

**A MEETING OF THE MEMBERS' COUNCIL OF  
THE SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST  
WILL BE HELD ON TUESDAY, 14<sup>th</sup> SEPTEMBER 2010 AT 3.30 PM  
IN THE COURT ROOM, GLAZIERS HALL, 9 MONTAGUE CLOSE, SE1 9DD**

**AGENDA**

- 1 Introductions and apologies for absence.
- 2 To receive any declarations of interest.
- FOR DECISION**
- 3 To agree the minutes of the Members' Council meeting held on 10<sup>th</sup> June 2010 and to note any matters arising from the minutes. Attachment A
- 4 To approve the recommendation from the Nominations Committee regarding the appointment of a Non Executive Director. Attachment B
- FOR INFORMATION**
- 5 Members' Council bids programme
  - Update on the 2010 programme Attachment C
  - Review of the 2009 programme Attachment D
- 6 Update from the recently established working groups:
  - Annual Plan 2010/11 Attachment E
  - Quality Attachment F
  - Membership development and communications Attachment G
  - Audit liaison
- 7 Chief Executive's and Directors' reports. Attachment H
- 8 Trust Secretary's report. Attachment J
- FOR DISCUSSION**
- 9 DH White Paper – "Equity and Excellence: Liberating the NHS" followed by discussion in groups on:
  - GP engagement
  - Taking issues forward in SLaM FT
  - Social Enterprises
- 10 Forward planner – items for future meetings:
  - Alcohol policy
  - Budget constraints

- Personalisation

- 11 Any other business.
- 12 Date of next meeting – Thursday, 16<sup>th</sup> December 2010 at 5.00 pm, Maudsley hospital

**Please send apologies to Carol Stevenson telephone 0203 288 2441 or email [carol.stevenson@slam.nhs.uk](mailto:carol.stevenson@slam.nhs.uk)**

**Attachment A**

**MEMBERS' COUNCIL – SUMMARY REPORT**

**Date of meeting:** 14<sup>th</sup> September 2010  
**Name of Report:** Minutes of the meeting held on  
10<sup>th</sup> June 2010  
**Author:** Paul Mitchell, Trust Secretary  
**Presented by:** Madeliene Long, Chair

**Purpose of the report:**

To agree the minutes and to note any matters arising.

**MINUTES OF THE MEETING OF THE MEMBERS' COUNCIL OF THE  
SOUTH LONDON & MAUDSLEY NHS FOUNDATION TRUST  
HELD ON THURSDAY 10<sup>th</sup> JUNE 2010  
IN THE BOARD ROOM, MAUDSLEY HOSPITAL**

<b>PRESENT</b>	Madeliene Long	Chair
<b>Public Constituencies</b>	Stephanie Correia	Public (Local)
	Polly de Blank	Service User (Local)
	Les Elliot	Service User (Local)
	Stephen Hill	Public (National)
	Roger Oliver	Carer
	Paul Paterson	Service User (Local)
<b>Staff Constituency</b>	Francis Keaney	Staff
	Layla McCay	Staff
	Dele Olajide	Staff
	Gill Todd	Staff
<b>Partner Organisations</b>	Sophie Corlett	MIND
	Magda Moorey	Lewisham PCT
	Jan Oliver	Guy's and St Thomas's FT
	Crada Onuegbu	Lewisham Council
	Tim Smart	Kings College Hospital FT
<b>IN ATTENDANCE</b>	Stuart Bell	Chief Executive
	Dan Charlton	Head of Communications
	Chris Clare	Non Executive Director
	Richard Dyer	Member
	Oscar Lee	(shadowing Stuart Bell)
	Hilary McCallion	Director of Nursing and Education
	Paul Mitchell	Trust Secretary
	Richard Morley	Communications
	Zoe Reed	Director of Strategy & Business Development
	Gabrielle Richards	Head of Occupational Therapy
	Kirsty Robinson	Reading Room
	Carol Stevenson	Membership Officer
	Eric Taylor	Non Executive Director
<b>APOLOGIES</b>	Martin Baggaley	Medical Director
	Charles Bland	Non Executive Director
	Peta Caine	Southwark PCT
	Sarah Clarke	Service User (Local)
	Harriet Hall	Non Executive Director
	Gus Heafield	Director of Finance & Corporate Governance
	Jaya Kathrecha	Carer
	John Muldoon	Public (Local)
	Louise Norris	Director of Human Resources
	Noel Urwin	Public (Local)

Ref	Issue	Who	When
MC 10/13	<p><b>DECLARATIONS OF INTEREST</b></p> <p>Standing declarations of interest were taken.</p> <p>Madeliene Long confirmed that she is now Chair of Lewisham Borough Council.</p>		
MC 10/14	<p><b>MINUTES OF PREVIOUS MEETING - MEMBERS' COUNCIL</b></p> <p>The minutes of the meeting held on 11<sup>th</sup> March 2010 were <b>AGREED</b> as an accurate record.</p>		
MC 10/15	<p><b>RE-APPOINTMENT OF NON EXECUTIVE DIRECTOR</b></p> <p>The meeting <b>AGREED</b> to accept the Nomination Committee's recommendation to re-appoint Robert Coomber as a Non Executive Director of the Trust for a period of three years.</p>		
MC 10/16	<p><b>APPOINTMENT OF LEAD MEMBER</b></p> <p>Madeliene Long reported that there have been two expressions of interest.</p> <ul style="list-style-type: none"> <li>• Noel Urwin</li> <li>• Crada Onuegbu</li> </ul> <p>The role of the Lead Member was discussed. It was emphasised that the requirements of Monitor were for the Lead Member to be available as a contact in the exceptional circumstances when communications with the Trust were in difficulties.</p> <p><b>AGREED:</b></p> <ul style="list-style-type: none"> <li>• Circulate the requirements for the Lead member, a brief statement from each candidate and voting papers.</li> <li>• Members' Council to contact the Trust Secretary with their votes.</li> <li>• Trust Secretary to announce the successful candidate.</li> </ul>	<p><b>PM / CO/NU</b></p> <p><b>All PM</b></p>	
MC 10/17	<p><b>JOINT GOVERNORS MEETING 26<sup>th</sup> MAY</b></p> <p>The second Joint Governors' Meeting had been hosted by Guy's and St Thomas on 26<sup>th</sup> May 2010.</p> <p>The next meeting will be in October or November and will be hosted by SLAM FT.</p> <p><b>AGREED:</b></p> <p>Agenda Planning Group to advise on the planning for the meeting. Possible subjects were:</p>		

	<ul style="list-style-type: none"> <li>• CAG development</li> <li>• Service User / Carer experience</li> </ul>		
<b>MC 10/18</b>	<p><b>BIDS PROGRAMME</b></p> <p>Gill Todd introduced the report on the bids programme and highlighted:</p> <ul style="list-style-type: none"> <li>• The Members' Council, Board and Executive are all invited to the bids reception event at Prospero House on June 17<sup>th</sup>.</li> <li>• The bids steering group are planning proposals for the 2010 bids programme. Details will be brought to the next meeting for approval.</li> </ul> <p>Hilary McCallion reported that the British Journal of Wellbeing is planning to publish an article on the bids schemes.</p>		
<b>MC 10/19</b>	<p><b>ANNUAL PLAN WORKING GROUP</b></p> <p>Stephanie Correia reported on the recent meeting of the working group and highlighted:</p> <ul style="list-style-type: none"> <li>• The Annual Plan had been reviewed and a number of amendments were suggested.</li> <li>• The plan had been to the Board and has been forwarded to Monitor.</li> <li>• The group will meet quarterly. Zoe Reed suggested this should be tied in with the quarterly reports which go to Monitor.</li> </ul>		
<b>MC 10/20</b>	<p><b>QUALITY WORKING GROUP</b></p> <p>Steve Hill reported. At the initial meeting it had been agreed that:</p> <ul style="list-style-type: none"> <li>• The role of the group will be assisting in the development of the Quality Report.</li> <li>• The group has met once and will meet quarterly. A schedule of future meetings will be produced.</li> </ul>		
<b>MC 10/21</b>	<p><b>MEMBERSHIP DEVELOPMENT AND COMMUNICATIONS WORKING GROUP</b></p> <p>Polly de Blank reported on discussions that had taken place at the initial meeting:</p> <ul style="list-style-type: none"> <li>• A calendar of events is being developed <ul style="list-style-type: none"> <li>○ Elections desk 11/6/10</li> <li>○ Lambeth Country Fair 17/7/10</li> </ul> </li> <li>• The issue of BME involvement was discussed. It had been agreed to target groups which work specifically with BME groups.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Target Service Users and Carers. <ul style="list-style-type: none"> <li>○ Family and Carers Event</li> <li>○ MH Promotion teams</li> <li>○ Leaflets / posters in inpatient wards, outpatients, other areas where SUs gather.</li> </ul> </li> </ul>		
<b>MC 10/22</b>	<p><b>DEMONSTRATION OF NEW TRUST WEBSITE</b></p> <p>Kirsty Robinson from Reading Room (the website developers) demonstrated the new SLaM website. The design was based on the 'Wellbeing Garden'. Dan Charlton confirmed that development was ongoing. It was noted that the website had been featured in the South London Press.</p>	<b>DC</b>	
<b>MC 10/23</b>	<p><b>CHIEF EXECUTIVE'S REPORT</b></p> <p>Stuart Bell reported on the feedback from Monitor on the Q4 return. The relevant ratings were:</p> <ul style="list-style-type: none"> <li>• Governance – green</li> <li>• Financial management – 3</li> </ul> <p>Stuart Bell outlined the evolving health policy of the Coalition Government. It was noted that structural changes were likely to take place with the Strategic Health Authorities being absorbed back into the DH by 2012 and significant changes to the role of PCTs being planned. Commissioning will take place via GP consortia. All future NHS provision will come from Foundation Trusts.</p> <p>Magda Moorey reported that Polysystems in future will need to be signed off by GPs and the local public.</p>		
<b>MC 10/24</b>	<p><b>TRUST SECRETARY'S REPORT</b></p> <p>Paul Mitchell presented his report and highlighted:</p> <ul style="list-style-type: none"> <li>• The forthcoming elections to the Members Council.</li> <li>• Recent membership development issues.</li> <li>• The agreement of a jointly negotiated contract for membership database management across KHP.</li> </ul>		
<b>MC 10/25</b>	<p><b>INFORMATION REQUIRED ON A REGULAR BASIS</b></p> <ul style="list-style-type: none"> <li>• Calendar of meetings for subgroups</li> <li>• Further requests to be sent to Madeliene Long</li> </ul>		

<b>MC 10/26</b>	<b>FORWARD PLANNER</b> <ul style="list-style-type: none"> <li>• The effects of budgetary constraints (both SLaM and Local Authorities) and how it is impacting on service users.</li> <li>• Further information on Personalisation and links to Performance targets.</li> <li>• The Members' Council should act as an information exchange. The information should be sent to Paul Mitchell in the first instance for dissemination.</li> </ul>		
<b>MC 10/27</b>	<b>AOB</b>  None.		
<b>MC 10/28</b>	<b>NEXT MEETING</b>  Tuesday, 14 <sup>th</sup> September 2010 in the Court Room, Glaziers Hall at 3.30 pm.		

Z:\Members' Council\Meetings\ 2010 09 14\mc minutes 2010-06-10

CMS June 2010

**Attachment B**

**MEMBERS' COUNCIL – SUMMARY REPORT**

**Date of meeting:** 14<sup>th</sup> September 2010

**Name of Report:** Report from the Nominations Committee

**Author:** Paul Mitchell, Trust Secretary

**Presented by:** Madeliene Long, Chair

**Purpose of the report:**

To agree the recommendation for the appointment of Professor Shitij Kapur as a Non Executive Director of the Trust for a period of three years.

**South London and Maudsley NHS Foundation Trust**

**Members' Council 14<sup>th</sup> September 2010**

**Report from the Nominations Committee on the Appointment of a  
Non-Executive Director**

**1. Introduction**

The Nominations Committee is required by the Constitution to recommend candidates to the Members' Council for appointment as Non-Executive Directors on the Board of Directors. Professor Eric Taylor left the Board at the end of August 2010. He was the Non-Executive Director nominated by the Foundation Trust's academic partner, the Institute of Psychiatry. The new Dean of the Institute, Professor Shitij Kapur, has been put forward as Professor Taylor's replacement.

**2. Contribution to the Board of Directors**

Professor Kapur is Professor of Schizophrenia, Imaging and Therapeutics. From 2007 he was Vice Dean (Research) so has particular expertise in Research and Development which has been a key strategic area for the Trust in recent years. He has also worked in two Academic Health Sciences Centres in North America so will bring unparalleled expertise to the future development of Kings Health Partners.

**3. Recommendation**

The Nominations Committee met on 6<sup>th</sup> September to interview Professor Kapur and recommends to the Members' Council that he should be appointed as a Non-Executive Director. It is recommended that he be asked to serve for a term of three years.

Paul Mitchell  
Trust Secretary  
September 2010

**Attachment C**

**MEMBERS' COUNCIL – SUMMARY REPORT**

**Date of meeting:** 14<sup>th</sup> September 2010

**Name of Report:** Bids committee update

**Author:** Paul Mitchell, Trust Secretary

**Presented by:** Noel Urwin, Chair of the bids steering group

**Purpose of the report:**

- To note the review of the 2009 scheme carried out by the New Economics Foundation.
- To agree the timetable for the 2010 scheme.

## **Bids programme update**

### **1. Evaluation 2009 programme**

The independent evaluation of the bids programmes of the past two years has been completed by the New Economics Foundation. The draft report was considered by the bids steering group at their meeting on 28<sup>th</sup> July and the final report is attached. The overall conclusion was the programme met its original objectives but there were some comments made about the process and timescale that could be fed in to any subsequent programmes.

### **2. Bids programme 2010**

The group has started planning the programme for the 2010 bids programme. This takes on board any issues highlighted by the NEF report. Details of the programme are listed below for approval.

The overall purpose should be similar as for previous years and specifically:

- Help to raise the profile of the Foundation Trust.
- Encourage “seed corn” bids, which if successful could be rolled out further.
- Provide a links to the Trust’s Annual Planning process.
- Encourage bids submitted on a partnership basis.
- Provide “illumination” to the general workings of the Trust.

