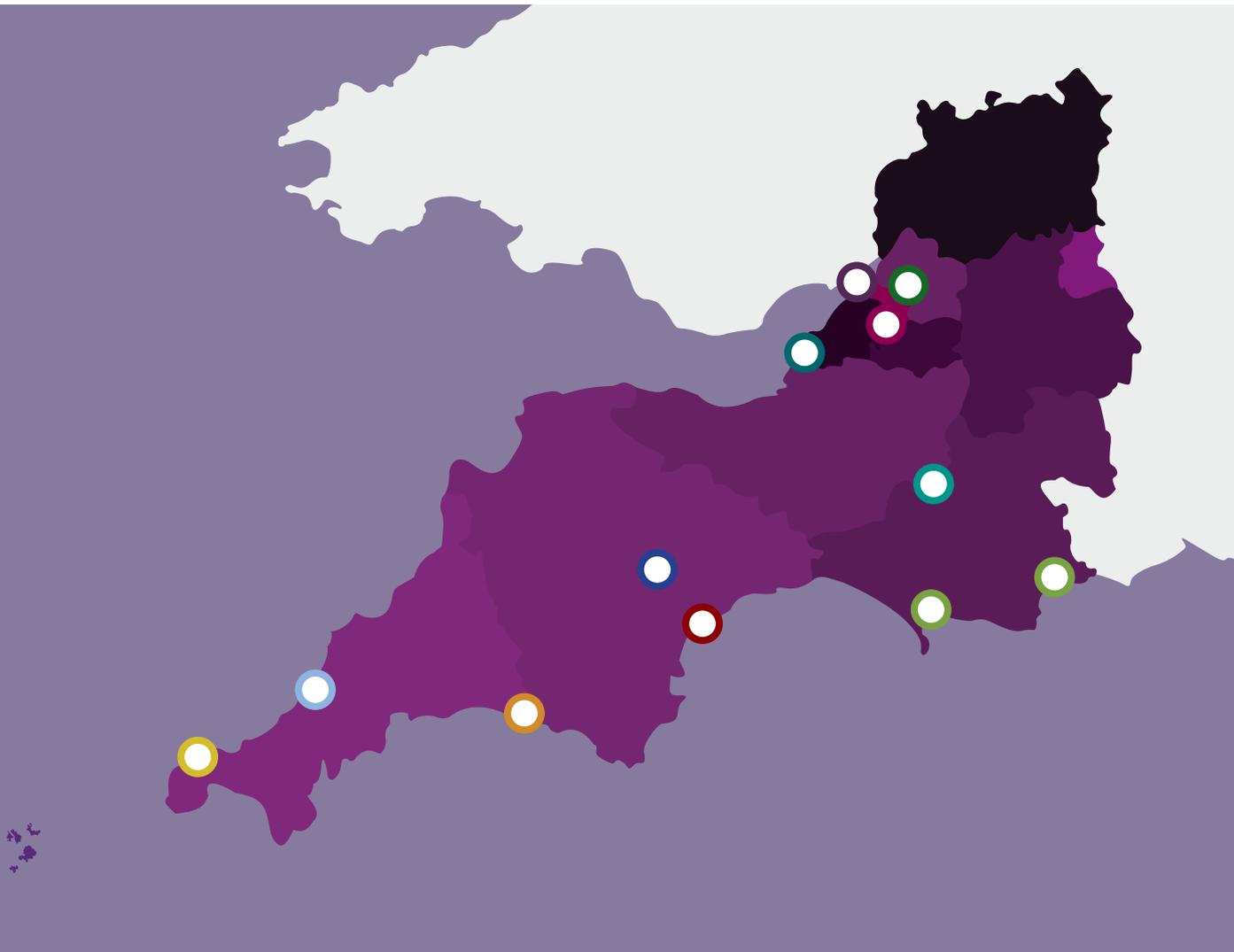




University of the
West of England



South West Well-being Programme

Evaluation Report

March 2009

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Acknowledgements

We would like to thank all participants who have taken part in this study. We are particularly appreciative towards the staff involved in managing and delivering the South West Well-being programme for their time and assistance. We also acknowledge the major contribution made by people from across the South West of England who gave their time to tell us about their experiences of taking part in project activities. We are grateful to Chris Rawles, UWE, for her administrative support during the course of the research.

Interactivity

Please click the contents in order to jump to the relevant section of the report.

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For a full copy of the first year evaluation report please visit:

<http://hsc.uwe.ac.uk/net/research/evaluation-of-south-west-well-being.aspx>

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List of Abbreviations

CCfV	Cornwall Centre for Volunteers
CHDW	Community Health Development Worker
CHLC	Cornwall Healthy Living Centre
CIOHPS	Cornwall and Isles of Scilly Health Promotion Service
CN4C	Cornwall Neighbourhoods for Change
CVS	Community Volunteers Service
DOH	Department of Health
ECT	Electroconvulsive therapy
FAHLC	For All Healthy Living Centre
GOSW	Government Office of the South West
GP	General Practitioner/Practice
HL	Health Links
HLC	Healthy Living Centre
HLW	Healthy Living Wessex
HPS	Health Promotion Service
JSNA	Joint Strategic Needs Assessment
ILCM	Inter-link Capability Model
KWHP	Knowle West Health Park
KWPH	Knowle West Pathways to Health
LAA	Local Area Agreement
LEAP	Local Exercise Action Pilots
LSP	Local Strategic Partnership
NICE	National Institute for Health and Clinical Excellence
NHS	National Health Service
PCDT	Penwith Community Development Trust
PCT	Primary Care Trust
POPPS	Partnerships for Older People Projects
PQASSO	Practical Quality Assurance System for Small Organisations
PSA	Public Service Agreement
SEU	Social Enterprise Unit
SOA	Super Output Area
SSDC	South Somerset District Council
SWHLA	South West Healthy Living Alliance
SWPHO	South West Public Health Observatory
SWWB	South West Well-being
UWE	University of the West of England, Bristol
VCS	Voluntary and Community Sector
WHLC	Westbank Healthy Living Centre
WeHLC	Wellspring Healthy Living Centre
WCV	Wincanton Community Venture
WSM	Weston-super-Mare

Executive Summary



Overview

- 1.1 South West Well-being (SWWB) is a Big Lottery funded programme delivered by a consortium of community-based voluntary sector organisations from across the region¹.
- 1.2 This report presents a formative evaluation of the SWWB programme in its first year of delivery. It explores the organisational context to project delivery, beneficiary perceptions of SWWB services, early achievements and challenges, and common underlying themes in delivery.

The South West Well-being Programme

- 2.1 South West Well-being: a healthier way to live runs from January 2008 to January 2011. It has been awarded £3.96 million of Big Lottery along with match funding or in-kind support at the level of local projects.
- 2.2 Westbank Healthy Living Centre, based in Exminster, is the organisation nominated to manage the initiative by the South West Healthy Living Alliance (SWHLA).
- 2.3 SWHLA (2006) strategy document, "Well-being in the South West: a healthier way to live", defined a vision for the SWWB programme. It aims to improve the health and well-being of the region's most deprived communities through a holistic service delivery. The programme emphasises local community involvement and the role of informal social networks. The focus is on positive physical, social and mental states, as opposed to a definition of well-being based upon the absence of pain, discomfort and incapacity.

¹ One project is led by a statutory sector organisation that delivers its services through community and voluntary sector groups.

- 2.4 In its initial phase of delivery, eleven community-based projects across the region were funded under the SWWB programme. A seed corn fund allocated grants to a further four initiatives in the first year.
- 2.5 Target beneficiaries primarily include people with low level mental ill health, those approaching older age, and families on lower incomes. Three core outcomes are improving mental well-being, increasing physical activity and encouraging a healthy diet.

Study methodology

- 3.1 This diverse and developmental programme represents challenges for evaluation. The focus of the first stage of the evaluation has been to document and explore the context in which programme outcomes may be achieved.
- 3.2 The formative evaluation is intended to inform the outcome component of the evaluation. This consists of a longitudinal study using a common set of outcome measures for general health, physical activity, diet related behaviour, mental well-being and social well-being.
- 3.3 The process evaluation commenced in April 2008. Fieldwork took place until February 2009 and included a series of questionnaires, and structured and semi-structured interviews with 28 project staff and 40 service users. Service users were purposively sampled to represent a range of target beneficiaries, a range of well-being related needs, and a range of self-reported positive outcomes.

South West Well-being Programme Themes

- 4.1 SWWB projects draw on a range of discourses of well-being. Nevertheless all projects reflect contemporary theoretical models for the promotion of well-being. Health is a focus of holistic personal engagement; and all projects ensure their activities encompass diet, physical activity and/or mental well-being.
- 4.2 The portfolio embraces different levels of intervention including a structural orientation towards community, environmental and local economic development whilst also focusing on individual health-related behaviours.
- 4.3 Of the three programme strands, the promotion of mental health is often the underlying, if not central, objective for many activities.
- 4.4 All projects report they are addressing health inequalities to some degree. Emphasis varies across the programme with those projects operating in areas of relatively low health poverty aiming to address 'fine grain' health inequalities.
- 4.5 All projects employ an understanding of promoting social capital through diverse activities including social networking, community capacity building, and the promotion of neighbourhood trust and reciprocity. Many emphasise the benefits of group-based social engagement.
- 4.6 The SWWB consortium model sees projects collaborating with partners from all sectors to meet the well-being needs of individuals and

communities within the region. These are delivered through a variety of different partnership arrangements.

- 4.7** Participating projects show a clear intention to pool knowledge and skills to enhance local delivery and to develop strategically. Given that this is a complex, developmental initiative, with varied local geographical remits, participating projects have understandably demonstrated a clear commitment to learn and grow together to meet evolving need.
- 4.8** Quarterly monitoring returns show consistent progress for all projects across the consortium in line with planned delivery.
- 4.9** Some host organisations have conducted a comprehensive review of the delivery and position of their organization in the context of local and national service drivers including Joint Strategic Needs Assessments, Primary Care Trust priorities, LSP Community Plans, Local Area Agreements and so forth. However, only a minority of projects are able to quantify their planned impact against the scale of local need.
- 4.10** Many projects are led by recently created third sector organisations that are emerging as community anchors and key advocates for voluntary sector health services. Project leads perceive that SWWB funded work has a significant role in demonstrating the potential longer term role for healthy living organisations to deliver local services.
- 4.11** Some projects have faced and overcome early challenges that have mitigated quick progress. This is not a systemic problem but more a consequence of unique factors at a local project level.
- 4.12** The sample of beneficiaries interviewed report being extraordinarily happy with the quality and character of SWWB activities. Their personal accounts provide clear illustrations of how SWWB activities deliver a personalised, participant-led and holistic response to health needs. Many had a clear understanding about the range and provision of activities on each project but very few had a sense that they were part of a regional well-being programme.
- 4.13** SWWB activities address a wide range of participants. The majority of activities focus on services for SWHLA target beneficiaries: older people, families and people with poorer health. However positive outcomes for indirect participants are potentially considerable but for many projects this still remains difficult to quantify.
- 4.14** Many projects have re-engaged with individuals who have previously used their services. This reflects ongoing, high level needs and also a strong level of community engagement and service loyalty. Management of demand for services and the recruitment of entirely new service users represent a challenge for some staff.
- 4.15** Registration of beneficiaries has proved challenging for various reasons including: the need to build trust, the organisation's administrative capacity and the informal format of activities. However all services are in the process of formalising their induction process.
- 4.16** Salaried staff are central to project delivery with most projects making extensive use of part time salaried staff and sessional workers to support flexible delivery and to optimise their skill base. The role of volunteers is mixed. For some projects volunteering is a central aspect of their ethos and delivery, for others it is less important.
- 4.17** The projects appear to offer a very high level of individually tailored support to beneficiaries. This support is based on a range of strategies

that include personal motivational support, group facilitation, incentives and membership schemes, the use of peer support, the provision of local transport and, of course, the free or subsidised use of services.

- 4.18** A recurrent theme universally expressed has been the friendly and informal nature of services. Successful activities often do not foreground needs associated with ill health, low income etc., but tend to emphasise the fun, creative and sociable elements of the service.
- 4.19** There are some important differences between ongoing project activities and those with a formal end point in terms of tracking and recording behaviour change outcomes.
- 4.20** Drawing on the thematic review of the project profiles this report highlights areas for knowledge exchange between the projects by showcasing aspects of innovation and best practice developed by projects that could be usefully shared.

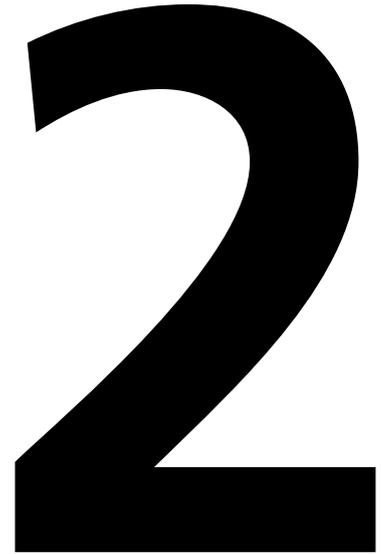
Recommendations

- 5.1** This report also provides recommendations for the SWWB programme and its constituent project, and for the next stage of the evaluation.
- 5.2** Recommendations for the programme as a whole address the following areas:
- refining the theory base of activities and the strategic direction of the SWWB programme,
 - supporting SWWB staff training and knowledge exchange,
 - focusing on marketing and communications,
 - refining and upgrading beneficiary monitoring,
 - recording the self-defined well-being outcomes for beneficiaries,
 - refocusing and restructuring delivery where opportunities arise,
 - sharing learning on working with individuals with complex needs,
 - public dissemination of SWWB programme.
- 5.3** Recommendations for the next stage of the evaluation include focused research on the role of social marketing; service cost effectiveness; project approaches to social isolation, health transitions, complex care, hard to reach groups and the active participation of volunteers; and the relationship between SWWB services and local statutory provision.

Future Evaluation Reports

March 2010	Evaluation Report 2
September 2010	Evaluation Report 3

Overview



2.1 Introduction

South West Well-being (SWWB) is a Big Lottery funded programme delivered by a consortium of community-based voluntary sector organisations from across the region. The initiative runs from February 2008 to January 2011.

For the South West of England the programme represents a new approach to collaborative working between independent Healthy Living Alliance organisations that specialise in local community engagement to promote health and well-being.

This is the first of three evaluation reports on the South West Well-being programme. These reports are planned to build upon each other to produce a comprehensive account of the programme delivery and its outcomes.

2.2 Aim & Objectives of this Report

This report is a formative evaluation study of the SWWB programme in the first year of delivery. It seeks to analyse the early development of the first eleven funded projects and to identify emerging themes across the programme. This stage of the evaluation will help determine how and why the programme delivers the outcomes that are a focus for the final report.

The objectives of the report are to:

1. Document how SWWB organisations have put project plans into practice,
2. Summarise the organisational context to the project delivery,

3. Identify examples of participant perceptions of SWWB services,
4. Identify early achievements and challenges to the delivery of project services,
5. Identify common underlying themes in the delivery of projects,
6. Produce recommendations for projects and the SWWB programme in the next stages of delivery.

2.3 Audience for this report

This report is intended for practitioners and decision makers from both the statutory and third sectors with an interest in community based promotion of health and well-being. The report is of interest to those working in the local project areas and in regional development in the South West of England. This report will also be of interest to individuals associated with the Big Lottery funded national and regional well-being programmes. The report is divided into pull out sections designed to be accessible to different parties that include a wider public audience.

The South West Well-being Programme



3.1 Big Lottery Well-being Fund

The Big Lottery Well-being Fund is a £165 million initiative that supports programmes across England, working on the three themes of:

- Healthy eating
- Physical activity
- Mental health

Between 2006 and 2008 the Fund issued grants to 17 portfolios, seven of which are thematic portfolios managed mostly by charities or coalitions of charities, and ten which are regional portfolios mostly managed by statutory organisations. South West Well-being is a regional portfolio managed by a voluntary sector organisation.

The regional 'portfolio' funding model reflects an approach developed by the Big Lottery Fund to issue larger scale grants to a single managing body, which in turn devolves funding to a number of local project providing organisations.

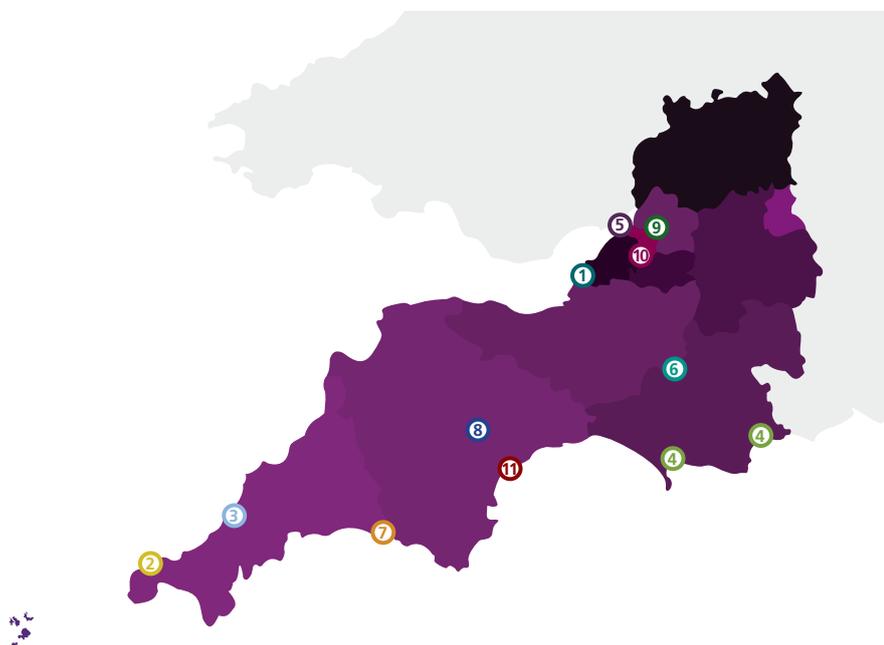
3.2 South West Well-being Portfolio

"South West Well-being: a healthier way to live" runs from January 2008 to January 2011. The Big Lottery Fund grant is £3.96 million for this period and local partners contribute varying amounts of match-funding or in-kind support for the programme.

Westbank Healthy Living Centre is the lead management organisation for the portfolio. In the first phase of delivery eleven projects across the

region were funded under the scheme. Ten of the eleven projects are hosted by voluntary sector organisations and a 'seedcorn' fund has allocated grants to a further four initiatives in first year.

**Figure 2.1:
South West region and
SWWB projects**



1. Mental Health for All, For All HLC, Weston-super-Mare
2. Pathways to Health and Wellbeing, West Cornwall HLC, Penwith
3. Step by Step, Cornwall & Isles of Scilly HPS, Redruth
4. Activate Your Life, Healthy Living Wessex, Dorset
5. Lawrence Weston Health Steps, Barrowmead HLC, Bristol
6. The Well Bean Project, Balsam Centre, Wincanton
7. Health Matters in Plymouth, Wolesley Trust, Plymouth
8. Health Maps, Upstream HLC, Crediton
9. Pathways to Health, Knowle West Health Park, Bristol
10. Wellspring Community Kitchen, Wellspring HLC, Bristol
11. Westbank New Steps, Westbank HLC, Exminster

3.3 South West Healthy Living Alliance's strategy

The initial proposal for the programme developed from work conducted by the South West Healthy Living Alliance (SWHLA). This is a group of organisations that have, largely, emerged from the healthy living centre movement. Healthy living centres are local community-based organisations that focus on promoting well-being and promoting health, rather than providing medical solutions to illness. Some operate from multi-purpose community centres whereas others are virtual centres that deliver outreach services across a network of venues.

In 2006 SWHLA produced a strategy document, "Well-being in the South West: a healthier way to live", that defined its vision for community-based service development in the South West:

"The Vision is to improve the health and well being of the most deprived communities within the South West over three years with projects that will provide a holistic service, aiming to reduce health poverty by targeting those with low level mental ill health, those approaching older age and families by improving mental well being, increasing physical activity and encouraging a healthy diet.

The portfolio aims to achieve this through engaging with the target beneficiaries with fun, non threatening activities and then supporting them to make positive lifestyle changes, depending on their needs and wishes. Focusing on reducing stress and anxiety and increasing physical activity and healthy eating, all activities will include confidence building and encouraging the development of friends and social networks all contributing to improve mental well being. [...]

In all, this approach might be described as:

Supporting the healthy living and well being of individuals and communities by providing locally accessible, people-focused and holistic approaches to tackling health inequalities particularly for those people most in need.

The strategy also sets out the objectives of the healthy living projects to be:

Engaging Individuals and Communities

To improve the opportunities for mobilising community and individual activity towards improving health and tackling inequalities;

People and Lifestyles

To support people in meeting their full potential, helping them better access mainstream and alternative health services and particularly to develop lifestyle approaches that prevent future illness;

Local Health Collaboration

To provide a local focus for bringing together health promotion in the broadest sense, across a wide range of interests which do not necessarily have a tradition of working together.”

Study Methodology

4

4.1 **Process evaluation overview**

South West Well-being is a community-based health promotion programme that operates through a consortium of independent organisations. This type of programme represents challenges for evaluation that are well documented in social and health programme evaluation theory literature. See for example, Connell & Kubisch 1998; Nutbeam 1998; Judge 2004, Springett 2001, Pawson and Tilley 1997; Tones and Green 2004; Platt et al 2005. Some evaluation challenges include the extent to which the formal business plan can be interpreted as the intervention blueprint; the boundaries between the programme and other partnership initiatives; the emergent and changing character of the programme goals over time; the coherence and integration of a consortium of bottom-up initiatives; and the appropriateness of standard outcome measures for a complex and holistic programme.

According to Green and South (2006:84), an overarching question is one of how to successfully apply evaluation principles in a way that is consistent with the nature of the activities and the values that underpin programme delivery. The focus of the first stage of the evaluation has been to document, explore and consolidate an understanding of how the programme has been implemented. This form of process evaluation will help obtain a clearer understanding of the context in which programme outcomes may be achieved.

4.2 **Outcome evaluation overview**

The outcome component of the evaluation is not the focus of this report. However, it is worth noting that all projects are participating in

a longitudinal outcome study that uses a common set of outcome measures for general health, physical activity, diet related behaviour, mental well-being and social well-being. These measures have been selected to reflect the Well-being Fund themes and have been designed to reflect a generic set of data on indicators of change for individuals.

The Big Lottery Fund commissioned the New Economics Foundation to develop a common set of tools for measuring individual level well-being outcomes for grant holders. The theoretical basis for these tools is an assets based model illustrated in Figure 3.1.

The assets based model brings together the three main strands of the South West Well-being programme. Personal well-being assets underpin these strands and emphasise the central role of psychological resources such as confidence, self esteem and autonomy. Similarly in this model, social well-being assets - such as community engagement, belonging, trust and social support – act as mediators for the promotion of physical activity, healthy eating and mental health.

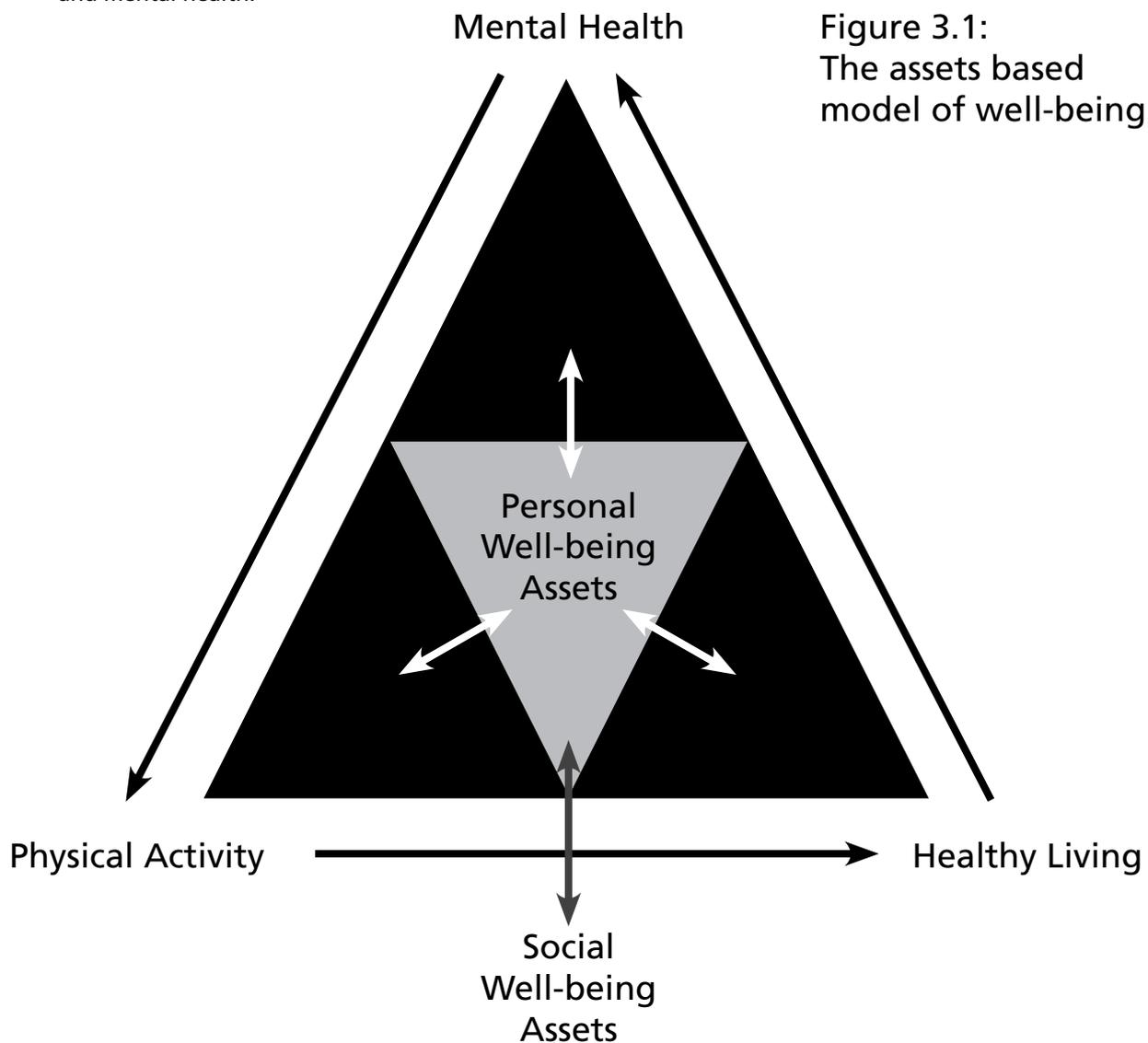


Figure 3.1:
The assets based
model of well-being

4.3 Participants and schedule of work

For the work presented in this report, interviews were conducted with project staff and service users between April 2008 and January 2009. For each project, between three and six staff took part in interviews. Between two and twelve service users took part in interviews for each project.

4.4 Fieldwork with project staff

Project leads participated in an initial seminar and internet based questionnaire to identify areas of project similarity, best practice and innovation. This was followed by a minimum of three meetings in which document, semi-structured and unstructured interview-based data were collected about project profiles. Drafts of the project profiles were sent to the lead member of staff for checking and verification.

4.5 Fieldwork with service users

Project leads were asked to invite two groups of service users for focus group interviews with researchers. Individual interviews were conducted in cases where there were issues of confidentiality or practicality. These individuals were intended to reflect a range of service user perspectives on different activities. It was agreed that prospective interviewees could be individuals who the project staff felt might have a positive experience and whose perspective could illustrate the rationale for the activity. Clearly, there are both staff and self-selection processes at work here and it is important to be aware that this form of purposive sampling will only reflect a range of more positive experiences.

The interviews covered expectations and motives for participation, biography and health experiences, experiences of other services, perceptions of the character and quality of the project service and perceptions of outcomes. The interview schedule is included in Appendix 3.

4.6 Ethical issues

Participants were provided with written and verbal information on the study. In most cases it was possible to collect written consent. In cases where this was not possible researchers verbally asked for consent and made clear the right to not participate or to withdraw at any point. Project leads were asked to convey draft material to participants to invite comment and offer an opportunity to withdraw direct quotations. The study has been given ethical approval by the Faculty of Health and Life Sciences Research Ethics Committee of University of the West of England, Bristol.

4.7 **Thematic Analysis**

Drawing upon the content of the project profiles and the project activity tables, the researchers identified key delivery themes. These themes were emergent and reflected a generic business plan framework for examining the delivery of projects. The themes were then checked with the SWWB Steering Group for verification.

Guide to project profiles

Each project profile draws from a common template. The data have been checked to reflect a consensus between the UWE researchers, project leads and the SWWB programme manager.

Project aim

This statement is drawn from the Big Lottery funding application document. In many cases it has been revised to give a more accurate reflection of the project.

Project overview

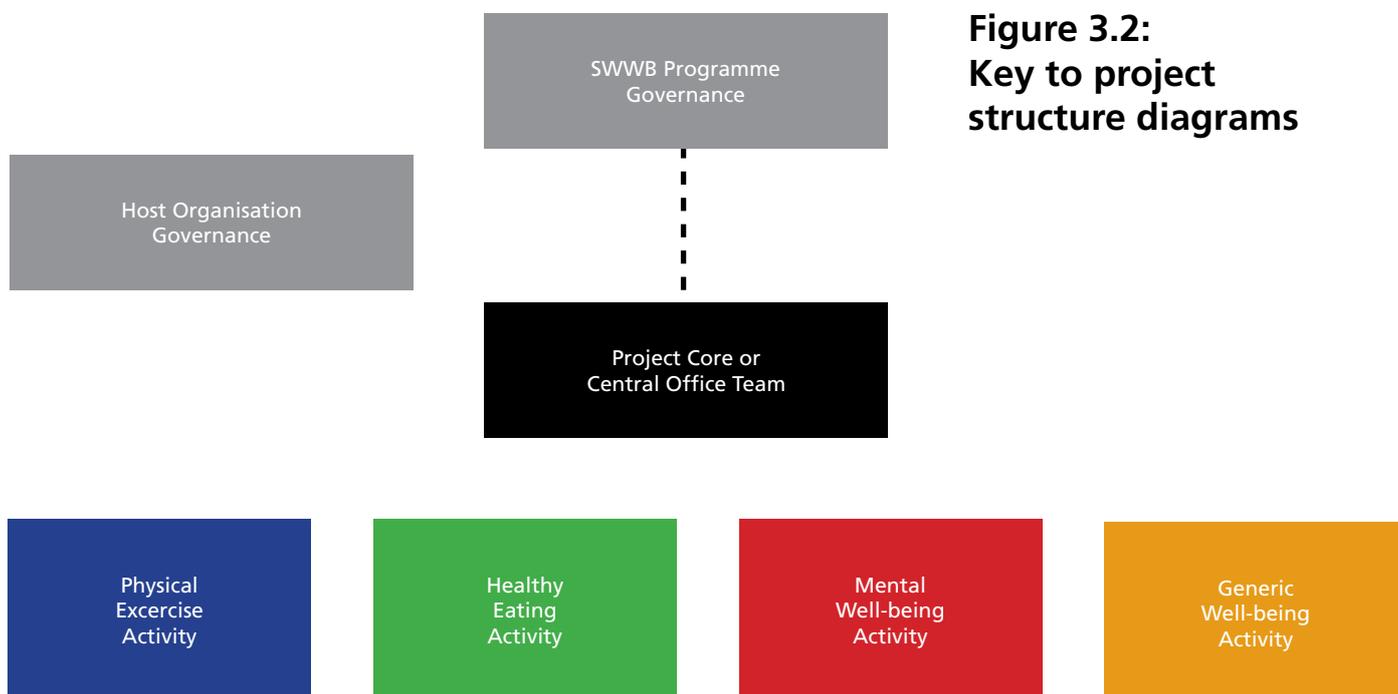
This section seeks to explain the rationale behind the project, an outline of the project operation and, where available, the theoretical basis of the intervention.

