

Foreword

In late 2007, GHK was commissioned to undertake the evaluation of the Living Well West Midlands Portfolio. A great deal has happened since then: projects have been designed and are now up and running delivering services to people across the region. Projects and programme staff can be proud of what has been achieved.

We are now two-thirds of the way through the life of the Portfolio and it is timely to reflect upon this work; to try and pull out some of the main points of learning – for the projects, but also for evaluators and our commissioners!

The Second Annual Report from the evaluation - which is summarised in this Newsletter - documents many of the tribulations faced by projects, the strategies they have adopted and the successes they have achieved. Learning from their experiences is vital: not only for the projects, but also for health and social care services in their aim to achieve a more preventative focus and to cope with forthcoming financial pressures.

We have also learnt a lot as evaluators. This learning covers many bases, some technical, but most about ways of working closely and collaboratively with projects and programme staff. We think that this approach has worked well and we hope that the information presented here is of wider value.

Fraser Battye
Principal Consultant, GHK Ltd

Living Well West Midlands produces positive results in second year

Living Well West Midlands explores the findings of its Second Annual Report



'Feeling good in Walsall'
Young persons outreach programme

Living Well West Midlands is now entering its final year of delivery and as the projects look to the future and beyond this newsletter aims to discuss some of the key findings that have emerged both in terms of implementation and outcomes so far.

The 'core' outcomes of the portfolio have been positive during year two with more than 5,500 people improving their levels of mental wellbeing as measured through WEMWBS

(Warwick-Edinburgh Mental Well-being Scale). The projects have also seen over 4,400 people taking part in more physical activity as a result of their involvement and more than 3,000 of the beneficiaries are now taking the recommended levels of physical activity. Finally, around 2,000 people have improved the recommended diet with a significant proportion of them now eating their 5-a-day.

Across the portfolio there is evidence of strong partnership working and projects are engaging with a wide variety of statutory and voluntary organisations. Support at regional level has increased throughout the year and this has created a greater sense of belonging to the portfolio. During the final stages of the programme regional support will address the issue of sustainability by providing information and skills training in areas such as commissioning, economic analysis through to sourcing and accessing alternative funding streams.

"The evaluation of our second year has produced some interesting lessons for health and social care services, not only in the challenges that the projects have faced but also in how they have adapted and found solutions," said Zena Lynch, Director of Living Well West Midlands. "As we move forward in our final year we are now working with our projects to provide support as they look to become sustainable in the future."

Sharing Lessons

A number of common challenges have been faced by projects in the Living Well West Midlands Portfolio during implementation. Outlined below are the challenges projects have faced, how they have adapted and identified solutions in order to take their work forward:



Silverdale school part of the Sharing Spaces project in Staffordshire

Statutory / voluntary sector partnerships

There have been some very strong partnerships formed across the programme with many organisations working effectively across sectors. The sector of the organisation leading a project has been a factor in determining the speed of implementation, in many cases within the Living Well portfolio the voluntary sector has been able to respond quickly.

The SHINE project in Solihull, which is led by the Local Authority, has found that recruiting delivery staff through a voluntary organisation has proved beneficial. SHINE trainers are employed through Groundwork and work part-time for the project and part-time on other Groundwork schemes. This works well in complementing SHINE's activities and extending service links with community allotments, healthy eating and local youth work.

Working with GPs

Difficulty in engaging GPs was an issue raised during the evaluation in year one and once again has proved difficult for projects this year. Reasons for these difficulties ranged from Practice Managers being 'too efficient' in their role as gatekeepers through to 'competing' programmes where referrals attract a payment (e.g. Exercise on Prescription).

To combat this difficulty projects have tried different approaches including engaging other professionals including social workers and district nurses to generate referrals. In addition to this, the project also engaged GPs' receptionists as they are often well connected with patients.