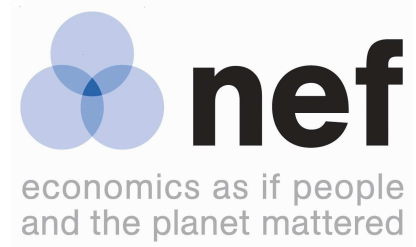
#### Resources

- Increase sum available to £50,000 (previously agreed).

#### Timetable

- Plan 09/10 scheme – July 2010
- Report to members’ Council – September 2010
- Communicate 2010/11 scheme – September 2010
- Deadline for bids – 31<sup>st</sup> December 2010
- Evaluate by – mid January 2011
- Notify bidders – February 2011
- Allocate funds – March 2011
- Evaluate – April / May 2011

PNJM / September 2010



Attachment D

## **Evaluation of the South London and Maudsley NHS Foundation Trust Members' Council bids programmes:**

***Can money buy happiness?***

***Make me smile!***

July 2010

Saamah Abdallah  
*centre for well-being*  
**nef** (the new economics foundation)

# Contents

Executive summary .....	2
1. Introduction .....	5
2. Methodology.....	6
Applications .....	6
Interviews .....	7
3. What is well-being? .....	8
4. Application analysis.....	11
Applicants.....	11
Beneficiary groups.....	11
Visions of well-being.....	13
Pathways to well-being.....	15
Other sections .....	17
5. Interview results .....	19
Interviewees .....	19
Activities .....	19
Impacts.....	21
Programme feedback .....	24
6. Key findings & recommendations .....	27
Key findings.....	27
Recommendations.....	31
Final comments .....	33

# Executive summary

This document is an independent evaluation of two innovative programmes run by the Members' Council of the South London and Maudsley NHS Foundation Trust in 2008 and 2009, entitled *Can money buy happiness?* and *Make me smile!* The programmes allowed small groups and individuals to bid for small amounts of money to improve patient experience, increase social inclusion or promote well-being amongst people with or without mental health problems.

The goals of this evaluation were threefold – to learn a little more about what kinds of things people felt would improve their well-being, to assess the impacts of the projects funded by the programmes, and to gather feedback about the programme as a whole. To these ends, 10 successful applicants were interviewed, and the application forms themselves (both successful and unsuccessful were analysed).

Well-being was understood in this evaluation based on conceptualisations formulated in the Government Office for Science's *Foresight Project on Mental Capital and Well-being* and in the Department of Health's *New Horizons* mental health strategy. Both see well-being as more than just an absence of mental health problems, and to be about positive feelings and functioning. Of course, at the same time, many of the projects funded by the grants programme dealt with both mental well-being and mental health.

Our evaluation found the programme to have been successful in terms of encouraging new ideas, engaging individuals who would not otherwise have had the opportunity, and indeed in terms of improving mental well-being, reducing social exclusion (although precise quantification of the latter impacts was not possible in this evaluation).

Applicants used the money received to create a wide range of projects, with the most popular types including increasing physical activity, participation and consumption of arts and culture, and outings and day trips. The five ways to well-being, developed as part of the *Foresight Project*, were well-represented in these activities, particularly in terms of connecting, being active and keeping learning. In many cases, the actual money involved was secondary to the activity and can be seen more as a catalyst to spark new ideas and to gather the energy and commitment of individuals to be involved. Several new ideas emerged that could be explored by SLaM for further implementation, and often it was non-professional individuals and groups that generated these ideas. In most cases successful grants spent the money as they had specified in their applications, although there were some exceptions.

The aims and objectives of applicants were as varied as one might expect given the broad and unspecified nature of the programmes. In general, though, one can draw a

distinction between applicants who focussed on well-being as a positive construct, relevant to the population at large, and those who focussed on mental health. In terms of the former, the key aspects of well-being that applicants focussed on, and that interviewees reported achieving, were around self-esteem and confidence, and broadening social relations. In terms of outcomes more focussed on mental health, the key objectives and outcomes were around reducing social exclusion, overcoming fears and anxiety, and normalisation.

Overall, applicants were pleased with the programmes, and the evaluation strongly suggests that the programme should continue next year and beyond. However, this report makes several recommendations for how it could be improved in future.

The key issue is to decide on the remit of the programme. As it stands, the programme is structured into three categories – promoting well-being, improving the patient experience, and enhancing social inclusion. Whilst the first of these categories is relevant for all potential beneficiaries, the latter two are aimed at service users, specifically mental health service users. Whilst this openness can be applauded, and indeed was applauded by many interviewees, it does pose the challenge of striving to achieve quite different objectives in a single framework. We would suggest the programme focus on mental well-being outcomes, as opposed to mental health outcomes. The decision for SLaM would then be whether to aim it more towards non-professionals without mental health problems, but who may be at risk of developing them, or to ensure the inclusion of both people with and without existing mental health problems, but perhaps allow a more staff-led approach.

Many of the other recommendations made relate to this issue, including grant size and the support available to successful applicants.

Another area where SLaM could make improvements, is in terms of gathering more information. Whilst the simplicity and ease of the application forms was an oft-mentioned virtue, a little more information on the character of applicants and beneficiaries would be very useful in terms of improving the programme and using it to inform other work by SLaM. Similarly, SLaM could consider the possibility of a light-touch quantitative evaluation process.

Based on the programmes so far, a few useful principles can be identified for SLaM's work in promoting well-being, social inclusion and improving patient experience in general:

- Engage service users in the development of ideas.
- Create more opportunities for marginalised or deprived groups or people to lead small projects.
- For promoting well-being, make use of the five ways to well-being, making sure to include opportunities to 'give' and 'take notice'.
- Take advantage of the popularity of techniques incorporating physical activity, arts and culture, and trips and outings.
- Target issues around self-esteem and confidence, and also social relationships and social inclusion. Also, work to instil hope and positive thinking, and to provide motivation and inspiration.
- With regards to social inclusion, activities which make people feel 'normal' are very valuable for people with more severe conditions.
- Social relationships are facilitated by activities that are breaks from the norm and incorporate something new for the participants.

- Engaging people in new hobbies and interests that are feasible to sustain is a useful tool.

Further rounds of the programme will provide more ideas of this type, but in and of itself appears to be a cost-effective way to achieve these outcomes, by catalysing the ideas and energy of individuals and groups.

# 1. Introduction

South London and Maudsley NHS Foundation Trust (SLaM) is one of 130 Foundation Trusts around the UK that have been formed since 2002. SLaM became a Foundation Trust in 2006, and is one of the first Foundation Trusts focused on mental health.

In 2008 SLaM Members Council launched an innovative project entitled '*Can money buy happiness?*' A model emerged whereby money could be given to people in need and allow them to explore the best way to spend it, rather than adopting a top-down approach where large pots of money were spent on single initiatives lead by professionals.

In 2008, SLaM Members could bid for up to £500 to be used in some way to promote well-being, improve the patient experience or reduce social exclusion. Around 300 bids were received, of which 46 were successful. In 2009, a similar programme was run, entitled '*Make me smile!*' and a further 47 bids were funded as a result (only 75 bids were made in 2009). SLaM Members Council intends to run a similar programme this year, 2010.

Several motivations for these programmes are clear:

- Promote wider understanding of the role of the Members' Council within SLaM.
- Provide a format for innovative ideas to emerge, which could be rolled out or developed by SLaM.
- Give people who might otherwise not be able to, the chance to develop their own ideas.
- Promote well-being, reduce social exclusion and improve the patient experience.

In April 2010, SLaM Members Council commissioned the centre for well-being at **nef** (the new economics foundation) to conduct a small post-evaluation of the two grant programmes to date. The four key research questions asked by the evaluation were:

- Who were the people who responded to the grants programmes?
- What things do people expect to increase their well-being?
- What impacts did the projects have on people's well-being?
- How could the grants programme be improved?

## 2. Methodology

The evaluation adopted a two-fold methodological approach, looking at applications to the programme (both successful and unsuccessful to answer the first two research questions, and interviewing successful applicants to answer the third and fourth research questions.

### *Applications*

Differing types of information were available for the two programmes, meaning that our methodological approach was not consistent across them.

In terms of *who* responded to the programme, this information was only available in the 2008 programme, and then only for two categories of bids (social inclusion, and improving the patient experience). We therefore simply looked at all applicants in these categories and counted the number of bidders who were SLaM staff, the number who were service users and carers, and the number who were members of the public.

Some information on the potential beneficiaries of bids was available in both programmes. We looked at this information for *all* bids in the 2009 programme, and then 20 randomly selected bids from each of the categories of the 2008 programme (This was done by using the random function in Microsoft Excel to select bids). For each bid analysed, we attempted to determine the key beneficiary groups based on the text available. Application forms did not ask a specific question on this, so in many cases the beneficiary group was not made explicit – sometimes it could be inferred (based, for example on the name of a Unit or organisation), but in other cases it had to be left blank in our analysis

Next, we considered the objectives stated in the bids – what were applicants' visions of what well-being is? For this, we did not have sufficient information from the 2008 programme as we did not have access to the actual applications from that year. We looked at all bids to the 2009 programme, and categorised the words used by the applicants in describing their ideas, how they think they would improve well-being and how they will know they've achieved this. We then counted the cases of each category emerging.

We also considered the pathways to well-being the projects involved. Building on the work of David Blazey, who analysed successful applicants in 2009, we attempted to identify how the bids in that year related to the five ways to well-being,<sup>1</sup> which are becoming an increasingly important aspect of well-being service delivery. The five

---

<sup>1</sup> Aked J, Marks N, Cordon C & Thompson S (2008) *Five ways to well-being: The evidence*. Available at [www.neweconomics.org/publications/five-ways-well-being-evidence](http://www.neweconomics.org/publications/five-ways-well-being-evidence).

ways to well-being are based on a large body of evidence brought together by the Government Office for Science, on pathways to well-being. They are an attempt to synthesise and reduce the evidence into five simple concepts that can be communicated clearly. SLaM makes extensive use of the five ways, and recently launched the well-being garden based on these ideas - [www.slam.nhs.uk/wellbeing-garden.aspx](http://www.slam.nhs.uk/wellbeing-garden.aspx). For each of the bids, we attempted to determine, based on the activities described, which of the five ways were implied. Note that, in this case, the categorisation is based on our interpretation of the applications, rather than on words necessarily explicitly used by the applicants.

Lastly we attempted to look at how evaluation was intended by applicants, but lack of time, and poor quality data, both restricted this analysis.

## Interviews

SLaM Members Council identified 32 bid winners from the two programmes who we were told could be contacted for interview. Of these, we were able to interview 10. 9 of these were interviewed by phone, with 1 interview conducted face-to-face as this was more convenient. Only one bid winner who we managed to reach was unwilling to be interviewed, saying he was only marginally involved in the bid, and did not have much time. We were either unable to arrange a time, or unable to contact the other winners on our list. All bidders on the list were called at least four times, at different times of the day, before we gave up.

A semi-structured interview schedule was constructed (Appendix 1), but the diversity of the interviewees (including a mental health service user, community groups, staff and other professionals) meant that this was not always adhered to strictly.

The broad structure of the interviews was as follows:

1. Description of the funded activities and where ideas came from
2. Evaluation of the impacts of the funded activities
3. Feedback on the overall bids programme

Interviews were, with three exceptions, recorded on Dictaphone, though we did not transcribe the full interviews. Interviewees were informed of the purpose of the interviews, that the evaluation was being conducted independent of SLaM, and that their responses were anonymous.

Responses were categorised and the key findings are reported in this report.

### 3. What is well-being?

Before presenting the results, this section introduces the concept of well-being. Well-being is about much more than mental illness, or the absence of mental illness. Well-being is something that can be talked about in relation to anyone and everyone. SLaM has talked about “*a positive sense of well-being*” which, in its simplest sense is “*about how we think and feel and how that affects what we do*”.<sup>2</sup>

The first definition of well-being published by any central government body in the UK, was that from the *Foresight Mental Capital and Well-Being Project*, in 2008, which defined well-being as:

*“a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community”<sup>3</sup>*

This definition tends to focus on the upstream *effects* of well-being, rather than the well-being itself. The Department of Health’s new mental health strategy, *New Horizons*, perhaps provides more of a closer focus on well-being as:

*“a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment”<sup>4</sup>*

The Foresight report also included a model of well-being, developed by **nef**, shown in Figure 1. This model sees well-being as a dynamic process. An individual’s functioning, how well they are doing and getting on with life, is determined by the interaction of the external conditions which they find themselves in, and the psychological resources which they bring to bear on their situation. In turn, this functioning, determines how they feel day-to-day and their satisfaction with life.

The dynamic model stresses the importance of feedback loops from the experiential aspects of personal well-being – functioning and feeling – to the determinants – external conditions and psychological resources. For example, good individual functioning – feeling autonomous and capable, being physically active, building social relations – can help enhance the conditions an individual finds themselves in. Meanwhile, there is evidence from positive psychology of how positive feelings help build psychological resources – the theory of ‘broaden and build’ espoused by Professor Barbara Frederickson.

---

<sup>2</sup> Tony Coggins, personal communications, 15<sup>th</sup> July 2010.

<sup>3</sup> Foresight Mental Capital and Well-Being Project (2008) *Final project report* (London: The Government Office for Science), pg. 10.

<sup>4</sup> Department of Health (2009) *New Horizons: A shared vision for mental health* (London: HM Government), pg. 18.

In the analysis conducted for this evaluation we make a distinction between well-being drivers and well-being outcomes, with the former corresponding more to the external conditions in Figure 1, and the latter corresponding to the other aspects of the model. For example a well-being outcome might be an individual feeling higher self-esteem, happier, less lonely or less stressed. For the individual themselves, these are ends in and of themselves, with intrinsic value. On the other hand, increasing physical activity or learning a new skill is a well-being driver. These changes are valuable to the individual *because* they lead to improvements in well-being, either in the short-term or the long-term e.g. by increasing their self-esteem, or helping them live longer. Of course, this distinction is not always clear cut, but it helps distinguish between the outputs and outcomes of the grants.

