Evaluation of Living Well: Summary of Final Report

Living Well West Midlands

13th January 2011

What were the main findings from the evaluation of Living Well?

In December 2007, GHK Consulting Ltd (GHK) was commissioned by the West Midlands Regional Assembly – now 'West Midlands Councils' - to provide monitoring and evaluation services to the Living Well in the West Midlands Portfolio. This is a summary of the Final Report from the evaluation.

What was Living Well and how was it evaluated?

Living Well was part of BIG Lottery's £165 million 'Wellbeing Fund'. The Wellbeing Fund was established in support of existing policy goals and, more specifically, to further policy developments on the issue of wellbeing. It was designed to improve outcomes in three areas: mental health, physical activity and healthy eating.

Living Well services were delivered in each of the Local Authority areas of the West Midlands. The projects providing these services varied in both nature and scale. Activities included volunteer-led walks, community exercise classes, work to change employers' approaches to wellbeing, supported volunteering and social marketing. Across the projects there was a focus on mental wellbeing, and the links between physical activity and mental wellbeing. In general, projects took a broad and holistic approach.

The evaluation was commissioned to provide an assessment of implementation and outcomes at regional level. This required an understanding of the diversity of local projects, balanced with the need to gain enough common information to provide a programme-wide assessment. GHK's approach to doing so was to use project-level monitoring and evaluation plans, defined around a series of common elements (inputs, outputs and outcomes). We also supported projects in self-evaluation, and conducted around 450 qualitative interviews with beneficiaries, project staff and regional level stakeholders.

What is 'Wellbeing'? Why is it a policy concern?

As noted above, Living Well should be considered against the background of the development of wellbeing as a concept and – more latterly – a subject of public policy. In doing so, it is important to note that the concept of wellbeing has long historical and broad philosophical roots. It has been examined by philosophers, economists, psychologists, sociologists and theologians. This has left the definition broad.

More recently, wellbeing has become a policy concern – partly because there is evidence (albeit contested evidence) to suggest that, beyond a certain point of development, greater material wealth does not lead to higher levels of self-reported wellbeing. This has led to various efforts to re-define the ways we aim for and measure human development – principally to have a more balanced approach than a more narrow focus on GDP allows.

What resources were used by Living Well? How many people accessed services?

Over the three years of the programme, projects used around £8.6 million of resources. Significantly, around £2.1 million of this was 'levered in' by projects in the form of in-kind and other cash funding. Resources provided in-kind were important to many projects – especially in terms of volunteer time. Living Well activities were almost entirely 'additional' – meaning that services would not have been provided but for BIG Lottery funding.

People accessing Living Well services were from a range of backgrounds. Some projects specifically targeted certain groups – such as older people, people with learning disabilities or primary school children; other projects were 'open access'. By the end of the programme, over 36,000 people had accessed a service and nearly all projects either met or exceeded targets in this respect. The 'typical' beneficiary was young, female and 'White British'; this profile is largely an artefact of a few high throughput projects.

How well was Living Well implemented?

While some projects were able to 'get up and running' from the start of the programme, many took much of the first year to establish themselves and start delivering services to beneficiaries. Implementation improved greatly in Year 2, as reflected in data showing expenditure and uptake of services over time. By the end of Year 3, many projects considered themselves to be 'ahead of schedule'.

A range of common issues emerged relating to implementation; these included:

- *Staffing*. Many projects reported problems recruiting suitable staff at the start of projects. This was for a range of reasons including apparent skills shortages, conditions of near full employment (and a buoyant public sector), and some inflexibility in statutory organisations relative to the voluntary sector. There were also some problems in retaining staff at the end of projects, but this was largely overcome – through the use of sessional staff for example;
- *Attracting, retaining and motivating beneficiaries*. As noted above, nearly all projects met targets for recruitment and Living Well offered some examples of good practice in this respect. Success factors here included: tailoring services to specific groups' needs; working to make services 'demand led'; making services practical and fun; and, using community development approaches;
- *Assessing beneficiary progress*. Some projects worked with a stable cohort of beneficiaries and delivered a standard programme. They could therefore undertake initial and follow-up assessments of progress comparatively easily. Conversely, where projects were open access and had high levels of throughput (community exercise classes for example), tracking change was more difficult;
- *Recruiting and supporting volunteers*. The use of volunteers was a feature of many projects. In the main, projects were successful at recruiting, training and retaining volunteers. This was despite some increases in the requirements of volunteers – notably in terms of the qualifications needed to lead exercise classes. Successful approaches here included: tailoring experiences to suit the motivations of volunteers (some of which were work-related); working hard to ensure a high quality placement – including some use of formal agreements; and, providing clear and appropriate support to volunteers;
- *Engaging with employers*. Living Well was implemented as the economy entered recession; engaging with private sector employers therefore proved difficult. Most projects addressing workplace wellbeing therefore concentrated on the public sector. There was one notable exception to this, where a voluntary sector organisation took a flexible approach to engaging private sector employers. They successfully used human resources legislation as a means of framing the issue of wellbeing; and,
- *Engaging with primary care services*. Several projects set out with a design based upon receiving referrals from GPs and other parts of primary care services. In the main, this did not work as planned. These projects therefore typically revised their approach to include alternative sources of referrals. In cases where projects did successfully engage with primary care services, the key factor seemed to be simple persistence.

