

West Midlands
Regional Assembly

WEST MIDLANDS REGIONAL ASSEMBLY

Living Well West Midlands
Update report October 2008

1. Purpose of Report

- 1.1 This report has been prepared to update the Assembly on the work and progress to date within the portfolio.

2. Recommendation

- 2.1 That the Assembly notes the report

3. Progress to date

- 3.1 We continue to meet the previously notified portfolio project milestones to time and within budget. The Quarter 3 monitoring and evaluation report backed by the beginning of Gateway reviews has given the project management team real confidence that overall the portfolio is delivering as previously agreed. Over half of the projects are now delivering services to beneficiaries (18 of the 29 included in this quarter's monitoring). Moreover, if we look at the projects delivering against their total funding allocation, this also gives a figure of around 50% delivering services by funding allocation.

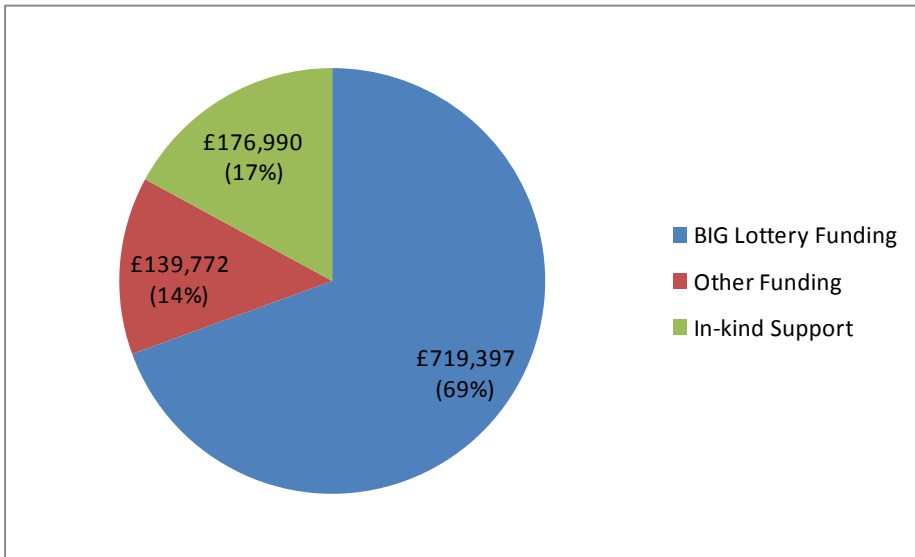
Total Inputs

Figure 2.1 (below) shows the total inputs (Big Lottery funding, other funding and in-kind support) of all projects to date. The grand total is around £1,036,160, of which £859,169 (over 80%) is cash spending¹ and £176,990 is estimated in-kind support².

¹ There is a discrepancy in the reporting of 'other' funding spent, with some projects reporting less of this type of spend for this quarter than for last. This means that there was over-reporting last quarter (which we know to be the case for some projects) and / or under-reporting this quarter.

² The total for in-kind support was arrived at by summing last quarter's figure with the one for this quarter. We do not have an exact figure for Q1; so, assuming that this figure would be similar as for Q2 and Q3, we used an average for these two quarters.

Figure 2.1: Total Inputs



There are several points of note in relation to Portfolio-level inputs:

- Total inputs (total cash funding + in-kind support for this quarter) vary by project from £206,326 (Birmingham) to £0 (Happy and Healthy in Dudley). The mean amount was £77,252;
- In terms of the amount of BIG funding spent, this quarter's position represents an increase of £287,584 (nearly 70%) on spending last quarter;
- The total amount of BIG funding spent to date (£719,397) represents around 13% of the total allocation to projects (£5,600,869)³; and,
- If we allow for the amount of BIG funding spent to date and apply this quarter's rate of spend to the remaining nine quarters this gives us a total figure of £4,605,714 – just over 80% of the total allocated to projects.

4. Outputs and Outcomes to date

4.1 In total there have been 3,003 beneficiaries.

³ This figure is the total allocation for the Portfolio, minus central costs, such as the programme team, PR and the evaluation

Activities undertaken:

Based on project returns it appears that there have been around:

- 855 physical activity sessions held;
- 202 mental wellbeing sessions;
- 175 healthy eating sessions;
- 85 professionals engaged in training activity;
- 44 partner organisations engaged (including 19 schools);
- 41 sessions relating to consultation / research and scoping activities; and,
- 24 volunteers recruited and / or trained.