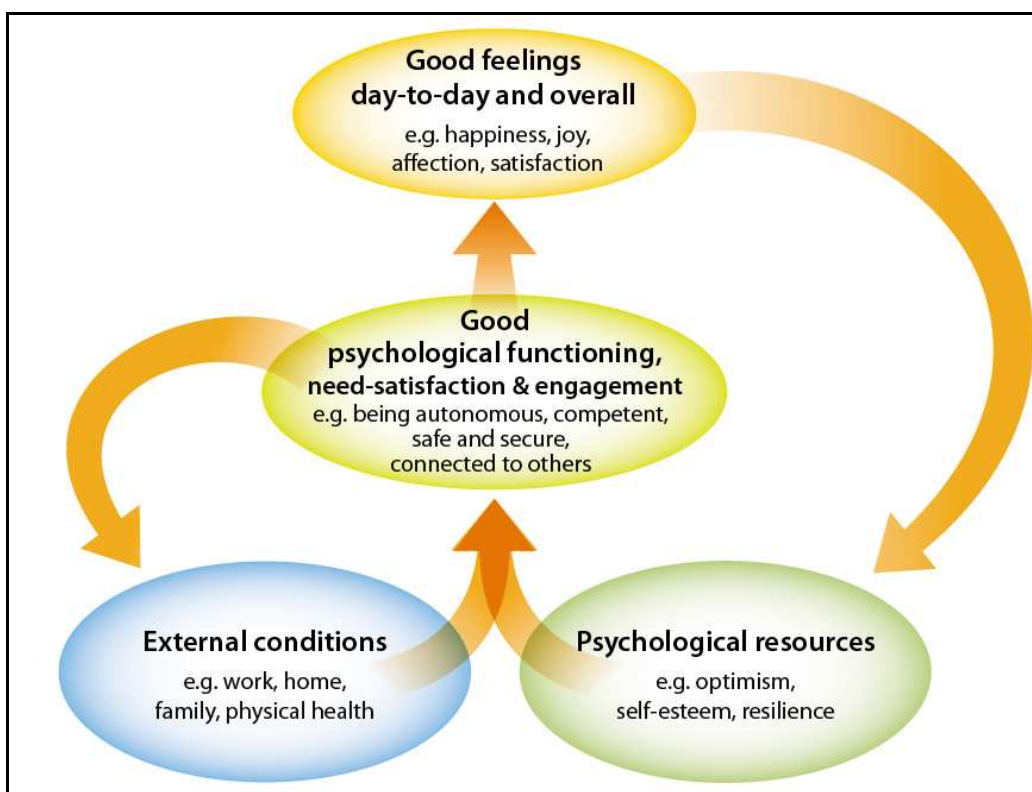


Figure 1: Dynamic model of well-being<sup>5</sup>

### SLaM and well-being

Within the UK, and beyond, SLaM has been a pioneer in terms of incorporating well-being into mental health strategy. The Mental Well-being Impact Assessment toolkit, which SLaM played a key role in, was published in 2007.<sup>6</sup> Since then, the Department of Health's strategy for mental health, *New Horizons*, shares much of the thinking around the role of well-being in relation to mental health.

Promoting mental well-being for all is one of SLaM's three strategic objectives.<sup>7</sup> Part of the value of this objective is that it reduces susceptibility to mental health problems in the future – it is a preventative approach. Of course, for society as a whole, there

<sup>5</sup> Foresight Mental Capital and Well-Being Project (2008), *op. cit.*, pg.63

<sup>6</sup> Coggins T, Cooke A, Friedli L, Nicholls J, Scott-Samuel A & Stansfield J (2007) *Mental Well-being Impact Assessment: A Toolkit*. Available at [www.liv.ac.uk/ihia/IMPACT%20Reports/mwia-toolkit1.pdf](http://www.liv.ac.uk/ihia/IMPACT%20Reports/mwia-toolkit1.pdf)

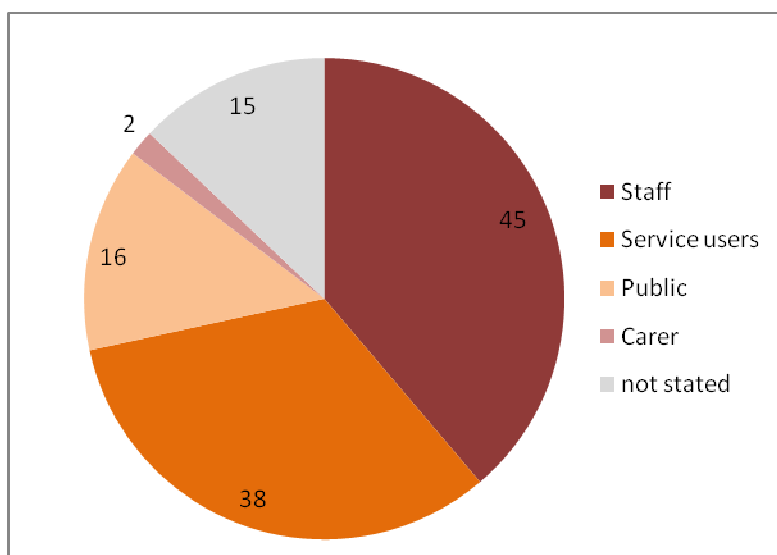
<sup>7</sup> South London and Maudsley NHS Foundation Trust Annual Plan - 2009/10, pg. 16.

are other benefits – it can support physical health, and lead to greater social cohesion. Most importantly, in and of itself, well-being is a desirable goal for individuals: no one does *not* want to have positive well-being.

## 4. Application analysis

### Applicants

According to the data provided by SLaM Members Council on two categories of the grant programme (social inclusion, and improving the patient experience), the proportions of applicants in 2008 are as shown in Figure 2.



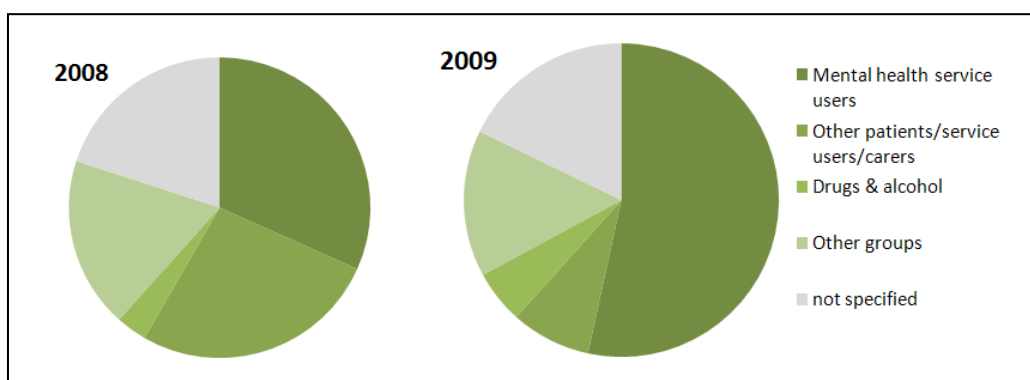
*Figure 2: Applicants (2008 programme)*

As can be seen, the largest number of applications (45) did come from SLaM staff members. However, almost the same number (38) were from individuals described as service users and patients, a large minority came from other members of the public – including both other service providers and individuals – and 2 came from carers. However, for a large number of applicants, even in these categories, classification in this way was not possible. Furthermore, it is possible that the composition of applicants to the promoting well-being category may have been significantly different.

### Beneficiary groups

Figure 3 shows the split of beneficiary groups identified in applications for the 2008 and 2009 grants programmes. In both cases, the biggest single group are mental health service users, with this group being particularly dominant in the 2009 bids programme – representing almost two thirds of bids where a beneficiary group could be identified. Amongst 2008 bids, mental health service users were represented in around 40% of cases where a beneficiary group could be identified. However, this difference should not be overplayed as it may well simply be a result of how

application forms were filled in. In many cases, particularly in 2008, bids were categorised in the group 'other patients/service users' because, whilst the bid referred to patients or service users, it did not specify whether they were specifically *mental health* patients or service users. Whilst some specific other groups were mentioned (including a mother and baby unit, patients with brain injuries, and a cancer patient and their family), generally it is likely that most bids in this category were intended for mental health service users.



**Figure 3: Beneficiary groups mentioned in applications**

If identifying whether bids were intended for mental health service users or not was hard, identifying what *subgroup* of mental health service user they were intended for was even harder. However, some bids did specify subgroups (in some cases more precisely than others), which are listed in Table 1:

In community	4
In care	4
Children & adolescent service users	3
Behavioural disorders	2
Carers and patients	2
Dementia	2
Anxiety disorders	1
Eating disorders	1
Disabled and mental health issues	1
Black service users	1
Female service users	1
Young service users	1
Psychiatric patients	1
Women in menopause with depression	1
Recovered mental health patients	1
Severe conditions	1
Personality disorders	1
Psychosis amongst young people	1
Older service users	1

**Table 1: Mental health groups identified as beneficiaries**

In both programmes, 11 bids were for projects that did not appear to be targeted at any health service user group. Table 2 shows the groups that were mentioned in these bids:

General public	4
Ethnic groups*	4
Over 60s	3
Parents	3
Young people	2
Community centre	1
Volunteers	1
Hospital staff, patients and visitors	1
Young people with ASB record	1
Practitioners & academics	1
Soldiers' partners	1

**Table 2: Non service-user groups identified as beneficiaries**

\* In most of these cases, bids mentioning an ethnic group also mentioned other specific groups, such as children, or mental health service users – these have been counted elsewhere as well.

This wide range of beneficiary groups reflects the spirit of the programmes, which were intended to be open to all applicants.

Looking at the 2008 bids, which we were able to separate into the three categories, there were some predictable differences between beneficiary groups. Whilst there were only 3 bids stating they were intended for mental health service users in the 'promoting well-being' category, 5 were in the 'social inclusion' strand, and 10 were in the 'patient experience' category. Conversely, of the bids focussed on non-service users, 1 was in the 'patient experience' category (even this bid was for changes in the hospital at large and patients were therefore one of the main beneficiary groups), 3 were in the 'social inclusion' category, and 7 were in the 'promoting well-being' category. There were also more bids in the 'promoting well-being' category where a beneficiary group was not stated – 7, compared to 5 in the other two categories combined.

## Visions of well-being

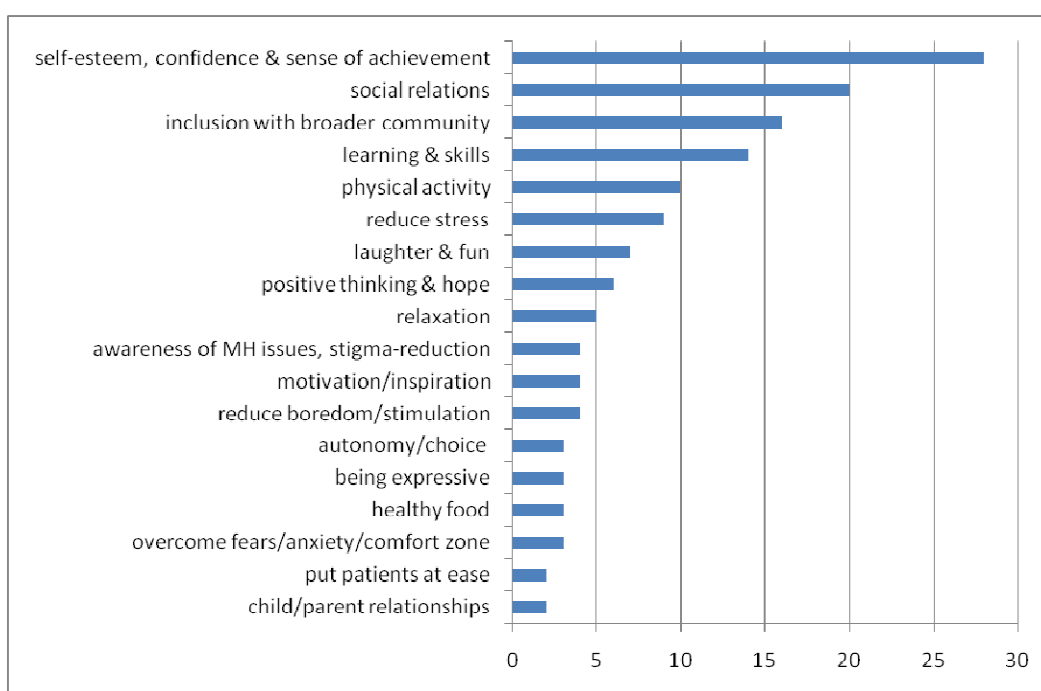
For each of the 75 bids to the 2009 programme, we attempted to identify key words from the applications which described the kinds of well-being objectives they were intending. We only included objectives which related to impacts on individuals. Whilst we attempted to tease out the distinction between well-being drivers and well-being itself in interviews, this was not really feasible whilst analysing the application forms and the following results include some objectives which could be considered well-being drivers, rather than well-being outcomes. Figure 4 shows all objectives mentioned in more than one application.

The dominant vision of well-being, mentioned by 28 of 75 bids, referred to objectives such as increasing self-esteem and confidence, and creating a sense of achievement, pride and empowerment.

The second most common area was around social relations – with 20 bids referring to the objective of improving people's social relations. 16 bids referred to the related objective of inclusion within the broader community – this was particularly relevant to marginalised groups such as mental health and drug and alcohol service users.

The fourth most common objective (14 bids) was to enhance skills and create learning opportunities. Other key objectives listed after that were increasing physical activity (10), reducing stress (9) and simply having fun and laughing (7).

How do these visions of well-being match with the dominant definitions in the field? Self-esteem and confidence, which were the most commonly reported objectives, are clearly referred to in the dynamic model of well-being used in the Foresight Report, and presented in Section 3.<sup>8</sup> In this model, they are categorised as psychological resources – these are traits which an individual possesses and tend to change relatively slowly (c.f. with an individual’s level of happiness which can change from minute to minute, or an individual sense of social connection which can also change rapidly depending on their context). Some aspects of this vision though, for example a sense of achievement, can be seen as more transient and more about individual functioning. Social relations are also an integral part of most models of well-being, including the two definitions given in Section 3.



**Figure 4: Outcomes identified by applicants (2009 programme)**

The cases where the objectives mentioned did not fit clearly into these definitions and models, tended to be when they were more informed by practices focussed on mental health, rather than well-being – for example, around reducing stigma and overcoming anxiety.