To generate referrals, Volunteering for health in Staffordshire has used contacts with other voluntary groups and with JobCentre Plus as well as the Wellbeing Workshops project. The bFit project in Birmingham (bWell Communities) has used contacts from Health Trainers and Expert Patient groups to access beneficiaries. Whilst, Coventry Body and Mind have found the majority of their referrals are coming from School Nurses and then Community Mental Health Teams / Community Psychiatric Nurses. This project has also used outreach work to attract beneficiaries, e.g. undertaking Health Checks at other local health promotion events and identifying community venues for targeted work.

Working with schools

Many projects have gained access to schools through tapping into existing national and regional frameworks and policies, such as Healthy Schools. Action for Wellbeing in Warwickshire is working with local 'Extended Schools' coordinators, who have a good knowledge of the activities that are run in schools. Age Concern Warwickshire, who lead the project, is funding additional sports and healthy eating activities in schools that serve deprived communities; the school then benefits from a contribution to meeting its 'Be Healthy' objectives under the Every Child Matters outcomes framework.

Similarly, Farm to Fork has used the Healthy Eating Co-ordinator in Wolverhampton and other partners to suggest schools that will benefit from the scheme. The Nutrition Training project in Wolverhampton has also used links with the Local Authority to access schools.

Sharing Spaces in Staffordshire has used its multi-agency steering group to coordinate work with schools. The project has also used meetings where the schools engaged have been brought together to share ideas and good practice. The project has helped schools to make links with areas of the curriculum, the Healthy Schools standard and Every Child Matters Outcomes, which has been of particular importance in promoting their engagement.

Finally, Feeling Good! In Walsall revised its engagement with schools to provide a clearer route of progression for pupils through their various activities. The project has also provided schools with service level agreements to cement this relationship.

Working with employers

Several projects are working to address workplace wellbeing – as set out in the cross-governmental ‘Health, Work and Well-being’ agenda¹ - and several of these projects have met jointly to discuss issues relating to these services. In the last year, the main challenge facing the projects has been the recession, which has affected the work in a range of ways.

For bWell Employers in Birmingham and Workmate in Dudley, the original intention was to target organisations in private and public sectors. However, these services were launched as the economy deteriorated and entered recession. This significant change in economic climate led to problems in implementing services as planned; not least, there was a change of focus as private sector firms concentrated on remaining in operation – thereby treating ‘wellbeing’ as a lesser concern. Interventions, in the case of bWell Employers have mainly focused on training for middle managers – largely because it was found that getting line manager support is crucial to identifying and addressing work-related stress.

Wellness Works in Worcestershire has managed to engage private sector employers. This has been challenging but the project has gained credibility and has learnt how to frame the issue of workplace wellbeing such that the messages are appealing to this target group. The project’s approach has been training-led but has also been backed by business support. One of the lessons here has been to join the two elements of the project up and to concentrate on working with fewer employers in a more intensive way. See: www.workingforhealth.gov.uk

Working with volunteers

Several projects in the portfolio have been faced with issues specifically relating to the recruitment and retention of volunteers. Wellbeing for Life in Wolverhampton originally planned to sustain their work through training volunteers. In practice, this has proved challenging with courses often being too difficult and/or too demanding for many of the volunteers. Also where volunteers have gone to set up classes in social groups they have often been met with resistance and this has contributed further to attrition of volunteer numbers.

The Parklife project in Dudley found that support for volunteers was needed more at the beginning of their involvement, in terms of training and gaining confidence, but that this could be tapered off as they progressed. A key element of the ongoing support provided, has been to make sure that there are networks of volunteers so that individuals don’t feel that the success of the service is entirely reliant upon them.

In Telford, the Women in Motion project volunteers are recruited and retaining their volunteers. Volunteers are recruited from deprived communities, trained by a local college and County Sports Partnership and supported by paid project staff - the ‘Activators’ - to run community based exercise classes. To date, 60 volunteers have been recruited, against a target of 40, with 75% of them having received some form of training. Retention of volunteers has also been supported through the selection process, which uses the local CVS to screen people for suitability.