Host organisation and Project Area

These sections explain how the project is located within the host organisation and the setting within which the project operates.

Project Structure Diagram

The structure diagram seeks to graphically summarise the organisation of the project's activities, their relationship to the core staff team, the organisation's governance and, where appropriate, the partnership delivery links.



Participant Perspectives

Drawing upon qualitative interview data with selected participants, these sections seek to give an account of activities from the perspective of service users. Where necessary, quotations have been put into context. Personal names have been changed unless individuals have given consent to use their real name.

The First Year of Project Delivery

Drawing upon the views of project staff and service user interview, this section summarises some of the key challenges and achievements in project delivery.

Project Profiles

5



Mental Health For All

South Ward. Weston-Super-Mare

Host Organisation
For All Healthy Living Centre

Project aims

Mental Health For All promotes positive mental well-being through supporting people with low level mental ill health, concentrating on protective factors such as social networks, participation and self esteem. The project aims to:

1. ensure a rapid response and range of options for people experiencing mild anxiety or depression,
2. reduce the number of people on drug treatment for anxiety, depression and other forms of mental ill health,
3. mentor people who find it harder to access health promoting opportunities, improving inclusion,
4. improve the understanding of families and communities of mental health through campaigns, events, "Mental Health First Aid" and similar health communications.



Target number of individual beneficiaries: 1500

Project overview

Needs assessments, health statistics and resident and worker experiences indicated that mental ill-health is a local issue in the geographical area in which the project is situated. Despite the population profile showing higher than average numbers of young people, mental ill health and addiction contribute to high levels of incapacity benefit (more than double the regional level) and attendance at primary medical services.

In local consultations, residents expressed anxieties about aspects of their community such as safety, alcohol and drugs issues, health, academic achievement at school level and the impact of these on their families. They requested more learning and activity opportunities. GP patients had also requested alternatives to drug treatment for anxiety and depression. This was in a context where the GP practice based in the HLC has 4,300 registered patients from the area, of whom 18% have a diagnosis of mental illness.

At the planning stage, For All Healthy Living Centre (FAHLC) looked carefully at how to complement the project with services provided by other local agencies, including the development of a new Primary Mental Health Service, commissioned by the PCT. The intention has been to promote positive well-being through mental health provision with nutrition and physical activity alongside, offering opportunities for individual and group sessions.

There has been consideration of how to apply principals of health promotion in the context of both group and individual activities. There are individual one-to-one sessions with the client and a mental health worker, exercise groups, stress management workshops and a befriending group. The participants are predominantly those who 'drop-in' to FAHLC to see someone or those who see one of the health professionals in the Centre who then refers them. In addition, they may be referred from the Children's Centre Family Support Worker.

The approaches used are based on proven strategies of engaging people and strengthening social networks in the context of their families and communities (DoH, 2001). These demonstrate that work in a community setting can have a significant impact on mental well-being. An increase in physical activity and improved nutrition also form part of the activities for their impact on mental health.

Host organisation

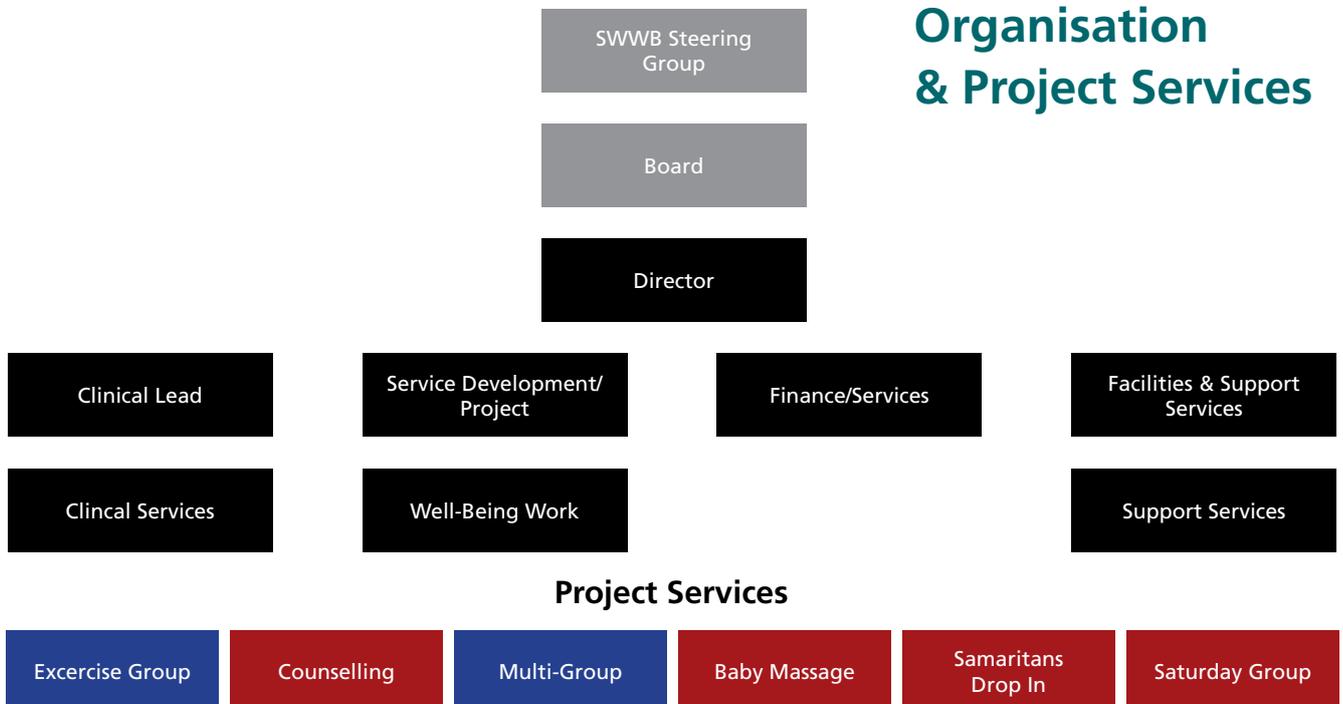
The Centre is a social enterprise and a provider of commissioned services. It has recently received a Department of Health Pathfinder Grant to investigate and prepare to tender to deliver the GP practice currently run by the PCT. It is committed to being a Community Anchor Organisation, thus meeting local priorities and developing the capacity of the community.

The current site for the FAHLC was formerly occupied by a portacabin that housed health and community services and a church. These were owned by the local Community Association. Local residents and agencies worked together to design, fund and oversee the development of the Centre and the formation of the For All Healthy Living Company. The various partners who were involved included the Primary Care Trust, Local Authority, Sure Start Local Programme, local church and the Community Association. The Partnership secured funding from the New Opportunities Fund. All partners who contributed capital occupy dedicated space within the Centre, specified in a sublease.

The Centre has a range of facilities, activities and services which promote the building as one that local residents can use for their own good. There are a variety of professionals who are based there including General Practitioners, Practice Nurses, Health Visitors, School Nurses, Podiatrist, Mental Health Workers and Counsellor. There is a community café (run by volunteers), a twice-weekly fruit and vegetable stall, a Community Swap Shop, a library, Children's Centre, church and a community hall. Many of these feed into each other, with residents offering to help in the church activities, the church referring people for mental health support and so forth.



Organisation & Project Services



Project area

For All Healthy Living Centre is based on one of the four estates in South ward. A total of 10,000 people are resident in this ward. It is an area of higher multiple deprivation with three super output areas (SOAs) in the lowest 10% nationally including one SOA in the lowest 3%. The area has twice as many children and young people per 1000 as the authority area (North Somerset) as a whole and a significantly higher proportion of lone parent families. Health staff estimate up to 50% of their consultations have a psycho-social component, and that these are linked to issues such as poverty, poor housing, parenting difficulties, domestic violence and addiction.

Project delivery in the first year

Challenges

1. The recruitment of project staff was a priority in the early stage of the project. This inevitably delayed early delivery. However the delivery start up has been within the planned time frame.
2. Activities run by the project are little known outside the HLC due to a lack of marketing. Recruitment and service design work meant that marketing the service was not a priority in the start up period. The team is aware that this needs focus since there is an impression they generally attract only those residents who live on the immediate estate and not from the other three estates that also form part of South ward. However, a postcode analysis of participant take up has not been yet been undertaken to confirm these impressions.
3. Feedback from the users of the activities indicates that it is difficult to attract residents from the other three estates in South ward to the activities.
4. The local PCT has recently purchased local mental health services which could, if they do not sub-contract to the project, duplicate Well-being funded services.

Achievements

1. Whilst it has taken several months to set the project up, the different methods of working (provision of activities) appear to be working well. Feedback from all group members was that the staff and volunteers running the activities were sensitive to their needs and very good at their job.
2. The project lead has developed a good working relationship with the GPs based in the HLC. These are essential partners for planned outcomes and are a source of referrals for the project.
3. The project lead has developed a reciprocal relationship with the church within the HLC. Referrals are being made to the project and volunteers help with the church activities.
4. People who drop-in to the HLC and want to talk to someone can be quickly seen by one of the project staff, offering one-to-one support prior to referring on if necessary.

5. The project has been able to take a flexible and consultative approach to service development. Following taster sessions in June and July, 2008, an "Exercise to music" session has been offered once a week. It is well attended by regular users. In response to demand, a Saturday group has been set up with good attendance from regular users.

References

DoH [Department of Health] (2001) Making It Happen.
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“It is the highlight of the week”

Thursday Exercise Group, For All Healthy Living Centre

Nicola was one of the first members when the exercise group started. She has two children, her husband works and she found it difficult to find things to do with the children that they could afford. She often felt depressed and had no time to herself.

“I found out about it from one of the workers in the Centre but I think it is a well kept secret at the moment for mums (laughter), we know that there is a limit for the number of children in the crèche. I like the commitment of having to book the crèche, it makes it much easier to come, it makes you come...I need the motivation to make me come. This group is fun, easygoing, affordable because trying to get two children into crèche and an exercise class

together. It makes us laugh, gets me to feel happy because I get out, meet others, do some exercise. I feel more relaxed. It is a routine, I spend the whole afternoon here because after this I go to the veg' shop, use the library here, go to the park and the afternoon is mapped out. There is a definite thing to look forward to in my week, it fills up 3 hours. Otherwise I would just be stuck at home. I am trying to get my husband to do some exercise but we still have to find something that we can do together but when you get to the evening the cost of childcare...”

“This has been a godsend”

Saturday Group, For All Healthy Living Centre

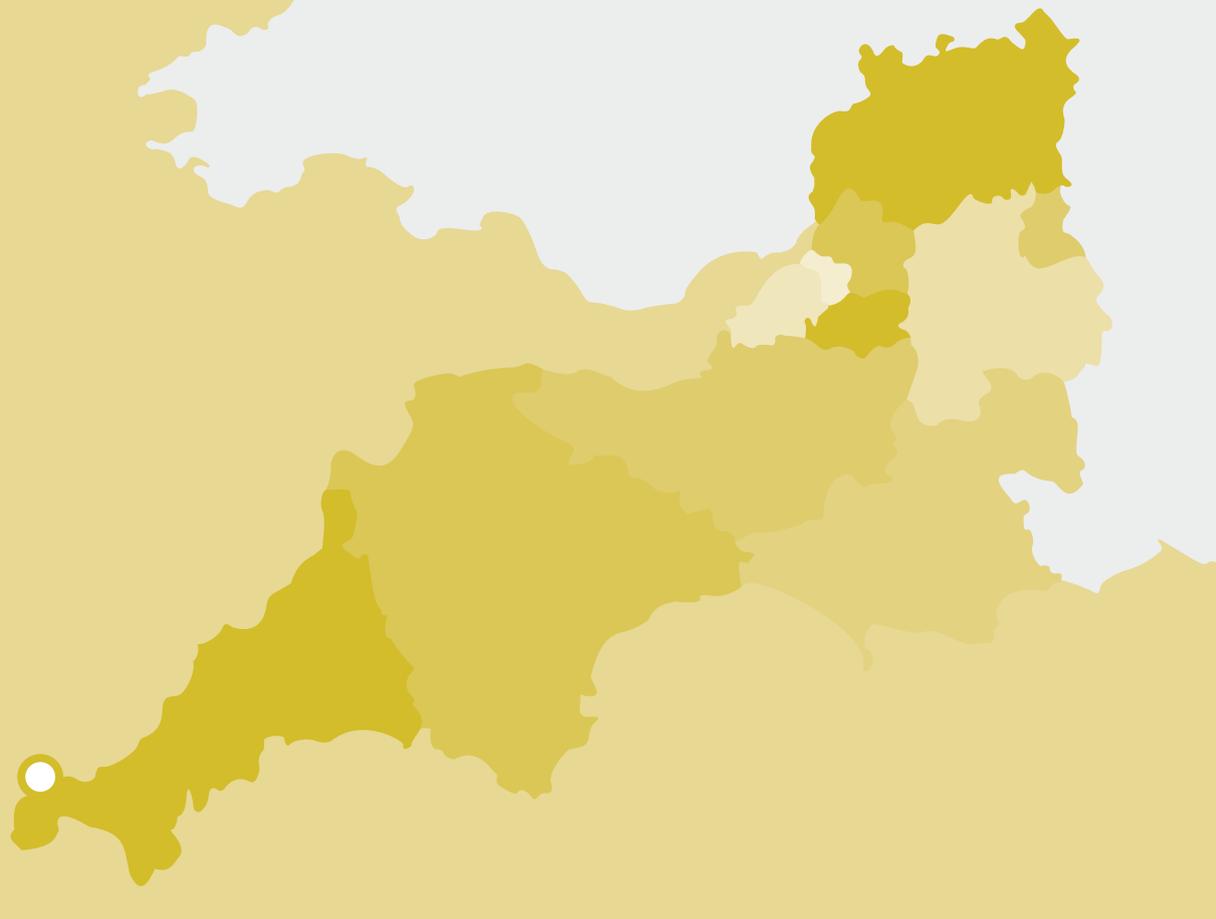
The Saturday Group takes place on alternate weeks. It was set up for those who find Saturdays difficult: many facilities are closed so there is little to do.

Philip has been a member since the outset. He has been an inpatient several times for mental health problems, including trying to commit suicide five times. In the recent past his marriage has broken down and with that he lost his house. He has no family apart from one daughter who he doesn't see, but would like to. In addition, his grandmother, the person who brought him up and the only person he says that he loves, died. He really appreciates the help that he has received from the project staff:

That support I have never had, not had for a long time, it amazes me.

The Saturday Group for me has been a godsend. Recently I have been through hell and back, I have just not dealt with the situation. Before it was better than what it is now, everything has just fell apart... The Saturday Group gets me out, it gives me something to do on a Saturday. I don't really have no sort of life, weekends are difficult because over here nothing is open. I have some voluntary work twice a week. I have no-one I can knock on the door, I am on my own. It would be nice if it was once every week. The other weekends, I don't do a lot, very little, it is a very shallow life. It is like a little gap that is not filled in.

I hope the group will give me a more positive lifestyle. To prove back to myself that there is something out there, that there are people out there, there is a life, I don't feel sorry for myself, I get annoyed with myself. It is nice to have somewhere to come, I feel one of the lucky ones. The group don't know what has happened, they take me as I am. I am getting my confidence slowly.



Pathways To Health And Well-Being

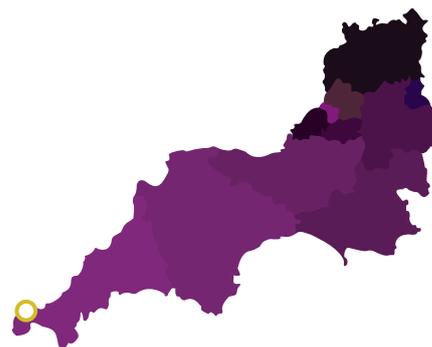
Penwith and Kerrier Districts. Cornwall

Host Organisation
Cornwall Healthy Living Centre.
Penwith Community Development Trust

Project aims

Pathways to Health and Well-being aims to empower and support individuals with low level mental ill health, families and people aged 50 years or over to access a range of approved health and well-being community and voluntary sector local services.

The project intends to reach and inform participants through a locally dedicated website and more specifically through a network of volunteers. Volunteers are supported to act as 'health heroes', 'champions' or 'buddies' for new service users. Volunteers themselves often have health and social needs. Through active involvement the project aims to improve volunteers' confidence, self-esteem and capacity to adopt healthier lifestyles.



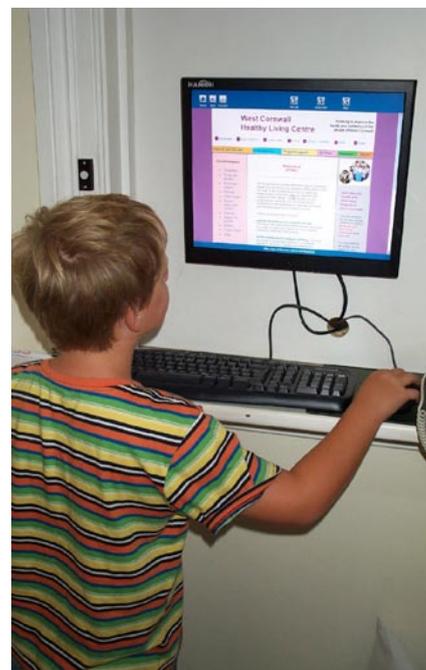
Project overview

Cornwall Healthy living Centre (CHLC) has identified that there are people living in local towns and remote communities that have difficulty in accessing health and well-being activities. Working in partnership with GP services and health professionals the project seeks to support individuals to make positive lifestyle changes through the adoption of health and well-being pathways. This project provides and develops those connections and sees itself as a central information and support service.

A GP recommendation scheme (GP PLUS) which refers patients to the districts' lifestyle/exercise/well-being activities is already in place. Some GPs can now do these referrals on-line. Additionally, the project's website (designed to be accessible from GP surgeries) will enable individuals to discover a range of activities or opportunities available for healthy living. The website's database has details of over 200 different organizations/activities and provides ideal access to healthy opportunities. Individuals can also self refer on line or by visiting one of their volunteer bureaus where opportunities for volunteering are available. Potential volunteers and beneficiaries are also contacted and recruited at occasional one-off events organized with partners in the community.

The need for this project was identified through work undertaken by the CHLC with local grass-root projects and individuals over the past eight years. From its work with local health related organisations, the CHLC has seen the need to support other initiatives and activities which encourage more people to become active in their own communities. There are pockets of deprivation in both the Penwith and Kerrier districts of Cornwall. When the Neighbourhood Renewal and other regeneration funding ended the CHLC and their partners sort new opportunities to continue their work to specifically address health inequalities. Through their partnerships with local GPs and health professionals they discovered a need for enhancing referral services. This recognition dovetailed well with the Emotional Health and Well-being Strategy identified in the Health and Well-being Strategy for Cornwall and the Isles of Scilly which was launched in 2006. The strategy identified an urgent need to promote active engagement in volunteering and community activity as a key method for improving access to countywide information, advice and guidance. It also helps to achieve health and well-being priorities identified in the community strategies of Penwith and Kerrier District Councils and Cornwall County Council.

Target number of individual beneficiaries:
Direct 885
Indirect 345



Host organisation

Penwith Community Development Trust (PCDT) is the lead organisation for the CHLC. PCDT was formally established as a charitable and not-for-profit organisation in 1999. The Trust is registered as a company limited by guarantee and is a member of the National Development Trust Association. The aim of the CHLC is to provide a vehicle for health professionals, voluntary and community sector organisations and individuals to work together to improve health and well-being and reduce health inequality across West Cornwall through active support to a variety of health and community based projects. Their HLC represented a merger of the Penwith Healthy Living Network and the Kerrier HLC in 2004. The Trust works mainly in partnership with three key partners: Kerrier District Council, the Cornwall Centre for Volunteers and Penwith Volunteer Bureau. The Cornwall Centre for Volunteers' is positioned within the Cornwall Infrastructure Partnership to provide volunteering infrastructure support for the community and voluntary sector. They help other organisations to recruit, support and develop the volunteers they need to deliver their services. The Strategic Management Board which oversees the project is made up of representatives from the partners on the project, the PCT, Pentreath Ltd and a GP from a local surgery, the Cornwall and Isles of Scilly Health Promotion Service, Cornwall Works and Penwith and Kerrier District Councils. They scrutinize progress of the project. Monthly reports from project staff on individual schemes are forwarded to all Strategic Management Group members.

PCDT leads on the work of Cornwall Inter-Link, which provides effective infrastructure at a local level to enable VCS organisations (especially smaller 'grassroots' groups) to get together on a regular basis in locality areas to network, share information, resources and good practice. Also, PCDT provides "Implementing PQASSO" (Practical Quality Assurance System for Small Organisations) workshops to VCS organisations in Cornwall, and provides follow-up / support sessions in order to support them to implement PQASSO within their organisations. PCDT is also developing the 'Inter-link Capability Model (ILCM) which will enable organisations to benchmark themselves against specific criteria in order to prove their capability to deliver high quality services.



Organisation & Project Services



Project area

The health of people in Penwith and Kerrier districts is close to the English average. There are particularly high levels of socio-economic deprivation around Penzance, Gulval and Heamoor in Penwith district and Camborne North and Redruth South in Kerrier. In Penwith men who live in these most deprived areas have over five years shorter life expectancy than those living in the least deprived areas in the district. In both districts the number of people receiving incapacity benefits for mental illness is significantly worse than the national average. Other health issues include in Penwith those entering hospital because of alcohol related issues which is significantly worse than the national average; and in Kerrier the number of young people under 15 declaring that they are not in good health is significantly worse than the national average.

Project delivery in the first year

Between February and September 2008 there were a total of 322 volunteers recruited to the project eight of whom are now working with the CHLC. A volunteer works with one of the project's partners (Kerrier District Council) providing admin' support and updating the website. Four volunteers work with PCDT/CHLC delivering complementary therapy taster sessions and promotional activities. Another volunteer works with Cornwall Centre for Volunteers providing admin' support for volunteers and two with Penwith Volunteer Bureau. There is also a project team of six part-time staff working in three different locations across West Cornwall to deliver the project's activities.

In terms of taster sessions and community events the project often works with a range of partners to expand opportunities for developing healthy pathways for local people e.g. the We Can Get Active Week was delivered with Cornwall Partnership Trust's Mental Health Teams, Pentreath Fit for Life, the Cornwall and Isles of Scilly Health Promotion Service, Cornwall Centre for Volunteers and the Hub Club at Carn Brea Leisure Centre. The project has also worked with Cornwall Works which delivers the welfare to workforce activity in Cornwall. In March 2008 they delivered the Grand Day Out event targeted at two deprived wards (Treneere and Penzance Central) to offer unemployed people and those claiming health related benefits the opportunity to find out about volunteering



Challenges

1. The breadth and reach of the website is still unclear as it is currently restricted to three computers in two GP surgeries. There are 16 surgeries across the two districts that could benefit.
2. More exploration around potential interactivity of the website would ensure enhanced reach to non-urbanised users.
3. Volunteers work extraordinarily hard and are very committed to the work that they undertake. This is work that is reported to be enjoyable. All volunteers report that they would welcome more opportunities to be brought together to share experiences, skills and mutual support.
4. The differences between health heroes, champions or buddies on the project are not clear to the volunteers.
5. There is little awareness of the Pathways to Health and Well-being project and ethos amongst the volunteers. Instead volunteers tend to perceive themselves as participating on a particular activity or simply as a volunteer of the CHLC.

Achievements

1. The project has initiated and developed taster day sessions for their target communities where a broad range of therapies including reflexology, Indian head massage, reiki, Bowen therapy, aromatherapy, emotional freedom technique, counselling and massages have been offered.
2. The project enjoys the commitment and passion of complementary therapists who understand the importance of promoting pathways to health in deprived communities even if they do not explicitly grasp the project's ethos.
3. Establishing a website with an activity/organization database bodes well for the future. A great opportunity exists for the project to be a potential beacon for other voluntary and community sector organizations serving remote, rural communities.
4. A broad range of activities have already been initiated and developed. However in the coming year the project anticipates it will expand its counselling service and complementary therapies and support new additional sessions in Tai Chi, Healthy Eating, Keep Fit classes. More well-being activities are planned in years two and three.

People Are Changing

Reiki Practitioner and Community Artist

There is a strong group of practitioners on the project who have spent considerable time working and supporting each other. As complementary therapists they share a commitment to improving individual well-being and improving life styles; however, they also have a broader commitment to ensuring that they help to develop the skills and capacity of the communities they serve and have a clear understanding of the importance of using therapy to address health inequalities. In their work in the target areas identified by the project they believe bigger changes are happening:

"People are changing. I have been talking to all the different people

I have been giving treatments too and their first reaction is what do you want? What are you trying to sell? Why are you hassling me? But once you have broken through that harsh exterior I realise that everyone is exactly the same. They have all got a lot to give but until you listen to what they have to say you don't know where they are coming from and in giving people reiki it softens them. It is about breaking through the barriers of who they are and where they live. It is about stopping them go bang and getting them to realise there is a whole different way of living. It is about trying to break through the cultural practices that support aggression. It is like working with these lads the ones with the

gold rings and the bling and realising that beyond their attitude and the ASBOs they are really lovely people... really, really soft and in need of a change."

Seeing people able to change their lives through what I call a connection

Diet and nutrition therapist

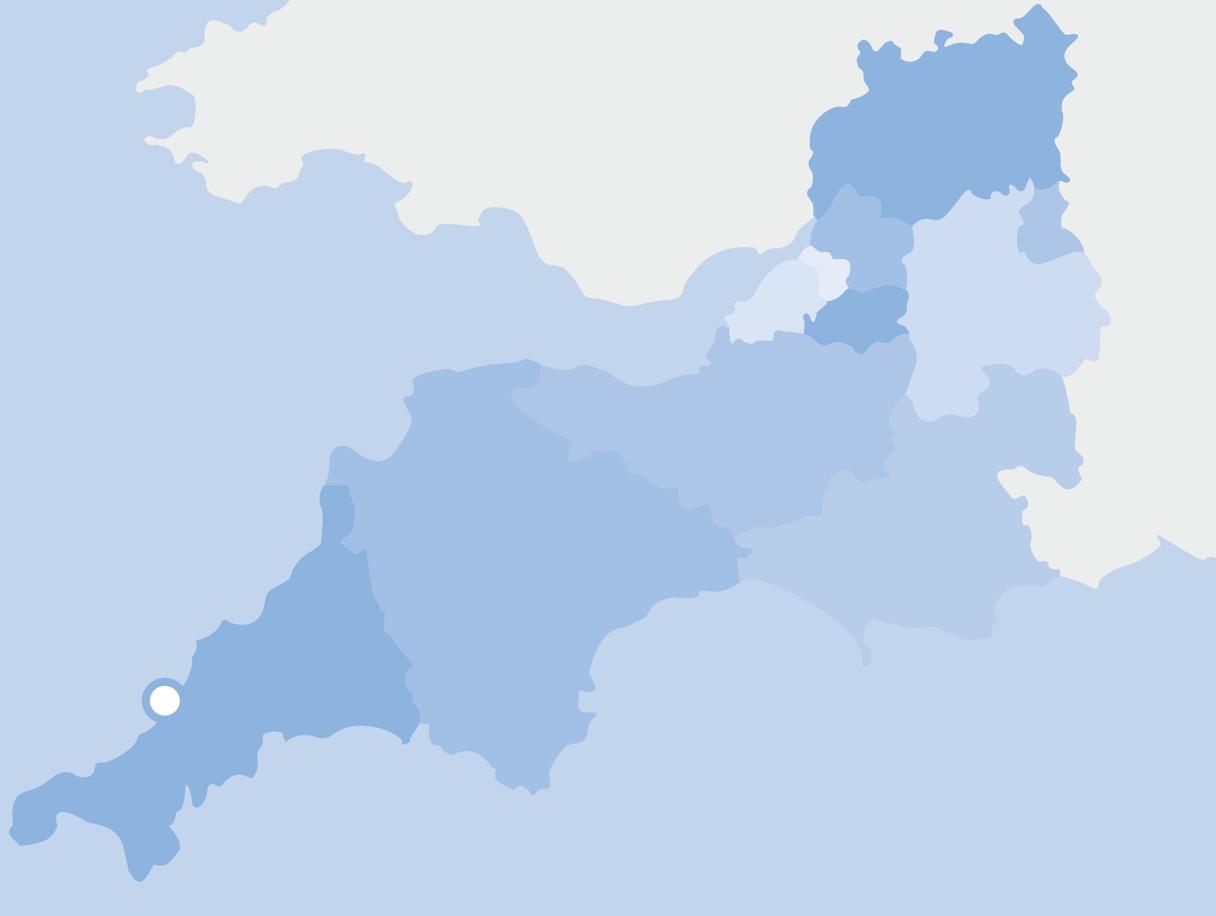
The therapist has been an active therapist since 1994. She has worked on and run several projects involving people who suffer from addiction.

"Seeing people able to change their lives through what I call a connection is very, very important and leads to change elsewhere. And we are not just connecting on a physical level but also on an emotional level and a spiritual level and a mental level and seeing that this happens and transforms them. I mean there are a couple of families I am going to talk about here. One of them... ex-heroin addicts with a children..... are on methadone now and are suffering from something like ME and depression. I had ten sessions of treatment with them. The whole

family have now drawn together that much closer and he is feeling a whole lot better now. And you build up a real connection with them and there is a real rapport and it helps them connect to well-being."

"Another lady was in bereavement because her husband had died about seven months before. She was in a very dark space. She had put up with a lot of aggro in the family because her sons were all grieving as well. There was a lot of unrest and she was angry and she had lost herself and she felt that her sons were trying to take from her. She had reflexology and a few other therapies as well. She has now remarried and lives in her own power. She is on a roll. She is doing courses, she is doing

college and she is not letting her sons dominate her and the whole household has come up. She is volunteering and she doesn't phone me all the time anymore. So for me what I do is self empowerment and that is great because it gets people to go on their own journey. So for me it is all about helping people find their own path."



Step By Step

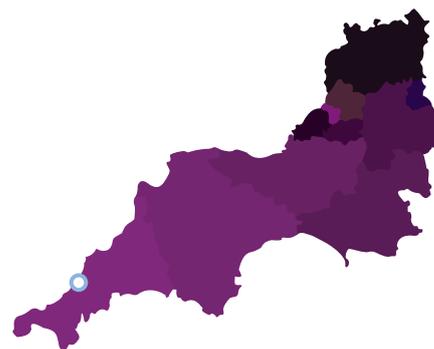
Redruth. Cornwall

Host Organisation
Cornwall and Isles of Scilly Health Promotion Service

Project aims

Step by Step aims to promote the engagement of local people in health and well-being activities through a combination of community group development and one-to-one support. It aims to empower individuals at risk of poor health through promoting personal confidence to take their health and well-being as a personal responsibility therefore engendering a desire to change.

The project intends to work with forty community groups utilising a strategic network of statutory and voluntary and community sector providers. The Step by Step project targets areas with higher social deprivation in the four district authorities of Carrick, Restormel, Caradon & North Cornwall.