What this suggests is that there were at least two paradigms informing bidders to the programmes. One was aligned with the notion of mental well-being as a positive state of mind, and focussed on building psychological resources and social relations, providing opportunities for better functioning and occasionally having fun. The other saw the programme as a resource more specifically for people already with mental health problems, and which could be used to deal with quite acute difficulties, such as overcoming anxieties and reducing stress, or working to combat stigma. These two paradigms reflect the three different categories of the programmes – with the former being linked to promoting mental well-being, and the latter linking to social

<sup>8</sup> Foresight Mental Capital and Well-Being Project (2008), *op. cit.*

inclusion and improving the patient experience. Having said that, they were not mutually exclusive and many bids can be seen to combine them.

Another way of interpreting Figure 4 is to see the objectives mentioned as the areas of greatest need amongst SLaM's constituency, or at least the areas where people see SLaM's contribution to be most needed. By such an interpretation, one understands there to be a strong requirement for SLaM to work to help build self-esteem and confidence, something which appears to be important both for mental health service users and the wider public. The distribution of objectives also suggests that further initiatives to build social relations are desired, as well as initiatives to support the inclusion of isolated groups (particularly service users) into the broader community.

One caveat that should be born in mind when considering this data is that the objectives described by applicants were not identified in a vacuum, but rather are a response to the language used in the application pack that applicants received. For example, the application pack referred to improving self-esteem, reducing stress, and promoting social inclusion, so it is not surprising that all these terms featured in applications. Excluding objectives that are mentioned in the application pack, the most common types of objective were: increasing physical activity (though this may be better seen as a pathway to well-being, as discussed below), increasing hope and positive thinking, and providing motivation or inspiration.

## Pathways to well-being

How did applicants anticipate achieving well-being goals? David Blazey produced an analysis of project themes from the successful bids in the 2009 programme. He identified several key themes running through proposals (figures in brackets indicate the numbers of bids in each theme):

- Physical activity (14) – including swimming lessons, dance, and yoga. This includes projects looking to directly increase physical activity, but also those looking to increase it indirectly, e.g. by purchasing football kits.
- Arts & culture participation (10) – including cultural diversity, singing, and art workshops.
- Arts & culture consumption (9) – typically visits to the theatre and cinema.
- Outings, day trips & short breaks (7) – including long trips, e.g. to Alton Towers, and also trips to local places of interest.
- Therapeutic activities including complementary/alternative therapies (7) – beauty and complementary therapy, “laughter yoga” workshops.
- Food (6) – meals out and meals in, presenting food from different cultures.
- Peer support/service users as trainers (5).
- Improvement to clinical environments (4).
- Equipment and materials to enhance therapeutic activities (3).
- Activities to reduce stigma (2).

This provides an invaluable set of ideas to improve well-being and mental health, and highlights the importance of physical and creative activity, excursions and breaks from the norm, and social interaction.

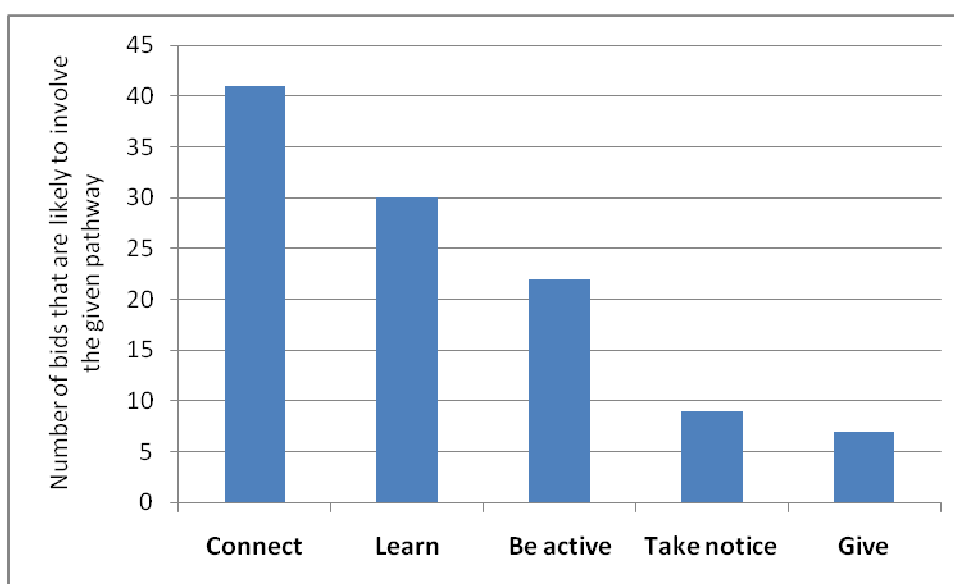
We also attempted to map bids onto the five ways to well-being concepts introduced in Section 3 (give, connect, take notice, keep learning, and be active). This was based less on the stated intended objectives of the applicant, and more on the

description of the activity involved. For 4 of the 75 applications, there was not enough information to fully determine what the applicant intended to do with the money and so these were excluded from this analysis

Figure 5 shows that 41 of the 71 (interpretable) applications involved activities that were likely to get people to connect. This echoes the importance of social relations demonstrated in Figure 4. Activities involved people connecting both with pre-existing groups (e.g. groups of service users) and meeting new people (e.g. the German club). In fact, this number excludes some projects which did involve some social interaction, but more as a learning process (e.g. meeting with recovered mental health patients). Learning was the next most important of the five ways, being a likely outcome in 30 bids – almost half. Typically these bids involved learning physical or creative skills (e.g. learning to sing or swim), but they also included learning ‘life skills’, such as through cinema therapy or learning mindfulness.

As we’ve already seen, being active was also a key feature, in 22 bids according to our analysis.

Less represented were the remaining two five ways, with only 9 bids involving activities that were likely to ensure ‘taking notice’ and only 7 bids involving giving. Even in these cases, particularly for take notice, it is hard to be 100% that the activities would achieve such outcomes. For example we considered a bid to develop a gardening service for mental health patients in the community who don’t garden, might encourage beneficiaries of the service to ‘take notice’ of their interest in gardening, and indeed of their garden itself. Where taking notice was more explicit tended to be in bids involving the sharing of cultures, or specifically aiming to encourage mindfulness and the recognition of one’s strength. Meanwhile giving was involved in projects where beneficiaries were encouraged to train others, or to share skills, food or their culture.



**Figure 5: Prevalence of five ways to well-being in applications**

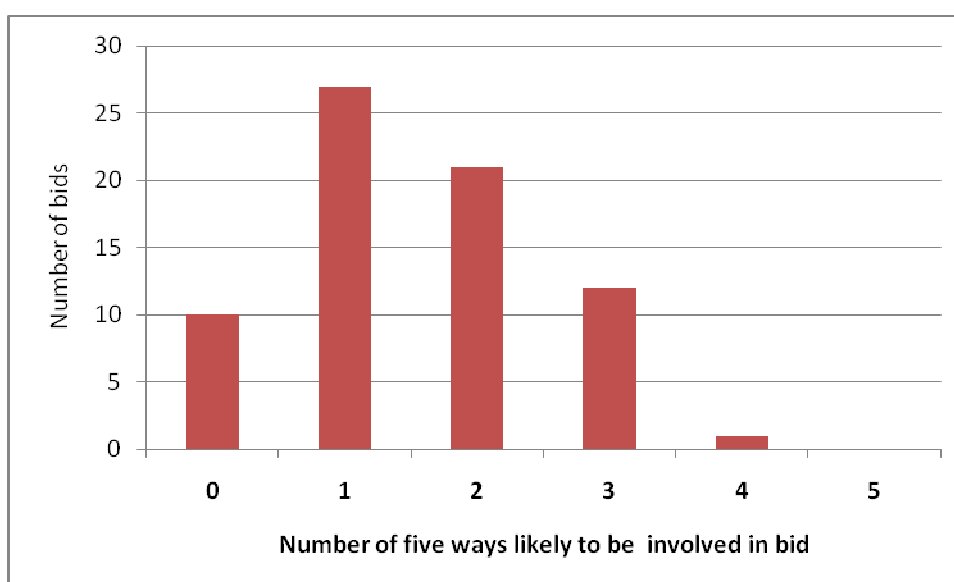
The analysis does suggest that there is scope for more applications with a focus on giving (perhaps volunteering), and taking notice – both of which are activities which the evidence base suggests can lead to large improvements in well-being.<sup>9</sup>

<sup>9</sup> Aked et al. (2008) *op.cit.*

Figure 6 shows how many of the five ways were involved in each application. As can be seen, most bids did involve at least 1 of the five ways, but in many cases only 1 of the five ways looked likely to be involved. Only 1 bid was likely to involve 4 of the five ways (this bid aimed to get patients to celebrate their culture through sharing their own food, music and theatre, and was likely to involve connecting, giving, taking notice and learning, but not being active), and none looked likely to involve all 5.

10 bids did not appear to involve any of the five ways. Almost all of these bids were aimed at service user beneficiary groups, mostly mental health service users (in 2 cases, the beneficiary group intended was not clear). For these bids, the most common intended pathways to well-being were relaxation (e.g. through reflexology, watching TV), and improving the physical environment (e.g. through painting, buying a fish tank) – both of which were highlighted in David Blazey’s analysis as well. As overall pathways, these are likely to be effective as well.

Other pathways that emerged included reducing boredom (by providing newspapers and books in a unit), providing a positive role-model for mental health patients, pampering (through beauty treatment), and giving beneficiaries responsibility (the fish tank again). In all these cases, the pathways implied are probably more appropriate for people with existing mental health problems, rather than the public at large.



**Figure 6: Five ways implicated in applications**

Another interesting consideration is how building self-esteem fits with the five ways. Self-esteem can certainly be improved through the five ways, for example by giving or by learning – and this can be seen in several applications. However, several bids also talked about building self-esteem through getting people to feel ‘normal’ or valued which does not really fit within the five ways framework. Again, these bids tended to be focussed on beneficiaries with existing mental health problems. These findings reinforce the idea that the five ways to well-being are ways to *well-being*, and that they leave many gaps when thinking about mental health.

## Other sections

We also informally explored two other aspects of the application forms. Firstly, as has already been noted, applicants were expected to categorise their bid into one of three categories – ‘promoting well-being’, ‘social inclusion’ or ‘improving the patient

experience'. Anecdotally, it was noted by some applicants that this categorisation was difficult as many bids covered more than one of these areas. This difficulty appears to be borne out in the application forms, with the distinctions between which bids ended up in which category somewhat arbitrary

Applicants were also encouraged to explain how they would evaluate their impact. For example in 2009, the application form included the question "How will you know that you've achieved this?", with the word 'this' referring to the objectives of the bid.<sup>10</sup>

Unfortunately, in many cases answers here tended to demonstrate a lack of understanding of the question. For example, one applicant intending to pay for a beauty treatment said that the intended beneficiary "has had massages in the past and enjoys reflexology". Another simply wrote "it would make them happy. I would love to make them happy". Others did mention, for example evaluation forms or asking people, but this does not help us understand exactly the kinds of changes they expect to see. It probably makes little sense to analyse this question further as it stands, and it may need to be re-worded or removed in subsequent rounds.

---

<sup>10</sup> In 2008, the question was simply "How will you know?"

## 5. Interview results

Interviewees are labelled [A], [B], [C], [D], [E], [F], [G], [H], [J] & [K] at random to maintain anonymity. One interviewee [E] reported not receiving the money despite winning a bid, so they were not interviewed in depth.

### Interviewees

Of the nine interviewees (hereafter referred to as IVs) interviewed at length, 6 [B C D F G H] were professionals of some kind (either working for an NGO, a statutory health body, freelance or in a school). 3 interviewees did not fit in this category. 1 received the money in her capacity volunteering for a community group [J], 1 was a service user [K], and 1 previously had mental health issues [A].

5 IVs received money through the *Make me smile!* programme (2009) [A B G J K], 3 through *Can money buy happiness?* (2008) [C D F] and 1 [H] received money through both programmes.

It is worth bearing in mind the possibility that there may be some sampling bias in terms of the interviewees who we eventually spoke to. Those who we were unable to reach may have been in more transient settings. Also, as most (but not all) phone calls were made during office hours, they may be more likely to be individuals rather than organisations.

### Activities

#### *When*

Of those IVs involved in the 2009 bids programme, most reported receiving the money at the end of the autumn of 2009, and spending it over the winter and early spring. 1 reported that they had not spent all the money yet – which is surprising, as receipts were supposed to have been returned to SLAM Members Council in February.

#### *Beneficiaries*

The beneficiaries of those projects whose lead applicants we interviewed were varied. 3 worked with mental health service users living in the community [C G K], 1 with mental health patients in care [B], 2 with substance misuse service users [F H], 1 with primary school children [D], and 2 with mixed groups [A J]. Looking at the applications made to the bids programme in general, this seems to be a quite representative mix of beneficiaries. The sizes of beneficiary groups varied, and in

several cases was not revealed during interviews. However many projects seemed to be reaching between 30 and 50 people.

### *Divergence from bid*

Of the nine IVs interviewed at length, 5 reported spending the money more-or-less as described in their bids [A B C G J] (a 6<sup>th</sup> [D] couldn't remember). In 3 cases, there were deviations, but always for reasons beyond the control of the applicant. These could provide useful lessons.

In 1 case [H], a repeat bid, the IV reported having to spend all the grant money quicker than planned, meaning they were not able to stick to their bid. This IV had intended to use the money to fund activities (such as going to the cinema, bowling, etc.) for a group of service users which met regularly anyway. The intention was to intersperse activities that cost money with free activities over the course of the year. However, the IV found they only had four months to spend all the money (from November 2009 to February 2010), meaning they had no money to spend on activities for most of the year, and had to spend all the money won from the bid in a short period of time.

In 1 case [F], the service users who had been involved in developing the original idea (though not actually writing the bid themselves), suffered a change in their medical condition, meaning that they were unable to contribute to the activities involved when the money was received. The IV, who was the lead applicant and a service provider found herself having to be more involved than she had intended.

1 last case [K] involved a project delivering activity classes to mental health service users. The IV, who was the lead applicant, was also a service user, but found the organisation which she was intending to collaborate with took over the project once the money had been secured. As a result, her involvement was less than stated in the bid. There were also some changes to the described activities, including there being fewer classes than she had specified in her bid, and no follow-up as intended.

