public Health and Healthy Communities.

### **Raymond Williams Memorial Lecture:**

Professor Sir Michael Marmot: author of The Health Gap and the Marmot Review. 150 participants including practitioners from NHS Wales, Public Health Wales attended,

The lecture referenced the evidence of the link between poverty, low levels of education and poor health.

Marmot highlighted evidence which suggested that when that when adults are educated, they are more confident, have greater agency, are socially involved, their incomes rise and inequalities of all kinds are much reduced. It was suggested that rather than educate people for health literacy, for example, developing literacy and increasing opportunities for lifelong learning lead to improvements in health, confidence and self-actualisation.

<https://www.youtube.com/watch?v=SvbIjZMxr0E>

<https://www.youtube.com/watch?v=9K469ar6St0>

A film was produced to highlight the links between learning and health and shown prior to the lecture.

<https://www.youtube.com/watch?v=E8xgQvrkGMk>