Finally, a small number of projects reported that their work had been made more difficult by the time taken to get CRB clearance for some of their volunteers.

Expanding the range of services offered

Several projects have found that they have had to be flexible and creative in providing services. As well as offering the one-to-one support from a mentor, the DOVE mentoring project has run additional services including health events, where BME health professionals have come to talk to beneficiaries (often in separate male / female workshops) about a range of issues and services. They have also linked up with the Wellbeing Workshops project so that they can deliver the 12-week course of wellbeing workshops to BME groups.

Being well in Sandwell has expanded the activities of the YMCA to address the needs of the deaf community, who often experience poor health outcomes and find many mainstream services unsuitable for their needs. The Healthy You! project in Dudley has enabled the development of more culturally appropriate services for BME adults with learning disabilities. Action for Wellbeing has targeted particular deprived neighbourhoods and has worked very closely with other agencies – such as schools, Children’s Centres and the PCT – at a local level to discover relevant gaps in services, before establishing suitable schemes.

SIFA Fireside works with some of the most vulnerable groups in Birmingham, targeting people with alcohol misuse and homelessness problems. They have been able to provide more holistic support to improve beneficiaries’ physical health and mental wellbeing through their involvement with bWell Communities. This has included activities such as football, arts courses and healthy eating on a budget.

Finally, the SHINE project in Solihull, which is now an established part of the local care pathway for obesity, has recently secured additional funds from the local Care Trust to extend the service to those aged 2-7 in north Solihull, which is an area of significant deprivation. It has strengthened its links with Children’s Centres as a result and services will partly be delivered through these Centres.

The challenge of ‘selling’ mental wellbeing

Last year we noted that several projects had begun to use the description ‘mental wellbeing’, rather than ‘mental health’.

This year, we found that many projects noted occasional difficulties of explaining the concept of ‘wellbeing’ – and specifically mental wellbeing – to organisations they are engaging with. In general, it appears that the concepts of mental ill-health are often better understood. For example, the Volunteering 4 Wellbeing project (bWell Communities) reported that employers typically assumed their service was to help people with specific mental health conditions.

To address a similar problem, Wellness Works (Worcestershire) has run a series of Health and Employment Law workshops, which have been used as a less direct route in to talking about stress and well-being in the workplace. Early sessions focused on employment law and preventative strategies, such as the reasons for absenteeism /sickness and setting out the business benefits for promoting healthy work environments in terms of the losses in productivity. Other employer-based projects have used the Corporate Social Responsibility (CSR) agenda as a means of engaging them with their services.

Action for Wellbeing has taken an overall approach to behaviour change that is based on weaving healthy eating / physical activity / mental wellbeing messages into ‘social’ activities; they are never explicitly about ‘health’, although the aim is to promote health benefits. Other projects, such as DOVE mentoring, have also found that it can be easier to attract people to general ‘health events’, which focus on physical conditions, but which then include coverage of mental health as part of this wider package.

Exploring outcomes

The outcomes from the projects work impacts at different levels: on individual beneficiaries, on the organisations delivering Living Well projects and on wider public services:

Outcomes for Individuals

There have been a range of different outcomes for individual beneficiaries including:

Improved friendships and social networks

Many projects considered that one of the main outcomes they had promoted was an increased opportunity for people to socialise – to make new friends and take part in activities in their communities. For example, beneficiaries of Parklife reported that they had made friends through the walking groups. Many of the beneficiaries are single and the groups gave them an opportunity to meet new people.

Feeling Good! (Walsall) engages young people aged 4-19 in creative arts activities. Young women from a primarily South Asian background engage in a range of activities, such as jewellery making, mandala prints, and well being cards. An average of 80% reported an improvement in how they felt following engagement with the project.