These last two cases will be returned to later on in this Section.

### *Origin of ideas*

IVs were also asked where their ideas came from and how much service users and non-professionals were involved in shaping the idea. These two questions were important because of the aims of the programme to encourage new ideas to emerge, and to give voice to service users and non-professionals in developing them.

In 2 cases [B D], it appears the funding was siphoned into activities the applicant organisation was already carrying out. In 2 further cases [C H] the activities were variants on activities already carried out, but that required extra resources the organisation would not have had otherwise. In 1 case [G], the idea was one that had been tested out previously, but only to a minor extent. In 4 cases [A F J K], the idea appears to have been new to the applicant individual/organisation, and in many cases quite novel. It is worth noting that, in only 1 of these 4 cases was an organisation involved - and that all 4 IVs that did not pertain to a funded organisation [A G J K] carried out new or relatively new activities.

Even when applications were led by professionals, service users and non-professionals were typically involved in shaping bids. Only 3 bids IVs [B D G] did not

explain how service users were involved in their bids (though it should be noted we did not directly ask).

## Impacts

Unsurprisingly for small grants such as these, almost none of the grant winners had conducted any form of formal impact assessment. In the 2008 programme, some form of feedback was requested from grant winners by SLaM Members Council, but this was also fairly informal, and we did not receive any of this feedback. 1 project [B] had conducted a formal evaluation of activities *similar* to that funded by the grant programme, but not the programme-funded activities themselves.

As such, the impacts documented in the following section are based upon the opinions and observations of the IVs, and have not been corroborated in any way. Nevertheless, they do generally appear compatible with the kinds of impacts one would expect from such activities.

Also, it is important to note that these were the unprompted views of the IVs. The interviews were conducted openly, asking the IVs to identify impacts themselves. We did **not** ask IVs questions like “do you think this project improved people’s self-esteem?” However, IVs were prompted to think about impacts in terms of two broad categories: social interaction and impacts in terms of individual change. As we did not directly ask IVs about every possible impact, it is very possible that some impacts were therefore not captured by this interview process.

In this section, we use the distinction made in Section 3 between well-being drivers and well-being outcomes. All IVs interviewed at length claimed some impact on well-being outcomes. Many IVs also mentioned well-being driver impacts – particularly those that engaged with more difficult beneficiary groups.

### *Well-being – social*

In terms of well-being itself, the most common impacts discussed concerned social interaction [A B F G H J]. Indeed, even when such impacts were not mentioned by the IV, it is very likely they were still relevant for the beneficiaries. 2 IVs [A B] specifically focussed on reducing isolation and bringing people out of loneliness. One of these [A] reported that the activity they had arranged made it “easy to make friends”. Another IV [H] reported that aspects of the activities they arranged were a useful ice-breaker, encouraging people who would not normally interact with one another to do so. Of course, with an informal evaluation such as this, it is not possible to determine whether these new social connections have persisted, though one IV claimed that some had in their case [A].

On the other hand, another IV [J] focussed on the opportunity the activity gave to interact with familiar ‘friendly faces’.

### *Well-being – personal*

Many IVs [A B F H K] also reported impacts on the self, either for beneficiaries of the activities, or the grant applicant themselves. Most commonly, these impacts centred around increasing self-confidence or self-esteem [A B H K]. For example, one IV [A], a non-professional, said the project gave her the chance to ‘make my children proud of me’.

Another important impact, which interestingly was noted by both IVs working with substance misuse [F H], was to help service users feel like normal people. Both these IVs bid for money to carry out activities that did not fall within the remit of their usual funding sources as they were not directly related to treatment or the service users' 'problems'. Their reports suggest, however, that such 'normalising' activities are greatly appreciated by beneficiaries. For example, one IV [F] reported beneficiaries being pleased that not everything was focussed on their problems and that sometimes there were 'nice things'. One beneficiary was reported to have said "I didn't think they thought we were worth that". On the other hand, the same IV reported how enthusiasm to actually shape the activity they ran appeared to be restricted to a few individuals, and that most service users, whilst happy of the benefits of the activity, did not wish to take part directly (this issue is discussed later on). A similar positive point was made by a third IV [B] – describing how the funded activity brought the "person out of the patient".

Other impacts to the self were reported. 1 IV [K], said their activity gave beneficiaries a chance to express themselves. Another [H] described how parts of their activity were particularly engrossing, and that beneficiaries were lost in the activity, meaning they weren't thinking about their problems. Whilst the IV did not use the word, this description fits with the positive psychology concept of 'flow' – where an individual is deeply engaged in an activity and carrying it out for its own intrinsic pleasure.<sup>11</sup>

3 IVs mentioned the reduction of stress, and giving beneficiaries the opportunity to relax as key benefits [B J F]. For [F], the grant provided an opportunity to create conditions to reduce stress for service users waiting in a waiting room.

### **Well-being – general**

2 IVs also mentioned more general well-being impacts. [B] said the activity 'improved mood', whilst [A] simply said that "everybody was happy... so I was happy", as well as reporting feedback from one of the beneficiaries: "please continue – you make people smile".

### **Well-being drivers – hobbies and interests**

As mentioned earlier, many of the reported impacts of the grant programme, can be seen as well-being drivers, if not well-being themselves. The most common of these is the engagement of beneficiaries in new hobbies and interests [B G H K], both creative and physical. This is a particularly important impact for beneficiaries with mental health or service misuse problems as it can provide a sense of normality and meaning, providing them with an avenue to recovery, build self-confidence, provide a context for social interaction, as well as being a distraction from their problems. In terms of ensuring these new activities are sustained, one IV [H] noted it to be important to ensure that they are affordable for the beneficiaries without further grant funding.

### **Well-being drivers – engagement**

A similar impact reported, is in terms of sustained engagement with a particular group or organised activity [D H J]. [J] reported increased membership of their community group as a result of activities funded by the grant. [H] reported full attendance to the particular group supported by the grant – the service users involved often do not attend activities provided for them, so this was an important

---

<sup>11</sup> Csikszentmihalyi M (1990) *Flow: The Psychology of Optimal Experience* (New York: Harper & Row)

achievement. Meanwhile [D], working with primary school children, reported engagement with the activities supported beyond what was required from the children. In all these cases, voluntary engagement can be again considered to be of value, because it leads to all sorts of well-being improvements, in terms of social well-being, meaning and self-confidence. In particular, in the case of [H], voluntary engagement can be interpreted as successfully distracting the service users from their substance misuse problems and engaging them in normal and regular activities. According to [H], a key reason for this success was the variety of activities which the grant allowed.

### ***Well-being drivers – learning***

Other impacts were more internal to the individuals involved, and can be seen as learning impacts. [B] reported improved social skills for the beneficiaries. Meanwhile, 2 IVs [A K], both non-professionals, were able to report at great length the learning benefits that they gained from co-ordinating a bid. [K] noted learning how to organise an event, dealing with contracts, advertising, dealing with safety issues and arranging venues. Meanwhile [A] reported reduced shyness (alongside increased self-confidence, as mentioned earlier).

### ***Well-being driver – the Wii?***

One potentially controversial use of the bid money was to purchase a Wii<sup>12</sup> for use by service users with substance misuse problems [H]. Purchasing the Wii was not the original intention of the applicant, and came about as a result of problems spending all the money in time. The idea to do so came from the service users, and the IV reported being somewhat unsure about the purchase. Nevertheless, they reported several positive outcomes, most of which have been mentioned in earlier sections of this report.

Firstly, as noted, the Wii provided an experience of ‘flow’ to the service users, based on an activity which they could carry out for several hours enjoying its intrinsic pleasure. For the group in question this was particularly beneficial, one service user reporting that using the Wii was the first time he’d gone “two hours without thinking about drugs”.

Use of the Wii is active, and gave an opportunity to service users for a bit of ‘friendly competition’ which can be seen as motivational. Also, it served as an ice breaker, providing an opportunity for interaction with other service users that “you wouldn’t normally get on with”, as the IV put it. The IV reported the Wii to be easy and inclusive for people to use, though they also noted that some service users were not interested and did not engage with it. Most pragmatically, the Wii provided a ‘back-up’ activity, when resource shortages meant that other activities, particularly excursions, were not possible. In the context of a statutory body, where staff time is often one of the greatest costs, this could itself actually represent a saving.

### ***Negative impacts***

Whilst several IVs mentioned some difficulties or problems involved in the programme, only one [K] reported a negative impact, and this concerned the IV themselves. In this case, the IV, a service user, lead and won the application to the

---

<sup>12</sup> A Wii is a games console, unusual in that many games are played using a movement sensitive controller attached to a part of the player’s body – rather than the usual buttons or joystick. So, for example, a tennis game might involve the player actually moving their body as if they were playing tennis, rather than pressing buttons, making it a slightly more active pursuit.

bids programme, with the agreement of support from an organisation whose services they used. The IV reported that the organisation then took control of the money and the project themselves leaving the IV feeling rejected and depressed. We have not interviewed anyone from the organisation so as to hear their perspective on this incident, but regardless of the details it is clear that this is a problem and a potentially serious negative impact of the bids programme. Fortunately, in this case, it seemed in interview that the IV concerned had gotten over the incident, felt they learnt a lot from it, and are considering bidding again.

### **Five ways to well-being**

As in Section 4, the five ways to well-being can be used to better understand the projects funded by the grants programmes. Table 3 shows the number of IVs noting impacts which can be understood in terms of each of the five ways. The pattern is similar to that seen in Figure 5, with connect and keep learning being the most common of the five ways, and take notice and give being fairly rare.

Keep Learning	7
Connect	6
Be Active	4
Take Notice	3
Give	1

**Table 3: Five ways in interviewed grant-holders' projects**

## **Programme feedback**

As noted earlier, the interviews were also used as an opportunity to garner feedback about the programme itself – not just its impacts. In reporting this feedback, we will not use interviewee codes, but shall note whether the IV in question was a professional or non-professional.

### **Overall**

Overall, IVs were very positive about the programme, with 3 IVs (including professionals and non-professionals) describing it as great or brilliant. However, 1 IV (a professional) had some quite negative comments regarding the programme, which will be discussed below. Another IV (also a professional), did not remember bidding or receiving the money as they had received lots of other grants recently. Whilst not strictly a negative comment, this does suggest the money did not have a significant impact on their activities.

### **Ease**

The most commonly noted property of the bids programme (again it is worth mentioning that none of these aspects were specifically prompted during interview), was the ease and simplicity of the process. 5 IVs mentioned this, both professionals (including one working independently), and non-professionals. The application process was described as easy, simple, quick, and straightforward. The forms in particular were described as not being 'too complicated'.

One IV, however (a non-professional), did mention that it was difficult for them to fill in the budget section of the application, as they did not know how much things would cost. However, further discussion suggested that this was not a problem of the

application being too complicated, but rather that the applicant had over-estimated the need for precision at that point.

### **Openness**

The other key area of praise for the programme was its openness, both in terms of the people who can apply, and the type of activity that can be funded. Again this was a topic mentioned by both professionals and non-professionals. One professional was pleased that the programme allowed 'room for everything', another noted that it allows a wide range of activities. Meanwhile, a non-professional noted that "everyone's different, so it's good to have variety". In terms of applicants, one professional, who had worked with service users in developing their bid, praised the openness of the process to service users, whilst a professional interviewed who was working independently said the bids programme 'gives an opportunity to small groups'.

One of these IVs went further and described how the bids programme allows people to try new things and gives people new opportunities.

### **Timing**

In terms of criticisms, the most common issues that emerged were around timing. One, otherwise satisfied, recipient (a non-professional) complained that they had to wait a long time for the money. A second (a professional), also noted that they had to wait a long time for the money, but rather than complain about that, were more concerned with the speed with which they then had to *spend* the money, before receipts were requested. A third IV, also a professional, described how, in the interim between bidding and receiving the money, the service users who had been involved in the bid process, were no longer able to be involved in the actual project. Interestingly, this IV also did not specifically complain about this issue – perhaps they felt this was part and parcel of receiving grant funding – but the incident highlights the advantage of being able to turn around the grant-making process quickly, particularly in the context of beneficiaries whose situations are prone to changing rapidly.

### **Other problems**

Several more serious criticisms were levied at the programme, all (with one exception) came from a single IV (a professional). These are discussed in turn below.

Firstly, the IV felt it inappropriate for the programme to be open to beneficiaries without mental health problems. They felt that there should be a requirement for all bids to be in some way related to people with mental health problems, rather than, for example, funding activities that were directed at the general population. They felt that there was plenty of money available for other such activities, and that funds should be concentrated on people with mental distress, for whom there is 'so little available...', especially if they are not in services'.

Secondly, the IV, who had won a grant in the 2008 programme, said they were 'not sure' if they had been told about the 2009 bids programme, and so were unable to bid.

Thirdly, and this is something that had affected one other IV, they mentioned cases where applicants (within the same organisation) had had successful bids, but did not receive any money. This is a serious concern for the bids programme.

Lastly, and perhaps most extensively, they criticised the amount of evaluation involved in the bids programme. They described the evaluation process in 2008, when they had to submit photos and a report, as being disproportionate given the amount of money involved. The requirement for photos was also problematic in their case for ethical reasons. Also, they described the event ran in June 2010 as a 'bit odd' and 'over the top', and was concerned that the Members Council might have thought that bid winners didn't need their time 'to be doing other things'. The IV speculated that the event would have cost over £10,000, and that more was probably spent on evaluation than on delivery, and specifically asked us to ask the Members Council as to how much was spent on evaluation and why. In the IV's closing comments they again mentioned the event, highlighting that this was a particular concern for them.

### ***Grant size***

Lastly, some IVs were asked whether they felt the grant size was appropriate. Given a fixed pot of money, would it be better if more grants were made, but of a smaller amount, or would it be better if larger grants were made, but fewer of them?

Of those asked, one IV (a professional) felt that £500 was enough, and that £750 was not necessary. They noted that people would always be able to bid for more, but that the extra money may not be of that much importance. A second IV (also a professional) however, felt that the money was not enough, that fewer large grants should be made and that 'everyone has to pay the rent'. Meanwhile a third IV (non-professional), felt the money was about right.

Perhaps a useful compromise option, suggested by a fourth IV (a professional), was to have different tiers of funding with smaller grants and larger grants available, to cater for the variety of bids put forward.