Target number of individual beneficiaries: 1500

Project overview

The Step by Step project's ethos developed through previous local work primarily with the Eatsome and LEAPActive projects. LEAPActive worked throughout the county utilising activators to encourage people to become physically active. It was aimed at two target groups - young people aged 11 - 16 years and older people aged 50+ - and provided activities to promote well-being and ensure participants had clear exit routes into sustained healthy activity. The Eatsome Project delivered a range of healthy eating activities with children and young people. It also promoted healthy and active life amongst older people.

These initiatives suggested that more work was required to encourage sustained activity beyond the completion dates of the projects. The Step by Step approach drew upon this learning to develop an integrated project package. This has three levels of delivery:

1. One-to-one motivational services for people deprived, disadvantaged or socially excluded; on low income; with low mental ill health; have low levels of confidence or self esteem or are overweight. These services are based upon a Health Trainer model that was felt to have been successfully piloted locally.
2. Volunteers are supported to act as champions or heroes who then cascade informal health promotion through their social networks.
3. Local community groups are supported through a small grants scheme to meet running costs and improve their marketing, accessibility and so forth.

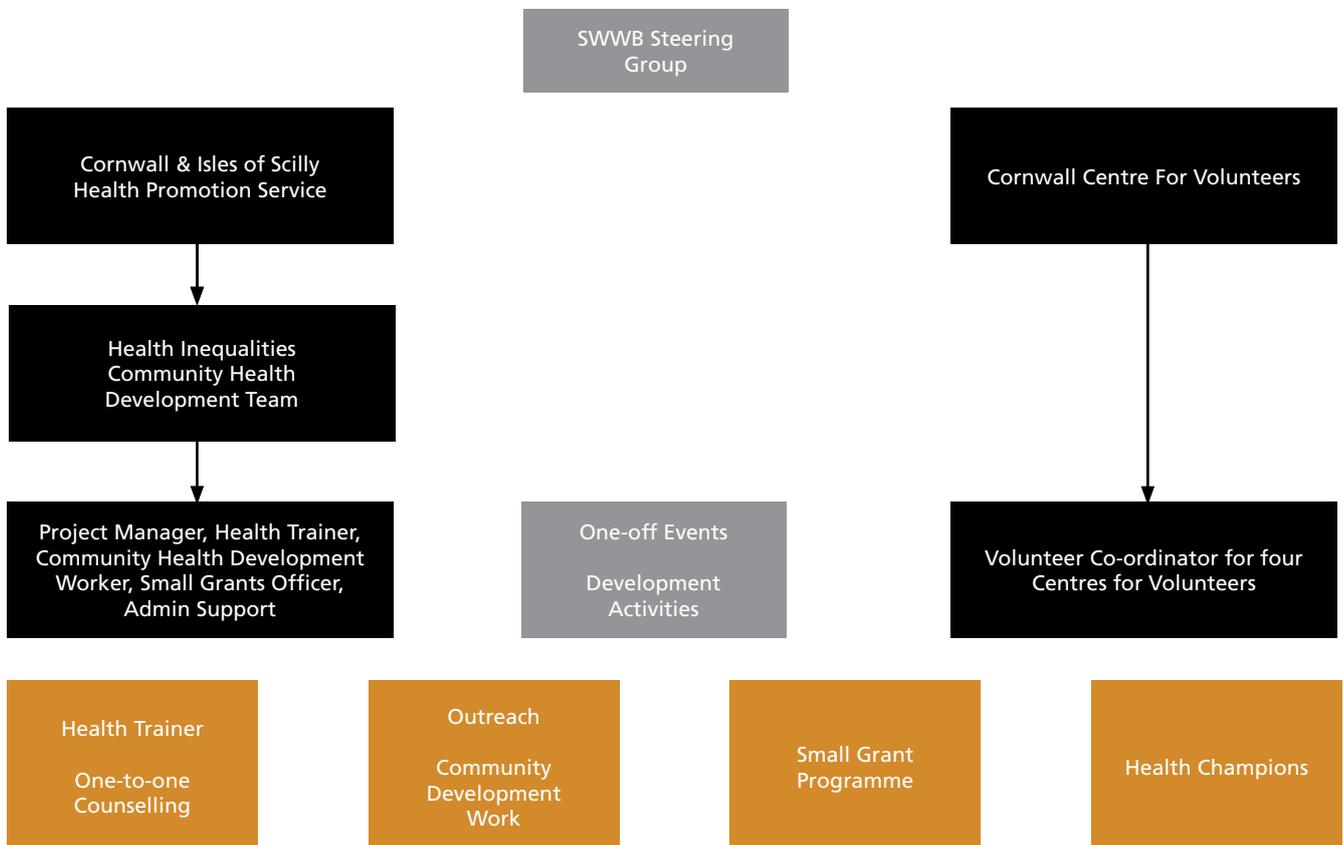
These three forms of engagement are linked in a community development cycle. For example, some individuals may become health champions, who then help develop community groups, which in turn provide a resource for new target participants. The project is delivered by a Health Trainer and the Community Health Development Worker (CHDW) who coordinate their individual level and community level behaviour change work.

Host organization

The Healthy Living Initiative developed from 2002 as a department within Cornwall and Isles of Scilly Health Promotion Service (CIOSHPS). Working alongside a Health Action Zone it specifically aimed to support innovative approaches to engage with local communities with high levels of deprivation to empower local people to take an active part in the regeneration of their area through community health development. Internal changes within the CIOSHPS saw the approach retained but repositioned within the Health Inequalities Community Health Development section of the service.

CIOSHPS has already delivered successful projects through various funding streams including New Opportunities Funding, Health Action Zone, Neighbourhood Renewal Funding. The Healthy Living Initiative had over a thousand network members. Step by Step is clearly linked to local public health priorities. CIOSHPS is committed to delivering on LAA targets to reduce health inequalities. The steering partnership for the LAA is the Healthy Neighbourhood Partnership which grew out of the county's LSP that includes the County Council, District Councils, the public, voluntary and business sector partners. The County Council holds grants received for delivery of the LAA. It is also responsible for their payment to outcome leads, for ensuring that spending on each outcome meets the eligible criteria for each grant and for the monitoring of the performance of each outcome. There are 22 outcomes in the LAA tackling barriers to enjoying the best quality of life. The three year agreement established in 2006 aimed to provide additional momentum to transform local public services by promoting the building of joint working over the three years to provide clusters of service provision tailored to meet the needs of natural geographic communities. One role of Step by Step is to specifically work with local groups to develop an understanding of local health needs.

Organisation & Project Services



Project area

Cornwall is characterised by small towns and remote communities. 46% of the county's population live in dispersed settlements of less than 3,000. It has a demographic skew towards the elderly with 26.1% of the resident population are over 60 compared to an average in England of 20.8%. Anecdotally there is evidence that younger people consider moving from the area to enhance their training and to access improved employment opportunities. Each of the four districts faces specific issues that pose health challenges. Carrick has a higher rate of households in temporary accommodation than the English average. This is seen as a key issue affecting well-being in Carrick (SWPHO, 2008).

Whilst overall statistical indicators show low social deprivation and health poverty for the target districts, there are pockets of deprivation in Carrick, Caradon, North Cornwall and Restormel. Each district scores better than England as a whole on all estimated adult lifestyle indicators: smoking, binge drinking, healthy eating and obesity; as well as physical activity for adults and children. However the county as a whole performs badly on smoking during pregnancy indicators which are significantly worse than the rest of the country. The district of Carrick has significantly less physically active primary school aged children and in Restormel the healthy eating habits and lifestyle in adults is a cause for concern (SWPHO, 2008)

Project delivery in the first year

Challenges

1. The delayed recruitment and training of the Health Trainer (August 2008) and the CDHW has, in turn, delayed Step by Step's engagement with individual direct beneficiaries. In the first year there have been no direct activities such as walking groups or exercise classes that have been developed directly under the project.
2. The project has recruited volunteers but has not felt in a position to provide health promotion training to underpin Health Champion competencies. These volunteers can act as 'health heroes': lay advocates for health and personal exemplars of positive behaviour change. However the role of health heroes is not clear at present. The project team may find it is a case of trying to find them appropriate things to do. A more narrowly defined role for these volunteers constrained their ability to support the project.
3. There has been uncertainty about some elements of local strategic direction. The dissolution of district authorities and the movement to unitary status will happen on the 1st April 2009. At this stage it is not clear to the project what strategic direction the County and its new partners will adopt regarding the LAA and whether continuity in addressing health inequalities will be assured.
4. One Healthy Living Forum in Caradon is active and has taken on the role of distributing Small Grants. This is the only example of direct beneficiaries engaging in decisions about project spend. The project has had to examine why the other Healthy Living Forums are inactive and consider whether it is worth placing effort into encouraging their resurrection to broaden the community base of the project

Achievements

1. The project has been targeting groups of low income families through networking with Childrens' Centres and schools. The Small Grants Scheme has been used to reach out to community groups. The CHDW as been building links in what is essentially the largest geographical remit of all the projects in the South West Well-being portfolio. It has made or re-established partnership contacts with: Cornwall Neighbourhoods 4 Change, Cornwall Waste Action, Interlink, the District Councils, Cornwall Funder's Advisors Network, Registered Social Housing Associations, Sheltered Housing Associations
2. The CHDW has been assisting in the formation of a youth forum in Liskeard and the formation of a new group called JIGSAW who are helping vulnerable people back into work in SE Cornwall. With the London Olympics on the horizon they have been involved with the promotion and development of an intergenerational countywide dance project.
3. Through their partner, the Cornwall Centre for Volunteers, the team have developed bases in the five towns. These are used as essential network hubs where contacts can be made and a host provided for their health champions from which support and training can be afforded. So far 20 health heroes have been recruited to the project. In contrast to national Health Trainer concept of 'health champions', the project team perceive 'health heroes in a more narrowly defined role.
4. The Small Grants Scheme made 34 awards to a variety of groups in the four districts including the Cornwall Women's Refuge Trust for healthy activities for members of the Women's Refuge, Greenbank Care to provide day trips for the elderly to reduce isolation and the Colourful Women's Health Group to fund an opportunity to offer different physical activities for BME women. Grant sizes varied from £50 to £300.

She has really kept me going while I try to lose weight. I wouldn't have done it without her

Jessica, Health Trainer client

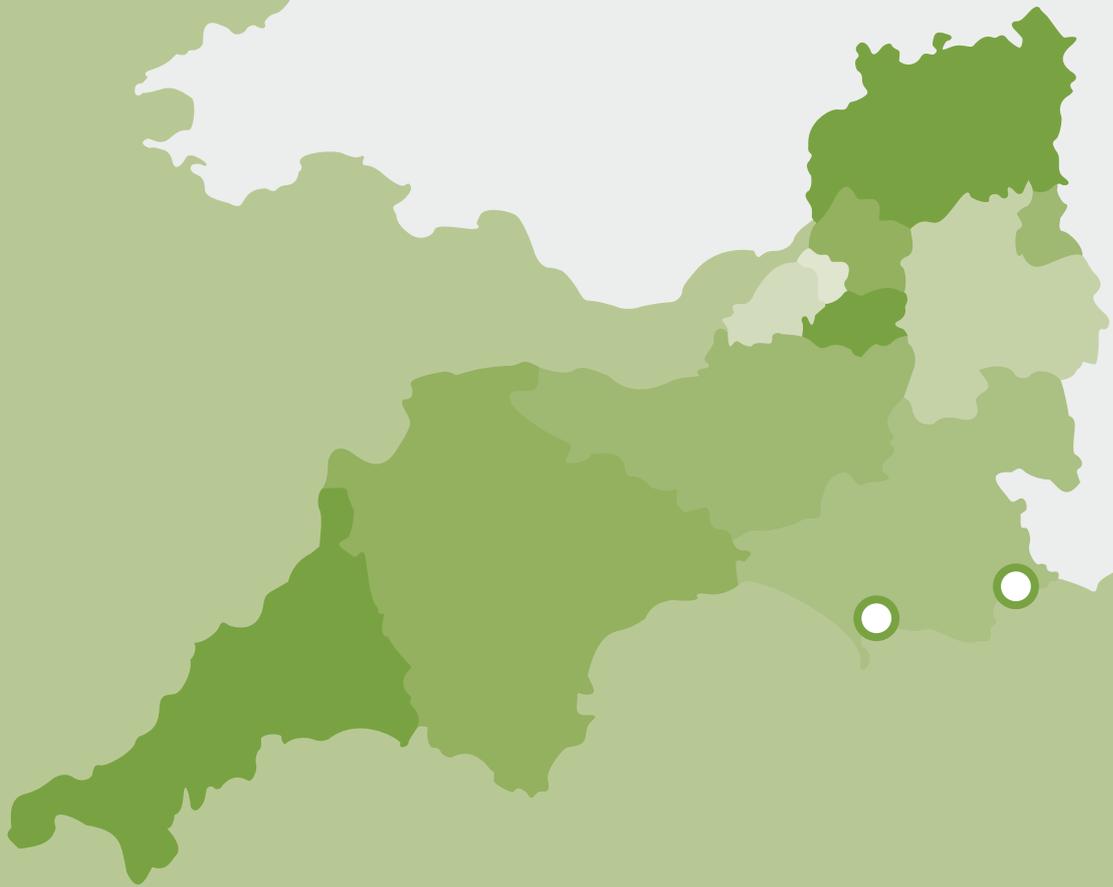
Jessica is a fifty year old lady living with a husband and two grown up children at home. Her youngest child is 16 years old. He is autistic and currently attends a Special school. Her elder son is aged 20 and currently attends college full time. He is always asking for money. Jessica has been diagnosed as being morbidly obese. In her 20s and 30s she weighed between 18 and 19 stone but while she raised her family her weight increased to 26 stone. She has now been waiting two years to have gastric band fitted. This involves a surgical procedure to fit a band around the upper part of the stomach. The procedure is usually only recommended as a last resort for people with a BMI over 40, or those with a BMI of between 30-40 who also have a condition that poses a serious health risk, such as diabetes, high blood pressure (hypertension), or heart disease. Jessica suffers from diabetes and arthritis and at the time of calling she had a broken toe and was on steroids and anti-biotics for a severe chest infection. While waiting for surgery she has also been taking Xenical (Orlistat) which when combined with a healthy diet, can help with weight loss. Trying to address her obesity on her own has

been difficult. She has experienced both weight loss and weight gain while waiting for surgery. Accessing scales has proved difficult. The scales at her local GP surgery are too small for a large lady so she travels thirteen miles each month to a local hospital to be weighed. Time spent waiting has been mentally draining: she feels she has been bounced between her dietician and consultant like a trapeze artist in a circus waiting for them to concur on an appropriate time for surgery. While waiting she has questioned the appropriateness of surgery given that she is not as young as she used to be.

"I wondered while I was swinging from side to side whether I should jump into the net or simply fall and see whether the net would catch me?"

Last November she visited a health event and picked up a leaflet on health walks and was subsequently referred to a Health Trainer. The Trainer has visited her at home for several weeks and maintained her focus. She is a lovely, lovely, lady, all bubbly and chatty I would give her ten out of ten. The health trainer provides advice on physical exercise,

diets and healthy eating. She has been keeping a dietary diary and undertaking exercise in an attempt to reduce weight. Her husband has been supporting her and he has taken to addressing his own weight problem by joining the programme. He is currently 17 stone. They both want to enjoy walks together in the countryside as her husband currently leads a men's walking group from their local church where they visit the coast and the moors. Working with the health trainer she feels that she can realise this personal ambition as part of her preparation of developing her fitness in anticipation of surgery. Something the health trainer is making happen for her.



Activate Your Life With A Lighter Weigh To Live

Weymouth, Portland and Bournemouth. Dorset

Host Organisation
Healthy Living Wessex

Project aims

Activate Your Life aims to reduce inequalities in health for individuals and communities in most need through the provision of services. The project adopts an holistic approach to improve physical health for individuals within communities by encouraging positive lifestyle changes. It also seeks to improve mental well-being of individuals and communities by enabling them to reach their full potential. In the wider context, the project enables Healthy Living Wessex to act as a voluntary sector advocate for health promotion in Healthy Living Wessex (HLW) in Weymouth & Portland and Health Links (HL) in Bournemouth.

Project overview

This project fits in well with the health priorities in each partner's local delivery plans and Strategic Partnership Strategy. It is also supported by the County Sports Partnership Business plan and supports the PCT priorities and health agendas for both areas.

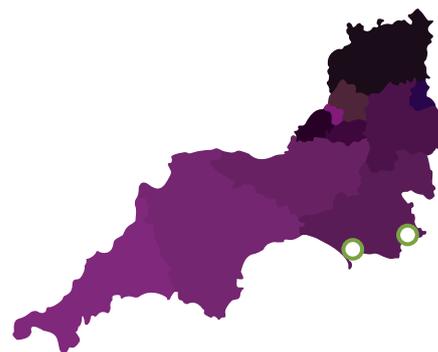
The project brings together two recognised centres of excellence in Dorset (Weymouth and Portland, and Bournemouth) which are operating in the most deprived communities in these areas. Both centres are recognised, co-ordinated, brokers for the individual. They are able to refer and negotiate access to other health and social services where appropriate and are delivering support in motivation, lifestyle change and weight management. They have a record of attracting hard to reach groups through making activities accessible and fun and encouraging further development through the creation of social networks and the promotion of sustainable change. These help those individuals who access the activities to take responsibility for improving their own physical and mental health. Both run community interventions based on a holistic approach to supporting people, both already manage a portfolio of preventative healthcare services and have partnerships established with other more specialist service providers that beneficiaries of this project are able to take advantage of.

The ethos behind this project is that there will be a reduction in health inequalities when individuals and communities are enabled to take advantage of local opportunities and make positive lifestyle changes.

Host organisation

Weymouth and Portland Healthy Living Project was an initiative established by a partnership of local agencies in 2002. In 2004, the project was one of five Big Lottery funded Healthy Living Centre schemes to be awarded Pathfinder status for its innovative work in this area. In September 2006, the project adopted the new title Healthy Living Wessex (HLW) and was formally incorporated as a company limited by guarantee. The company is set up as a not for profit social enterprise.

The project is managed from the HLW offices located within Weymouth & Portland Housing Company head office but the activities are delivered in different community venues within Weymouth and Portland, with Healthlink



Target number of individual beneficiaries: 2000

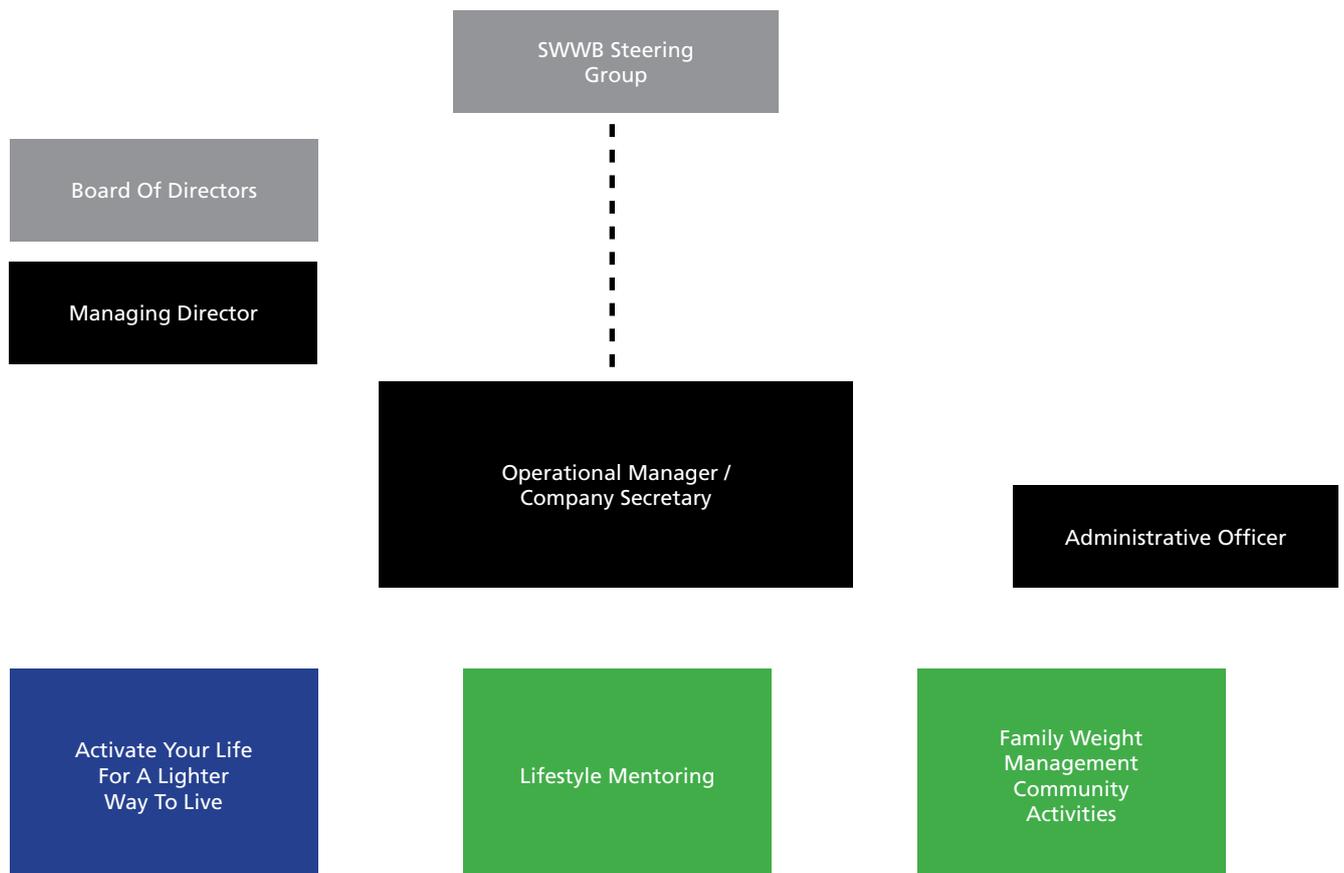
being commissioned to deliver at the Littledown Centre in Bournemouth (a sports and leisure centre).

The project has an emphasis on health, fitness and well-being and not family weight management. The Well-being funds have paid for the promotional material, tutors/instructors and activities. The activities offered a weight management course for families, course of physical activity sessions for families at the Littledown Centre and lifestyle mentoring sessions for individuals to provide a personal 'one to one' lifestyle coaching.

An holistic approach is used to support people by promoting healthy ageing, and providing preventative healthcare for those at risk of low mental health. HLW has been commissioned by the PCT in August 2008 to coordinate 'Healthy Choices'. This is a health practitioners' referral hub to commercial weight management organisations if appropriate; it is a scheme whereby clients receive vouchers for the different local slimming clubs. The client's readiness to change is assessed and if the scheme is inappropriate then they can signpost to other services, such as lifestyle mentoring. The organisation has an ongoing commitment to work with the local Health Trust and PCT.



Organisation & Project Services



Project area

Weymouth and Portland District has local concentrations of deprivation with 17% of the district's population living in areas that are defined as amongst the fifth most deprived in England. Roughly four out of ten people living in the 10% most deprived output areas in the County live in Weymouth and Portland (Dorset County Council 2005).

All districts within Dorset, apart from Weymouth and Portland, have significantly higher life expectancy rate than the national average. Services that address the development and maintenance of a healthy lifestyle have not been very accessible for those most at risk due to the lack of resources in health and social care. However, it was also clear at Healthy Living's inception that the voluntary and community sector in Dorset generally, and in Weymouth in particular, was under-developed. Links between the voluntary and community sector and local authorities have also been hitherto perceived as quite poor.

Project Delivery in the First Year

Challenges

1. The planned timing of the sessions for parents with children has presented problems for potential participants. The early evening start has proved to be a difficult time. Work commitments, such as shift work, can prevent a parent, and consequently the family, from committing to the project.
2. The whole family approach requires consent from all members. Where one parent in the family may not be committed, the project lead has to make a difficult decision about letting only part of the family enrol.
3. Families with young children report that they find it difficult to achieve a basic threshold of activity per week, even if they are very committed.
4. The time limited delivery is not necessarily attractive to participants. One single parent was unwilling to involve her children in an activity that will be taken away from them after 12 weeks.
5. Medical issues can make it difficult for a person to commit. The Health Referral Team partnership is able to support these individuals and to propose alternatives to seeing their GP.
6. It has proved challenging to get families engaged in family issues, especially children's weight.
7. It took a long time for health professionals to start referring patients to the project, possibly due to the project's Third Sector status. Referrals from partner agencies to Lifestyle Mentoring and Family Weight Management activities at the Bournemouth site have been disappointing. Anecdotally some referrers, such as GPs, report being unwilling to refer patients to a service that may not be there in two years time.
8. Service user fees have been an occasional source of confusion. The family payment of £25 has been queried by NHS staff, such as a Practice Manager, who believe that all referrals need to be free at the point of delivery. Paradoxically the fee level is in part due to the lack of PCT match funding.
9. There are no allocated funds to advertise activities.

Achievements

1. Project staff are highly committed, work hard and have been selling the message through practitioner and agency networks. Project teams have adopted a proactive approach to supporting participants. One of the project workers ensures that he is around in the gym on Saturday mornings to find out if the families have any questions, problems or aspects they want to address with him. Staff are actively looking at ways to improve through trying different methods or targeting different groups to attract an engage with more people. Having run one course the lead officer is focusing on work with more challenging families.
2. The project has provided opportunities for people to acquire new skills through participating in some form of physical activity. Families and individuals report being reassured that there are many other families/ individuals who are like them, so they are not alone.
3. Families are able to go somewhere together: families go to the Littledown Centre together but once there individual family members will then separate to their own choice of activity and then join up again later to go to the café. The activities promote family social interaction and with other family members their own age.
4. There are early reported improvements in the physical and psychological health of participants: they report feeling more positive in themselves, more energetic and more motivated, it has raised health and well-being as a priority within the family. Families and individuals within the families report greater awareness of their food and what they eat.
5. HLW has invested in a new client records management system. This allows real time tracking of project progress and a basis for marketing and communications. Records show that the project has managed to meet their target of ten referrals per month in November 2008 for clients for the Lifestyle Mentoring Programme.

I will never go back to a lifestyle where I put on weight again

Lifestyle Mentoring, Healthy Living Wessex

Mr. Francis is a 71 year-old man. He had been to his annual check-up with his GP who suggested losing some weight. She referred him to Health Living Wessex and he said he attended because he was willing to give anything a go.

In the past he had found it difficult to lose weight. The project worker suggested that his wife should join in with the sessions. He asked her and she agreed. All appointments were held in a local centre, the first couple were weekly and then fortnightly. He found the whole process “very good, informative, and gave me the ability to monitor myself and it was helpful to have someone take an interest in oneself and give a different perspective.” It has been

beneficial working together with his wife because they can encourage each other.

The main things that stand out for him relate to “*the horrible lump of plastic fat, 5lbs, that she brought in and told me that I was carrying more than that around me. It is this and more that I have now lost. She gives you the encouragement to carry on and fulfil the programme. It was the information that she gave us about what is in food – sugars, fats etc. She gave us each a pedometer and this has been useful because it gives you an idea of the distance we have walked and encouraged us. We have put in extra bits and now I don’t need to use the pedometer. I feel different in myself – a vast*

difference. In the past, if we walked anywhere I took a stick but I don’t bother with that now. I feel fitter, walking further and more easily.”

When asked whether there had been any spin-offs he said that his children were very fit and slim anyway but that he had spoken about his sessions to a male friend who was very overweight and started going to Weight Watchers. He feels that he has been an encouragement.

I have stopped nagging

Activate Your Life, Littledown Sports and Leisure Centre

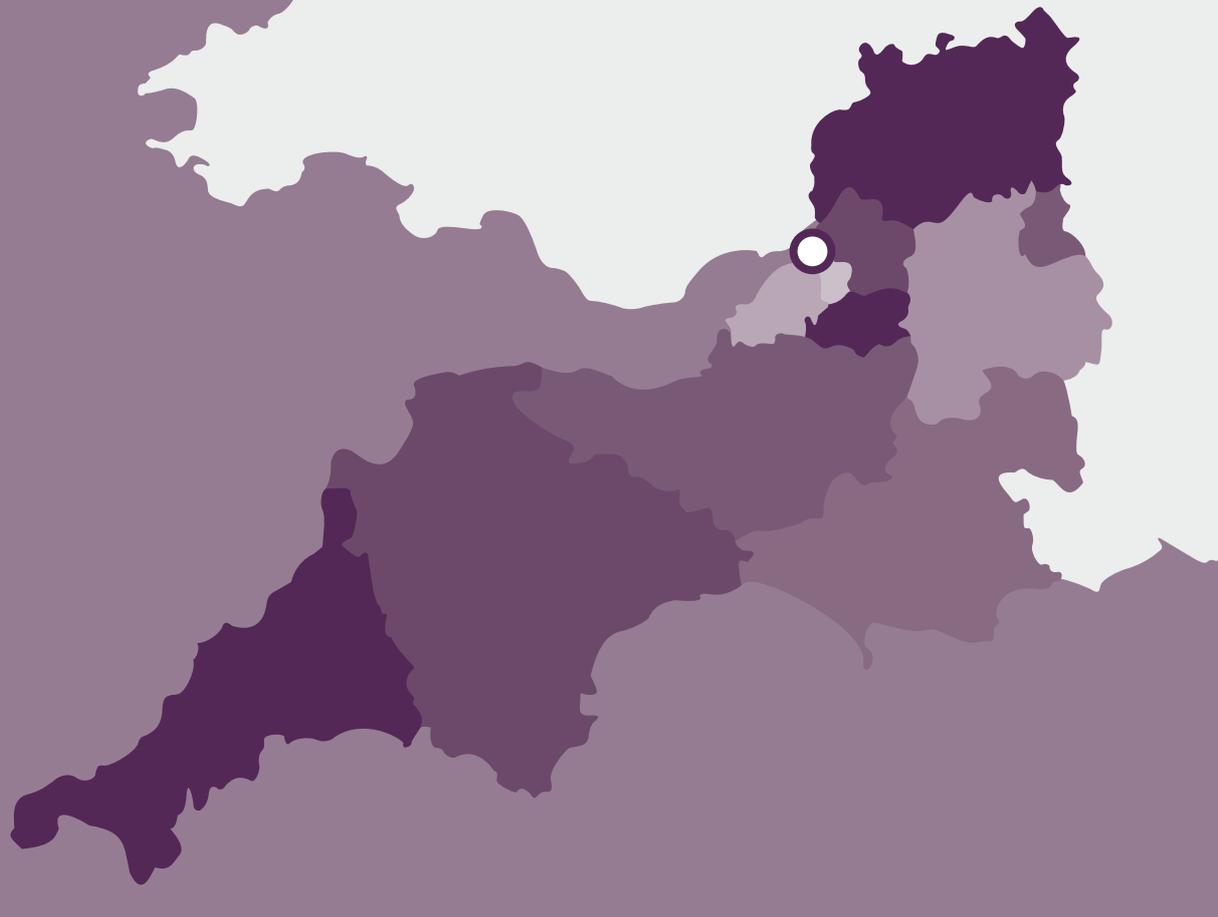
The Activate Your Life for a Lighter Way to Live is a twelve week course for families who fulfil certain criteria. The programme includes family membership to the Littledown Sports and Leisure Centre. They have access to all the facilities, including the swimming pool, martial arts classes, the gym and the junior gym. An important part of the programme is a commitment to take part for the full twelve week period.