In some cases, projects were also promoting cross-cultural activities. In the case of the Healthy You! project, the aerobics classes provided for BME carers were not being used to capacity, so they opened sessions up and have promoted more interaction with other members of the local community.

Improved mental wellbeing

Improved mental wellbeing was the most commonly reported 'core' outcome. In most cases, this was measured using the WEMWBS. Interestingly, several projects taking initial, interim and final measurements reported that while WEMWBS scores usually show an improvement in well-being overall, they often went down from initial to interim assessment. This could be explained by initial scores being 'artificially' high at first because clients were perhaps reluctant to respond 'honestly'.

Learning from using WEMWBS in the Living Well project has left Stoke on Trent PCT considering the wider use of WEMWBS to measure mental well-being at population level. As well as being a validated instrument, the tool is seen as more acceptable and appropriate than alternatives, such as the General Health Questionnaire or Short Form measures.

The DOVE Mentoring project has also found that it is often helpful to have a 'distance' (cultural and/or geographic) between mentors and beneficiaries. This seems to have been particularly the case for beneficiaries from groups with close extended family networks, where there might be a stigma about accessing a mental health service.

Increased physical activity

Improvements in physical activity levels were reported by many beneficiaries. Different approaches to involvement have helped engagement, for example, the Wellbeing for Life project has been using volunteers trained by the programme to promote physical activity amongst older people. The benefits of this are both physical and social.

The Shropshire Outdoors project established a men's group to meet the health needs of a sedentary group of adults with learning disabilities. The group's walks have involved progressively greater distances. Initially along the same accessible route, which helped to motivate and inspire confidence, as well as increase fitness levels, but the group have then gone on to visit other countryside sites.

Similarly, the Healthy You! project has found that having high expectations of participants is important: showing encouragement and expecting

hard work during exercise from beneficiaries has helped to promote fuller engagement.

Improved diet

Most projects aiming to improve people's diet have typically concentrated on improving both knowledge and practical skills. Living Well in Stoke on Trent has used 'Gordon Ramsay style' cookalongs. Coventry Body and Mind have also worked to develop people's knowledge of food nutrition and practical strategies for healthy eating. Similarly, in Wolverhampton the Farm to Fork project has made their school-based sessions more practical because the children are more enthusiastic when they learn through doing, rather than being taught about growing food in a classroom setting.

Elsewhere, Action for Wellbeing in Warwickshire has used an approach called 'Big Chef Little Chef', which is a school-based healthy eating programme for parents and their children that is delivered by the County Council's Adult and Community Learning department. The aim is to get parents and children to learn to cook together, rather than teach 'healthy eating'.

Gains in skills / learning

The Volunteering 4 Health project has found that, in addition to gains in overall wellbeing, volunteering has also led to gains in skills and work-related attributes. Similarly, the Volunteering 4 Wellbeing service (bWell Communities) has found that 88% of beneficiaries consider that volunteering has increased their ability to get paid work and 80% consider that volunteering related to their job interests.

The Workmate project has supported four adults with learning disabilities into employment placements. In addition to being happier and having a greater confidence in planning for the future, they have also gained new skills through training in topics such as health and safety and manual handling.

Improved access to other services

A number of projects have worked creatively to link their beneficiaries into other local services to promote healthy lifestyles. For example, the Healthy You! project has set up a 12 week programme for their women's group, which looks at healthy living and is being run by the local PCT's learning disabilities team. In Herefordshire, the project acts an entry / exit route for Mend, as well as linking parents into the PCT's Cook and Eat sessions.

Shropshire Outdoors has provided bespoke disability awareness training to staff in partner organisations raising awareness of physical/mental health disabilities, increased skills, and promoted cultural change. The effect has been to improve outcomes for the project's target group in terms of increasing volunteering opportunities to a wider audience but also in terms of access improvements in partner physical service delivery environments.