## 6. Key findings & recommendations

This final chapter brings together the key findings from the various strands of research. It then attempts to make some clear recommendations as to how to improve the programme for next year.

### Key findings

Overall, the feedback we received reflected strong support for the programme and suggested that it had successfully achieved its goals. Some small issues were raised, and the Members Council may wish to consider thinking a little more about the remit and purpose of future programmes. The following paragraphs summarise the key findings in these regards.

#### *Intended and actual activities*

In terms of the types of activities applicants intended, several clear themes can be identified, including physical activity, participation and consumption of arts and culture, outings and day trips, therapeutic activities, food, peer-to-peer relations, improving clinical environments, purchasing equipment and materials and reducing stigma. Interestingly much of this maps onto the five ways to well-being, with 'connect', 'keep learning' and 'be active' particularly well represented. On the other hand, few bids appeared to involve beneficiaries having the opportunity to 'give' or 'take notice', and only a minority combined more than one of the five ways. Thinking about the five ways appeared to be more helpful when looking at bids in the 'promoting well-being' category, as opposed to the 'social inclusion' and 'patient experience' categories.

In many bids, the actual money involved appeared relatively secondary to the key ideas in the bid. For example, several applicants asked for money to pay for food and drink during activities or trips. In these cases, the food and drink is rather peripheral to the main activity, and appears to be somehow a justification of the bid process. For these bids, the principal resources involved were rather time (either given freely, or as staff time) than money. Having said that, sometimes the bid money allowed the beneficiaries to experience something a little bit different from what they usually experience (for example bowling instead of football in the park). Whilst this different experience may not necessarily be intrinsically 'better' or more enjoyable, its novelty had value in itself. Generally, the bid money could often be seen as a catalyst to the real value of the bid. The amount of money spent in such cases is therefore not all that important.

The grants programme also provided a catalyst for new ideas. This appeared to be most the case in projects lead by individuals and non-professionals. Several

successful projects run by organisations appeared to be part of the normal activity of that organisation, or only a minor deviation from it. From the perspective of value for money for the Members Council this may not be that desirable, as the sums of money involved are relatively small even for many charities (as was noted by two interviewees) and if they are just going into a general pot they are likely not to have much impact. Indeed the fact that one interviewee could not even remember applying to the programme reinforces this concern. However, benefit can be gained when the ideas they put forward are new to SLAM, and could be rolled out, even if they are not new to the applicant.

Most interviewees reported carrying out the activities more or less as described in their bids. Where there was deviation, there were always explanations beyond the control of the applicant.

### *Intended and actual outcomes and outputs*

Applicants saw the call as an invitation to work towards two types of objective. On the one hand, there was plenty of language consistent with dominant models of well-being. Self-esteem and confidence were most commonly referred to as potential outcomes in applications, followed by better social relations. On the other hand, many applicants focussed on objectives more focussed on mental health than mental well-being – including reducing social exclusion amongst service user groups with acute conditions, tackling stigma, and overcoming fears and anxiety. Much of the language used by applicants reflected the language provided by the Members Council in the application pack, with key exceptions including reference to objectives such as instilling hope and positive thinking, and providing motivation and inspiration.

Though little formal evaluation was carried out, interviewees reported having achieved many of these outcomes. In particular, most interviewees reported substantial social interaction as a result of their activities, with a couple feeling that they had tackled social exclusion amongst their beneficiaries. Activities that provided a break from routine appeared to be effective, serving as a catalyst for social interaction both with friends and new acquaintances.

*“Easy to make friends. ... The people who were matched to each other got on very well. I felt like they were meant to meet.” [A]*

Most interviewees also reported impacts in terms of self-esteem and confidence. Leading a bid, it seems, could prove a very positive experience for people with poor mental well-being:

*“Made my children proud of me” [A]*

However, difficulties in leading a bid also risk having negative consequences, which is of particular concern for individuals with mental health problems:

*“I just felt ... in a way ... a bit cheated. ... Quite unhappy and just powerless as well” [K]*

A key ingredient for improving self-esteem for beneficiaries with acute problems appeared to be normalisation – with such beneficiaries appreciating the opportunity to do things normal people do all the time, and having money spent on things other than their problems.

*“It’s a nice idea, it’s nice that not everything is focussed purely on medical stuff. And that people do recognise that our client group also like nice things and it’s not all about treatment. ... A few people made the comment ‘Oh, I didn’t think they thought we were worth that’” [F]*

Other well-being outcomes identified by interviewees included:

- Reduction of stress
- Improved mood
- Creating ‘flow’
- Providing opportunities for beneficiaries to express themselves

In terms of outputs related to well-being drivers, several were mentioned (mostly echoing the pathways to well-being apparent in applications):

- New hobbies and interests (both physical and creative)
- Engagement with services or groups
- Learning of new skills

In the case of new hobbies, a key factor to ensuring sustainability appeared to be whether the beneficiary would be able to continue the hobby once the programme-funded activities were over – typically this meant it had to be free or low-cost.

As with the applications, three of the five ways to well-being (‘connect’, ‘keep learning’ and ‘be active’) featured more prominently as outputs, whilst the other two (‘give’ and ‘take notice’) did not.

One of the more controversial things to be funded by the programme was the purchase of a Wii for a service user group. Whilst the interviewee involved did express concerns about this, they believed that ultimately it played a valuable role, providing a catalyst for social interaction amongst service users, and a distraction from their dependencies:

Using the Wii was the first time he’d gone *“two hours without thinking about drugs”* [H]

The project leads interviewed reached between 30-50 people each in their activities. If we assume they are representative of the programme as a whole, this allows us to conservatively estimate that about 1300 people benefited from the programmes each year.

### ***Application process and programme***

Almost all the interviewees said that the application process for the grants, in both years, was simple and easy. However, analysis of the completed application forms suggests that this was not always the case, and many forms were filled incorrectly and in a way that left many question marks. This difference between the views of successful applicants and the application forms themselves is not surprising: those applicants responsible for application forms which were filled in worst were mostly not successful and were therefore not interviewed.

The areas where the application forms proved trickiest were:

- Categorisation within the three categories – many bids could potentially be categorised in more than one category.
- The question on how the project would be evaluated

- The question on the budget breakdown – many applicants did not provide a budget breakdown, whilst one interviewee interpreted the question as requiring a greater level of precision than was really necessary (or feasible).

Another issue with regards to the application forms, raised not by an applicant, but by Tony Coggins, is how prescriptive the form should be. Should the applicants be told simply “here’s a pot of money, how would you spend it?”, or should they be given some guidance as to how SLaM sees well-being and the kinds of things that lead to well-being? Whilst the grants’ programmes veer more towards the former of these choices, the 2009 application pack, at least, is not entirely blank, as it does provide examples of activities and use language relating to well-being. In the end, this language does probably influence bids. Of course, this is not necessarily a bad thing, and probably ensures a large number of ‘safe’ bids that are very likely to have positive well-being impacts. However, there is a risk that it stifles new ideas. There is no easy way to resolve this question. One could compare the activities and impacts in the Members Council programmes with those from DIY Happiness, part of *Well London*, where beneficiaries attend workshops on well-being. However, there are many other confounding differences between the two programmes, such that attributing differences in outcome to differences in the amount of information provided would be difficult.

Aside from the application process, the other key area of feedback on the programme was timing. One respondent felt put out by the delay in receiving money, whilst one noted the difficulty in spending it quick enough once they had received it.

### **Overall**

Overall, and with only one clear exception, interviewees provided a very positive picture of the grants programmes. Aside from comments made earlier, the most severe criticism was of money not being received by successful applicants.

An issue that has repeatedly emerged in this evaluation has been the distinction between promoting well-being in the wider population and focussing on alleviating mental health problems in service user groups. Amongst relevant stakeholders there does not appear to be a common understanding of how these two sets of impacts fit together. Many interviewees applauded the openness of the programme. However, one interviewee thought it terrible that some of the money from the programme would go to beneficiaries who didn’t have mental health problems. Meanwhile, whilst one SLaM staff member involved in the programme said that they thought the funding was mostly for mental health related projects, another said the main point was to move beyond mental health in service user groups to mental well-being in the general population.

In terms of understanding these two sets of impacts, no single framework seems appropriate. Whilst models and understanding of mental well-being, including those in *New Horizons* and the *Foresight report* proved very adequate for interpreting those projects focussed on well-being, they seemed slightly insufficient in terms of understanding some of the outcomes and activities aimed at alleviating mental health problems.

Theoretically, it would have been possible to distinguish between the two types of project, but in reality there was a substantial grey area, and applicants did not utilise the categories all that effectively. At any rate, any future evaluation of such a

programme would need to be further informed by better understandings of mental health, alongside an understanding of mental well-being.

## Recommendations

The evaluation has demonstrated a large impact from this grants programme, and there is no doubt that there is an appetite for such an approach. Most interviewees said they would bid again given another chance. However, the following may be worth considering for future similar grants programmes:

1. **Decide on overall remit.** Is the grants programme aimed at reducing mental health problems amongst service users, improving mental well-being in service users, or improving mental well-being in the general population? Or indeed is it aimed at all three? The categories on the application form attempt to accommodate all these goals, but do not appear to allow them to be distinguished? The kinds of support and evaluation that are appropriate for the different goals are quite different, and indeed the amounts of money that would be appropriate may differ. We would suggest a review of the aims of the programme, and consideration of whether the different beneficiary groups should be treated differently or not. Having said that, separating beneficiary groups does run the risk of 'excluding' or marginalising certain groups, and treating mental health service users as patients and not people. As we have noted, one of the virtues of the programme has been its openness, but also the way that it allows money to be spent on service users in ways that are focussed on their well-being rather than their mental health. We would suggest either deciding to focus on mental well-being outcomes and not mental health outcomes (but including both people with and without mental health problems), or focussing only on people without mental health problems, but focussing very much very on encouraging bids from non-professionals and people who are at risk of mental health problems.
2. **Encourage bids from non-professionals.** Some of the most innovative and possibly impactful bids have come from individuals, both with and without mental health problems. Whilst the programme is intended to be open to everyone, there were perhaps a few too many successful bids that were run by professionals. Whilst these bids may have positive impacts for beneficiaries, they risk being lost in a bigger funding pot. Also, some of the most valuable outcomes from the programme appear to be those enjoyed by lead bidders themselves – these outcomes are less likely for experienced professionals than for, for example, people recovering from mental health problems. We would suggest either promoting the programme more to non-professionals, or giving non-professional lead bids a scoring advantage in choosing between applications.
3. **Don't increase the grant size.** In many cases, the money involved was rather secondary to the actual activity of the project, serving more as a catalyst. We would recommend keeping the grant size the same or perhaps even producing a two-tier system, with most grants being of a smaller value (for example £500 or even less). Another possibility is to somehow reward bidders for the time involved in delivering their activity – as it is time that is the key resource in the programme – perhaps through time-banking. However, this could introduce too much added complexity.
4. **Clarify the application form.** Questions on how applicants would evaluate their impact and on how they would spend their money were not always understood. In the case of the evaluation question, we would recommend dropping it. In the case of the budget question, we would recommend perhaps

providing an example which would show what was required, and stress that the figures used need not be too precise. As we have mentioned earlier, the categorisations could do with being revisited.

5. **Determine who's benefiting.** Whilst it risks making people feel they are being labelled, we would recommend that the application form include some questions specifically asking who the applicant is and who the beneficiaries will be. In the case of the applicants themselves, the most important information to gather is whether they have mental health problems themselves, and whether the application is part of their 'professional' activities, or otherwise. Gender, age and ethnicity would also be of interest, particularly in terms of understanding how different groups are perceiving need. In terms of beneficiaries, it would be useful to know whether the intended beneficiaries are service users or not, and what type of service users.
6. **Keep the information on well-being the same.** It may be worth referring applicants to the well-being garden in the application pack. However, we do not recommend substantially increasing the information on what well-being is and how it is improved until further research can be carried out.
7. **Encourage giving and taking notice.** Having said that, it may be worth adding a line somewhere in the examples, to encourage applicants to consider projects involving giving and taking notice, as these ways to well-being were under-represented amongst both the applications and the interviewed successful bidders.
8. **Turn around applications quicker.** Obviously always a challenge, but several interviewees complained about the money taking too long to be received. The Members Council should explore ways to make this quicker. At the very least, it should ensure that bidders have plenty of time, from the moment they receive the money, to spend it, as some applicants intended to use small amounts of money over several months, rather than spending it all at once.
9. **Provide greater support to successful applicants.** This also would require more resources, but may be increasingly important if more bids go to non-professionals, individuals, and people with mental health problems. In particular, support may be required in terms of venues, but also in terms of helping the successful applicants to understand their rights and relationship to the grant received. A simple 'contract' between the Members Council and a named individual (or individuals) may help ensure that these individuals remain committed to the project, and that they do not lose control of the money to others.
10. **Introduce a light-touch quantitative evaluation.** One interviewee complained that too much money was being spent on evaluation. However, given the innovative nature of the programme, and the risk that it could be seen as controversial, we believe that understanding its impacts is vital. In particular, rather than seeing the programme as a single use of money, one can consider it as over 40 little projects, all of which could potentially be rolled out and should be assessed. Furthermore, the collection of applications itself can be seen as a research exercise, as it helps SLAM better understand the needs of its constituency. As such, we would not recommend reducing evaluation. Instead, we would recommend attempting to streamline it. 2008 bidders told us that they were expected to produce photos and reports, which may be a little cumbersome, and are likely not to provide a representative picture of projects. The process we have conducted here has seemed eminently useful in terms of assessing qualitatively the impact of projects. However, to get a better picture of their impact one would suggest introducing simple before-and-after questionnaires to assess the well-being of the

individuals involved (both the applicants and the beneficiaries of their activities). Of course, there may well be a need for different types of questionnaires for different types of project, but a precedent has been set for such an evaluation methodology (the Big Lottery Fund's Well-Being Programme – e.g. [www.biglotteryfund.org.uk/evaluationandresearch-uk](http://www.biglotteryfund.org.uk/evaluationandresearch-uk)). Also, such an approach may depend on whether the programme chooses to focus on either mental health or mental well-being, or remain open to both areas.