4.2 These figures are most likely to be somewhat underestimated, given that projects have only reported against selected indicators, rather than on the whole of their activity. This is perhaps the most problematic element in terms of aggregating data across projects.

4.3 Around 31 Full-Time Equivalent positions have been created to date by the Portfolio to support the delivery of services commissioned.

4.4 The level of resources discharged by the Portfolio has increased significantly from the last quarter. Making projections based on current rates of spend suggests that around 80% of allocated funding will be spent. We would expect this to increase again next quarter;

4.5 The level of in-kind support levered in to the Portfolio is significant. We estimate it to be around 17% of total inputs to date: nearly £177,000. This is arguably attributable to having a high degree of voluntary sector involvement;

4.6 Over half of projects are now delivering services to beneficiaries. We would expect that this would rise to 100% by the next quarter's return;

4.7 Across the Portfolio, projects are slightly behind schedule with their implementation. However, some projects are well into delivery; in one notable case there is a waiting list for services. This begins to present issues of opportunity cost and some resources may be allocated to greater effect elsewhere within the Portfolio;

- 4.8 There have been just over 3,000 beneficiaries to date. The majority are female; there also appears to be a high proportion of young beneficiaries. White British is the most represented ethnic group, with Asian or Asian British being the next most represented category;
- 4.9 A wide range of activity has been undertaken, with over 1,200 sessions being delivered; sessions relating to physical activity were most common; and,
- 4.10 Importantly, projects are generating learning that will be of value both within projects and the Portfolio – but also to mainstream services.
- 4.11 No changes are planned for the forthcoming quarter.

5. Emerging Lessons

5.1 Change can't be forced.

The mindset of the beneficiary is critical to achieving outcomes: they have to be in a position to commit themselves to change, rather than having another person (professional or carer for example) decide that change is needed. From the perspective of providing a service to support change, the key issue therefore becomes one of achieving appropriate referrals. Forms to gather information pre-referral are important, but one project is also calling beneficiaries to fill in gaps where referral information is not clear and to inform the potential beneficiary of the levels of commitment needed from them. This is especially important for this project as demand for the service exceeds supply: taking beneficiaries who are not committed to change may therefore deprive someone who is committed of a service.

5.2 Change may take time.

It can take a number of weeks for a relationship between beneficiary and professionals to become established such that the beneficiary feels ready to take up all services offered. It may be that, for these beneficiaries, 'short-sharp' interventions will not be effective;

5.3 Progression is important for beneficiaries.

Having an established route for progression seems to be important for projects with an established programme: where do beneficiaries go when they have finished? One project has established a 'Next Steps' group to address this issue, which has led to sustained social links, e.g. beneficiaries playing sport together after meeting on the programme. On a similar point, another project has found that having a structured programme of activities has been important in working with adults with learning disabilities: having a set route for walking, for example, has enabled the group to become more

confident and also to see their own progression in terms of the distance and intensity of the walk;

5.4 Commissioning can be used to build capacity.

One project cited the need to offer training as part of a commissioning process where third sector organisations are being targeted as possible providers;

5.5 Really defining the problem takes time.

There is a risk in thinking that projects understand the problem they are seeking to address, when there might be much more complexity than first appears. One project in particular has undertaken extensive research and scoping work before deciding upon the most appropriate intervention; it found that what at first appeared like a 'simple' problem – a neighbourhood with low-levels of fruit and vegetable consumption – in fact masked large differences in in-take, which were in turn driven by a host of complex reasons: reasons which no single intervention could address. The project has used this knowledge to develop a range of interventions which will tackle the problem from both the supply-side (e.g. poor offer in local shops) and the demand-side (e.g. 'fussy' eaters; barriers of costs; barriers of knowledge; expense of travel). Another project has faced the same issue in providing physical activity sessions for adults with learning difficulties: the range of ability in the group is much greater than expected - the project will therefore be running sub-groups and providing more tailored activities. Lastly, another project – that is working with employers – consider that setting out to understand the problem (facing individual employers in this case) in detail has been vital: that a quick-fix or blanket approach may be quicker, but is less likely to have an effect;