The DOVE mentoring project has also worked to promote better access to other support available especially in improving beneficiaries' engagement with mainstream services. The SHINE project has led to improved access to clinical services for some of its beneficiaries. The initial health assessments undertaken at the start of the service have resulted in the early diagnosis and treatment of some health problems for a number of beneficiaries.

Outcomes for organisations

As well as benefits for individuals, there have also been some important outcomes for the organisations involved in the delivery of projects; these include:

Improved organisational capacity / becoming more 'commissioning ready'

Some areas have used their Living Well funding to focus on building local capacity to deliver wellbeing services. Typically, this has been through supporting third sector organisations to improve their ability to deliver public services and to engage with the commissioning process.

This approach has also been a particular feature of Living Well in Stoke-on-Trent, and has already had a positive impact with one of the organisations delivering the projects - Changes - recently winning a small tender from the PCT.

Delivering a Living Well project in Staffordshire has also led to Changes developing more extensive experience and gaining a higher organisational profile outside of the Stoke area.

In Herefordshire, the Wye Woods organisation has been supported by the PCT/LA to develop a business plan, drawing on the County's social enterprise support officer.

Improved links with other organisations

Many organisations stated that their project had led to them having improved local networks with related organisations. For example, being part of the bWell Communities programme has enabled the Rape and Sexual Violence Project (RSVP) to expand its networks.

In Herefordshire, Living Well has contributed to improvements in some of the key local third sector agencies working together and joint working with the PCT / Council and schools. This has led to a range of practical effects, including producing referrals between organisations to working with new partners such as primary schools.



Healthy cooking with Living Well Stoke on Trent

Changes in agenda

Finally in terms of outcomes at organisational level, some organisations cited changes in their thinking / agenda because of their involvement in Living Well. For example, delivering a service under bWell Communities has highlighted the issue of Corporate Social Responsibility (CSR) and aided learning for Birmingham Voluntary Services Council (BVSC), who deliver the Volunteering 4 Wellbeing service. Before bWell, CSR was not an issue always fully considered.

Outcomes for Public Services

Lastly, and more broadly, Living Well has also led to benefits for local public services. These include:

Information for local services

One area where local public services have benefitted from Living Well projects is through the intelligence gained in relation to gaps in services. For example, the counselling element of the Herefordshire project has been taking more complex cases than was originally envisaged.

The DOVE mentoring project has been addressing much more complex cases than anticipated, such as domestic and sexual violence, immigration, and crime. Nearly all their beneficiaries have a diagnosed mental health condition and many are taking medication they do not understand. Furthermore, the project was established to test the likely demand for a culturally-specific and community-based mental health services, this has resulted in a high demand for such a bespoke service.

In Stoke, the PCT and its partners have used their project to develop and refine social marketing methods that work for their area. Through their work with Media Action Group for Mental Health they have been able to develop targeted communication that attracts disadvantaged beneficiaries to take part in a range of health promotion activities.

Direct effects on other services

There are a small number of examples where Living Well projects have had some effect on the way other mainstream services are being delivered. This has typically been in quite small ways – for example, the DOVE mentoring project worker advised a Community Psychiatric Nurse to avoid walking through a Muslim prayer room wearing shoes which helped improve her awareness / practice. In another example, a PCT has used the Wellbeing Workshops in Staffordshire as a means of re-configuring services. They have stopped doing short courses on specific elements of mental health and have brought topics together into the workshops.

Savings to the state

As is the case with most preventative interventions, many Living Well projects aim to reduce the later harm (and cost) incurred by intervening 'too late' – when a situation has reached crisis point for example, or by supporting people to reduce their use of public services. In these cases, there are cost savings to the individual (in emotional / financial / health status terms for example), but also to the state (through lost productivity / use of public services).