Jane is married with two teenage children, one of whom plays a lot of football anyway and a daughter who needs to lose a bit of weight but is not keen on exercise. “*The opportunity for us has been greatly appreciated because now we don’t have the money for gym*

membership. It is nice not to feel so isolated, I lock into the ‘Emotional Intelligence’ that the project worker has been talking about and I don’t feel so alone. I am not nagging D [her husband], he is coming on his own even when I can’t come. Before this he would have done it because I am making his life a pain by nagging. Last time we were members of a gym, if it was raining we would end up going to a film and getting a pizza instead.”

“The number of takeaways has gone down. We are now choosing meals carefully because if we are exercising afterwards it has felt very heavy. We are also looking at the time we eat. It is much better for us and we are feeling so much better and the

atmosphere at home is so much easier. I am not nagging and that makes me feel better and we are more motivated. The biggest thing is that it will enable us to be better as a family and that is because it has raised the priority of our family health.”



Lawrence Weston Health Steps

Lawrence Weston. Bristol

Host Organisation
Barrowmead Project Ltd

Project aims

Lawrence Weston Health Steps aims to develop a range of group-based and community-led health promotion activities through a network of local venues. These activities include befriending groups, cooking classes, allotment-based growing, gentle exercise groups and lunch clubs. The activities are available to all age groups in the Lawrence Weston area of Bristol, but have a focus on low-income families, older residents and people with long term health conditions and disability support needs.

Project overview

The Health Steps initiative emerged directly out of the previous work conducted through the Barrowmead Healthy Living Centre. The project draws upon this existing work and acts as one aspect of a wider range of services offered by partner organisations. Whilst the overall outcomes have been set out in the initial plan, the project has some scope for flexibility in terms of the specific activities delivered. This enables the project team to pilot activities and allow for community consultation on service development.

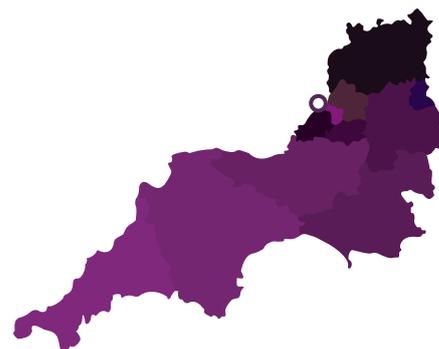
Accessibility is a notable element of the project in terms of the use of multiple local venues, transport and household promotion via the newsletter. This newsletter publicises the activities to all households in the area. It also invites ideas for activities and offers advice and tips on health and well-being. A community minibus scheme subsidises transport to and from activities and is designed to help beneficiaries who live at distance or have mobility problems.

The activities are mainly group-based and, whilst each focuses on either physical activity, mental well-being or healthy eating, all include social networking as a common theme. Some established activities include a clear role for participants and volunteers in the delivery, although all are led by a tutor or project worker.

Host organisation

Established in 1999 under the Lottery funded Health Living Centre initiative, The Barrowmead Project arose from a consortium of community organisations operating on the estate. Whilst it has always offered services directly, a key role of the Project has been to act as a fund manager for a range of partnered delivery organisations. The services supported have included:

1. cardiovascular exercise,
2. cookery groups,
3. generic counselling,
4. out of school activities,
5. therapeutic support for people with alcohol problems,
6. financial support services for people on low incomes,
7. community transport.

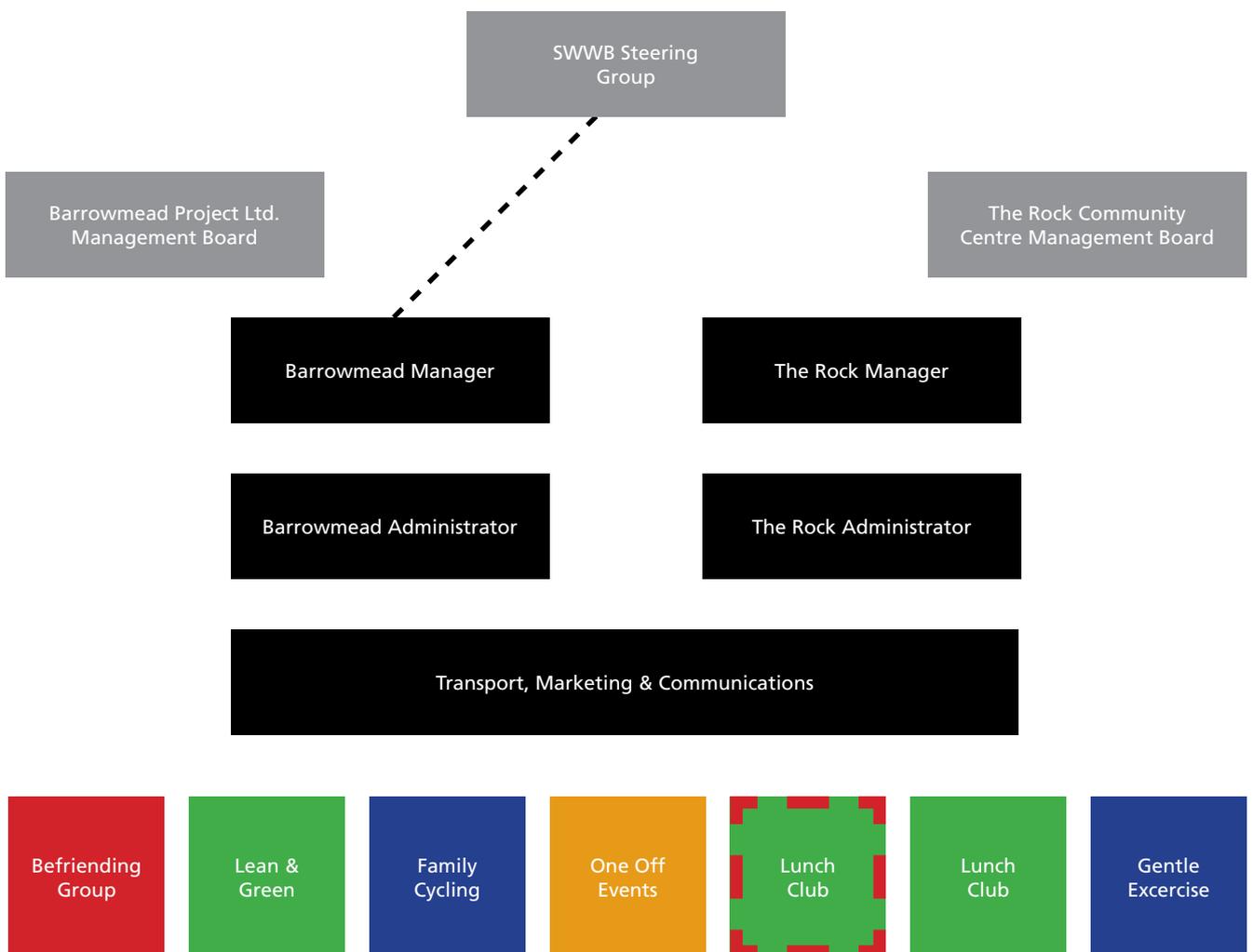


Target number of individual beneficiaries: 1900



South West Well-being portfolio is currently the main source of funding for The Barrowmead Project. The Project does not have facilities to deliver activities from its premises. The construction of a multi-purpose healthy living centre has been part of the organisation's development plan, but is currently under review. Under the Lawrence Weston Health Steps Project, The Rock Community Centre is both a key delivery organisation and a source of managerial support. This organisation has an established track record in delivering group based social, exercise and creative activities. It runs a lunch club with the aid of its kitchen facilities.

Organisation & Project Services



Project area

Lawrence Weston is an outer city local authority housing estate in North West Bristol with a population of around 9,000. The area is in one of the top ten most deprived wards in the UK and suffers from high levels of poverty, physical and mental illness, isolation and unemployment. It has high levels of poor health (limiting life long illness 24.2%), a large proportion of older people (41.8% aged 45 years +) and higher than average numbers of people suffering from mental illness.

Project Delivery in the First Year

Challenges

1. The Management Board have had a high level of involvement in the project development and delivery. This is partly because the organisation has experienced staffing difficulties with the management post.
2. These staffing issues have delayed some activities planned to be directly delivered through the Barrowmead Project. However they have not affected the delivery of activities run by partner organisations. Outreach work through the Befriending Group and Lean and Green were also established in the first six months of funding. Other activities are seasonal or were not scheduled to start until year two of the funding period.
3. The project has a broad remit that includes work with families, people with learning disabilities, people in residential care and older people in the community. Whilst this inclusive approach is consistent with community development initiatives, it adds complexity in terms of activity management and overall project coherence.
4. Primary care and associated health and social care services are broadly supportive of these and similar project activities on the estate. However the absence of a strategic approach may mean that potential beneficiaries are not referred and recommended to project activities via statutory services.

Achievements

1. Specific activities have rapidly been established and are showing a good take up of service users. These include activities delivered by the Rock Community Centre, the Blaise Weston Befriending Group and the operation of the community transport scheme. These all build upon the established expertise of partner organisations in delivering such initiatives.
2. The delivery costs of many activities, especially those run through the Rock Community Centre, are very economical. This appears to be due to the prudent use of centre and staff resources – and the assistance of volunteers.
3. Initial monitoring information indicates that the project is reaching its intended target groups. As the project develops it will be possible to analyse the extent of project turnover – and specifically the rate of uptake by individuals new to the project.



And Then She Talks With Such Great Delight The Befriending Group. Blaise Weston Court

"I'm on my own such a lot really. I only get to see my daughter and my other son sometimes because they live at a distance. I came to this because it's about going out. If you are sitting there every day just watching telly - and you can't keep reading because it affects your eyesight..."

"You've said it all" Dorothea Anne fills in: "I've only got the one step son and you've only got the one relative near Bristol. I can tell you hand on heart that if I had my clan around me I wouldn't be going to things like this."

Anne and Dorothea are discussing the Befriending Group. The group of about a dozen older people has been encouraged to meet regularly by Alison, the local community

nurse. Alison invites people who are socially isolated or those who have gone through a major life change to come to the group. *"The idea is that people won't stay in this club forever. They'll stay as long as they need to, then hopefully buddy up with someone and go off and do other activities. We hope to get people back out into the social environment because we know from research that this can work against depression."*

Each week Alison and Kate, from the Barrowmead Project, organize activities aimed at sparking off a lively and enjoyable discussion. Recently Anne and Dorothea have taken part in team quizzes, 'your favourite thing' and reminiscence games. Some members have been quite withdrawn or have memory problems. Anne gets great pleasure

from helping to bring people out: *"I noticed Olga's handwriting. I said 'That's beautiful handwriting' 'Oh yes' She says 'I got a good education at great cost to my parents' And then she talks with such great delight. I love it when Olga, who has a minute memory, starts talking in great detail about something long ago. I like it because it's a story."*

The "bottom line" for making this group work, according to Dorothea, has been a comfortable room, refreshments and a reliable door-to-door transport service.

I had to make my food stretch The Monday Lunch Club. The Rock Community Centre

Norman was one of the first to start coming to the Monday lunch club. Before he usually made the food he cooked on Sunday stretch over to the next. Living alone, Monday used to be a day when he didn't usually see anyone. Now he makes sure that he regularly meets two friends at the lunch club every week. Since coming to the club he has got to know the majority of the regulars and he has linked up with them to take part in other activities run at the Rock or other local venues.

Norman pays £2.50 to cover the cost of the food for the meal. Three volunteers use the income from the previous week to purchase food from local shops and cook meals for about

40 people. This is usually a two course hot meal cooked from scratch with tea or coffee to finish. Norman is full of praise: *"I think they do a brilliant job here. The food is great and its really good value for money."*

Whilst Norman arrives by motorised scooter, Audrey takes the local community transport. *"It's just too far for me to walk and I struggle with the hill. For me the lunch club is one time in the week when I have time off. You see I have to look after my husband who's very ill. I don't get much of a break. Its just nice to be able to meet people, not to think about cooking and cleaning up - and to be the one being looked after."* Norman was one of the first

to start coming to the Monday lunch club. Before he usually made the food he cooked on Sunday stretch over to the next. Living alone, Monday used to be a day when he didn't usually see anyone. Now he makes sure that he regularly meets two friends at the lunch club every week. Since coming to the club he has got to know the majority of the regulars and he has linked up with them to take part in other activities run at the Rock or other local venues.

I'd had a lot of bad luck

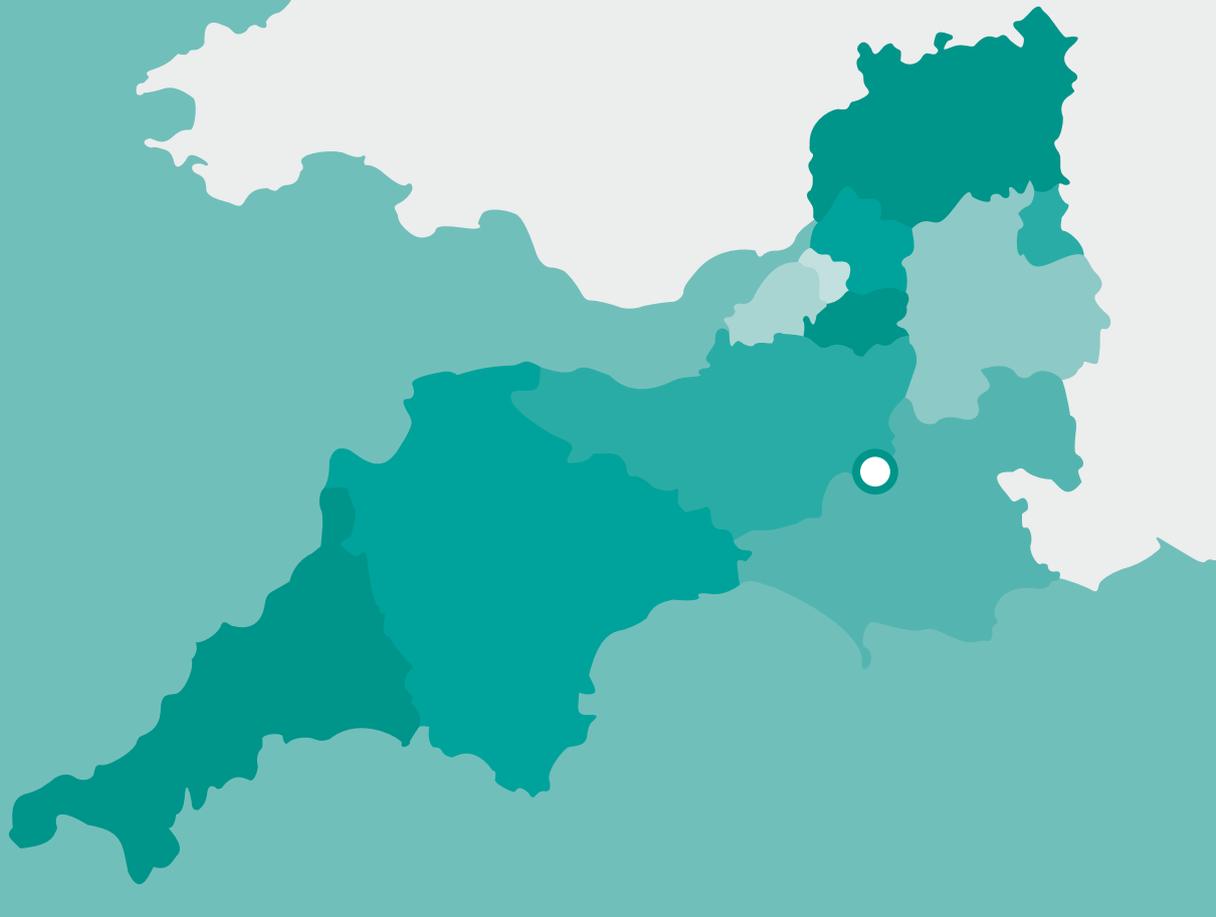
Gentle Exercise Group. The Rock Community Centre

Single and aged 74, Edith has been coming to the Gentle Exercise group for three years. She has lived in Lawrence Weston all her life. Largely brought up by her grandparents she spent many years looking after them in their old age and she currently keeps an eye out for her elderly neighbour. Her social life had been rather restricted but she has developed an interest in knitting which includes making baby bonnets, soft toys and craft items for local shows. Another favourite pastime is constructing jigsaw puzzles where she challenges herself by starting

with pieces of the sky. She now attends bingo on a Wednesday at the Rock Centre. She started coming to the project because as she says: *"I'd a lot of bad luck."*

Unfortunately she had begun to suffer from arthritis in her leg which has started to restrict her mobility. Both the Doctor and the community health nurse encouraged her to come to the group because there wasn't anything else they could do to alleviate her symptoms. She says the most important thing she enjoys about coming to the Gentle Exercise

class is that: *"it gives me a bit of company."* She is planning to go to the Christmas social in two months time. It is a mid day event and she feels that she is able to get back home safely because it will still be light and therefore safe to go home. Since starting the Gentle Exercise class Edith has made a few friends who speak warmly about how open and outward she has become since joining them at the Rock Centre.



The Well Bean Project

Wincanton. Somerset

**Host Organisation
The Balsam Centre.
Wincanton Community Venture**

Project aims

The Well Bean Project aims to use food and growing to engage families and older people in activities that directly support their dietary, physical and mental health. Primarily focusing on the promotion of fruit and vegetable gardening it seeks to encourage sustainable activities that are accessible in a rural setting with a limited range health and leisure services. The direct participants are families, socially isolated people, people with low level mental ill health and older people. The project operates through five rural settings in south Somerset and intends to address health and social inequalities that exist at a small scale community level. Some of the wider anticipated outcomes include improved personal independence and active participation in community groups and social networks.

Project overview

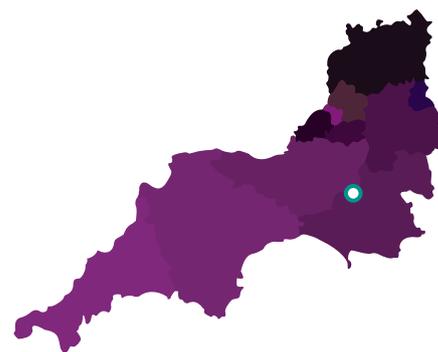
The project is housed at the Balsam Centre. The Centre represents an extension of a long term desire by local people to develop community service provision in an area where facilities are sparse and where many people live in remote locations. The Centre encompassed ideas from a broad range of stakeholders including the Wincanton Panel, the Better Towns partnership and has on going support from South Somerset District Council (SSDC). The Balsam Centre was purchased in 1998 following a feasibility study which concluded that there were gaps in the provision of services and facilities in the Wincanton area. It was envisaged that the new Centre could develop and draw in new services primarily targeted at children and young people (0-25 years) and also promote health and social care through the development of community arts and activities. It is the latter ambition which informs this project's emergence.

In addition to gardening activities, the other project activities include crafts such as textile groups and apple juicing days. They also include outdoor activities such as walking groups. Participants can personally access groups or are referred by community based health and social professionals. In supporting people with mental health issues such as anxiety and depression; drug/alcohol misuse; and/or lifestyle habits that are difficult to address the project seeks to meet the local health needs identified by key partners.

Host organisation

The Balsam Centre achieved healthy living centre status in 2002, It received capital and revenue funding to improve and extend the centre. WCV purchased the Memorial Hospital (formerly housing a psychiatric and geriatric support unit) for a base. SSDC provided a grant to help with the purchase of the site for what is now the Balsam Centre. This multifunctional base hosts WCV's Healthy Living Centre, a Children's Centre for Wincanton and South East Somerset and a base for a health visitor team and a Yeovil College of Further Education outreach team.

Private and third sector partners offer additional centre based activities including alternative therapy and pre-school provision and it has evolved into the principal local venue for community and interest groups hosting a social and therapeutic garden known as the Growing Space which started in



Target number of individual beneficiaries: 550

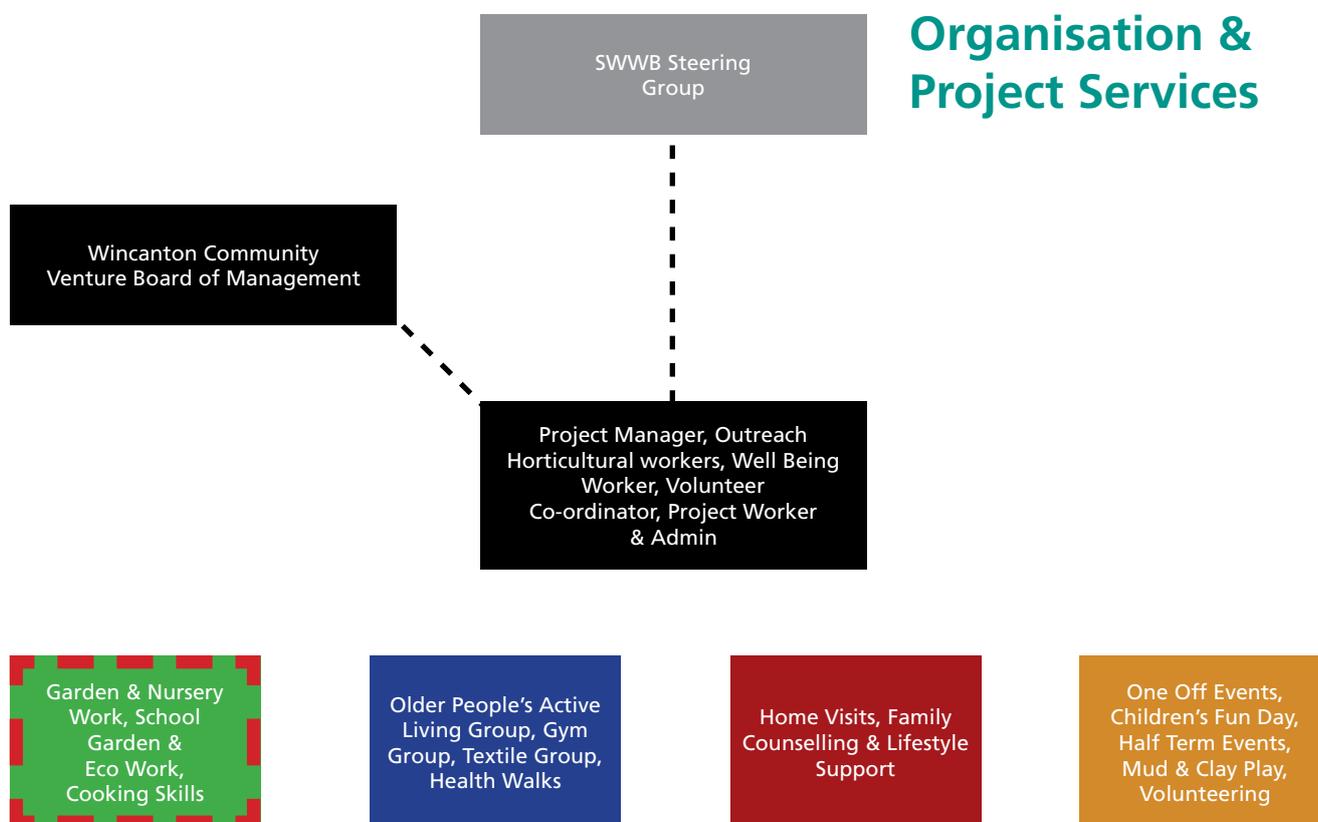


October 2000. This has received practical support from the probation service and provided young offenders with an opportunity to become involved in the life of the centre. The Centre also hosts a varied range of activities and weekly services including activities for children and family health services. Trilith's Rural Media charity serves farming communities in Somerset. And WCV has benefitted from several funding streams since its inception which amongst other things has assisted with re-fitting their training kitchen and the Children's Centre.

At a strategic level the Centre works in partnership with SSDC, South Somerset Health & Well-being Partnership, South Somerset Primary Care Trust and Somerset County Council. It combines all three strands of the PCT's Health and Well-being programme, meets Somerset's Local Area Agreement health outcomes (specifically priorities on healthy life expectancy, early deaths from circulatory disease, obesity, promoting physical activity and healthy lifestyles and developing healthier and stronger communities) and SSDC's corporate plan and Health and Well-being strategy.



Organisation & Project Services



Project area

The Balsam Centre serves a rural population of around 25,000 people. Some wards in and around Wincanton are in the second least deprived quintile for England however there are pockets of deprivation and it is in these communities that the project seeks to specifically address health inequalities. The SSDC Health and Well-being strategy (2007-12) highlights that access to services in rural areas are amongst the most deprived in the country. Acknowledging that some people are very unlikely to visit the centre and use their facilities outreach work is evolving to target areas that are characterized by extreme social, cultural and economic divisions; poor transport links and inadequate access to affordable food. The project team's own observations following a Somerset PCT (2002) health and social needs analysis led the project to understand that some people living on some housing estates in these communities had poor diets, take little exercise and have a high incidence of low level mental health problems. Thus the promotion of active lifestyles, healthy eating and drinking, community development and social cohesion and the promotion of volunteering are specific priority areas for the Centre and the SSDC (2007).



Project delivery in the first year

Challenges

1. Finding appropriate land to deliver community garden projects has sometimes proved difficult, as has developing activities in Templecombe: one of the target communities.
2. Involving adults in some outlying communities has required a lot of dedication. Thus the project has spent considerable time working with children and young people in school and pre-school settings (such as in Bruton) to encourage their parent's engagement.
3. Trying to develop broader community based work that will be sustainable takes time. Current links with existing groups like Loose Ends in Henstridge require more development.
4. Since the early stage of its development the project's work has grown to serve people beyond the immediate vicinity of Wincanton.
5. Community health projects have often predominantly engaged women as their main beneficiaries. However since its inception the Well Bean project has directly sought to engage both men and women.
6. The project team report being well motivated and resourceful and has been given broad freedom to be innovative. Perhaps more resources could have been found to support the manager's overseeing and strategic development role.

Achievements

1. The most important achievement of this project to date has been its ability to innovate and start new activities. These will need more time to develop but the energy and resources placed into these initiatives should not be underestimated. Where it has faced barriers it has sought to develop new links with partners that are already active in the area to help in developing community events. Flexibility and building on existing links has been a good model for enhancing community capacity.
2. The initial aim to work with health visitors, family support workers and local schools to target families has been met and expanded upon with successful links being made with other services, such as leisure services.
3. The project has sensibly targeted individuals to facilitate a ripple effect in local communities rather than struggle with too many people requiring their services and support. Hence a hitherto restricted publicity programme to promote their services; aiming instead to encourage sustainable support in local areas. This is an approach which could deliver long term benefits.
4. Home visits have been a very successful way of meeting and working with beneficiaries. Project workers are overcoming the barriers they face to develop beneficiaries well-being lifestyles and working with them to surmount issues to ensure that they can access group activities and opportunities that will integrate them back into the active lifestyles and community activities. Although time consuming there is considerable evidence suggesting that this approach is deeply appreciated by those empowered by the project and the Centre.
5. The range and breadth of activities to promote well-being utilising and exploring rural activities is extensive. It includes green craft, foraging, lantern making, elderflower gathering for cordial making and weaving.
6. The project has successfully managed to reach out to the private sector and through its links with the waste management company Viridor has received 15 tonnes of its own-brand organic compost (Revive) to help more people grow fruit and vegetables.

References

Somerset Primary Care Trust (2002) Health and Social Needs in Somerset: Second report of the Health and Social Needs Analysis Group.

South Somerset District Council (2007) Health and Well-being Strategy 2007-12.

I'm enjoying life with my son again

Balsam Gym

Susan is a single mum with a five year old son who lives in one of the project's target communities of Castle Cary. Not only is she a long term user of the Balsam Centre but she is now an active volunteer as well. Living alone and on a minimal income she has accessed both the toddler group and the toy library. She was initially referred by a Health Visitor who felt that she needed to address her feelings of isolation by making new friends and pursuing new activities. Participating in a Mums for Mum group she realised that she had missed out on peer support having recently endured a relationship breakdown and a crisis in her life. Susan moved back to Wincanton, the town she grew up in as a child, after being away for a long time. Previously she was working and living in London as a graphic designer. However she became disillusioned by the need to

be constantly competitive alongside colleagues with overbearing egos and ambitions. When her child's father left when her son was very young she moved back to Wincanton to be close to her parents. Already feeling vulnerable she suffered a difficult experience when a new neighbour forced his way into her house. Although he wasn't quite stable the Balsam Centre offered support and help.

The Centre staff found a counsellor and helped her in an emergency way and a long term way which was such a relief because: *there is no where else you could go to, to fill that supportive gap and deal with things that your family are unable to cope with.* She has been visiting the gym since her son started school. She has received help in her garden at home with the creation of a vegetable patch in the summer of 2007. She

sourced some disused railway sleepers and the project got her started. In the autumn of 2008 they prepared the ground for the spring because she wants to grow fresh salad and rely less on shops. Her son helps with a mini rake and spade. He has already explored gardening at the Centre's Growing Space where his toddler group got involved. She now feels her life has totally changed direction. Since volunteering at the Balsam Centre she has realised the possibilities of pursuing more worthwhile work with children and has therefore decided to take up an Open University course.

The Balsam Centre just broadens your perspective on what is possible. They are such lovely people down there, every, single, one of them. It has been my second home really in the last four years. They have been amazing for me they really have.

Instead of giving people lots of drugs we are here to offer pathways to well-being that will be more effective in the long run

Textile Craft Group

The Textile Craft Group meets every week for a few hours in a large room at the centre. The development worker assists, but key skills and crafts are passed on by volunteer participants who share their knowledge and experience. Before Christmas they were making textile crackers from cardboard templates and cast off material. The group have spun and knitted with various materials from wool collected from a local flock to plastic from recycled shopping carriers. There are eight regular participants, who are all women of various ages. Some are retired others include young mothers who have children in the Centre's crèche. Key to the success of the group is their camaraderie. Conversation is continuous and on this occasion included fostering and care, dementia, violence on the streets, knitting and textile skills, childrearing, accessing the

gym, religion and spirituality, caring for the elderly, care homes, football, buying houses, bathroom colours and a collection of family photographs led to a discussion about families.