### **Further research**

This evaluation did not allow a full exploration of all the questions that one might have wanted to answer. Some potentially fruitful research avenues are:

1. Assessing the percentage of applicants (successful and otherwise) that genuinely engaged service users.
2. Attempting to identify the age, ethnicity and gender of successful applicants, and exploring differences in the kinds of projects they delivered.
3. Retrospectively analysing the success rates of different applicants – staff, patient or other, in terms of winning bids.
4. Attempting to determine whether bids that asked for more money had proportionately more impact or not.
5. Further looking at how applicants answered the application form question related to evaluation.
6. Exploring further the differences between the different programme categories, and how well the categorisation was understood. Did all projects within the patient experience strand work with patients, or did some work with other groups instead? Did all projects within the promoting well-being strand genuinely seek to promote well-being, or did they focus on mental health instead?
7. Drawing in the findings from the DIY Happiness programme, which is part of *Well London*.

### **Final comments**

In Section 1 we suggested that the grants programmes may expect to achieve four objectives:

- Promote wider understanding of the role of the Members' Council within SLaM.
- Provide a format for innovative ideas to emerge, which could be rolled out or developed by SLaM.
- Give people who might otherwise not be able to, the chance to develop their own ideas.
- Promote well-being, reduce social exclusion and improve the patient experience.

Assessing the impact on membership of the Foundation Trust was not part of the remit of this evaluation. In terms of the other three objectives, the programmes appear to have been a success. The programmes have brought to light lots of ideas that could potentially be rolled out to improve patient experience, enhancing social inclusion and promote well-being. The current evaluation process did not provide an opportunity for a rigorous comparison of different ideas, and SLaM will probably want

to explore some ideas further before rolling them out. A few broad principles can be identified though:

- Engage service users in the development of ideas.
- Create more opportunities for marginalised or deprived groups or people to lead small projects.
- For promoting well-being, make use of the five ways to well-being, making sure to include opportunities to 'give' and 'take notice'.
- Take advantage of the popularity of techniques incorporating physical activity, arts and culture, and trips and outings.
- Target issues around self-esteem and confidence, and also social relationships and social inclusion. Also, work to instil hope and positive thinking, and to provide motivation and inspiration.
- With regards to social inclusion, activities which make people feel 'normal' are very valuable for people with more severe conditions.
- Social relationships are facilitated by activities that are breaks from the norm and incorporate something new for the participants.
- Engaging people in new hobbies and interests that are feasible to sustain is a useful tool

If these principles are applied to more of SLaM's work, then the grants programmes will already have proved extremely useful.

The programme engaged plenty of people who would not normally have had the opportunity to do so, including both individual and groups with and without mental health problems. However, should this be seen to be a priority (and we would argue it should be), the programme could be altered to ensure more of such people got involved.

In terms of direct impacts in terms of well-being and mental health, the evaluation did not allow an exact quantification. Nevertheless, the evidence gathered suggests that some significant impacts were made.

Bearing all this in mind, the programmes appear to have been a success. A wealth of information has already been collected and could prove useful for SLaM in other ways. At the same time, we would definitely recommend that the programme continue into the future.

Perhaps the key feature of the programme is the way it is able to use small amounts of money to catalyse both ideas and activity. In the cases of the best projects, it was not the money that 'did the work' in terms of achieving well-being and mental health outcomes, but rather the enthusiasm and the effort of the individuals involved. This may be a particularly attractive approach when working with individuals and groups who have less by way of financial resources, but have time to invest in such activities. The lessons from co-production demonstrate the value in engaging individuals to shape and create the services that are intended for them,<sup>13</sup> and the grants programmes can be seen as a full implementation of this philosophy. Here, individuals are given the chance to say not only how to deliver activities, but what activities to deliver. Indeed, in many cases, individuals delivered those activities themselves.

---

<sup>13</sup> Stephens L, Ryan-Collins J & Boyle D (2008) *Co-production: A Manifesto for growing the core economy* (London: nef)

Could a single large project, across SLAM's constituency, have achieved the same outcomes as the grants programmes in terms of direct changes to mental well-being and mental health (let alone the potential for learning for future activities)?

Unfortunately this evaluation did not allow a full quantification of the impacts of the programmes, but the evidence we gathered suggests not. The programmes allowed a large range of different activities to take place, involving a hugely diverse range of beneficiaries with different interests and passions. The programmes put service users and 'normal people' at the heart of the process creating a sense of autonomy and boosting feelings of self-esteem and competence, and they encouraged groups to work together, improving social relations. By giving agency to a large group of people, and by making it all fun, the programmes ensured energy and time was invested into the activities maximising their impact. There were of course problems and exceptions, but no more than what one would expect for such a new approach.

It is also worth reflecting that the programmes did not lead to people spending money on 'silly' things. The process ensured that bids that are unlikely to have a large impact are screened out, and to some extent self-censored. Where money did end up being spent on things which one might raise an eyebrow to (the case of the Wii, for example), the reasoning behind it was plausible and the impact probably beneficial.

Of course, this does not imply that all money spent on mental health and mental well-being should be spent in this way. In many cases, the benefits of specialist knowledge outweigh those of service user engagement – perhaps more so with regards to mental health, as opposed to mental well-being. In many cases co-ordinated action may be best, and there are some aspects of well-being for which large blanket activities, which can benefit everyone, may be more cost-effective. But, where individual energy and ideas can be harnessed, where there are a variety of needs, and where outcomes are less tangible, then approaches such as the *Can money buy happiness?* and *Make me smile!* programmes could prove very effective in the future.

*We would like to thank the applicants who agreed to be interviewed as part of this evaluation.*

**MEMBERS' COUNCIL – SUMMARY REPORT**

**Date of meeting:** 14<sup>th</sup> September 2010

**Name of Report:** Minutes of the Members' Council Quality Group

**Author:** Carol Stevenson, Membership Officer

**Presented by:** Steve Hill, Chair of Quality Group

**Purpose of the report:**

- To note the minutes of the meeting held on 17<sup>th</sup> May.
- To update on any matters arising.

**MINUTES OF THE INAUGURAL MEETING  
OF THE MEMBERS' COUNCIL QUALITY GROUP  
HELD ON MONDAY 17<sup>TH</sup> MAY 2010**

**PRESENT** Sophie Corlett  
Les Elliot  
Steve Hill  
Magda Moorey  
Roger Oliver  
Noel Urwin

**IN ATTENDANCE** Cliff Bean  
Carol Stevenson (minutes)

Ref	Issue	Who	When
<b>QG/ 10/01</b>	<p><b>INTRODUCTION</b></p> <p>Noel Urwin introduced the group. The leads will be Cliff Bean and Steve Hill.</p>		
<b>QG/ 10/02</b>	<p><b>ROLE OF GROUP</b></p> <p>The group should have a role in developing the Quality Report and sharing thoughts on the Quality Strategy.</p> <p>Roger Oliver asked how the outcomes of other meetings (Partnership Time Events, TWIG) would be incorporated. It was agreed that this could start by circulating minutes.</p>		
<b>QG/ 10/03</b>	<p><b>QUALITY REPORT</b></p> <p>Cliff Bean circulated the latest draft of the Quality Report. It was noted that the report would go to the Board the following week and will be published at the end of June.</p> <p>Cliff Bean explained the statutory requirements for consultation with PCTs and local Scrutiny committees.</p> <p>There is the challenge of balancing what needs to be included against readability for the lay person.</p> <p>Les Elliot expressed concern regarding the patient experience reports as this is a hard issue to record. The 'patient stories' approach has disadvantages.</p> <p><b>Content</b></p> <ul style="list-style-type: none"> <li>• Care plans – should be at 100%</li> <li>• CQC – are the changes significant? Will measurements be by borough or CAG next year?</li> <li>• Patient safety – Roger raised concerns over recently failures to correctly identify users and incompetent blood-taking. Cliff to include data for nursing training / medicines</li> </ul>		

	<p>awareness.</p> <ul style="list-style-type: none"> <li>• SUIs – Suicide plans need maintaining. A commentary would be helpful.</li> <li>• CORE-OM – Table 2. Specify Older Adults not just MHOA.</li> <li>• Response to issues raised by regulators and commissioners – would like to include community treatment orders and links to violence.</li> </ul> <p>Research – more information would be welcome.</p> <ul style="list-style-type: none"> <li>• Clinical audit – would like comparative national data for violence.</li> </ul>	<b>CB</b>	
<b>QG/ 10/04</b>	<p><b>CIRCULATION</b></p> <p>It was noted that the Trust must consult with PCTs on the Quality Report but it was not a requirement to consult the LINKs.</p> <p>Magda Moorey said that Lewisham PCT would need to see the full document. Cliff Bean confirmed that he was circulating to all the local PCTs.</p>	<b>CB</b>	
<b>QG/ 10/05</b>	<p><b>FUTURE</b></p> <p>The Members Council needed to be involved at an earlier stage. It was noted that the Audit Commission will be auditing the report from next year so the timetable will be further compressed.</p> <p>An outline of the requirements would be helpful for next year.</p> <p>The Members' Council would like to see half-year data (this is not available for all measurements).</p> <p>Financial pressures are likely everywhere. The value of prevention must not be lost in any cuts. Clustering should show the value of preventative services.</p> <p>It was suggested that the report should be posted on the Trust website with hyperlinks.</p>		
<b>QG/ 10/06</b>	<p><b>NEXT MEETING</b></p> <p>Steve Hill and Cliff Bean to meet in June to prepare agenda and set dates for the rest of the year (with Paul Mitchell).</p> <p>Suggested months: September October / November February April / early May</p>	<b>SH / CB CB / PM</b>	

CMS May 2010

**Attachment F**

**MEMBERS' COUNCIL – SUMMARY REPORT**

**Date of meeting:** 14<sup>th</sup> September 2010

**Name of Report:** Minutes of the Members' Council Membership and Communications Group

**Author:** Scott Yeomanson, Business Manager

**Presented by:** Jan Oliver, member of the Members' Council Membership and Communications Group

**Purpose of the report:**

- To note the minutes of the meeting held on 29<sup>th</sup> July.
- To update on any matters arising.

**Minutes of the MEMBERSHIP DEVELOPMENT AND COMMUNICATIONS GROUP  
meeting held on Thursday, 29<sup>th</sup> July 2010 at 5:00pm**

**PRESENT** Polly de Blank (Chair)  
Layla McCay  
Jan Oliver

**IN ATTENDANCE** Russell Guthrie  
Paul Mitchell  
Scott Yeomanson (Notes)

**APOLOGIES** Jaya Kathrecha

Ref	Issue	Who	When
<b>CSG 01/10</b>	<p><b>MEMBERSHIP DEVELOPMENT</b></p> <p><b>1. Report From Recent Recruitment / Awareness Events</b></p> <p>Paul Mitchell updated the group on recent membership event initiatives. Specifically the SL&amp;M Sunfayre and the Trusts recent attendance at the Lambeth Country Show. The Trusts stand at the show was well received and offered a platform for the Trust to meet and discuss the Trusts work, including the opportunity to sign up new members. 120 new members were signed up in the course of the weekend.</p> <p><b>2. Membership Targets</b></p> <p>Paul Mitchell updated the group on membership figures, discussion included the breakdown of membership, Paul agreed to bring the split to the next meeting. Categories of which are to be included in the split are:</p> <ul style="list-style-type: none"> <li>o Carers</li> <li>o BME</li> <li>o Youth</li> <li>o Gender</li> <li>o Borough (CAG)</li> </ul> <p>These would help generate targets for the short term (1 year) and longer term (5 years). A strategy would also be developed for engaging with the 30,000 long term service users, BME community, young people and carers.</p> <p>Discussion included the suggestion that new members should receive an induction to</p>	<p><b>PM</b></p> <p><b>PM</b></p>	



	information in reception areas throughout the Trust was discussed. It was agreed to develop a programme to meet with community team managers to work out how to manage information in reception areas and remove clutter.		
<b>CSG 04/10</b>	<b>AOB</b>  1. Meet with manager of new carers hub in Southwark. 2. Meet with outreach workers team leaders. 3. Create Members' Council notice board to show what we do in a more accessible way.	<b>SY</b> <b>SY</b>  <b>SY</b>	
<b>CSG 05/10</b>	<b>FORWARD PLANNER</b>  1. Consider possible Maudsley Open Day with BBQ, Family and Carer event and all other events where increased user interaction.	<b>PM</b>	
<b>CSG 06/10</b>	<b>NEXT MEETING</b>  14 <sup>th</sup> October 2010 at 5:00pm.		

SY / Aug 2010

**MEMBERS' COUNCIL – SUMMARY REPORT**

**Date of meeting:** 14<sup>th</sup> September 2010

**Name of Report:** Annual audit letter

**Author:** Jon Hayes, Audit Commission

**Presented by:** Gus Heafield, Director of Finance

**Purpose of the report:**

- To note the contents of the annual audit letter.
- To update on any matters arising.

# Annual Audit Letter

South London and Maudsley NHS Foundation Trust  
Audit 2009/10  
August 2010

DRAFT

---

# Contents

<b>Key messages</b>	<b>3</b>
<b>Financial statements and Statement on Internal Control</b>	<b>4</b>
<b>Securing economy, efficiency and effectiveness</b>	<b>6</b>
<b>Closing remarks</b>	<b>8</b>
<b>Appendix 1 – Glossary</b>	<b>9</b>

DRAFT

---

## Status of our reports

The Engagement Letter, issued by the Audit Commission, explains the respective responsibilities of auditors and of the audited body. Reports prepared by engagement leads are addressed to governors, members, non-executive directors, directors or officers and are prepared for the sole use of the audited body. Auditors accept no responsibility to:

- any member, governor, non executive director, director or officer in their individual capacity; or
  - any third party.
-

---

# Key messages

This report summarises my findings from my 2009/10 audit. It includes messages arising from my audit of your financial statements and the results of the work I have undertaken to assess your arrangements to secure economy, efficiency and effectiveness in your use of resources.

I have included my key findings in this report which have been accepted by the Trust.

---

## Audit opinion and financial statements

- 1 The financial statements for the year ending 31 March 2010 were produced by the required deadline and I issued an unqualified audit opinion on 2 June 2010 in line with the deadline set by Monitor.
- 2 The financial statements were prepared and submitted to us in line with the agreed timetable. The financial statements were prepared to a good standard and supported by appropriate working papers.