Securing a future

With projects entering their final year of delivery and funding under the Living Well West Midlands umbrella it is an important time for the question of sustainability to be addressed. Many projects are already putting concrete plans in place to address this issue and there are a wide variety of approaches being planned or undertaken. These include the following:

Engaging with commissioners

This is perhaps the most common approach being adopted, with PCTs and Local Authorities being the main organisations targeted. Many projects are also looking to map their work against wider strategies at national and local level as a way of engaging commissioners. Examples of how these projects are employing these approaches include:

- SHINE, which has very strong links with the local Care Trust, is expanding the range of services provided / beneficiaries covered to appeal to more commissioners.
- Changes, who deliver the Wellbeing Workshops in Staffordshire, has focused on engaging mainstream commissioners and are presenting their work to the PCT/ LA Joint Commissioning Unit. Similarly, Action for Wellbeing in Warwickshire is currently in contact with mental health commissioners in their PCT and is examining ways the project could address falls prevention.
- Living Well in Stoke on Trent's approach relates to changing commissioning priorities from within the PCT – as well as undertaking capacity building / profile raising work with their providers.
- The Priority Care project came about in Dudley because the provider of that service approached a commissioner rather than waiting for an opportunity to be tendered. The project has also made links with the local Older People's Commissioning Board and is beginning to examine the possibility of Practice Based Commissioning as a route to sustainability.
- For Healthy You! there is some concern that the service 'is neither clearly a 'health' service, nor clearly a 'social care' service. There are additional challenges here in that the service as it stands is small and 'niche' and so could have difficulties in attracting the attention of mainstream commissioners. The project has made sure that their work is in support of a new national strategy for adults with learning disabilities in that it promotes inclusion and participation in mainstream activity.
- Sandwell YMCA is looking to link their physical activity work to their PCT's obesity strategy and mainstream programmes, such as 'Slimwell in Sandwell'. They will be running a Slimwell programme at YMCA – currently adapting existing physical activity sessions with view to sustaining.
- Women in Motion, which is using the Monitoring and Evaluation requirements of Living Well as a framework to compare cost of their project with other preventive work funded by the PCT, has explicitly mapped their work onto relevant indicators from the Local Area Agreement.

- Coventry Body and Mind is planning a 'project development day' to pull out lessons learnt and good practice to support opportunities for sustainability and mainstreaming. Their current plans include identifying funds to apply for from early 2010 and also engaging with local mental health commissioners. As part of this, the organisation is planning to use the direction set by the New Horizons strategy.
- Two projects – Priority Care and Shropshire Outdoors – are considering ways in which personal budgets in social care / individual budgets in healthcare could be used as income for this type of activity – i.e. they would be targeting individuals / their representatives as 'micro-commissioners'.
- bWell Employers is examining the direction set by the recent Boorman review into staff wellbeing in the NHS.
- The Sharing Spaces project has identified its work as being in support of policy initiatives such as Healthy Schools, the Sustainable Schools Programme, Every Child Matters outcomes and the outdoor learning curriculum.

Finding other sources of funding

This is a standard feature of the voluntary sector environment in that many services are sustained by moving between different funding streams. Within the portfolio the three Wolverhampton projects are currently looking at a bid for EU funding whilst the Sandwell project has already secured £1,000 additional funding for deaf friendly facilities at YMCA venue from Boots Pharmacy (through their local Healthy Living Alliance).

Charging for services

A small number of projects are considering charging for their services. This may sustain part or all of the current activity; or it may be that knowledge, approaches and networks have been generated under Living Well and therefore the ongoing income required to sustain the project will be less. If there is currently a demand for a projects services this could represent one route to sustainability.

Healthy Retail are using a slightly different approach and is, in part, seeking to 'hand over' ongoing activity to the market. The aim here is to demonstrate a demand for healthy food in a specific neighbourhood and to engage a local retailer in the project, such that they will alter what they sell in order to meet this demand on an ongoing basis – in effect to run an extended piece of market research.



The content for this newsletter is based upon the information contained in the Second Annual Report produced by GHK Consulting Ltd.

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