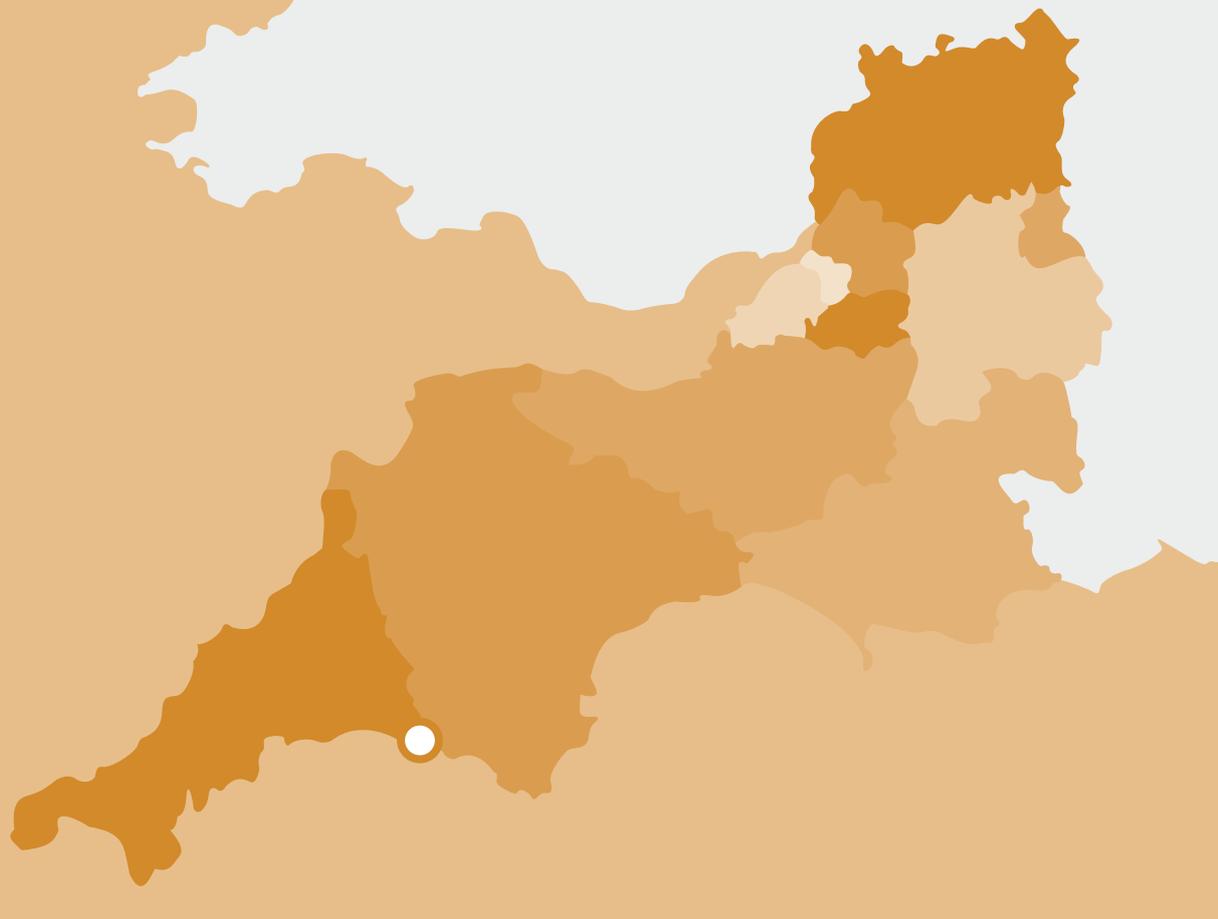
Una who suffers from arthritis found the group when she was looking for things she could do with her hand. Accessing a gym was inappropriate for her condition:

I am so limited in what I can do that it really helps me to feel good. I go to an armchair exercise class on one morning but now I come here. It is two mornings when I am out otherwise I am in all day apart from using my scooter to go to the shops. This is lovely.

Alison leaves her children in the crèche. She explained her father died last year, her mother is still alive

but suffers from dementia. With her husband contemplating moving the family to a nearby city she enjoys the support offered by the group. She was referred to the group by the development workers. She explained that she really appreciates meeting women of different ages and suggests that she receives advice and support on bringing up families which is better than just being with young mums. One volunteer who joins the group shares her portfolio of work with the group which includes furniture dressing. We hear about her life as an East End hop picker and she reveals that she was attacked by a man during the war during a debate about whether it is safe to walk out alone late at night.

Well-being is how you feel mentally, emotionally and physically if all those three things are in balance then you have well-being.



Plymouth Health Matters

North Prospect, East End
and Stonehouse. Plymouth

Host Organisation
Wolesley Trust

Project aims

Plymouth Health Matters aims to take a co-ordinated approach to overcoming barriers to good health through supported personalised lifestyle activities and community led services. Operating in Plymouth neighbourhoods with high social deprivation, the project works with families, older people, people with poor access to services, people with sedentary lifestyles and people with low level mental ill health.

Project overview

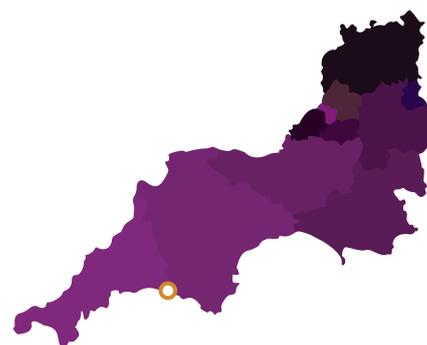
Plymouth Health Matters delivers a wide range of group and individually based services. These include:

1. Gym-based, swimming and other physical exercise activities,
2. A fresh fruit and vegetable purchasing scheme and a community café,
3. Cook and eat classes,
4. Befriending and benefits services,
5. Counselling and holistic assessment,
6. Breastfeeding support and health promotion.

A majority of these activities are delivered through the Jan Cutting Healthy Living Centre (HLC) in North Prospect. Extension work is also delivered through outreach workers and partner organisations working from other community bases in the city. These activities are based upon community needs identified in local consultation exercises and public health intelligence for areas of higher social deprivation in Plymouth. Whilst the overall well-being outcomes have been defined, the specific character of activities can change and develop in response to internal monitoring and review.

The services have been developed to run as stand alone initiatives. However, the potential for co-ordinated delivery is an underlying rationale behind the range and type of activities. For example, an individual may first access the Eklipse Contact counselling and holistic assessment service delivered at the Jan Cutting HLC. Counsellors may recommend that the individual participates in other Well-being funded activities such as Befriending Angels benefits advisory support and attending a physical exercise class. The Centre's community café provides a venue for socialising with other individuals taking part in healthy living activities. The individual can continue to make ongoing appointments to see a counsellor at the Eklipse service and use these occasions to review other options for improving their health and quality of life. This co-ordination and integration of services reflects the centre-based model developed by many UK initiatives under the Big Lottery¹ funded Healthy Living Centres programme. It is a model that has been refined locally following previous external evaluation.

The activities delivered through the Plymouth Health Matters also have a wider community development function. Wolesley Trust has not simply limited its delivery to the Jan Cutting HLC but has sought to support or initiate activities in other local community centres and outreach settings. This reflects the growing identity of Wolesley Trust as a 'community anchor organisation'. According to the Community Alliance this is a community-led and owned organisation that often operates from a specific local centre,



Target number of individual beneficiaries: 3000



¹ Formerly New Opportunities Fund

and works on a diverse range of agendas to promote the well-being and regeneration of marginalised neighbourhoods. Community anchors have high levels of voluntary participation and tend to be resilient to shifting funding streams and policy fashions². This model helps account for the diverse range of activities funded through the South West Well-being programme. It also reflects the capacity funding to partner groups operating in a number of neighbourhoods in the city. For example, small funding to Elder Tree in the East End of Plymouth helps both Elder Tree and the Wolesley Trust exchange their expertise in befriending work with isolated people.

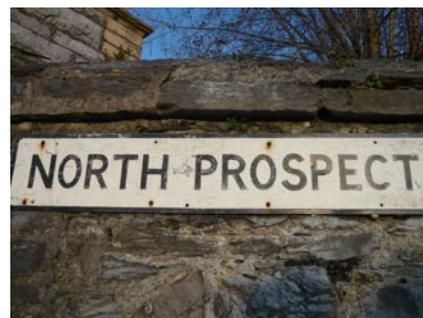
Host organisation

The Wolesley Trust is a community owned social enterprise organisation based in the North Prospect area of Plymouth. Since 2000, the Trust has managed two mixed use business parks which were developed on derelict land transferred from the council. The Trust funded this work through grants from the European Regional Development Fund and the Single Redevelopment Budget. One of the sites, the Scott Business Park, is closely linked to local NHS primary care services. This park is also the location for the Big Lottery funded Jan Cutting Healthy Living Centre. Revenue from the business parks have given the organisation the opportunity to initiate its own social and health programmes, to enter match funded partnership ventures and to take an active part in local service commissioning. Significantly, Wolesley Trust has allocated £289K in addition to the SWWB grant of £330K to enhance its delivery of well-being services.

Through the SW Well-being grant, the Wolesley Trust has also been able to maintain and develop its strategic links with East End Healthy Living Network funded projects in the east of the city. Funding from the Big Lottery for this initiative finished in 2008. It operated as a network of smaller voluntary and community projects hosted by Plymouth City Council and with close links to local authority services for older people, young people, housing and neighbourhood renewal. This health and well-being project work has been closely aligned to the urban regeneration of the physical environment (housing, traffic networks, green spaces, community facilities and so forth) in the higher social deprivation wards that arc the inner city.

Programmes delivered by Wolesley Trust and other community and voluntary sector organisations have developed in close co-ordination with the Plymouth PCT Public Health Development Unit. The Unit operates on a community model in which officers are based in local NHS or partner offices in city neighbourhoods with higher health needs. Both statutory and third organisations work within the framework of Healthy Plymouth 2007-2020: the over-riding strategy for health, social care and well-being for the City. Drawing upon public health intelligence³ this has prioritised health inequalities, investment in illness prevention/health promotion, mental health promotion, accessibility and uptake of specified services; and promoting independent health supporting behaviour.

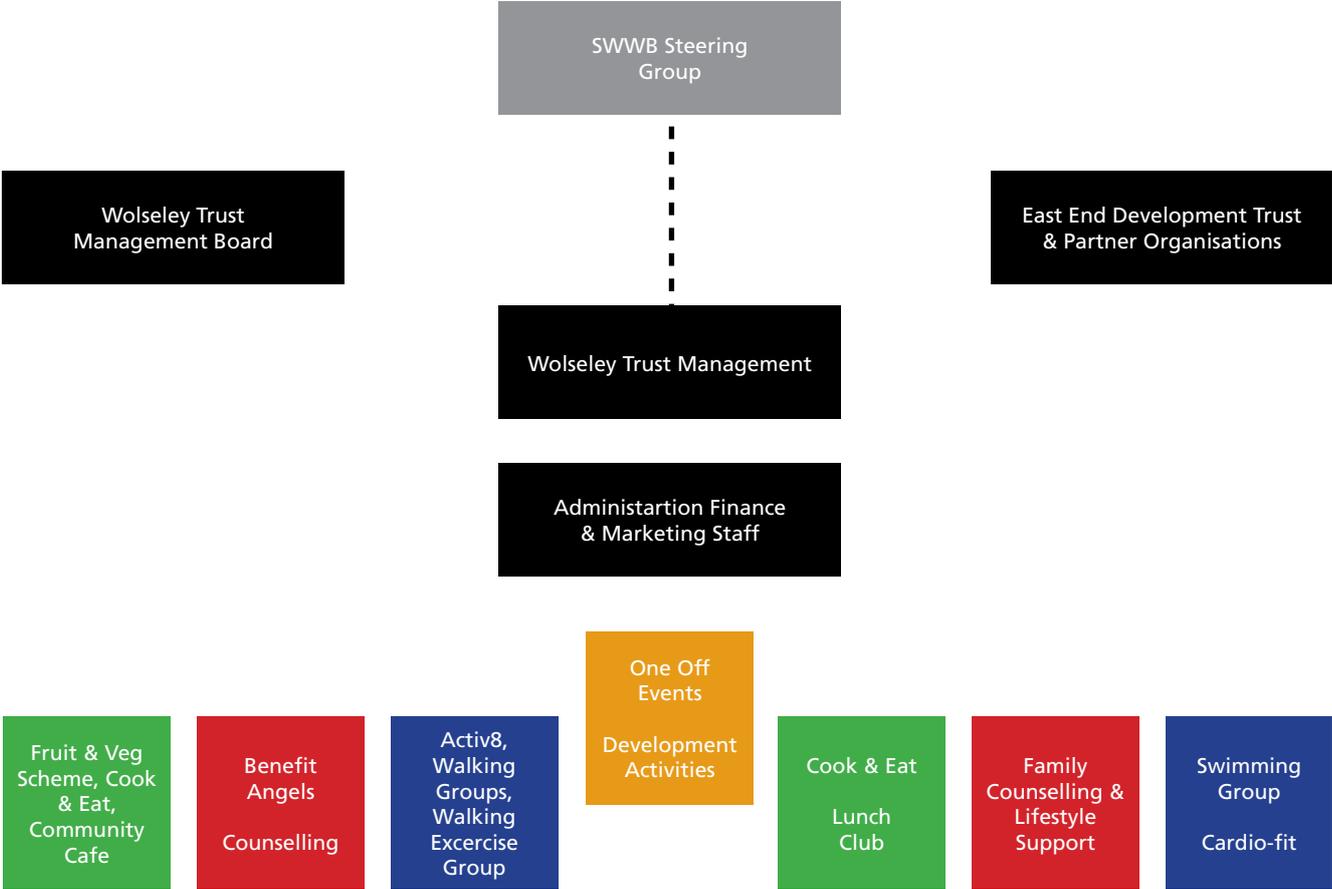
The focus on early and systematic involvement of third sector providers (Plymouth LSP, 2007) clearly indicates an important role for Wolesley Trust and its partners in the promotion of health and well-being for wards with higher social deprivation.



² Thake, 2007

³ Plymouth PCT (2008) Plymouth's Joint Strategic Needs Assessment (February 2008)

Organisation & Project Services



Project area

The project delivers services in central Plymouth. The Wolesley Trust has a focus on the Ham ward with a population of approximately 13,000⁴. According to JSNA “indicators show that there remain stark inequalities in both real and perceived health especially across the neighbourhoods of Plymouth. This is despite the inequality gap in the biggest causes of death, heart disease, stroke and cancers narrowing, illustrating the complexity of causes underlying this picture. Thus mental health is a significant issue for Plymouth and one that also consumes much of the available health and social care resources”⁵.

⁴ Neighbourhood Statistics. Plymouth Ward Population
⁵ Plymouth PCT/City Council 2008 Joint Strategic Needs Assessment

Project Delivery in the First Year

Challenges

1. The project's activities have been developed according to the planned timeline. However the project offers a diverse range of initiatives. The start up and co-ordination of new areas of work has been time consuming. It has required consultation with partner organisations and service users
2. Some sub-contracted activities are new configurations of existing services. The project management has had to negotiate clearly defined SW Well-being outcomes. This can be challenging for sub-contracted organisations that have to also address their internally defined goals and the performance criteria attached to other funding sources.
3. Historically activities have worked with different monitoring and beneficiary recording systems. Whilst it is possible to collect basic information on, for example, beneficiary numbers, standardised details on, for example, turnover and duration of participation are less easily compiled.
4. Good links with statutory services are essential for the project. However officers working on a range of activities report inappropriate or poorly informed referrals from NHS primary care services, psychiatric services and social service adult care teams. These are not the norm and officers report progress on information sharing and referral protocols.

Achievements

1. There has been a strong take up of most services. On current predictions the project will exceed its planned beneficiary targets.
2. Activities such as Befriending Angels and the Swimming Group have made effective use of volunteers.
3. Whilst it is too early to assess economic effectiveness, there are early indications that subcontracted and sessionally funded activities are financially well managed.
4. The project is starting to promote internal transfers participants and cross referrals between activities.
5. Well-being funds have promoted the development of new partnerships between Wolesley Trust and the East End Healthy Living Network organisations.



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<http://www.plymouthpct.nhs.uk/healthandwellbeing/publichealth/Documents/JSNA.pdf> Accessed 7/01/09

If he can't come the same day, he'll be up the next

Befriending Angels

"We'd never asked for anything. My husband had so much wrong with him and he used to take it all on the chin."

Wendy's husband had been seriously ill when she first contacted Stuart at Befriending Angels. Stuart recalls:

"Wendy was penniless when I first went to see her. They were in such dire circumstances. [Her husband] had lung cancer, had his leg off and was an insulin dependent diabetic. He was told he was going blind. He was such a straight chap. I never heard him complain about single thing. We made a commitment to support him."

Stuart immediately helped Wendy to apply for a full range of benefit and care support entitlements. He arranged for the repairs, decoration

and improvements to the accessibility of their home. Wendy felt that this support helped transform their last months together as a couple. However Stuart explains that Wendy's own circumstances were fragile:

"After her husband's death Wendy didn't cope too well. She'd had ECT [electroconvulsive therapy treatment] in the past. She put's on a brave front does Wendy but she's very vulnerable underneath."

Wendy says: *"I've been on valium for thirty odd years. I am a worrier. I worry if I've got nothing to worry about. Stuart's been a lifeline. He'll call on the phone saying 'I'm coming through. Get the kettle on' No matter how down your feeling when he comes. You're always cheered up when he goes."*

Stuart has made sure he keeps in regular contact with Wendy. As an expenses-only full time volunteer, he feels he can take a responsive and personal approach to his work. The team of three volunteers can combine informal support with benefit advice. This flexibility, they feel, makes Befriending Angels distinctive from conventional office based benefits advisory services.

An emphasis on the fast turnaround of case work is also evident in the productivity of the organisation. Stuart is on course to have responded to 1500 queries in the first project funded year. The work ranges from small pieces of specific advice on benefits to longer term support for complex tribunal cases.

Don't forget. It's swimming today

Elder Tree Swimming Group

"Barry's memory's not too good because of the illness, so I normally have to remind him if were going." Says Cath.

"That's right. I've had a liver transplant and I have a medication that takes all the incentive out of me" Adds Barry. "The swimming has been a lifeline to me. With my particular illness I can't go any distance – I can't do it. Swimming to me is an absolute necessity exercise wise. It's really the only exercise I get in a week. And I can't be stuck in: I'd get bored to death."

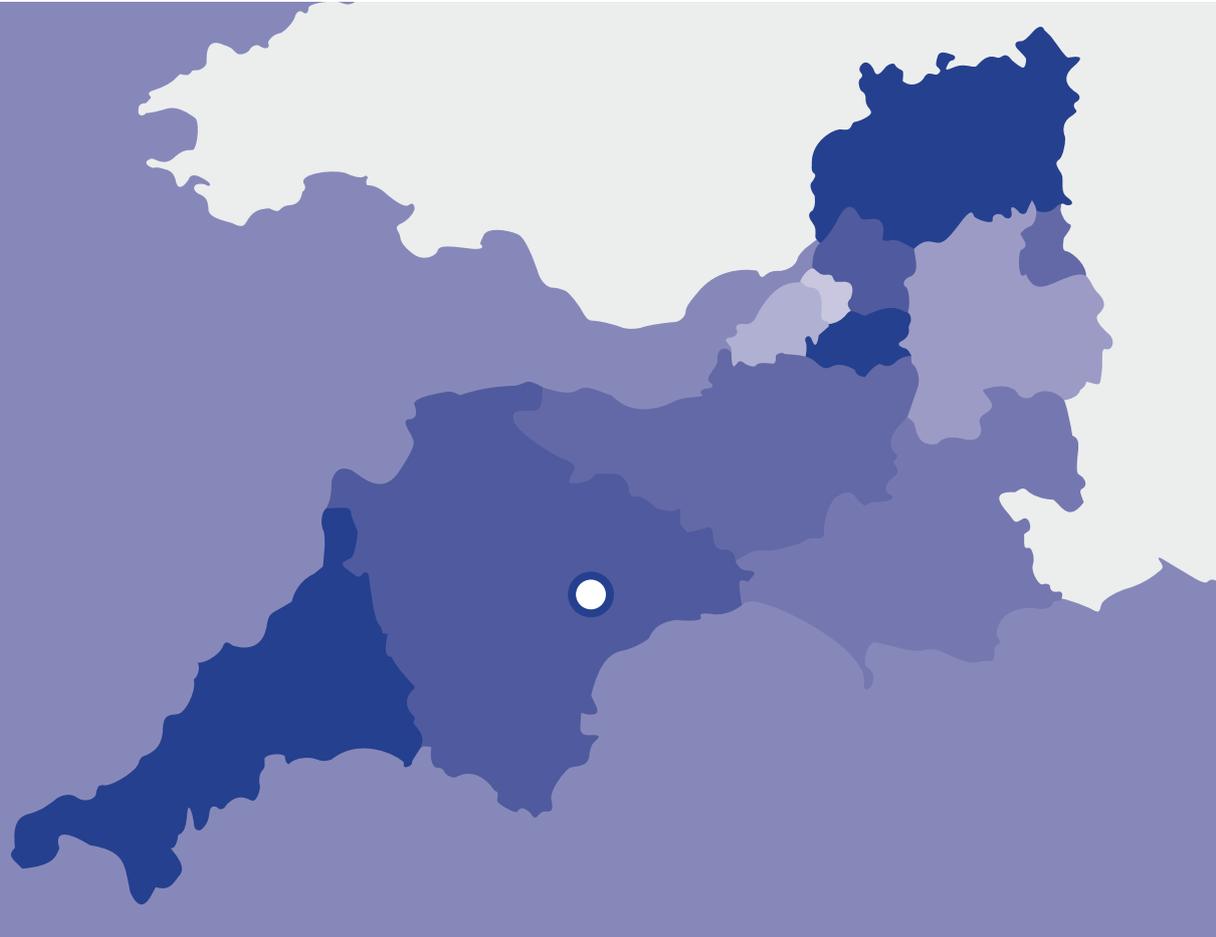
Cath herself has had significant health problems *"It's been two years since I had the last heart attack. That was my third attack. The swimming is vital exercise for me. If I'm walking I get angina but if I'm swimming it's not so hard on my heart. If I can't go, on the few times I've been poorly, then I've really missed it"*

Both Cath and Barry both live in a sheltered housing scheme for vulnerable adults. Along with a group of a dozen other people with poor health, every week the volunteer community minibus takes them to a gentle exercise swimming session at the council run pool six miles away. Volunteers from Elder Tree, a local community organisation, make the arrangements and encourage new people to take part. The swimming group is one activity amongst a range of services offered by Elder Tree. Project workers assess newly referred people within 48 hours and then encourage them to take part in appropriate local activities such as lunch clubs, exercise groups and computing classes.

"A lot of people don't need money. I know that might sound daft. What they need is access to social activities. And they need to talk. I think the

problem we've got at the moment [for older and chronically ill people] is access to friends. I'm acutely aware that the elderly issue is a growing issue and we're beginning to fill a void. We're having to fill vacuums that perhaps the statutory bodies can't fill" says Robbie, the Director of Elder Tree.

In the past eighteen months Elder Tree has doubled its membership. 330 members take part in 21 activities, of which the swimming group is just one. Thirty six of these members actively have a befriending role and run a telephone call line to keep in routine contact with about 60 isolated or vulnerable people each week.



Upstream Health Maps

Crediton, Okehampton,
Tiverton & Cullompton. Mid Devon

Host Organisation
Upstream Healthy Living Centre

Project aims

Upstream Health Maps aims to instil good health practice by engaging with those who are older and more isolated in a rural setting. It seeks to prevent people from falling into ill-health that requires more serious and costly intervention at a later date⁶.

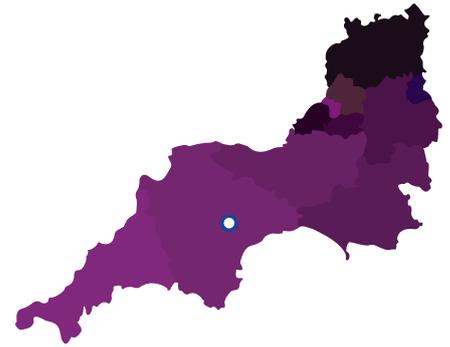
Project overview

Upstream's target population is defined as people from their 50s onwards whose lives may have changed or be about to change in some way. Some of these transitions include retirement, moving home, loss of income, disablement, bereavement or the onset of illness. People may have time on their hands but might, for a variety of reasons, find it difficult to keep in touch with the local community and would enjoy the opportunity to share their interests, skills and enthusiasm with others⁷.

Since its inception, Upstream has sought to develop a clear theoretical basis to its services and strategic direction. This is set out in the core documentation for the organisation and is revisited as a platform for developing new activities. Upstream aims to deliver changes for individuals, for its target community and in the wider strategic context. For individual participants Upstream seeks to:

1. promote active social interaction in order to reduce loneliness and social isolation,
2. promote creative activity in order to improve mental well-being and quality of life,
3. promote independence and active social engagement in order build self confidence and sustainable health behaviour change,
4. develop individually tailored actions in order to maximise their relevance and effectiveness⁸.

Through maintaining independence and improving health Upstream's model anticipates individuals will have less need for statutory services, particularly in health and social care. This not only alleviates service pressures but also builds local capacity with communities.



Target number of individual beneficiaries:
Direct: 2160
Indirect: 21600

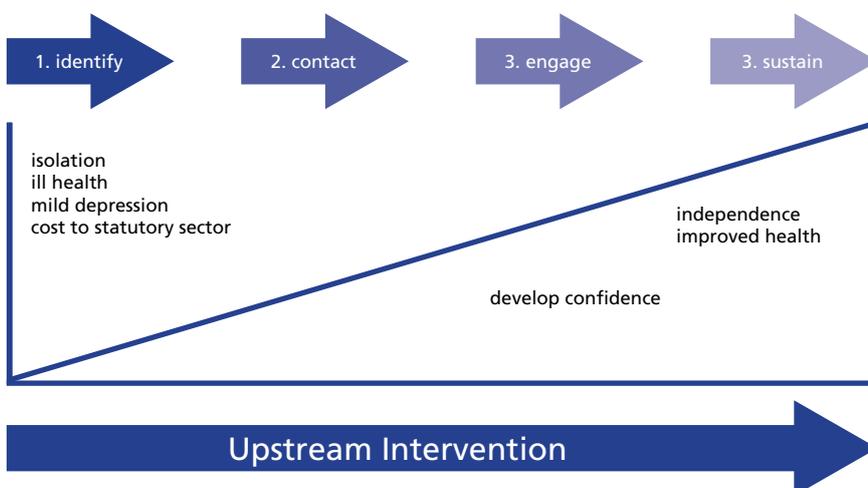
6 SWWB A Healthier Way to Live Portfolio Proposal 2007

7 Adapted from the Upstream Business Plan 2005

8 These mechanisms for change derive from upon health promotion, social psychology and community development theory. See for example: self-efficacy theory (Bandura 1997); community networking theory (Gilcrest 2004)

9 Upstream Business Plan 2005

The Upstream Model⁹



The Health Maps intervention offers multiple routes for personal development and does not consist of a single standard package. Whilst staff receive shared training, they are encouraged to draw upon their areas of expertise and to find creative solutions.

In a typical service pathway a participant is first assigned a mentor following referral. The mentor makes a home visit, learns about the overall circumstances of the person and completes a formal assessment. The participant is supported to make a personal 'health map': a visual, and often creative, representation of their social, psychological and physical environment. For example an individual might create a colourful diagram to illustrate their daily activities. This is used as a practical basis for looking at simple steps to address specific issues, improve general well-being and for setting goals. Mentors focus on helping the participant make small changes to physical activity, diet and social and creative activity. For example, the participant may use a pedometer and a record sheet to track daily walking routines.

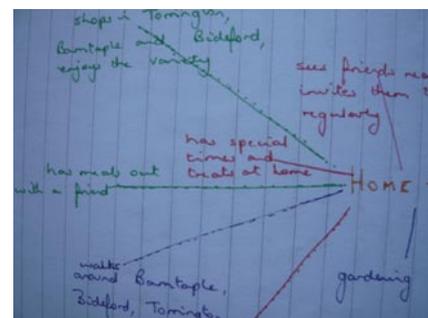
Working with the choices of the participant, the mentor sign posts or initially accompanies the person to group activities. These range from art and craft activities to gentle exercise and day outing activities. Some of these are directly organised by Upstream whilst others are delivered by partner agencies or community groups. 'Mentor providers' are Upstream staff who combine personal mentoring with direct delivery activities. They draw upon their expertise, for example, as artists, crafts people or exercise trainers.

The health map is revisited as a metaphor for charting personal progress over this period. After approximately three to six months, depending upon the needs of the participants, the mentor will reduce their level of support. Some participants take on an active role in supporting peers or helping to organise groups. These 'veterans' can also advocate for the project at community events. The intervention continues to focus on mental well-being and creative social activity but, under the well-being fund, also includes attention to dietary and physical activity based outcomes.

Host organisation

Upstream Healthy Living Centre was established in 2000 to pilot an approach to delivering services designed to address health and social issues faced by the growing number of older isolated people in rural Mid Devon. In 2002 it was awarded Big Lottery¹⁰ Healthy Living Centre funding and went on to develop a service model that combined personal mentoring and creative group-based activities. Upstream has been a 'without walls' healthy living centre that operates on an outreach basis. It was set up to not only provide services but as a research project to test and develop its approach through independent evaluation by the Peninsula Medical School. Evaluation reports in 2005 (Greaves and Huntley, 2005:3) found that the intervention:

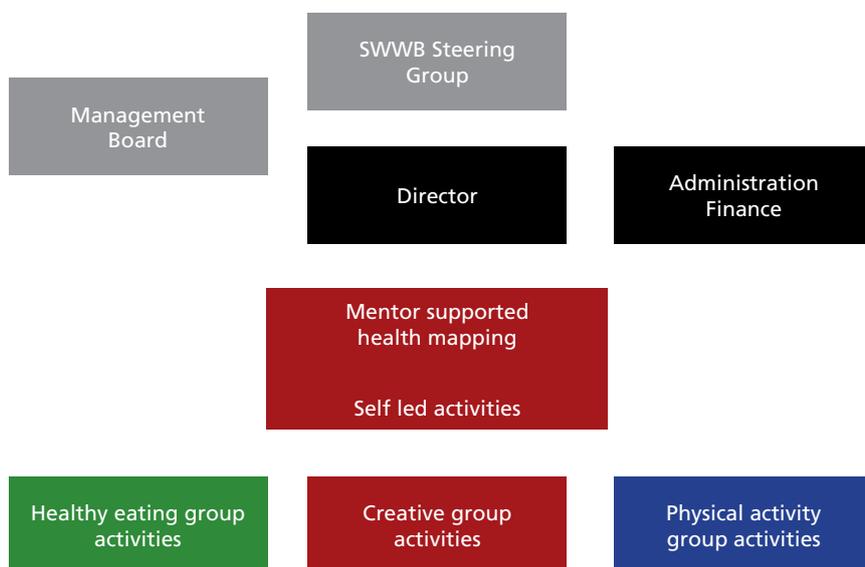
1. successfully identified people with high levels of psychological morbidity and mental health problems,
2. successfully assisted a high proportion of participants to engage in new social activities at six months post referral,
3. showed outcomes strongly associated with reduced depression scores and increased psychological well-being,
4. had excellent user feedback on the quality and appropriateness of services.



¹⁰ At the time of funding Big Lottery had the title of New Opportunities Fund

As part of a voluntary sector consortium, Upstream was commissioned in 2007 to deliver the Department for Work and Pensions Link Age Plus programme and subsequently the Department of Health funded Partnerships for Older People Projects (POPPs) contract in Devon. This reflects a strategic plan to combine grant funded and statutory commissioned work. The organisation has an ongoing commitment to participate in multi-agency forums (such as Complex Care Teams) and to map its compliance with statutory plans.

Upstream has received national recognition in the field of community health promotion and illness prevention for older people. It was selected as one of the five Healthy Living Centre Pathfinders in 2005 and has been recognised by Department of Health Social Enterprise Unit (SEU) as a Social Enterprise 'Pathfinder'. It is an NHS Live 'Leader' project and widely disseminated its approach through health and social care networks. In 2008, Upstream was awarded the NICE Good Practice Award in the public health category¹¹ and the Social Enterprise Coalition's photographic award. The Director has been at the forefront the National Healthy Living Alliance since its inception in 2005.



Project area

In general Mid Devon has a healthy population and has very good quality health and social care services. Apart from central Tiverton, the Super Output Areas in Mid Devon have below average levels of deprivation¹². However, the area has a rapidly ageing population. The project operates in an area of 15,000 people over the working age, which is 34% more people over 65 than the UK average¹³. Some of the main actions for addressing public health are clearly linked to this older population. According to the PCT for Devon as a whole these include the need to develop comprehensive strategies for the prevention of obesity, heart disease, stroke, chronic obstructive pulmonary disease, diabetes, cancer, falls and mental health. The main priorities also include the need to work with partners in tackling deprivation and the causes of ill health¹⁴.