---

## Value for money

- 3 I was also able to satisfy myself that the Trust had made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and I issued an unqualified Value for Money conclusion on 2 June 2010.

---

## Audit fees

- 4 The following table details the audit fees for 2009/10.

	Actual	Proposed	Variance
Financial statements and statement on internal control	£60,000	£60,000	nil
Non opinion audit work - Restatement of the 2008/09 financial statements to comply with International Financial Reporting Standards	£5,000	£5,000	nil
Non opinion audit work - Dry-run external assurance on Quality Accounts for the year ended 31 March 2010	£16,900	£16,900	nil
<b>Total</b>	<b>£81,900</b>	<b>£81,900</b>	<b>nil</b>

---

# Financial statements and Statement on Internal Control

The Trust's financial statements and Statement on Internal Control are important means by which the Trust accounts for its stewardship of public funds.

---

## Overall conclusion from the audit

- 5 There were no significant issues arising from the audit. I considered the qualitative aspects of your financial reporting. The Trust decided not to include the following notes in their financial statements that are required under Monitor's NHS Foundation Trust Annual Reporting Manual:
- losses and special payments;
  - the average staff numbers in categories detailed by DSCN 18/2001; and
  - early retirements for ill health.
- 6 The Trust considered these requirements and decided that they were not material to the 2009/10 financial statements. The Trust did submit this information as part of the FTC forms for Monitor and this treatment is consistent with previous years.

---

## Significant weaknesses in internal control

- 7 I did not identify any significant weaknesses in your internal control arrangements.

---

## 2009/10 outturn

- 8 The Trust's financial statements showed a net deficit of £2.6m, which was £2.2m ahead of the original plan. The deficit was caused following the revaluation of the Trust estate and the subsequent net impairment of operational fixed assets of £3.4m, plus a loss on revaluation of assets held for sale and investment properties of £4.1m.
- 9 The Trust achieved its target of £19.1m for earnings before interest, taxes, depreciation and amortisation (EBITDA), which is the key performance measure for Monitor. The Trust financial risk rating of 3 was in line with that proposed by the 2009/10 plan.

### 2010/11 financial outlook

- 10 The Trust has prepared its annual plan for 2010/11 and has set a budget to achieve a net surplus of £4.8m with an associated risk rating of 3. The main financial risks to the Trust are delivery against savings and disinvestment targets, continuing uncertainty over revenue streams driven by the wider economic environment and the switchover to Clinical Academic Groups (CAGs).
- 11 For the first three months of the year the Trust is reporting a net surplus of £2m, which is £0.15m ahead of plan and the Trust is currently forecasting to be marginally ahead of plan by the year end. Whilst the Trust is currently ahead of projections, there are financial pressures that have resulted in overspends, including nursing costs which are overspent by £1.2m at the end of month 3. There has also been slippage in the Cost Improvement Programme (CIP) of £1.4m. Action is being taken to address overspends but the Trust needs to continue to monitor the situation closely especially as the CIP targets are set to increase during the year.

DRAFT

---

# Securing economy, efficiency and effectiveness

**I assessed your arrangements for securing economy, efficiency and effectiveness (3 Es) in your use of resources.**

---

## Use of resources

**12** I have drawn upon:

- my audit work on the Statement on Internal Control as part of the audit of the financial statements; and
- the results of the work of regulatory bodies such as the Care Quality Commission.

**13** I have completed my work in these areas and have been able to satisfy myself that the Trust has made proper arrangements in securing the 3 Es in its use of resources.

---

## Statement on Internal Control

**14** I reviewed the Accounting Officer's Statement on Internal Control and concluded that it complied with the requirements of Monitor's NHS Foundation Trust Annual Reporting Manual 2009/10.

---

## Restatement of the 2008/09 financial statements for the introduction of International Financial Reporting Standards

**15** I completed my review of the FTC forms that adjusted the 2008/09 financial statements prepared under United Kingdom Generally Accepted Accounting Principles to the financial statements prepared under International Financial Reporting Standard. I concluded that:

- the FTC forms have been properly compiled on the basis stated; and
- the adjustments made in preparing the FTC forms are appropriate and consistent with the accounting policies contained in the NHS Foundation Trust Financial Reporting Manual 2009/10.

---

## Dry-run external assurance on Quality Accounts for the year ended 31 March 2010

**16** I reviewed the arrangements the Trust has in place for preparing your quality report for 2009/10 and carried out sample testing on your systems for three performance indicators and reported my findings to the Trust Board.

## Securing economy, efficiency and effectiveness

- 17 I was satisfied with the arrangements the Trust has in place for the production of the quality report. To strengthen arrangements further I recommended that the Trust updates its data quality policy, ensures all relevant staff are trained on the Electronic Patient Journey System and that the Trust formally include the processes for clinical involvement in the data quality processes.

---

### King's Health Partners

- 18 King's Health Partners Academic Health Sciences Centre (AHSC) involves the Trust, Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust and King's College London.
- 19 The main challenges to the Trust is establishing Clinical Academic Groups (CAGs) across King's Health Partners and to ensure that governance and accounting arrangements remain sound and operate effectively.

DRAFT

---

# Closing remarks

- 20 I have discussed and agreed this letter with the Chief Executive and the Director of Finance. I will present this letter at the Audit Committee on 24 September 2010 and will provide copies to all board members.
- 21 Further detailed findings, conclusions and recommendations in the areas covered by our audit are included in the reports issued to the Trust during the year.

Report	Date issued
Audit Opinion Plan	March 2010
Annual Governance Report	June 2010
External Assurance on the Quality Report	July 2010
Opinion Memorandum	August 2010

- 22 The Trust has taken a positive and constructive approach to our audit. I wish to thank the Trust staff for their support and co-operation during the audit.

Jon Hayes  
Engagement Lead  
August 2010

# Appendix 1 – Glossary

---

## Statement on Internal Control

Public bodies must provide assurance that they are appropriately managing and controlling their money, time and people. The Statement on Internal Control (SIC) is an important document for communicating these assurances to Parliament and citizens.

The SIC is the means by which the Chief Executive Officer declares his or her approach to and responsibility for, risk management, internal control and corporate governance. It is also used to highlight weaknesses which exist in the internal control system within the organisation. It forms part of the Annual Report and Accounts.

---

## Audit opinion

On completion of the audit of the accounts, auditors must give their opinion on the financial statements, including:

- whether they give a true and fair view of the financial position of the audited body and its spending and income for the year in question; and
  - whether they have been prepared properly, following the relevant accounting rules.
- 

## Financial statements

The annual accounts and accompanying notes.

---

## Qualified

The auditor has some reservations or concerns.

---

## Unqualified

The auditor does not have any reservations.

---

**MEMBERS' COUNCIL – SUMMARY REPORT**

**Date of meeting:** 14<sup>th</sup> September 2010

**Name of Report:** Chief Executive's report

**Author:** Paul Mitchell, Trust Secretary

**Presented by:** Stuart Bell, Chief Executive

**Purpose of the report:**

To update the Members' Council on Trust and national issues.

# Chief Executive's Report

September 2010

## National and Trust issues

### 1. NHS White paper 'Equity and Excellence: Liberating the NHS'

The main national event over the past few months has been the launch of the Government's plans to reform the NHS during this Parliament and for the long-term. The White Paper 'Equity and Excellence: Liberating the NHS' details how power will be devolved from Whitehall to patients and professionals. Improving the quality of care will become the main purpose of the NHS.

Under the new plans, patients will be able to choose which GP practice they register with, regardless of where they live, and choose between consultant-led teams. More comprehensive and transparent information, such as patients' own ratings, will help them make these choices together with healthcare professionals.

Groups of GPs will be given freedom and responsibility for commissioning care for their local communities. Providers of services will have new freedoms and they will be more accountable. There will be greater competition in the NHS and greater cooperation. Services will be more joined up, supported by a new role for Local Authorities to support integration across health and social care.

As a result of the changes, the NHS will be streamlined with fewer layers of bureaucracy. Strategic Health Authorities and Primary Care Trusts will be phased out. Management costs will be reduced so that as much resource as possible supports frontline services. The reforms build on changes started under the previous Government.

The White Paper is the start of an extensive consultation that will take place over the coming weeks. The Department of Health is publishing a number of consultation documents to seek views on more detailed proposals.

The Executive Team and the Board of Directors will be giving detailed consideration in the coming weeks to the opportunities for the Trust in the proposals.

The Strategy Executive devoted the main part of the recent meeting to developing further the thinking on how to operationalise the White Paper and to agree priorities to inform business planning for 2011/12 to 2013/14. Particular focus was placed on opportunities for developing a long term vision, governance arrangements and service and business development opportunities. Further discussions will take place at the meeting of the Members' Council.

### 2. Southwark Training Centre

The Charitable Funds Committee has agreed to fund the building of a new learning centre on the site of the Southwark Training Centre. Duggan Morris has been appointed as architects to work up plans for submission to the planning authorities in early 2011. Plans for decanting current services have been considered by the Trust Executive and detailed proposals will be brought to the Board in October. It is planned that the new centre will be open by the end of 2012. A presentation will be made to a future meeting.

### **3. The new number for non-emergency health services – the launch of 111**

A new three-digit number that will make it easier for patients to access non-emergency NHS healthcare wherever they are, 24 hours a day, has been launched.

The new 111 service, launched in parts of the North East of England, marks the first step towards a national roll-out and is the beginning of a significant White Paper commitment to make care more accessible by introducing a single telephone number for every kind of non-emergency healthcare.

**Stuart Bell**  
**Chief Executive**  
**September 2010**

Z / MC / meeting 2010 09 14 / Chief Exec report Sep 10

**MEMBERS' COUNCIL – SUMMARY REPORT**

**Date of meeting:** 14<sup>th</sup> September 2010

**Name of Report:** Trust Secretary's report

**Author:** Paul Mitchell, Trust Secretary

**Presented by:** Paul Mitchell, Trust Secretary

**Purpose of the report:**

To update the Members' Council on:

- Changes to the Members' Council
- Election of the Lead member
- Membership development issues

## Trust Secretary's report

### 1. Changes to the Members' Council

Councillor Rachel Heywood has been nominated by the London Borough of Lambeth to serve on the Members' Council. She is the Cabinet member for communities and community safety.

Councillor Crada Onuegbu has been re-nominated by the London Borough of Lewisham.

Councillor Dora Dixon-Fyle has been re-nominated by the London Borough of Southwark replacing Councillor Jonathon Mitchell.

Elections were held recently in the Staff and Service User, Local constituencies. The results were announced on 29<sup>th</sup> July. The successful candidates were:

Service User, Local – Caroline Hough  
Staff - Asanga Fernando and Christopher Scanlon

Lynn Carlisle was elected unopposed to the Public, National constituency. Lynn was previously the nominee from Kings College London.

An induction programme is being organised for those new to the Members' Council.

There are still vacancies in the following constituencies:

Service User, National – 3  
Carer – 1

There are also vacancies from two of our partner organisations – Kings College London and NHS London.

An updated list of the SLaM Members' Council is shown overleaf.

### 2. Lead member

At the June meeting of the Members' Council both Crada Onuegbu and Noel Urwin expressed an interest in taking on this role. Documentation was circulated and Noel Urwin was elected.

### 3. Membership development

The Trust had a membership presence at the following events:

25<sup>th</sup> June – Carers Event, Glaziers Hall  
10<sup>th</sup> July – Sunfayre, Royal Bethlem Hospital

The Trust also had a stall at the Lambeth County Show on the weekend of 17<sup>th</sup> and 18<sup>th</sup> July. This is one of the largest public events in south London and provided a great opportunity to explain the role of the Trust and recruit new members. Overall 120 new members were registered.

**MEMBERS' COUNCIL – SEPTEMBER 2010**

<b>Title</b>	<b>First name</b>	<b>Surname</b>	<b>Constituency</b>	<b>Term</b>
Ms	Michelle	Baharier	Public - local	2011
Mr	Derrick	Bentley	Public - local	2011
Ms	Peta	Caine	Partner (Southwark PCT)	2011
Dr	Lynn	Carlisle	Public - national	2013
Ms	Sarah	Clark	Service User - local	2012
Ms	Kitty-Anne	Cooke	Service User - local	2012
Ms	Sophie	Corlett	Partner (MIND, national charity)	N/A
Ms	Stephanie	Correia	Public - local	2012
Ms	Polly	De Blank	Service User - local	2011
Cllr	Dora	Dixon-Fyle	Partner (LB Southwark)	2011
Mr	Les	Elliot	Service User - local	2012
Mr	Andrew	Eyres	Partner (Lambeth PCT)	N/A
Dr	Asanga	Fernando	Staff	2013
Ms	Marion	Heithus	Public - national	2011
Cllr	Rachel	Heywood	Partner (LB Lambeth)	2011
Mr	Stephen	Hill	Public - national	2012
Cllr	Simon	Hoar	Partner (LB Croydon)	N/A
Dr	Caroline	Hough	Service User - local	2013
Ms	Jaya	Kathrecha	Carer	2012
Dr	Francis	Keaney	Staff	2011
Ms	Madeliene	Long	Chair	2011
Dr	Layla	McCay	Staff	2011
Ms	Magda	Moorey	Partner (Lewisham PCT)	N/A
Mr	John	Muldoon	Public - local	2011
Dr	Dele	Olajide	Staff	2012
Ms	Jan	Oliver	Partner (Guys & St Thomas FT)	N/A
Mr	Roger	Oliver	Carer	2012
Cllr	Crada	Onuegbu	Partner (LB Lewisham)	N/A
Mr	Paul	Paterson	Service User - local	2012
Dr	Christopher	Scanlon	Staff	2013
Mr	Tim	Smart	Partner (KCH FT)	N/A
Ms	Caroline	Taylor	Partner (Croydon PCT)	N/A
Ms	Gill	Todd	Staff	2011
Mr	Noel	Urwin	Public - local	2011
Vacant			Carer	2011
Vacant			Partner (KCL)	2011
Vacant			Partner (NHS London)	2011
Vacant			Service User - national	2011
Vacant			Service User - national	2011
Vacant			Service User - national	2011

Paul Mitchell  
Trust Secretary  
September 2010

Z: ce / MC / meeting 2010 09 14 / trust secretary's report sep 10