Lastly, and in more general terms, implementation was aided by effective local partnerships and simple project designs.

What difference did Living Well make?

There are methodological and practical challenges inherent in quantifying Living Well's outcomes. Accepting the limitations that these challenges provide, Living Well increased around 6,500 people's levels of physical activity; improved the mental wellbeing of around 6,000 people; and, improved 3,000 people's diet.

Qualitative evidence showed that:

- Improvements in mental wellbeing, physical activity and healthy eating were often related. The broad approach taken by projects meant that many beneficiaries experienced improvements on all three dimensions;

- Offering the opportunity to socialise and have fun was central to many projects' approach. Very often, the 'active ingredient' in Living Well services was the chance to participate in group activities and make friends. Providing tailored interventions that promoted choice and control were also cited as being effective;
- Improvements in physical activity were seen in a range of target groups. Again, tailored and fun approaches worked well here. One project also overcame barriers of price and access to childcare to promote improved physical activity amongst women in deprived neighbourhoods;
- Projects that worked with whole families seemed to be more effective at changing diet than projects that targeted individuals (and especially individual children). Practical approaches – demonstrating recipes and physically showing salt / fat content in foods for example – also worked well here; and,
- Projects working with volunteers were notable for achieving labour market related outcomes. There were several examples of projects achieving 'soft' outcomes, such as gains in confidence and self-esteem, as well as 'harder' outcomes such as employment or improved qualifications.

There were other, less common, outcomes - such as: beneficiaries reducing their use of treatment services; and, beneficiaries having better access to other services and opportunities. Moreover, at the organisational level, there were some gains in capability – in part arising from the programme of support put in place by the programme management team.

Have Living Well projects been sustained?

'Sustainability' is a somewhat complex notion here. Few projects gained funding for their work to continue in the form established under Living Well. Yet, through a variety of approaches – including changing mainstream services; making wellbeing a core offer of the organisation that delivered the project; training volunteers; and gaining funding for part of the service established under Living Well – the majority of services will continue in some guise.

There have been a range of barriers facing projects in approaching mainstream (i.e. Primary Care Trust / Local Authority) commissioners. Principally, the substantive cuts in these organisations' funding, and the re-organisation of the NHS, have hampered efforts here. On a more positive note, the policy agenda set out in the recent Public Health White Paper, and the notion of the 'Big Society', represent favourable developments for Living Well projects.

What general lessons can be taken from Living Well?

Living Well highlighted two main types of lesson. The first relates to the design and implementation of programmes of 'this type'. Issues highlighted here included: ways that BIG Lottery funding might best add value to government funding; the relative merits of different local models of combining sectors and organisations to deliver services; issues relating to the bid process and definitional guidance in target setting / performance management; and, methods for the monitoring and evaluation of diverse projects. Living Well also highlighted the value of providing structured support to projects (e.g. in bid writing or undertaking economic analysis).

The second type of lesson relates to behavioural change. Many of the approaches tested under Living Well fit with emerging thinking on this issue – notably in relation to the 'MINDSPACE' framework currently being developed by Cabinet Office. Living Well thereby provides some practical examples, showing how this framework might be implemented in practice.

Finally, and thinking in terms of more general learning from the programme, the concept of wellbeing has proved useful. Accepting some of the definitional 'fuzziness' noted above, wellbeing allows for a broad range of health issues to be addressed in a positive way. More specifically, Living Well demonstrated that framing services as addressing 'wellbeing' enabled many projects to approach mental health problems in a way that talking about 'mental health' does not.