¹¹ NICE Shared Learning Award, 2008

¹² Devon Primary Care Trust (2008) Annual Report of the Director of Public Health 2007/8

¹³ Upstream Business Plan, 2005

¹⁴ Devon Primary Care Trust (2008) Annual Report of the Director of Public Health 2007/8

I Now Spoil Myself Everyday

Health Maps

Lily lives in a village in rural Devon. Her husband had died and she had no contact with her wider family. Motivation was a problem and she felt she lacked personal interests: *"I was just sitting and doing nothing,"* explains Lily. Her GP had prescribed her anti-depression medication, but also suggested she might benefit from talking to an Upstream mentor. Using the idea of a Health Map Jackie helped Lily look at the routines in her life. Together they drew a coloured coded map: with the capital letters 'HOME' in the centre. Green lines traced visits to the shops, blue ink showed physical activity and red lines were used to represent social interests and social interaction. The map had gaps, but surprisingly it was not empty. Jackie used the map idea to talk about how Lily might change her routines:

"We considered activities to pursue in the area, set goals for each week and kept in contact by telephone and letter. By trying to fill the gaps it helped me see that there's a purpose to everyday. I am going out, seeing people and enjoying myself more."

One particular difficulty had been the long evenings alone:

"I have my little room for the cold, dark winter evenings and spoil myself in there every evening. It is lovely. I feel guilty sometimes but my mentor made me smile about it, so I do, and enjoy being indulgent and spoiling myself. Instead of dreading the evenings, I look forward to them. I go out, do things and see people in the day and enjoy my home in the evenings. I am ready to cut back on the anti-depressants."

Lily has not only started creative hobbies at home. She walks to local shops and makes day trips to the nearby market towns. She has joined a ladies group in the village, has meals out with a friend and has invited neighbours to her house. After three months Jackie and Lily to sit down to write out a new Health Map. They find that lines and coloured ink now fill the page. Lily feels the approach has worked for her:

"It has helped knowing someone cared, saw hope and encouraged me to be positive about my life. There was so much near to home and in the home. I am now ready to do more at an age when I thought I was cutting down and life was empty."

We're turning sheets into gateau

Upstream Winter Project

"Rose can pull and I can grip. So together we'll soon get this part done." Rose and Iris are tearing sheets apart before passing them on to their peg weaving colleagues. Rose has had a stroke that has paralysed one side of her body whilst Iris's muscular sclerosis makes it difficult for her to hold small objects. Iris says that *"things haven't been going the right way for me since I've had my condition. I used to love gardening but the bending over isn't possible any more. This is a chance I get to stay active and have some fun. I'm very determined to keep fit and independent you know"*

Meanwhile Daisy is weaving the sheet strips on a peg loom. As the afternoon progress, the woven panels of a two and a half foot slice of textile gateau begin to take shape. Daisy says:

"My husband uses the internet loads but I get bored with it. I get a headache. I wanted to be part of a group that would get people together. When I first came here and I didn't know anybody. I'd done creative things at home like cross stitch embroidery but I've never tried things like sheet knitting before."

Gillian, Upstream mentor and experienced craftsperson, helps to organise the afternoon sessions. In her outreach role she also meets new people, usually through health care referrals, and introduces them to the group. Gillian and her colleagues have put careful thought into planning a project that combines a creative challenge with a measure of collective comedy.

"Winter tends to be long and dark and people get out less."

The Winter Project is a way of supporting people who are housebound or who find getting out very difficult. Because it's done over a long period of time, from October to Easter, there's no stress on people to do things quickly. They can do one piece or ten pieces and it can be simple or complicated depending upon them. *Every piece counts."*

The Winter Project spans groups in different centres in the area. Twelve miles away members of another group are preparing the fruit topping for the piece of cake. A third group will also be contributing to the giant stitched, woven, knitted and moulded picnic. The launch at Easter will bring the separate groups together with—fittingly—a real picnic celebration.

Project delivery in the first year

Challenges

Upstream's challenges in the first year broadly reflect ongoing constraints identified in previous reviews of the organisation's delivery. These are, to some extent, structural issues that are not amenable to clearly identifiable solutions.

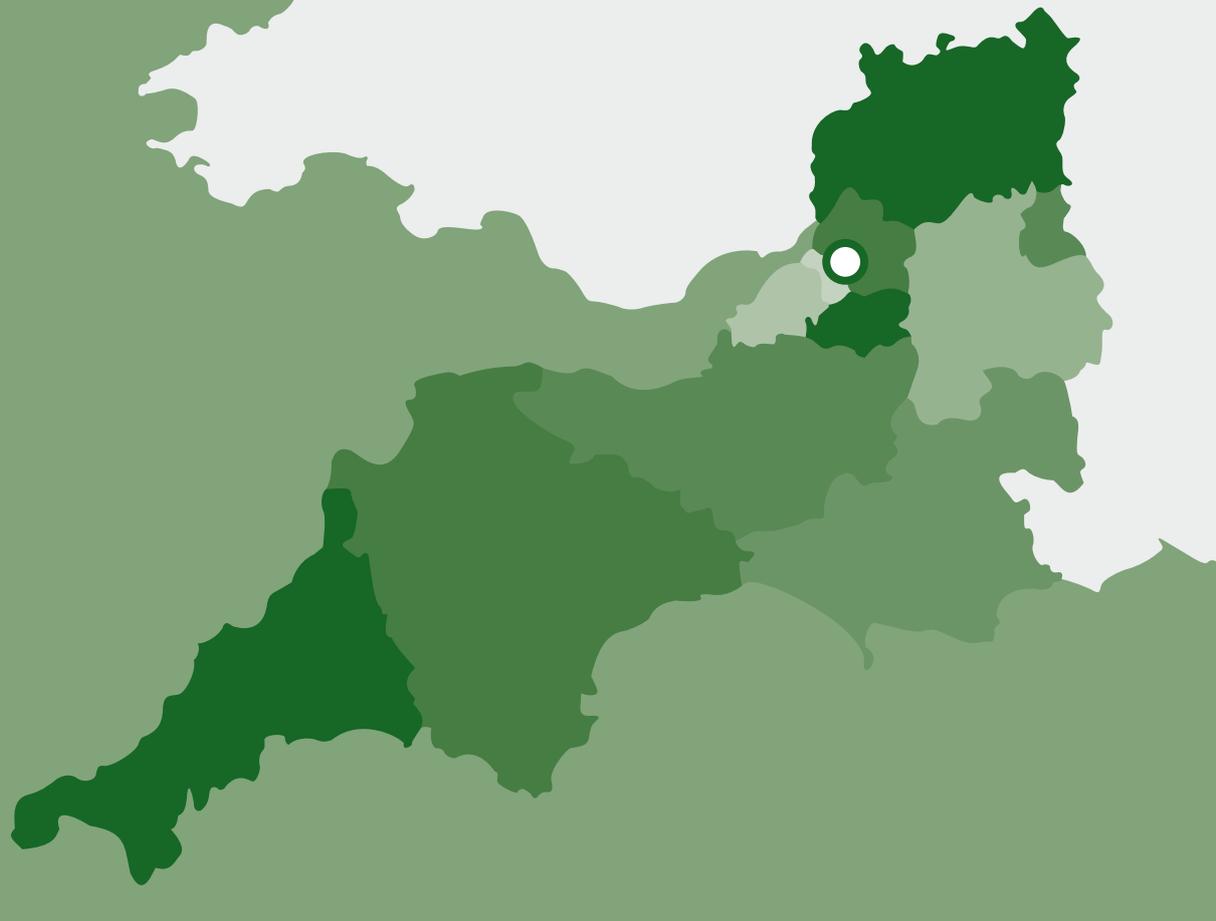
For participants with a high level of needs and declining health, it is difficult to address closure, reduce mentor support or assume that they will be able to move on to a self-managed lifestyle. These participants benefit from ongoing support in order to prolong their independence at home. Whilst this clearly offsets the need for statutory health, social care and housing welfare, it reduces the capacity for Upstream to take new referrals.

1. Patterns of referral, uptake and group attendance are not readily predictable. Upstream's flexible and responsive service model accommodates these circumstances, but it also increases the input to outcome ratio. This may be an inevitable consequence of the participant targeting approach.
2. There are few suitable alternative group activities in the project area. This is particularly a difficulty in the more sparsely populated areas of Mid Devon. As a result it is difficult to signpost further opportunities for participants who are ready to move on from Upstream services.
3. Participants encounter difficulties attending services due to transport. This is an ongoing difficulty despite shared transport and community transport options.
4. Low engagement with men appears to be an ongoing issue that broadly reflect patterns of uptake in comparable services. However, the last year's monitoring evidence indicates that men account for about a quarter of service users. This is an increase on previous years that may be a consequence of developing more 'male appropriate' activities.

Achievements

Over the course of the first year the Health Maps project has enabled Upstream to refine and extend its services whilst consolidating a theoretically informed and evidence-based approach.

1. Health mapping has evolved from the practice wisdom of the mentor team. Mentors are drawing upon a set of techniques and are actively using them as a basis for shared progress reviews with participants.
2. The inclusion of physical activity and dietary well-being alongside an established emphasis on mental and social well-being appears to be enabling greater holistic support for participants.
3. Upstream continues to develop synergies between groups. For example, separate art and craft groups collaborate to produce works for public exhibition. These groups link socially for whole project' celebration events. This helps raise the project's public profile and give the project coherence over a wide geographical area. It also underlines the wider social mission of the organisation.
4. Well-being funded work has enabled Upstream to upscale its strategic collaborations not only within the SWWB programme but also alongside local partner organisations. This has helped it to combine an expertise in front line delivery with a campaign and agenda setting mission for healthy living initiatives.



Knowle West Pathways To Health

Knowle West. Bristol

Host Organisation
Knowle West Health Park Community Interest Company

Project aims

Through focused individual support, family support and group-based activities, Knowle West Pathways to Health adopts a holistic approach to improving health and well-being. It works with people with poor physical health or weight management issues, people with low level mental ill health, and people with diet-related health risks. The project delivers its services within the Knowle West estate and intends to develop community-led response to locally defined health inequalities.

Project overview

KWHP markets its services through a range of local outlets and has focused on building relationships with primary care professionals for direct referral or recommendation. Residents within defined wards/super output areas are eligible for the service, although there is scope for individuals outside the area to access services under special circumstances.

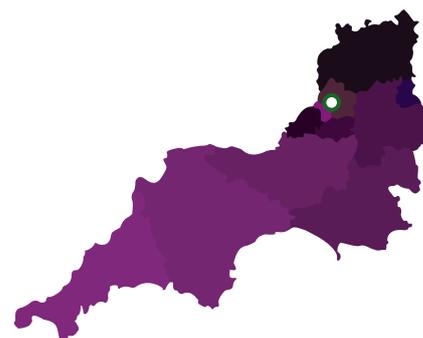
Pathways to Health project offers four main services: an integrated package of motivational guidance and massage therapies; a weight management course; diet and exercise based activities for younger people; and subsidised massage and complementary therapies. These activities are either delivered on an individual basis or through small groups. Whilst the specific arrangements and target groups for each activity vary, they share some common elements. These include:

1. a structured programme of activity that has a negotiated end point and is delivered by a trained health worker,
2. an emphasis on the self-defined health and well-being goals of participants themselves,
3. motivational support to help participants to incorporate small lifestyle changes into everyday routines,
4. a broad, or holistic, approach to health that includes an emphasis on social and psychological well-being,
5. advice and motivational support to help participants engage with other community-based activities,
6. an emphasis on the potential for cascading health benefits to people, such as family members, who are indirectly associated with the project.

The core project team draw upon a range of health promotion theories and methods to inform this approach. Previous work under the NHS Health Trainer scheme has supported the team to adopt the Stages of Change model¹⁵ and motivational interviewing¹⁶. One element of the project is to disseminate best practice to both local and regional partner organisations particularly with regard to integrated counselling and massage therapy.

Host organisation

Knowle West Health Park Community Interest Company developed from the Knowle West Healthy Living Centre, which opened in 2001. It is established as a three way partnership between the local community, the PCT and Bristol



Target number of individual beneficiaries: 2010



¹⁵ Prochaska, DiClemente & Norcross, 1992
¹⁶ Miller & Rollnick, 2002

City Council working to address health inequalities in south Bristol. The Health Park is a 10 acre site that currently accommodates the organisation offices and activity rooms, an NHS Walk-in Centre, a community cafe and other local services. The Health Park is located in Knowle West which was originally a council housing estate developed in the 1930s, although today almost half the homes are privately owned.

KWHP operates as a local strategic organisation, a community advocate and a direct deliverer of services. The services address the following preventative health issues:

1. reducing obesity, promoting healthy eating,
2. increasing physical activity,
3. low level mental health support,
4. smoking cessation and sensible drinking,
5. improving sexual health,

Health inequalities are addressed as a thematic element in these services. In this context the Well-being funded project is one relatively small element of the overall work of KWHP.

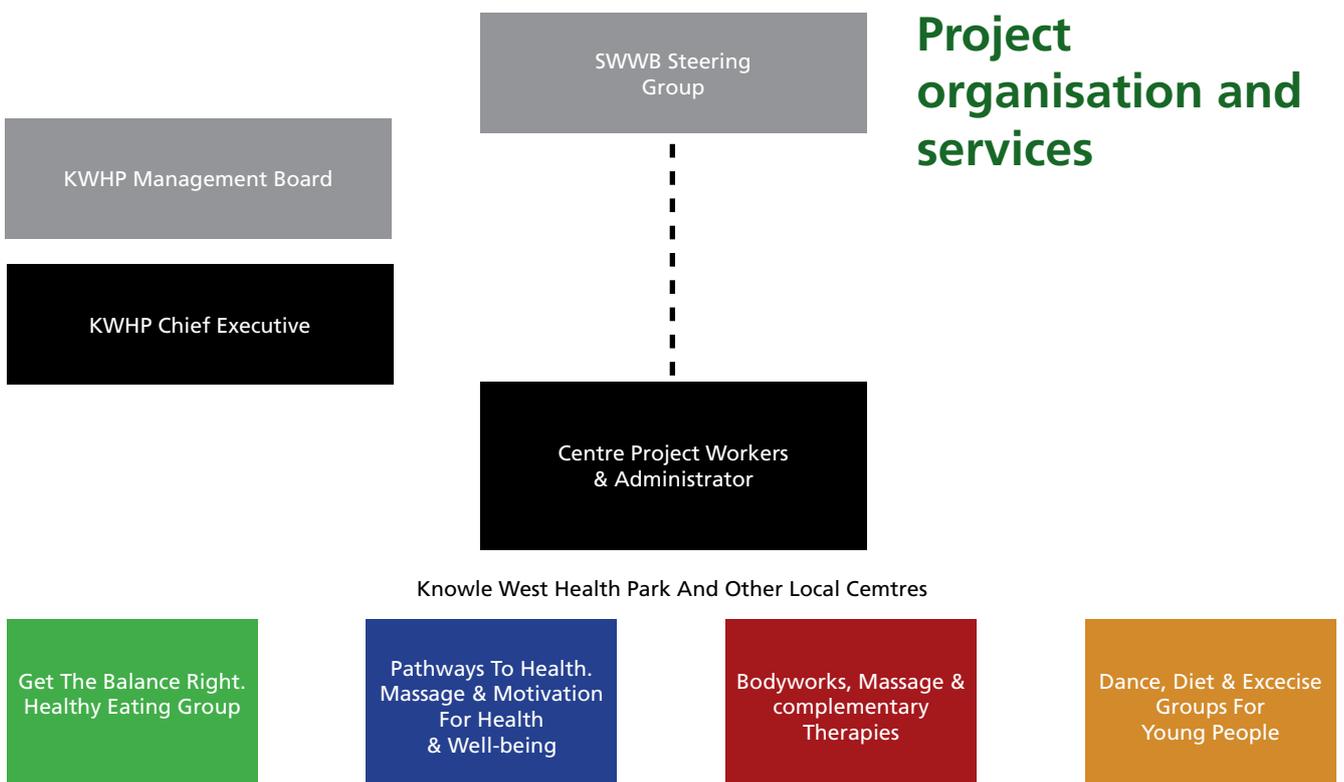
KWHP's current Strategic Plan¹⁷ takes a comprehensive review of the organisation in the context of local and national developments. The strategy is mapped against the Choosing Health Agenda, Local Area Agreements and comprehensively sets out a plan of implementation across the organisation. It is informed by a set of community centred values. The plan itself covers:

1. operational partnerships with local providers,
2. strategic networking with other Health Living Initiatives,
3. community, volunteer and service user involvement,
4. diversification of funding sources,
5. social enterprise income,
6. site management of the Health Park.



17 Knowle West Health Park CIC, 2007

Project organisation and services



Project area

Pathways to Health responds to needs identified in local community consultations and public health data for south Bristol. This highlights the high incidence of households with a smoker, early deaths, reported mental health problems and child and adult obesity.

Project Delivery in the First Year

Challenges

1. Budget adjustments to accommodate evaluation costs under the SWWB portfolio have been difficult to address. This is particularly because of the requirement to use match funds for these costs. The financial changes have had a negative impact upon planned delivery.
2. Client recruitment to some services has been unexpectedly low based against previous experience of delivery. This may not be due to an easily identifiable reason, however marketing, alternative service availability and partner agency referral patterns appear to be the main factors.
3. Combined project management and participation in SWWB strategic work appears to have placed a high level of demand on the central office team – relative to the apportioned overheads.

Achievements

1. The Well-being funded services complement existing provision available through the KWHP and help ensure that the organisation meets its broader remit to deliver a wide range of preventative health services in its local area.
2. KWHP has developed an organisation-wide information system for managing client records. This is in use for the Pathways to Health project clients and offers the scope for robust monitoring, external reporting and internal communications. The relative simplicity of the system has acted as a model for other SWWB organisations.
3. The integrated motivational support and massage therapy course appears to be highly attractive to participants, has scope for development as a model of service and could be theoretically innovative.
4. The project team have been able to set up and deliver some of the services ahead of schedule and are successfully developing new partnerships with local youth organisations.



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I've chucked the junk Get the Balance Right

"After my boyfriend died suddenly five years ago I started getting anxious about going out or even answering the door. I was ending up staying in all the time."

During this period Maxine's son was diagnosed with autism. He was showing obsessive, compulsive behaviour that included being very fussy about meals. Although it wasn't easy to see at the time, the combination of events meant that the diet of the whole household was suffering. Maxine had put on weight and was smoking heavily. After a routine appointment, the doctor suggested she might like to try going to Get the Balance Right course. The experience was an eye opener for Maxine:

"Each week we learnt different things, tried different fresh food and got tips on cooking at home. It

was all new to me: cholesterol and stuff I never knew about. I didn't know how much salt there was in stuff. I didn't used to think about food portion sizes. I've found that cutting out buying rubbish processed food has meant that I've got more to spend on good food. I've chucked the junk. I don't buy crisp and biscuits and chocolate for myself. I've upped the amount of vegetables I eat and I've changed the kids packed lunches to put in fruit and veg'."

Each week there is a voluntary 'weigh-in' but group leader Tracy explains that Get the Balance Right is more than simply a weight loss programme. Each course is tailored to meet the interests of the group and works with the small goals identified by participants themselves. Often the people taking part will meet outside the meetings. For Maxine the group has been part of

a wider life change that has given her the confidence to find help with caring for her son and to socialize outside the house:

"It has helped me get more motivated to get out more and to try all sorts of different things. I'm never hardly in now. It's just like: where's the day gone?"

I feel like a whole person Pathways to Health

"I believe we all need to look after our body mind and spirit. For me, these are all connected."

Sybil was looking to feel physically better and for support to make sense of her experiences. She had been treated for both kidney problems and bladder cancer - and in recent months had been diagnosed with high blood pressure. It was the combination of dietary and exercise advice, counselling and relaxation therapies that attracted Sybil to Pathways to Health. For lead practitioner Sally, the Pathways to Health programme brings together both talking and massage therapies. Sally saw the links after practicing as a masseuse, a reflexologist and a health motivator under the NHS Health Trainer programme. According to Sally: *"The way we looked at it: We thought it's quite exhausting to be talking to people*

looking at yourself and thinking about what you'd like to change [as part of a counselling session]. So the body work session is a bit of space to sort that out: to relax and to reflect on what you've talked about."

Sybil feels that the package of support has been remarkably beneficial and was directly linked to a reduction in her blood pressure. To add to her complications, at an early point in the sessions Sybil was diagnosed with breast cancer. Sybil now goes to three different hospitals to see three different consultants.

"They are all absolutely excellent in their field, but it's only when I go to Sally that I feel like a whole person. With Pathways to Health I can talk about any of my problems."

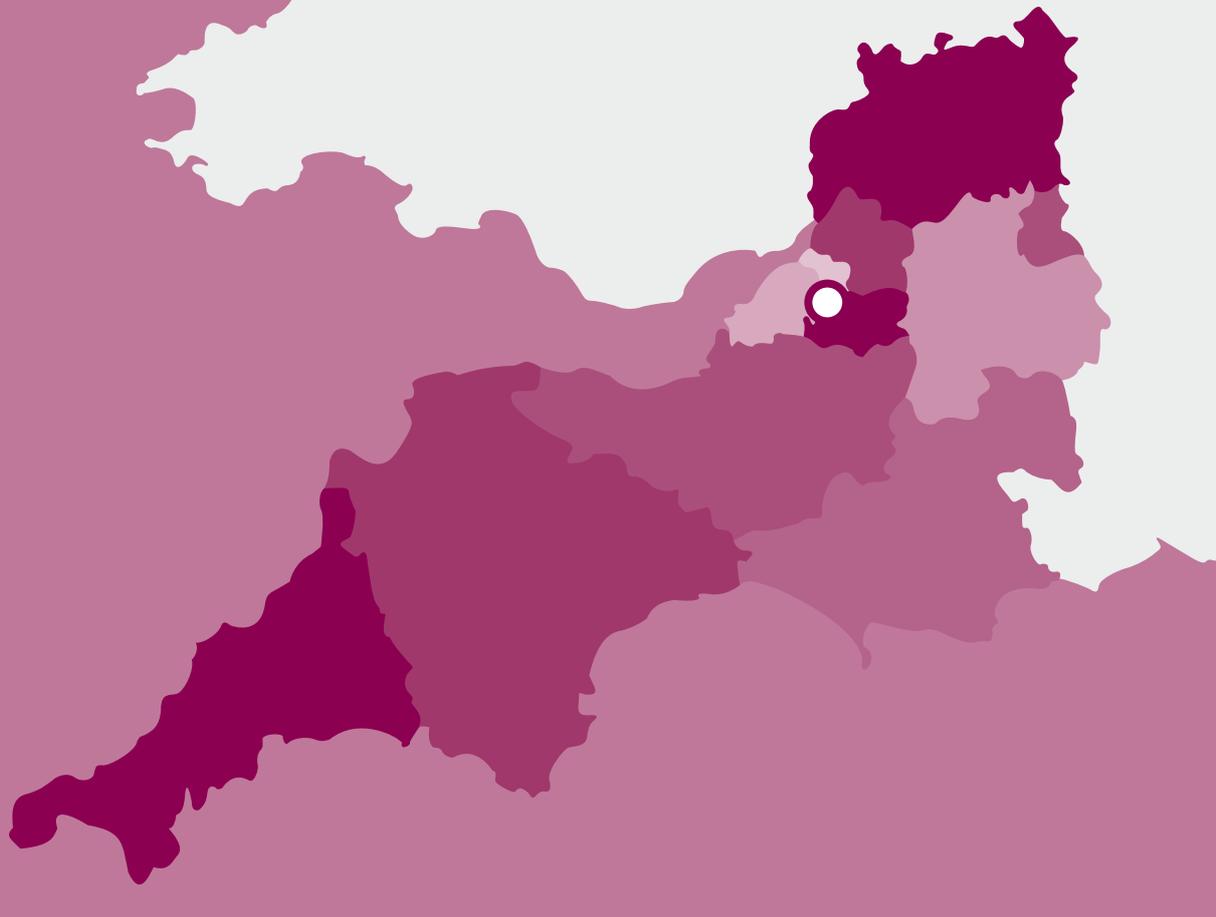
This openness was a novel experience for June - another client with

Pathways to Health: *"I'm mostly a private sort of person. I'm not a person who'd normally talk about my private feeling to a strange person. Doing something like this has been new to me. I'd have never entertained the idea."* June tried the course after losing her husband. At first she wasn't sure, but felt it might help improve her quality of life: *"My diet was completely off the board. I wouldn't cook for myself because I was so used to cooking for two people. I was more or less eating ready meals after my husband died. But in the last nine to ten months I started to loose weight and overall I've lost just over a stone."*





Healthy Living Centre



Wellspring Community Kitchen

Easton and Lawrence Hill. Bristol

Host Organisation
Wellspring Healthy Living Centre

Project aims

Wellspring Community Kitchen aims to improve diets and promote enthusiasm and skills around food and cooking. This is to be achieved by promoting access to high quality cooking facilities in a community centre setting, to skills development and educational support. The project is not simply limited to promotion of healthier eating, it is anticipated that the initiative will help improve mental well-being through active participation and the development of supportive community networks.

Project overview

The community kitchen is situated in the Wellspring Healthy Living Centre (WeHLC). It is embedded within the local health community and has the support of many different local organisations such as the Barton Hill Settlement, Somali Family Project and the Older Peoples Forum.

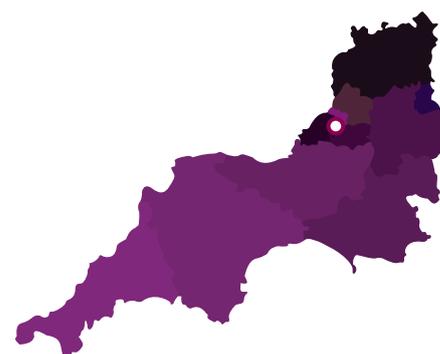
The ethos behind the community kitchen is that people will gain cooking skills in a supported environment. It will provide them with opportunities to build social networks to promote mental well-being, share food and cooking skills with those from different cultures and backgrounds as well as linking in with other community projects. The community kitchen is based on successful models currently operating in other locations – Filwood Community Kitchen in south Bristol is a local example¹⁸. It provides access to a range of healthy eating activities and courses in a purpose built community kitchen.

The project aims to include older people, parents, young people and those with low mental ill-health. Ensuring that the project is fully accessible to people from Black and Minority Ethnic backgrounds is a priority. A full-time project worker promotes, organises and runs the activities and works in partnership with local people and service providers.

The kitchen area is large enough so that it can be shuttered off and the 'café' area can be used by other activities and groups. This promotes rental income for the WeHLC. There is also space within the kitchen half for a dining room table so that this can be used by any group in the kitchen. The 'Chat café' is a weekly café open to all residents, users and professionals at lunch time. Reasonably priced drinks and sandwiches are available as well as soup and a main meal. To support professionals in the WeHLC to use the café, since their lunchtimes are so varied, they are able to book their lunch.

The crèche facility is provided outside the WeHLC. This enables a larger capacity than if it was located on-site due to lack of space and staffing for the crèche. The payment for the cookery sessions are organised on an individual basis. Payment can be up front in the form of a lump sum but for those who are unable to do this they are able to pay before each individual session.

In addition to centre based work, the project worker undertakes outreach work, for example, to an Over 50's group by taking a portable cooker top. This has helped the worker to develop cooking skills in a wider range of settings and to also promote activities available at the WeHLC. To date the project has largely relied on professional networks to promote the service: this is reported to be simple and effective.



Target number of individual beneficiaries: 602

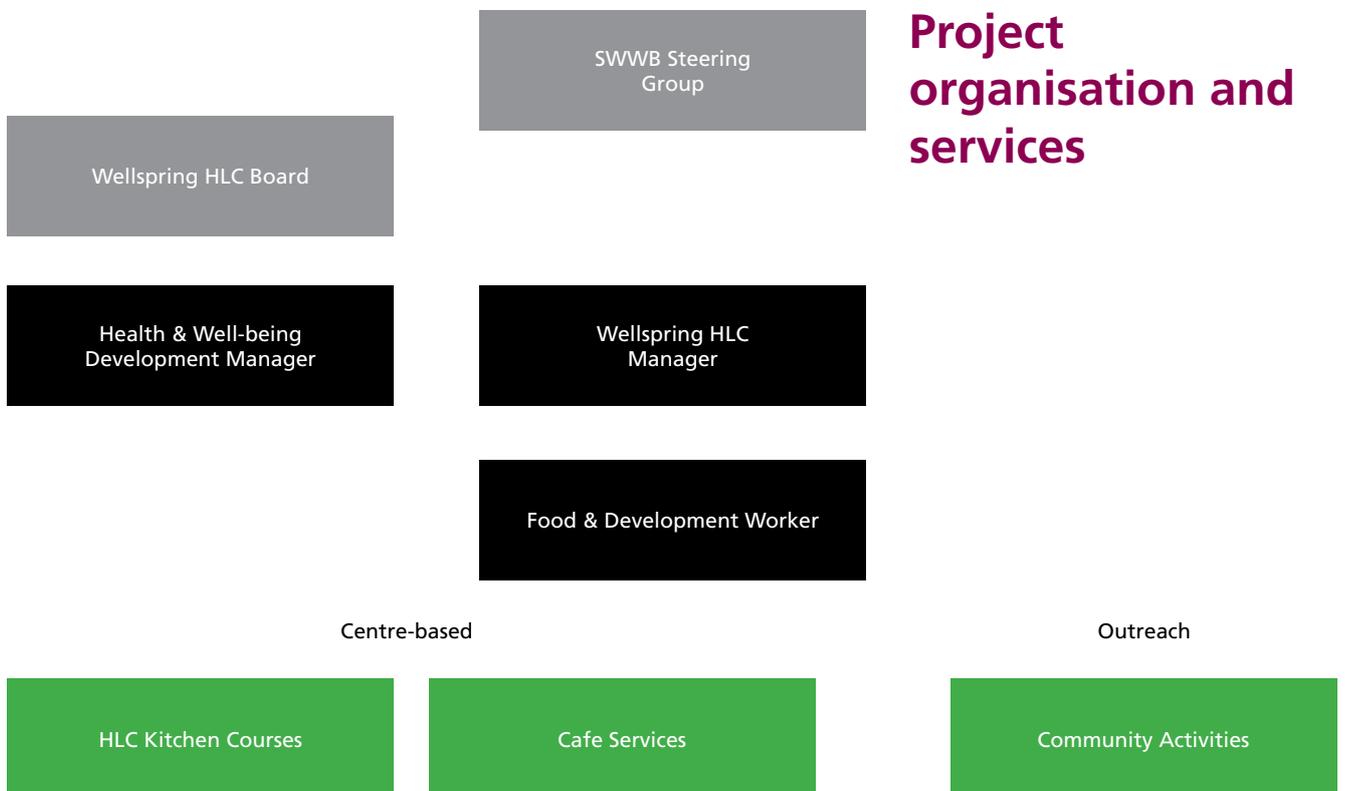
¹⁸ Food Vision <http://www.foodvision.gov.uk/pages/cooking-skills>

Host organisation background

Wellspring HLC opened in 2004; it is a community-led organisation with the building located at the heart of its catchment area and has a good track record of providing statutory and voluntary sector health related services to meet community needs. Wellspring works closely with NHS Bristol and the project's delivery is in partnership with a Senior Health Promotion Specialist from the PCT's Public Health Department. There are approximately 10,000 users per year who visit the GPs, PCT clinics and community services. The space in Wellspring HLC for the community kitchen was originally planned to be a community café. The space had been used for a café since the building opened as it was not sustainable as a commercial kitchen or café due to the lack of footfall. However, the resident-led board for the HLC wanted the space to be kept for a food-oriented activity and therefore the space had remained available. There is also a vegetable garden, which will supply the fresh produce to the kitchen to complete the cycle of educating people about food.