5.6 Partnerships can save and lever resources.

Several projects are using partnership working to pool resources and gain economies of scale. One project has used links with partner organisations to pool resources where there are similar aims: in this case linking with a project that is providing walk leaders training for volunteers. This has saved duplication and the Living Well project is simply referring its volunteers to this training. Another project has pooled resources amongst its own partners: working to agree a common safeguarding policy; this is now being transferred to other projects within other partnership-based projects in the area. Finally, one project has identified its steering group as being key to its sustainability: they are addressing this by bringing partners together at an away-day to promote maximum buy-in to the concept the project is testing;

5.7 Mainstream providers may learn something!

There may be effects of using Lottery funding to expose mainstream services to alternative ways of working. One project used BIG funding to take a group of vulnerable pupils on a woodland visit; the observed change in some of these children led to the Headteacher seeking funding for such trips in future (both children, parents and teachers cited benefits to this work). Similarly, another project has brokered a partnership between schools and some local farms - which will provide ongoing links for the schools involved;

5.8 Scoping may generate learning.

In some cases the development phase of projects has provided further information about the supply of and demand for services. For example, one project's application process revealed a high level of demand from schools for grounds refurbishment. Another project's scoping work has revealed a lack of training for local staff in addressing mental health issues in minority ethnic communities. Another project reported receiving interest around their use of drama and creative arts to highlight mental health issues;

5.9 Bind your partners at bid stage!

One project has had difficulties in getting a key partner to play the role they agreed to during the bid stage. The possibilities of using an 'in-principle' SLA / contract (which could then be altered should funding be received) has been identified as possible learning for the future;

5.10 Screen volunteers.

Recruiting and retaining able volunteers was cited by one project as being a particular challenge. To address this, the project has put relatively stringent assessment procedures in place – in particular to gain a better understanding of individuals' motivations;

5.11 Enthused partners = improved referrals.

Having enthused partners has really affected the take-up of services for one project. The project has identified that where partners are fully engaged then referrals have been high. This is an especially important piece of learning for this project as it targets adults with learning disabilities: where building trust and relationships has also proved crucial in recruiting beneficiaries; and,

5.12 Low take-up needs a range of responses.

Several projects have reported that there has been low take-up of new services. There have been several responses to this: increased promotion appears to be the most common and one project has been able to make use of Sport England's Market Segmentation data to target hard-to-reach groups. However, there have been other strategies, including closer partnership work with mainstream

agencies to secure more (and more appropriate) referrals – for example, one project noted the difficulties of engaging GPs with their service; they have decided to persist in attempting to do so (and have learnt some specific approaches for the next phase of their work), but have also broadened their partnerships to include Health Trainers and Public Health / 'Lifestyle' services staff in the local PCT. Lastly, the reverse of the new-service / low-demand problem was noted by one project, which cited aromatherapy as being both new and highly demanded within their activities.

- 5.13 Of course, not all of these lessons apply in all areas / circumstances, but there still seems to be value in sharing them. We will be developing lessons learnt examples as the evaluation develops and will use the website and annual events as fora for sharing them.

6. Conclusions and next steps

- 6.1 The Portfolio remains in good shape at the end of quarter 3 with around 50% of the projects actually delivering to beneficiaries. This is not as many as originally projected for this stage, but following the beginning of the Gateway Review process and feedback from the GHK Q3 monitoring return, we are confident all will be delivering by the end of the year. This will ensure that at the end of the first year agreed Portfolio milestones will have been met.
- 6.2 The final quarter of year one will see the Portfolio management team concentrating on two key issues. The first is the completion of ongoing Gateway Reviews. These reviews are allowing us to ensure each project is being properly managed at the LCL level and enabling non delivery issues to be addressed in a formal environment. The next quarterly report is due out at the end of November.
- 6.3 Plans for our first annual conference to be held on 17th November 2008 at Birmingham Botanical Gardens are well under way. We are finalising speakers, and plan to have a series of speeches during the morning followed by an interactive session which looks at best practice case models. In the afternoon smaller working group meetings will discuss the projects individual themes of healthy eating, physical activity and mental wellbeing, in addition we will be holding a seminar on monitoring and evaluation and health issues for older people. 200 delegates are expected ranging from Local Authority and PCT Chief Executives' to front line delivery organisations and crucially project beneficiaries.

6.4 The management team will be working to produce an options paper for BIG which will set out our thinking of how any under spend might be used/re-allocated within the portfolio to bring greater benefit to the people of the West Midlands.

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