The Health and Well-Being Strategy developed for the area served by Wellspring, and agreed by the Community at Heart Board in October 2006, was based on the Primary Care Trust's (PCT) local needs assessment and local priorities and it is also in line with local area agreement targets.

The range of services offered by the HLC includes a GP practice, practice nurses, counselling and health visitors. In addition, activities available include yoga, various keep fit sessions, infant massage, men's well-being, support to lose weight, women's health and lifestyle, bicycle loan, and various arts-based sessions.



Project organisation and services

Project area

The population (13,000 people) of the Easton and Lawrence Hill ward in which Wellspring HLC is located experience significantly poor health and have particular health concerns, including a high incidence of cancer, coronary heart disease and mental ill-health. In addition, there are high numbers of low birth weight babies, high levels of teenage pregnancy, sexually transmitted diseases and drug and alcohol misuse. The north section of the ward is in the most deprived quintile in England, the whole ward is within the most deprived quintile of Bristol¹⁹ and the life expectancy is nine years less than that of the most affluent ward in Bristol. There are also high numbers of refugee and asylum seekers, a proportion of whom are from Somalia and which have a high birth rate²⁰. Figures for alcohol-related and specific hospital admissions are higher in Bristol than most core cities but residents living in Lawrence Hill are over-represented.

Young people living in Easton are exercising less than those living in the majority of areas in Bristol and fewer people participated in creative activities in neighbourhood renewal areas. Lawrence Hill and Easton were highlighted as being two of the five areas mentioned²¹.



Project delivery in the first year

Challenges

1. The funding started later than initially anticipated and therefore the kitchen was only ready to operate in October 2008. Originally it had been planned for January 2008.
2. The Centre Manager has had to prioritise time to get the capital build up and running. This has placed pressures on other his wider roles.
3. The community kitchen was more expensive than anticipated. Therefore only the essentials for such a kitchen have had to be prioritised.
4. Groundwork for the recruitment beneficiaries, either directly or through agency networks, has taken time.
5. There has been attrition from initial registered group due to illness of attendee or child of attendee and for other personal reasons.

Achievements

1. The organisation has successfully managed and delivered a high standard quality capital build that meets the requirements. Staff and service users report being happy with the result. Small amounts of funding were brought in from other sources to pay for specific elements of the kitchen, for example, to fund a special disability work station.
2. Recruitment to the post of project worker was delayed; nevertheless she has been involved in the design of the kitchen and was therefore familiar with the project. This has helped her ensure a good match between the facilities and requirements for the planned activities. One session has been completed to test out the facilities and to identify issues regarding the process of running the courses.

¹⁹ APHO. Bristol Health Profile <http://www.apho.org.uk/resource/item.aspx?RID=50355>

²⁰ Bristol City Council Local Development Framework www.bristol.gov.uk/bdf

²¹ Ibid

3. The kitchen area can be shuttered off so that the other half of the space can be used for other purposes, thus enabling an increase in rental income. The 'Chat café' operating once a week at lunch time is very popular and takes place within one half of the community kitchen.
4. There is a good and developing relationship with GP practice located in the HLC. Project staff are gradually gaining the confidence of beneficiaries and potential participants and partner organisations to use the service.
5. The project has started to underpin a range of centre services in line with the organisation's strategy. For example, the young people's health group has commenced and is drawing upon the kitchen facilities.
6. The centre has started to make use of the SWWB database system to support monitoring, evaluation and client communications.



References

Food Vision. Community Kitchens <http://www.foodvision.gov.uk/pages/cooking-skills> Accessed 20th January 2009

APHO (2008) Bristol Health Profile <http://www.apho.org.uk/resource/item.aspx?RID=50355> Accessed 24th February 2009

Bristol City Council. Local Development Framework

<http://www.bristol.gov.uk/bdf> Accessed 24th February 2009

I have cooked things I wouldn't have done otherwise

World Cookery, Wellspring Healthy Living Centre

World Cookery is a four week course in which individuals learn about and cook foods from different parts of the world. This includes Spanish-style tortillas, Indian chicken curry and Mediterranean roasted vegetables. Amanda is a mother of two teenage sons, one of whom is a vegetarian and the other who will not eat anything apart from 'meat and two veg'. Neither were at all adventurous.

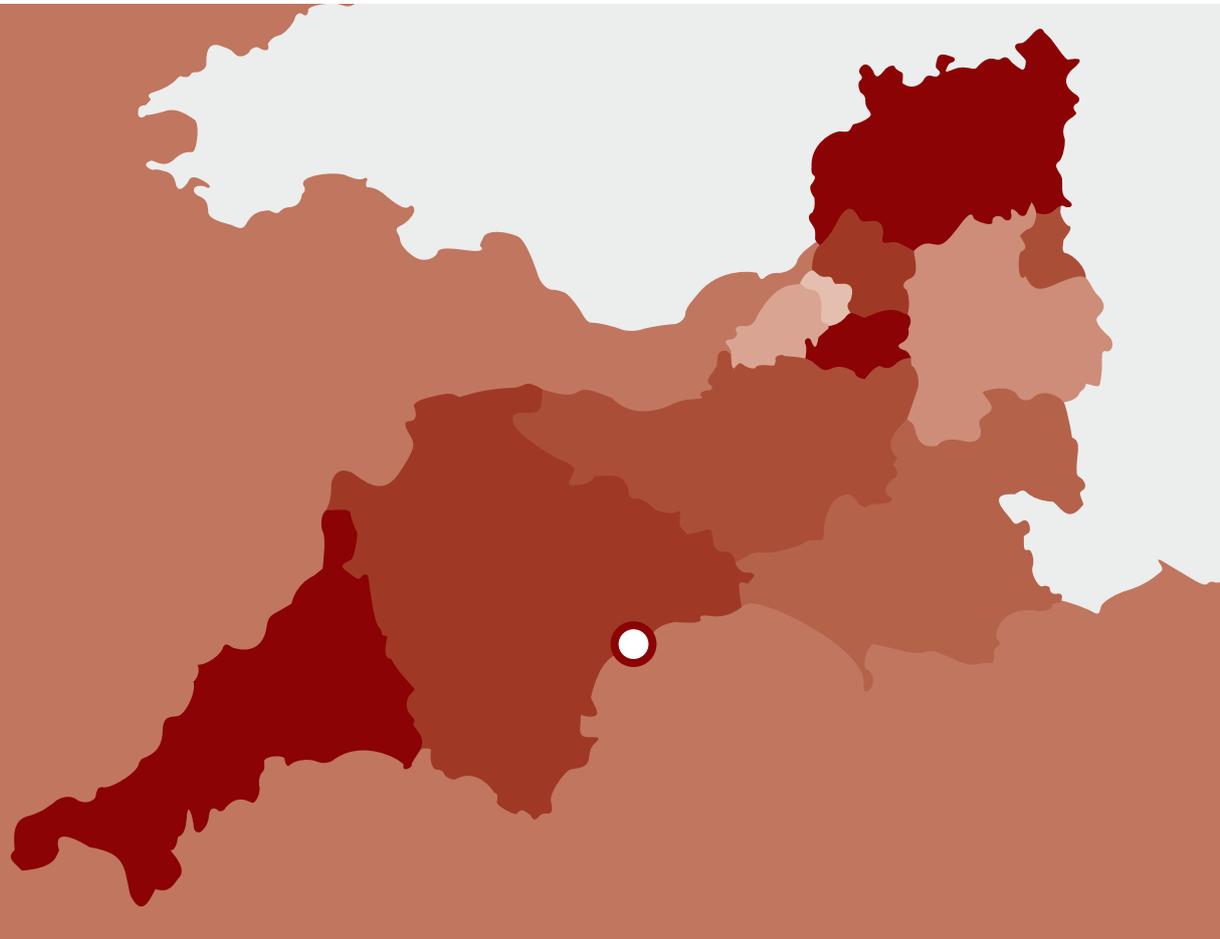
Amanda learnt about the cookery course through her contact within the local community centre and she saw notices around the area. She decided to sign up to it because she wanted to learn a bit more about other styles of cooking and to meet other people.

"You say that you will do it at home but you don't and you also meet

others. I am happier to tackle things that I wouldn't have done before, cooked things I wouldn't have done otherwise. I have also learnt that, even though we have all followed the same recipe our dishes taste different. We have different styles of cooking."

"I have tried the food out on my sons since they said they would try something different: it is not just mum cooking it she has done it elsewhere so they would try it. They liked it, which was good. I haven't tried these things again yet but I am going to do it tonight. There is a community cookery book and I will now try some of those recipes which I haven't before. It has made me try something different because I could make a milder curry and add extra for the boys. I now know what I can add which will suit all of us.

Otherwise you tend to bypass things because you don't know how to do it and that has changed for me."



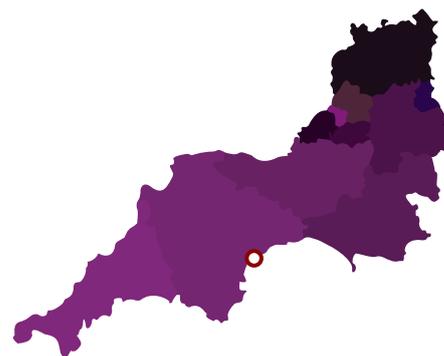
Westbank New Steps

Exminster. Devon

Host Organisation
Westbank Healthy Living Centre

Project aims

Westbank New Steps aims to holistically support and help improve the mental health, physical activity and eating habits of its target communities. It intends to work with people with low level mental ill health, mature (45 years and over) people with sedentary lifestyles and families from deprived communities. The project seeks to help maintain and sustain longer term health behaviour change. As a central focus it aims to retain 80% of participants on a planned programme of physical exercise for six months.



Project overview

The New Steps project is based at the Westbank Healthy Living Centre (WHLC) a venue that provides 'something for everyone'. Project delivery commenced in February 2008 with new opportunities being planned and developed to supplement the very broad range of health and lifestyle activities already available at the HLC. Each project has an action and work plan to pursue. These plans are reviewed with project staff to ensure targets are met.

Referrals to the project can come from local health and community professionals or even self refer at the HLC. Through individual support in assisting users to access healthier lifestyles the project believes it can help build the capacity of local communities to enjoy sustainable, healthy, activities, locally through encouragement 'to take new steps towards a healthier mind, body and soul'. The project envisaged providing and developing a broad range of activities from:

1. teaching cooking skills to bereaved men who may have limited experience, culinary skills,
2. community gardening,
3. weight management support and individual support to access the centre's gym.

The HLC's gym and fitness centre is a successful key component of the project. It aims to increase its inductions to the fitness suite and will continue to offer support to users through a Lifestyle Assessment. Standard exercise programmes are offered and recent capital equipment (Sci-fit Pro II) means they are now able to offer more specialised rehabilitation programmes including chronic back pain and acute injury rehabilitation. The GP Referral programme (Body Active) also offers exercise opportunities to people who may otherwise not have accessed exercise facilities.

Entrance to activities often follows a lifestyle assessment where future participants maybe linked with a volunteer motivator. The centre also provides broad volunteering opportunities as another step to well-being. These non-centre based activities are often popular and highly regarded with some volunteer led activities attracting up to 50 people (e.g. for the Health Walks)

In the future the project is seeking to provide sessions for carers aimed at improving their well-being both mentally and physically through activities like dance and holistic support. Consideration is also being given to providing assertiveness training, anger management and building confidence and self-esteem training.

Target number of individual beneficiaries: 1800

Host organisation

Westbank is the lead portfolio organisation for the Big Lottery South West Well-being programme. Westbank HLC is managed by Westbank Community Health & Care. It was established in 1986 following a GP inspired, philanthropic, volunteer-led campaign to provide health support to local people. It ran as a registered charity for over 20 years until transferring to a company limited by guarantee in 2007. It benefited from the donation of a site and buildings attached to the former Exminster hospital. Its mission: 'Providing Care, Promoting Health' is incorporated in its logo.

Westbank works in partnership with local GP practices, engaging volunteers who provide practical and emotional support to users. It also endeavours to ensure that the volunteer voices are considered in Health and Social Care arrangements locally. As an independent health care provider Westbank also seeks to empower and improve the health of communities and individuals across Devon with the object of the original charity being to relieve sickness and preserve health amongst persons permanently or temporarily resident in the County of Devon and in particular the west bank communities of Exminster, Kenton, Starcross, Kenn, Kennford, Mamhead, Powderham, Cofton, and Dawlish Warren.

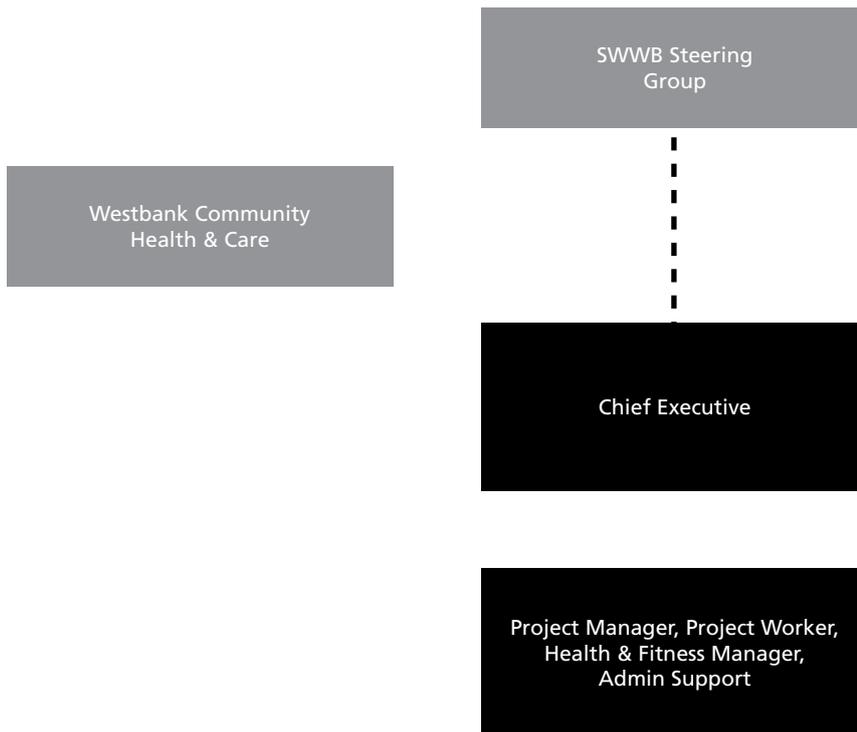
The centre opened in 2004. In 2005, the organisation opened an outreach centre in Starcross in the form of a community meeting place and charity shop which is now running as a social enterprise. They provide a busy and oversubscribed day centre service. The work at the HLC and surrounding communities is supported by a team of 44 paid staff. The combination of centre-based and outreach work reflects Westbank's 'hub-and-spoke' model for service delivery.

Its Volunteering Programme includes over 200 volunteers carrying out a wide range of roles both within the HLC and in the community. Volunteers are involved in every aspect of work. During 2007 the volunteers were estimated to have contributed 15,000 hours of their free time to support the work of the organisation including: transport to healthcare appointments, visiting and befriending people who are isolated, providing support for carers and shopping for people unable to do it for themselves. The Centre has its own minibus. It has a countywide contract to coordinate carer's services as part of a consortium with East Devon and Exeter CVSs. The HLC hosts a wide range of social, art and fitness events that run into evening hours.

The charity's main objectives are to:

1. reach socially excluded people,
2. nurture physical, mental, social and emotional well-being,
3. provide early years development and family health services,
4. offer health intervention for all in smoking, diet and nutrition,
5. provide quality information, advice and guidance,
6. provide care and support to patients and carers,
7. provide quality volunteering opportunities,
8. provide quality day care services.

Project organisation and services



Project Activities & Services

Grow & Cook Sessions,
New Leaf Cafe,
Food For Mood

Confidence-building &
assertiveness activities.
Support for carers
of all ages, focused
social groups.

Access to physical
activities inc. exercise
class, health walks, fitness
suite accessible to people
with disabilities

Supported Volunteering &
Support Back To Work,
One Off Events,
Development Activities

Project area

The project serves three local communities which are officially specified as: Exminster, Rural Teignbridge and Urban Exeter and, in particular, deprived communities in these areas. Within the less urban areas there are higher levels of people over 65 living in isolated communities facing greater barriers for accessing local health and community services.

Health profiles for the local area around Exeter are close to English averages. The Devon Public Health Report acknowledges that in general, the county has 'a healthy population with very good quality health and social care... But the challenges are largely as a result of our lifestyles' (Devon PCT, 2008). Amongst the key priorities for the PCT are obesity, the promotion of mental health and well-being (and prevention of suicide), the health of those in socio-economically deprived communities and the promotion of effective joint working to tackle socio-economic deprivation and thus one of the major causes of ill health and inequality.

The New Steps project aims to meet some of these priorities and in particular target deprived communities in urban Exeter of which the wards of Newtown, Priory and St David's are amongst the most deprived in the country. Through the LAA the WHLC also seeks to work with its partners to tackle deprivation and the causes of ill health a need highlighted in a recent Health Needs Assessment undertaken by Devon PCT and Devon County Council. In particular the villages in the Dawlish area on the west bank are recognised as having a rapidly increasing population and it has an over representation in the number of lone pensioner households and those claiming Incapacity Benefit, Severe Disability Allowance and Disability Living Allowance than in any other Devon area. There is also an over representation of people who feel that their health is generally poor (Devon County Council 2007).

Project delivery in the first year

Challenges

1. Despite success in many areas some activities are yet to commence. These include the healthy lunch box project and the allotment project, scheduled to start in Year 2.
2. The WHLC team report that the development of healthy eating activities has been the last to get off the ground. It is hoped that future enhancement of the lunch club and food for mood programme will lead to further developments on healthy eating.
3. Changes in the management lead on the project, with the original project manager returning from maternity leave in September 2008, has resulted in a delay in some of the healthy eating initiatives getting started
4. Outreach from the hub still poses problems. Focus group participants suggested that it was important to find appropriate places in their local area for people to drop in and meet. The Starcross shop is an exception.
5. There is a multiplicity of channels through which the project reaches the community: e.g. the parish newsletter, word of mouth, a developing website, press releases and so forth. However focus group interviewees reported that they cannot get access to a simple timetabled list of all the activities provided at the centre. More development work could be given to effectively provide information for people over 45 years of age.
6. 2007/08 saw the first full year in which Westbank on behalf of a consortium co-ordinate carers services across the county.

Achievements

1. All beneficiaries interviewed apart from those specifically concerned with carers were happy with the service they received. For many their experiences have been life changing for which some cannot thank WHLC enough.
2. New gym equipment supports disabled access to the gym.
3. Lifestyle assessments have got underway.
4. Young carers from across Exeter and Teignbridge take part in healthy eating sessions – Cooking from Around the World.

5. A weekly Mens' Group has started up to enable older men from the local community to come together and socialise (with an aim to reduce social isolation).
6. Falls Prevention referral programme started aimed at people who have fallen or who are at risk of falling. This is a weekly programme of intervention, physical activity and support.
7. Health Walks has been resurrected in Starcross and the number of walkers are gradually increasing.
8. A series of sessions run for parents around such as issues as healthy eating, safety in the home, looking after mum & dad, first aid.
9. Families from deprived communities supported to eat more healthily with the help of project volunteers.
10. "Taking Care of You" course attracts 10 participants (holistic course for carers).
11. Twelve people offered supported volunteering opportunities to help them get back into a structured way of life or into paid employment.
12. Bereavement support group starts for bereaved people in Exeter.
13. Exercise taster sessions attended by over 45's across rural Teignbridge.

References

Devon County Council (2007) Joint Strategic Needs Assessments; Local profiles.

Devon PCT (2008) Public Health Annual Report 2007/08

It is here for the community & has something for everyone

Westbank Healthy Living Centre Gym

Jim dropped into the centre when he retired. He needed something to occupy him in his free time and he had a desire to put something back into the community. He has fulfilled varied volunteer roles over the years but particularly enjoyed working as a volunteer driver; largely taking people without their own transport to their appointments at the local surgeries or the hospital. Last year he suffered from back problems. He suffered a strain which restricted his mobility. As part of his rehabilitation his GP referred him to Westbank. He had heard that they had improved the equipment in the gym and so decided to see for himself. At his induction he undertook a lifestyle assessment and now visits the gym once a week. With his workouts and consultation with the lifestyle manager he has been able to rebuild his muscles and return to the golf course having been previously unable to swing his clubs:

It is here for the community and

it covers a very large area. It does so much for me and my elderly neighbours who come up here for meals and all sorts of activities. There is a lady who comes up here that I used to help when I was driving. I know that, to her, Westbank was her life. She would come up here and have a bath with someone who could look after her properly she was set for the day and lived to return to meet everyone again.

Pauline first called in just to find out what was going on. The volunteer receptionist was very welcoming and suggested that she may want to use the gym to improve her agility and increase her fitness because she was having difficulty walking having recently increased in weight. In summer 2008 she did a lifestyle assessment and started to exercise on a regular basis. Since then she hasn't looked back. She describes herself as a fitness fanatic. Her eyesight is now deteriorating so she has stopped driving to Westbank's

gym; but because Westbank recently supported a six week activity taster session in her local village she learnt about Tai Chi and enjoyed a fitness class for six weeks in the village's British Legion hall.

"Now in Dawlish Warren there is a keep fit class on a Monday and I go every week ...more for the chat and friendship than the exercise. If there were more things going on I know it would be supported by local people. They have fifteen of us going to keep fit class on a Monday but it is not really for the elderly. It is for us who are over 55 who want to stay active."

It is nice to think that we can have time to meet up and talk

Westbank Healthy Living Centre volunteer

Dennis retired to nearby Exminster and wasn't very active at all. Now a widower he found life very restrictive when he was caring for his wife. Unfortunately he suffered a stroke which left him almost unable to walk. When he first came he just used one machine and bit by bit he has been getting stronger. Having someone to motivate him was important. He attends every Monday and has a meal with other men his age.

"It is just nice that we can have time to meet up and talk because otherwise I wouldn't meet other people in the week. Everyone is so

very friendly and helpful especially Rob [the trainer] who has seen me through."

South West Well-being Programme Themes

6

6.1 Introduction

NICE (2007) public health guidance on behaviour change provides a useful framework and reference point for the themes discussed in this section of the report. It states that it is important for any intervention – or programme – to

1. be specific about its content,
2. spell out what is done, to whom, in what social and economic context and in what way,
3. be clear about the theoretical basis of the interventions.

This section begins with an overview of the central ‘well-being’ element of the programme and the underlying theoretical bases of the programme. It then goes on to examine the organisational context and central themes regarding the format of the delivery of the project. The final section identifies specific aspects of projects that illustrate innovation or good practice.

6.2 Promoting Well-being

6.2.1 Holistic Well-being

There is no universally accepted definition of well-being. In this context it is not surprising that SWWB projects draw upon a range of well-being discourses. Those host organisations engaged in the Health Living Alliance have considerable experience of articulating their health goals within the broader framework of positive health rather than the absence of ill health or impairment. The concept of a ‘holistic’ approach to well-being

was commonly reported at the level of project delivery. Holism is itself a widely debated term and, as with the term well-being, the SWWB programme does not adopt a common definition. However all projects focused on health as the focus of holistic work and ensured that this encompassed diet, physical activity and/or mental well-being.

In this context it is worth noting the UK Government's cross-departmental Whitehall Well-Being Working Group (2006) definition of well-being as:

*"a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding employment, and a healthy attractive environment"*¹

This is a useful point of reference that highlights the close fit with SWWB project goals in terms of the promotion of individual self-efficacy, self direction and inter-personal engagement. It also helps highlight the minority of projects that include a structural orientation towards community, environmental and local economic development. The portfolio therefore embraces different levels of intervention, whilst focusing on individual health-related behaviours.

6.2.2 Mental Health

Of the three programme strands, the promotion of mental health often figures as the underlying, if not central, objective for many activities. Therefore healthy eating and physical exercise activities tended to embed the promotion of self-efficacy, self-esteem or other psychological health goals as a prerequisite to dietary behaviour change.

Practitioners varied considerably in their implicit or explicit application of psychological models of behaviour change. Recent training programmes in the south west, notably the NHS Health Trainer programme, have clearly informed a number of practitioners in their use of stages of change (Prochaska and DiClemente, 1984; 1986) and theory of planned behaviour (Ajzen, 1991) models. Motivational interviewing, humanistic counselling, cognitive behavioural therapy and models derived from adult education and the creative arts were also in evidence. At present SWWB practitioners do not share common standards in either their training or application of health behaviour change models. Given that the evidence base for efficacy of these theories is not conclusive, NICE (2007) have recommended that generic professional competency is an important pre-requisite for safe practice.

6.2.3 Healthy Eating

As section 5.2.2 notes, healthy eating activities were often underpinned by generic health behaviour models. This particularly applied to those activities seeking to support weight loss, weight management or decision making in dietary behaviour. It is worth noting that a number of activities operating under this strand were not based upon this premise. These included lunch clubs, food cooperatives, horticultural activities, cookery courses and cafes. These groups had a greater emphasis on food-based competencies. They also reflected a stronger community development rationale that included the promotion of social capital (see below).

6.2.4 Physical Activity

As with healthy eating, physical activity initiatives were underpinned by generic behaviour change models as well as specific competencies and wider social goals. These initiatives differ considerably and range from group-based activity sessions, subsidised access to gyms, swimming pools and other facilities to personal physical activity coaching and advice.

6.2.5 Other health and social behavioural changes

Well-being, mental health, physical activity and healthy eating were not the only reference points for projects. Projects identified other central drivers that included social inclusion, active citizenship, social mobility and action on social deprivation. Two leading behaviour change goals related to health inequality and to social capital.

With regard to health inequalities, all projects reported that they were addressing the issue to some degree. The emphasis varied across the programme in terms of the connection to the evidence-base and the priorities identified by local public health departments. Those projects operating in areas of relatively low health poverty may best be understood to be addressing 'fine grain' health inequalities: that is, health inequalities that are apparent at the very local level and may not be visible in official datasets.

With regard to social capital, all projects employed this concept or related ideas such as social networking, community capacity, and neighbourhood trust and reciprocity. The emphasis on benefits of group-based social engagement in the delivery of the project activities (see below) reflects an important common theme in the underlying rationale of SWWB projects.

6.3 Organisation Context

6.3.1 The SWWB consortium model

Projects from the consortium have focused their work within defined geographical areas. However, regionally they collaborate with partners from the statutory, voluntary, community and business sectors to meet the healthy lifestyle needs of individuals and communities within the south west region. In essence they seek to provide locally accessible, people-focused and holistic approaches to tackling health issues particularly for those people identified as being in most need.

In the South West, the New Opportunities Fund initially supported the development of 19 healthy living projects. These projects had and continue to have a variety of different partnership arrangements. But, in their work programmes, activities and services were targeted on those areas where needs have been most clearly identified through indices of multiple deprivation and statistical data on public health and well-being.

Since its inception in 2005 the South West Healthy Living Alliance has supported this approach and shown a commitment to joint working and developing a strong sense of shared purpose. This has been demonstrated through its support to developing a strategy for a portfolio of well-being projects to sustain this work beyond the opportunities provided by the New Opportunities Fund.

Whilst all organisations have participated in nationally funded programmes and local partnership delivery, SWWB represented a step change in regional working. Since the programme started in December 2007 participating projects have shown a clear intention to not only pool their knowledge, skills and understanding to enhance local delivery but also to develop strategically to ensure that individually and collectively they can continue to offer value added services to existing statutory provision.

Collaboration has been challenging because participating projects have reported little detailed knowledge of one another's organisations at the outset. The successful launch event in summer 2008 represented a high level of commitment from the consortium to maintain collaboration. Thus early successful exchanges of knowledge and best practice has ensured that there is clear scope to build on willingness to learn about experiences to further embed projects in a regional collaborative endeavour.

Some of the smaller host organizations would have benefited from capacity building funds and support to enable them to engage more fully at this level. Some organisational leads reported that at the early stages of development they have felt stretched or that it has taken longer than anticipated to develop activities. This is particularly the case for those projects who have adopted a community development approach. Nevertheless, quarterly monitoring returns show progress for all projects across the consortium. Across the portfolio enthusiasm continues to exist to broaden collaborative work.

6.3.2 Host organisations and projects

There are differences in the sector of host organizations which is summarised in Appendix 1. One host organization comes from the statutory sector but all the remaining organizations are from the third sector. No project is based in the private sector although some host organizations derive some income from private sources. Since the consortium's inception a few of the programmes partners have been independently commissioned by statutory agencies to deliver individual projects, services and programmes. As a marker of the success this demonstrates the evolving nature of the consortium's partner's work. It is the blurred boundaries between sectors that

make easy typologies of organizational structures difficult to determine. Thus although a project like CIOHPS is hosted in the statutory sector its partnership work with the third sector organization the Cornwall Centre for Volunteers enables the project to access a network of third sector organizations actively delivering and supporting communities on a range of well-being issues. There are also clear statutory sector support given to third sector host organizations with hosts such as the Balsam Centre receiving continued support from the local authority.

Some host organisations manage several funding streams with varying objectives. These seek to provide in their communities services for a broad range of beneficiaries beyond those recognised by the SWWB programme.

Even though many of the projects are led by third sector organizations that are recently created, it is clear that some project leads see their organization's role as a long term player who will continue to evolve services and provisions to meet the clearly defined needs. In this sense several projects can be perceived as evolving a community anchor role. Community anchors are independent community-led organisations. They are often multi-purpose who seek to provide longer term holistic solutions to local problems (Community Alliance, 2008). Wolesley Trust and the Penwith Community Development Trust are self defined community anchors but potentially other partners such as Well Spring HLC, The For All Healthy Living Centre, the Balsam Centre Penwith Community Development Trust and Westbank are moving towards the community anchor model. These larger host organizations embrace a range of community interests. Some have over forty different statutory, voluntary and business groups operating from them to improve access to services for their communities. All have developed local relationships with primary care services and Local Authority departments. Thus, for some organisations the SWWB project is a relatively small fraction of the income stream.

A further element of diversity across the consortium is the degree and level of support given to management leads from their organization. The organisation diagrams show differences in terms of scrutiny and support to monitoring project delivery and strategic development. While all projects signify that project boards require some level or form of reporting on progress the scope, regularity and extent of reporting is variable.

6.3.3 Delivery organisations and the strategic environment

The Healthy Living Centres Initiative arose in response to findings in the 1998 Acheson Report and in Our Healthier Nation. The Wanless Report, identified that some people face far higher risk than others in their likelihood of suffering avoidable illness such as heart disease, cancer, depression and diabetes. It has been recognised that Healthy Living Projects needed to add value and complement existing public health activities without duplicating statutory services. It has also been anticipated that they should involve people in their own well-being and tackle health improvement in a co-ordinated way. Embracing and supporting third sector organizations has been key to encouraging civil

society to engage in local health issues and develop solutions that potentially could be both sustainable and effective in the long term.

The key to improving health and social facilities in local communities has been the growth in Local Strategic Partnerships. The health needs and aspirations of local communities have now been developed with communities through community strategies and Local Area Agreements. It is clear that all projects have an awareness of LAA priorities. Some host organisations have conducted a comprehensive review of their own delivery and position their organizations in the context of these local and national developments. Some have directly identified local PCT priorities and health agendas for their areas and seek to develop their services to support existing statutory provision. While this is the main focus for their strategic development other projects look to the Community Plan, LSP strategy if they have a remit to address inequalities in a precise geographical area. However, only a minority of projects are able to quantify their planned impact against the scale of local need.

6.3.4 Project coherence: focused and diverse sets of activities

The study's focus group participants indicated that the majority of project beneficiaries had a very clear understanding about the range and provision of activities on each project. Respondents reported being extraordinarily happy with the services. Few understood that it was linked to a specific approach (e.g. a pathways approach) and fewer still had an awareness of the SWWB programme.

For centre based activities most respondents interpreted the activity as something their centre does. A well defined physical presence in the community seemed to help to bolster local people's perception and awareness of the host organizations function and purpose. It enabled them to draw on local resources: rooms, kitchens, reception venues etc. Through to providing bases for office support. Recruitment and retention of volunteers to different projects is frequently assisted by the project having an established presence in the community that is easily identifiable. Thus those hosts who have purposeful built centres extol the benefits of their existence. But the building and or centre was often an important key for providing coherence to the activity for the beneficiary.

For those projects using a multiplicity of venues to reach their target beneficiaries the establishment of coherence maybe difficult. This will probably be a particular problem for projects developing outreach programmes and targeting rural populations where issues of transport pose dilemmas for projects and barriers beneficiaries.

Several projects support a range of activities that seek to address perceived local need but it is sometimes difficult to understand the coherence of the approach and the focus of the work.

6.3.5 Project catchment areas

The size of the remit varies across the portfolio. Essentially there are three types of geographical remit:

- Neighbourhood

- Hub and spoke

- District Authority and beyond

Projects in the larger urban conurbations are targeted their local neighbourhoods. In Weston-super-Mare the For All Healthy Living Centre is aimed at one large housing estate in one district authority. The three Bristol based projects have remits which are neighbourhood based which cover one or two wards. This is also true of the Health Matters project in Plymouth. Two projects (Westbank and Well Bean) are centre based projects which have a remit to reaching out to specifically designated communities that are some distant from their centres. Both aim through outreach work to engage largely rural communities that are some distant from the host centres. However the two projects in Cornwall have the largest geographical remits aiming to cover between them the seven district authorities of Cornwall. Similarly the Lighter Weigh to Live covers two district authorities.

Given the complexities created by different geographical remits, the importance of having a centre bases or not is key component in project discourses. Centre based projects have a clear benefit in that communities can potentially access the centre as a resource. Networking and recruitment opportunities are also substantially enhanced. Beneficiaries on South West Well-being projects can also clearly tap into a range of other community based activities and other experts and professionals are an immediate resource easily accessible. The Centres at Westbank, Weston and Balsam all clearly thrive on these opportunities. In fact individual projects and activities are often seen as centre based activities rather than activities attached to a specific approach or funding stream. Lawrence Weston uses a network of venues across the community and Knowle West potentially benefits from its location in a health park. With their large geographical remits the two Cornwall projects access beneficiaries and networks through their partnership with the Cornwall Centre for Volunteers who have several centres and bases across the county and those without bases discover utilising centres is useful e.g. the Littledown Centre by the Lighter way to Live project

6.3.6 Project start up issues

Some projects have already faced and overcome early challenges that have mitigated quick progress. This is not a systemic problem across the portfolio but more a consequence of unique factors at a local project level. Some capital spending work took longer than initially anticipated. Recruitment and personnel changes have created challenges elsewhere. Personnel changes on several projects have created more challenges for project leads but across the portfolio delivery is on track.

6.4 Project Design and Delivery

6.4.1 Target participants

SWWB activities address a wide range of participants. Nevertheless, in line with SWHLA's strategy, the majority of activities do focus on older people, families and people with poorer health. Patterns of uptake will be confirmed with closer analysis of the beneficiary registration records.

Details of the design of activities (Appendix 1) indicate that some projects have very broad eligibility criteria. Evidence from research on community-based initiatives shows that this can mean that individuals with lower health needs will access services under these conditions. Broad eligibility can also indicate under-planning in the design and marketing of services.

6.4.2 Indirect participants

All project staff are aware of individuals who benefit from activities indirectly through, for example respite care or their social association with the improved well-being of direct participants. Positive outcomes for indirect participants can be considerable for many projects but remain difficult to quantify. Only in a small number of SWWB activities have these benefits been factored in.

6.4.3 Recruitment and marketing.

Many projects have engaged – or re-engaged – with individuals who have used the organisation's services prior to the funding period. This can reflect ongoing and high level needs, and also a strong level of community engagement and service loyalty. Management of demand for services and the recruitment of entirely new services users represented a difficulty for staff in some cases. In part this appears to be the consequence of limited marketing resources and capacity.

Project staff report a very mixed picture on recommendations and referrals from statutory health and social care services. Even where there are good relations, inappropriate referrals were reported. The development of protocols for information sharing, thresholds of need and joint planning meetings have been very promising. In such instances, it appears clear that statutory agencies remain well placed to feed target participants into projects. The development of a fully functional system for referral and recommendation from these agencies is a priority for some projects.

6.4.4 Registration and enrolment processes

Whilst a definition of project entry is straightforward for many project activities, formal registration was often reported to be a difficulty. Some of the reasons include issues of building trust, the organisation's administrative capacity and the informal format of activities. However

all organisations are clearly in a process of developing their induction processes and this is providing a good opportunity to understand, more thoroughly, the motives of new comers, the appropriateness of services, gaps in uptake and the progress of participants.

6.4.5 Activity focus and format

Most projects run a mix of services with both a one-to-one focus and a group focus. These levels of focus require somewhat different practitioner skills, resourcing and imply different target outcomes. Group-based social activities are the leading format across SWWB projects and provide a fertile basis for the exchange of knowledge and skills between the delivery partners. The value of social interaction in a supportive group setting is a clear defining feature of projects: despite their diversity in terms of target participants, content and outcomes.

6.4.6 Activity centre-based and outreach venues

Organisations can sometimes run their activities either through a dedicated centre or 'outreach' community venues. Outreach venues offer flexibility, the potential for minimising fixed overheads and highly localised delivery. However organisations report problems with identifying suitable outreach venue locations or venues of an appropriate standard. A wider consequence can be that participants primarily identify services with the organisation that owns the venue as opposed to the SWWB funded delivery organisation.

6.4.7 Activity staffing

Appendix 1 distinguishes between salaried, sessional and voluntary staff involved in the delivery of activities. The breakdown shows central role of the salaried staff of organisations, but does not differentiate between individuals employed on full time and part time contracts. Most projects make extensive use of part time salaried staff and sessional workers in order to support flexible delivery and draw in a broader range of skills. These arrangements are likely to make SWWB services relatively efficient in labour costs in comparison to statutory provision. This study did not survey the skills and qualifications of staff and the organisation systems for supporting staff development. It is acknowledged that an expanding multi-sector health promotion workforce delivering health promotion and health education across a broad range of health services needs to be an educated workforce which can work in flexible ways, and rise to multiple challenges posed by clients with evolving lifestyles.

The role of volunteers is very mixed across the projects. For some projects volunteering is a central aspect of the ethos and delivery. These cases appear to exemplify best practice in terms of their support arrangements and wider rationale for active community engagement. The programme is drawing on motivated people with a broad range of experience and capacity to help others achieve pathways to well-being. Several projects are giving opportunities for retired people to maintain an active life beyond retirement in sharing their skills and experiences to younger generations.

In contrast, a minority of projects explicitly do not prioritise volunteering roles in service delivery. This may reflect the high level of practitioner skills required in the delivery of services for vulnerable people. However the findings are only provisional because the study did not comprehensively review volunteering across all projects. There is provision for volunteers to be on the management boards for all host organisations.

6.4.8 Support for participants

The projects appear to offer a very high level of individually tailored support to their service users. This support is based upon a range of strategies that include personal motivational support, group facilitation, incentives and membership schemes, the use of peer support, the provision of local transport and, of course, the free or subsidised services themselves.

A recurrent theme across many activities has been the friendly and informal nature of the services. Successful activities often do not foreground the needs associated with, for example, ill health or low income, but tend to emphasise the fun, creative and sociable elements of the service. This was reported widely by staff and participants as being a key characteristic that distinguished SWWB activities from statutory services.

6.4.9 Activity completion

Their delivery of activities, the issues of onward progression, early exits and continued support have increasingly come to the foreground. This in part reflects the increasing significance of tracking medium and longer term outcomes for participants. Widespread health promotion evidence indicates that healthy living type activities often have short term impacts, but may fail to help sustain longer term behaviour changes.

There are some important differences between ongoing project activities and those with a formal end point. Behaviour change outcomes present some conceptual and practical problems for project activities that are not framed in relation to a formal end-point. In some cases it may not be appropriate to characterise ongoing activities as 'interventions' in the sense of a structured and time-limited service allocation.

For more structured activities with a defined completion point, two commonly reported issues were the importance of follow-up and early exit procedures. In both cases a number of projects are developing systems for monitoring the next steps for participants and for offering supplementary support at later intervals. This work was reported to be potentially costly in terms of resources.

6.4.10 Monitoring and service quality consultations

Basic monitoring is a universal feature of SWWB activities. Many use paper-based activity registers that are then transferred to electronic spreadsheet. The value of good monitoring data and its potential for informing project delivery is widely acknowledged. Occasional feedback consultations on service quality are routine. However they are very varied in their format and response rates.

6.4.11 Project developmental cycle

These consultation exercises clearly inform the strategic planning of a majority of host organisations. Shorter term response cycles are less consistently in evidence, probably because the study focus was on the implementation of activities in their start up period. A minority of projects clearly distinguished between developmental and core delivery. Developmental delivery included the provision of one-off and taster sessions, the piloting of outreach work and promotional work. This form of provision enabled project leads to test and innovate new areas of work and, in so doing, promote a good level of dialogue with prospective target participants.

6.5 Project Connections: Best Practice and Innovation

Drawing upon the thematic review of the project profiles, this section identifies areas for knowledge exchange between the projects. It highlights aspects of innovation and best practice that can be shared between projects.

6.5.1 Mental Health for All, Weston-super-Mare

- The provisions of volunteering opportunities in the centre for clients who have completed one-to-one sessions.
- The provision of transport (minibus), to enable Saturday group members to attend the group and to take them on outings.
- After a physical activity session drinks and snacks are provided thus providing a social aspect to the session as well as physical exercise.

6.5.2 Pathways to Health and Well-being, Penwith and Kerrier, Cornwall

- The support and maintenance of the commitment and passion of a group of complementary therapists, who understand and advocate the importance of promoting pathways to health specifically in deprived communities.
- The development of a website with an activity database that offers a great opportunity for the project to promote voluntary and community sector organisations in serving remote, rural communities.
- The provision of volunteering opportunities to SWWB beneficiaries who act as beacons for clients approaching their network of centres.

6.5.3 Step by Step, North Cornwall

- Small Grants project offers an excellent route to buy-in community beneficiaries to SWWB objectives. It also provides scope for devolving decision making.
- The sharing of lessons and experiences of embedding a community empowerment approach into the Health Trainer recruitment process.

6.5.4 Activate Your Life for a Lighter Way to Live, Dorset

- Use of a flexible approach to individual Lifestyle Management sessions, in terms of individual or couples attending together, in the frequency of the contacts and in the type, whether person-to-person or via the telephone.
- Integrated use of behavioural changes around diet and nutrition with physical exercise.

6.5.5 Lawrence Weston Health Steps, Bristol

- Harnessing the support of volunteers and local social networks therefore sustaining and developing the role of volunteers in delivery.
- Making integrated use of community transport to support access to activities.

6.5.6 Well Bean Project, Wincanton

- Confronting barriers faced in developing outreach work in distant communities through adoption of flexible links with new partners active in target areas e.g. the police.
- Utilising experienced staff to understand the barriers and lessons learnt in developing community gardens and horticultural projects.
- The project has a successful and extensive portfolio of delivering and supporting rural activities for local people.

6.5.7 Plymouth Health Matters, Plymouth

- Third sector commissioning. Subcontracting to local delivery partners drawing upon priorities identified in the area's Joint Strategic Needs Assessment.
- Use of a flexible delivery model to respond to emerging priorities and to build upon successful initiatives.
- Harnessing and sustaining the support of volunteers (Befriending Angels and Elder Tree subcontractors).

6.5.8 Upstream Health Maps, Mid Devon

- Translating the organisation's vision, values and theory base into a well defined set of project activities.
- Connecting geographically dispersed activity groups through a shared creative purpose.
- Effective protocols for statutory sector referrals.

6.5.9 Knowle West Pathways to Health, Bristol

- Application of the organisation's strategic plan to underpin service development and clearly link planned outcomes to local priorities.
- Development of a comprehensive service user and activities database system to monitor, evaluate and inform service delivery.
- Integrated use of massage therapy and counselling for holistic health promotion.

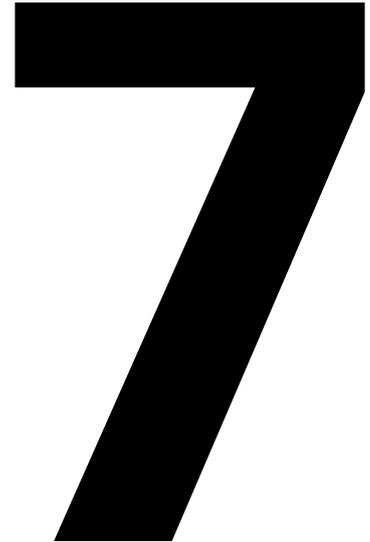
6.5.10 Wellspring Community Kitchen, Barton Hill, Bristol

- Use of the cookery skills element of the activity to attract a wide variety of users, for example, people with low mental health, men, young people.
- The chat café attracts both staff and HLC users but to enable staff to eat within their limited lunch-break they are able to order their food in advance.

6.5.11 Westbank New Steps, Exminster

- Successful lifestyle assessment option for beneficiaries who use gym facilities.
- Clear understanding and engagement with the PCT and the key priorities in the Local Area Agreements has been a key driver for informing strategic development.
- Adoption of a hub and spoke approach has facilitated a growing presence in the geographically distant communities. This in turn has led to a physical outreach presence in one target community.

Recommendations



7.1 Introduction

This section is divided into recommendations for the SWWB portfolio and the second stage of the evaluation. These recommendations are based upon the initial project development, first stage of the evaluation process and therefore are not informed by evidence of project outcomes or a systematic survey of all stakeholders.

7.2 Recommendations for the SWWB Portfolio

These are recommendations that apply to the programme as a whole.

7.2.1 Demarcate the theory base and strategic direction for SWWB and SWHLA

As a consortium of independent organisations, SWWB projects reflect a variety of strategies for the promotion of health and well-being. Through the programme there is an opportunity to consolidate and make explicit the theory basis of project activities.

7.2.2 Support SWWB staff to exchange knowledge and skills

SWWB organisations have accumulated a wide range of skills and knowledge in community-based health promotion. There is a real opportunity to further capitalise on the potential for transfer of innovation and learning that can occur for projects through the SWWB initiative.

7.2.3 Train SWWB staff

Use the SWWB programme as an opportunity to up-skill through training and professional development of project staff.

7.2.4 Prioritise marketing and communication

Projects might benefit from reviewing their 'service offer' from a social marketing perspective.

7.2.5 Develop a tiered approach to beneficiary monitoring and evaluation

A majority of projects deliver a range of services and have a variety of direct and indirect service user contacts. Most organisations could refine their strategic approach to record collection. This includes demarcating 'core direct beneficiaries' and adopting a light touch approach to recording peripheral, indirect beneficiaries and one-off contacts.

7.2.6 Record self-defined well-being outcomes

There is an opportunity for projects systematically capture self-defined outcomes for samples of participants.

7.2.7 Ensure project coherence and focus

Staff leads should consider refocusing resources where opportunities arise in order to build upon learning from service delivery in the first year.

7.2.8 Ensure a clear structure and format for delivering activities

For some activities, organisations could examine whether a more structured delivery would help keep track of new take up, retention and outcomes for participants.

7.2.9 Share learning on how to address complex cases in need of ongoing support

SWWB organisations could benefit from developing common protocols on how to work with individuals with complex care needs. This would also help organisation define circumstances where individuals or groups need to be supported to move on from their services.

7.2.10 Public presentation of the SWWB programme profile and individual project profiles

Both the SWWB Steering Group portfolio and individual project leads are well placed to consider how they wish to present the regional

dimension of the programme their activities both locally and regionally and whether there are opportunities to develop this type of initiative.

7.3 Project Specific Recommendations

As outcomes of the first stage of the evaluation all SWWB funded organisations have been provided with a set of project specific recommendations. These are intended to support organisations to refine and enhance their delivery.

7.4 Second Stage Evaluation Recommendations

Recommendations for the next stage of the evaluation include focused research on

- the role of social marketing;
- service cost effectiveness;
- project approaches to social isolation, health transitions, complex care, hard to reach groups and the active participation of volunteers;
- the relationship between SWWB services and local statutory provision.

These will be reported on in the next evaluation report planned for March 2010. The third evaluation report is planned for September 2010.

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Appendix 1

Project Activity Tables

Activity Summary: Health for All (Weston-super-Mare)

Activity	Well being theme*: primary (others)	Providing organisation:	Type of staffing	Status at outset	Individual or group delivery	Type of group, length and size	Targeting and referral details	Fee for service user
Saturday Group	MH	Fund-holder	Salaried and voluntary staff	New activity	Group	Open group. Continuous 10-15 people	Open access. Focus on those who find weekends difficult	Free
Exercise group	PA (MH)	Fund-holder	Salaried and sessional staff	New activity	Group	Open group Continuous	Open access	£1
Counselling	MH	Fund-holder	Salaried staff	New activity	Individual	Open group Continuous	Referral from GP, Children's Centre or other professional	Free
Multi-sport	PA (MH)	Fund-holder	Salaried staff	New activity	Individual (group activities available)	Open group Continuous	Open access. Focus on socially excluded & those who never before attended gym	Free
Baby massage	MH	Fund-holder and other organisation		Continuation of activity	Group	Closed group Fixed term Up to 15 people	Open access and referral from HV, Children Centre staff etc	Free
Samaritans Drop-In	MH	Other organisation	Voluntary staff	New activity	Individual	Open group Continuous Size N/A	Open access	Free
Workshops/Short term events								
Stress management workshop	MH	Fund-holder	Salaried staff	New activity	Group	Open One off workshop Up to 12 people	Open access	Free
Christmas Card workshop	MH	Fund-holder	Salaried staff	New activity	Group	Open group One off workshop	Open access	£1

Wellbeing theme MH: Mental health
 PA: Physical activity
 HE: Healthy eating

Activity Summary: Pathways to Health and Wellbeing, West Cornwall HLC, Penwith

Activity	Well being theme*: primary (others)	Providing organisation:	Type of staffing	Status at outset	Individual or group delivery	Type of group, length and size	Targeting and referral details	Fee for service user
Volunteer Programme	MH PA HE	Fund-holder (PCDT) & C&IOS PCT	Salaried staff and volunteers	Development of existing activity	Individual and group	N/A	Open Access	Free
GP Recommendation Scheme and CHLC Database	MH PA HE	Fund-holder and Kerrier District Council & C&IOS PCT	Salaried staff and volunteers	Development	Individual	N/A	Targeted at individuals and health professionals	Free
We Can Get Active	MH PA	Fund-holder, Kerrier District Council, Cornwall Rural Community Council, Health Promotion Service (Mental Health & LEAP Active) and Hub Club	Salaried staff, volunteers and staff from other partner organisations	Development	Individual	Open, group taster sessions	Targeted at people with mental health problems	£5 per session for expensive activities such as horse riding and canoeing
We Can Keep Active	MH PA	Fund-holder, Kerrier District Council and Penwith District Council	Salaried staff, volunteers and staff from other partner organisations	New activity	Individual	Open, group follow-up sessions	Targeted at people with mental health problems	Free
Complementary Therapies and Counselling Service	MH	Fund-holder and Cornwall Works	Salaried staff, therapists and volunteers	New activity	Individual	N/A	Targeted at unemployed people	Free
Complementary Therapies	MH	Fund-holder and NRF	Salaried staff, therapists and volunteers	New activity	Individual	N/A	People living in deprived communities	Free
Workshops/Short term events								
Healthy Eating Workshops	HE	Fund-holder and Kerrier District Council	Salaried staff, volunteers and staff from other partner organisations	New activity	Individual	N/A	Junior school aged people People living in deprived communities	Free
Grand day out	MH	Fund-holder and Cornwall Works	Salaried staff and volunteers	New activity	Individual	N/A	People living in deprived communities	Free
Healthy Workplace Workshops	MH HE	Fund-holder and Kerrier District Council	Salaried staff, volunteers and staff from other partner organisations	New activity	Individual	N/A	Targeted at employees	Free taster

Wellbeing theme MH: Mental health
 PA: Physical activity
 HE: Healthy eating

Activity Summary: Step by Step (CIOHSPS, South Cornwall)

Activity	Well being theme*: primary (others)	Providing organisation:	Type of staffing	Status at outset	Individual or group delivery	Type of group, length and size	Targeting and referral details	Fee for service user
Community outreach work	MH (PA, HE)	No	Salaried staff	Development	Individual and group	Open group	Targeting and referral	Free
Health champions	MH (PA, HE)	No	Volunteers	Development	Individual	Open group	Targeting	Free

Wellbeing theme MH: Mental health
 PA: Physical activity
 HE: Healthy eating

Activity Summary: Lighter Weigh to Live (Weymouth, Portland and Bournemouth. Dorset)

Activity	Well being theme*: primary (others)	Providing organisation:	Type of staffing	Status at outset	Individual or group delivery	Type of group, length and size	Targeting and referral details	Fee for service user
Activate Your Life for a Lighter Way to Live	PA (HE)	Sub-contract	Sessional staff	New activity	Group	Closed group Fixed term of 12 weeks 10 families	Families targeted: Live in Bournemouth/Poole, have at least 1 child <16yrs, family member benefit from losing weight, can state why they want to make a lifestyle change, access to email/web, 1 adult member will communicate to whole family, commit to 12 week programme	£25 per family for 12 weeks
Lifestyle Mentoring	HE (PA)	Fund-holder	Sessional staff	New activity	Individual	Fixed term of about 6 sessions over 2-3 months 10 people, maximum	Individuals who are referred into Healthy Living Wessex	£15 for 6 individual sessions
Family Weight Management	HE	Fund-holder	Sessional staff	New activity	Group	Closed group Fixed term over 12 weeks 10 families	Open access.	£25 for the family

Wellbeing theme MH: Mental health
 PA: Physical activity
 HE: Healthy eating

Activity Summary: Lawrence Weston Health Steps (Bristol)

Activity	Well being theme*: primary (others)	Providing organisation:	Type of staffing	Status at outset	Individual or group delivery	Type of group, length and size	Targeting and referral details	Fee for service user
Befriending Group	MH	Fund-holder	Salaried staff	New activity	Group	Closed group Fixed term Up to 16 people	Over 50's with a focus on those who are socially isolated. And/ or in poor physical or psychological health.	Free
Lean & Green	PA	Fund-holder	Salaried staff	New activity	Group	Closed group Continuous Up to 20 people	People with learning disabilities. School children. Other interested community members	Free
Family Cycling	PA	Fund-holder	Salaried staff	New activity	Group	Closed group Continuous Up to 20 people	Families with poor access to cycling and leisure facilities	Free
Lunch Club	HE	Sub-contract	Salaried staff Volunteers	Development	Group	Open group Continuous Up to 50 people	Over 50	£2.50/ session
Gentle Exercise	PA	Sub-contract	Salaried staff	Continuation	Group	Open group Continuous Up to 50 people	Open access	Free
Local newsletter	MH (PA, HE)	Fund-holder	Salaried staff	Continuation	Individual	N/A	All households in Lawrence Weston estate	Free taster sessions
Lawrence Weston Community Transport	MH (PA, HE)	Sub-contract	Salaried staff	Continuation	Individual & Group	N/A	People with low access to transport and/or with mobility difficulties	No fee

Wellbeing theme MH: Mental health
 PA: Physical activity
 HE: Healthy eating

Activity Summary: Well Bean Project (Balsam, Wincanton)

Activity	Well being theme*: primary (others)	Providing organisation:	Type of staffing	Status at outset	Individual or group delivery	Type of group, length and size	Targeting and referral details	Fee for service user
Garden/nursery work	MH (HE, PA)	Fund holder	Salaried staff	New activity	Individual and group	Open and closed Continuous Various sizes	Targeting and referral	Free
Allotment	HE (PA)	Fund holder	Salaried staff	New activity	Individual and group	Open and closed Continuous Various sizes	Targeting and referral	Free
Volunteering	MH	Fund holder	Salaried staff	New activity	Individual and group			
Cooking Skills	HE	Fund holder	Salaried staff	New activity	Individual and group	Open >10	Targeting and referral	Free
Health walks	PA	Fund holder	Salaried staff	New activity	Individual and group	Open and closed Continuous Various sizes	Targeting and referral	Free
Gym	PA (MH)	Fund holder	Salaried staff	New activity	Group	Open Continuous Open <10	Targeting and referral	£1.00 donation/session
Textile Group	PA	Fund holder	Salaried staff	New activity	Group	Open Continuous <10	Targeting and referral	£1.00 donation/session
Home Visits/ 1 to 1	MH (HE, PA)	Fund holder	Salaried staff	New activity	Individual	Closed, offered for as long as needed	Targeting and referral	Free
School garden, eco area and skill dev	HE (PA)	Fund holder	Salaried staff	New activity	Group	Open >40	Targeting	Free
Mud and clay play	PA	Fund holder	Salaried staff and sessional staff	New activity	Group	Open >50	Targeting	Donation
Active living group	PA	Fund holder	Salaried staff and sessional staff	New activity	Group	Open >20	Targeting	Free
Fresh food co-op	Not started yet							
Aerobics session	Not started yet							
Workshops/Short term events								
Healthy Eating Workshops	HE	Fund holder	Salaried staff	New activity	Group	Open >20	Targeting and referral	£1.00 donation/session
Grand day out	MH	Fund holder	Salaried staff	New activity	Group	Open >40	Targeting and referral	Free
Healthy Workplace Workshops	MH HE	Fund holder	Salaried staff and sessional staff	New activity	Group	>100	Targeting	Donation

Wellbeing theme
 MH: Mental health
 PA: Physical activity
 HE: Healthy eating

Activity Summary: Health Matters (Plymouth)

Activity	Well being theme*: primary (others)	Providing organisation:	Type of staffing	Status at outset	Individual or group delivery	Type of group, length and size	Targeting and referral details	Fee for service user
Fruit and vegetable scheme	HE	Fund holder	Salaried staff	Continuation	Individual/ household	Open group Continuous Household: 1 – 8 people	Open access Focus on those who have poor access to fresh fruit & veg.	Subsidised cost of fruit and veg
Cook & Eat (North Prospect Area)	HE	Fund holder	Sessional staff	New activity	Group	Open group Fixed term 6-20 people	Open access Focus on low skills for food purchasing & cooking	Some food costs
Community cafe	HE	Fund holder	Salaried staff	Continuation	Individual or group	Open group Continuous 1- 30 people	Open access	Subsidised meal cost
Benefit angels	MH	Fund holder	Voluntary staff	New activity	Individual or household	N/A Continuous 1 or household	Targeted at those on low incomes &/or with health, disability or care needs	Free
Counselling	MH	Fund holder	Salaried staff	Development	Individual	N/A Fixed term (optional extension)	Targeted at those with low level mental health support needs. Referrals from psychiatry and social services	Free, donations welcome
Young people's exercise	PA	Sub-contract	Salaried staff	Continuation	Group	Open group Continuous (fixed term goals) 6-30 people	11-18 yrs. Focus on over weight individuals	£1 fee per session
Cook & Eat (East End Are)	HE	Fund holder	Sessional staff	New activity	Group	Open group Fixed term 6-20 people	Open access but with a focus on low skills for food purchasing & cooking skills	Some food costs
Lunch club	HE	Fund holder	Sessional and voluntary staff	New activity	Group	Open group Continuous 10-40 people	Over 60s	Subsidised meal cost
Family counselling & lifestyle support	MH	Fund holder	Salaried staff	New activity	Individual/ family	Closed group Fixed term Family: 2-8 people	Young people and families Self or professional referral	Free
Swimming group	PA	Fund holder	Salaried and voluntary staff	Continuation	Group	Open group Continuous 8-20 people	Over 60s &/or individuals with health, disability or carer needs	Free
Cardio-fit group	PA	Fund holder	Salaried and voluntary staff	Continuation	Group	Open group Continuous 8-20 people	Over 60s &/or individuals with health, disability or carer needs	Free

Wellbeing theme MH: Mental health
 PA: Physical activity
 HE: Healthy eating

Activity Summary: Upstream Health Maps (Mid-Devon)

Activity	Well being theme*: primary (others)	Providing organisation:	Type of staffing	Status at outset	Individual or group delivery	Type of group, length and size	Targeting and referral details	Fee for service user
Mentor supported health mapping	MH (PA, HE)	Fund holder	Salaried staff	Development	Individual	Group mode N/A Fixed term Size N/A	Over 50's with a focus on those with poor physical or psychological health. Socially isolated.	Free
Art & craft groups	MH	Fund holder	Salaried staff	Continuation	Group	Closed group Continuous 4-20 people	Over 50's with a focus on those with poor physical or psychological health. Socially isolated.	£2 voluntary
Exercise groups	PA	Fund holder	Salaried staff	Development	Group	Closed group Continuous 4-20 people	Over 50's with a focus on those with poor physical or psychological health. Socially isolated.	£2 voluntary
Other social groups	PA	Sub-contract	Salaried staff and volunteers	Development	Group	Closed group Continuous 4-20 people	Open access Over 50's	Fee dependent upon specific group

Wellbeing theme MH: Mental health
 PA: Physical activity
 HE: Healthy eating

Activity Summary: Knowle West Pathways to Health (Bristol)

Activity	Well being theme*: primary (others)	Providing organisation:	Type of staffing	Status at outset	Individual or group delivery	Type of group, length and size	Targeting and referral details	Fee for service user
Get the Balance Right	HE	Fund holder	Sessional staff	Continuation	Group	Open group Fixed term 4-16 people	Targeted at those with weight management problems and/or poor diet	Free
Pathways to Health	MH (PA, HE)	Fund holder	Salaried staff	New activity	Individual	Group mode N/A Fixed term	Targeted at those with low level mental ill-health and/or poor physical health	Free
Body works	MH (PA)	Sub-contract	Sessional staff	New activity	Individual	Group mode N/A Continuous	Targeted at those with low level mental ill-health and/or poor physical health	Subsidised fee
Dance and Exercise for Young People	PA (HE, MH)	Sub-contract	Sessional staff	New activity	Group	Open group Fixed term 10-20 people	Targeted at those with weight management problems	Free

Wellbeing theme MH: Mental health
 PA: Physical activity
 HE: Healthy eating

Activity Summary: Wellspring Community Kitchen (Barton Hill, Bristol)

Activity	Well being theme*: primary (others)	Providing organisation:	Type of staffing	Status at outset	Individual or group delivery	Type of group, length and size	Targeting and referral details	Fee for service user
World Cookery	HE (MH)	Fund holder	Salaried staff	New Activity	Group	Closed group. Fixed term Maximum of 10	Open access	£2.50/ session

Wellbeing theme MH: Mental health
 PA: Physical activity
 HE: Healthy eating

Activity Summary: Westbank (Exminster)

Activity	Well being theme*: primary (others)	Providing organisation:	Type of staffing	Status at outset	Individual or group delivery	Type of group, length and size	Targeting and referral details	Fee for service user
Access to physical activities with a known impact on anxiety/depression	PA (MH)	Fund holder	Salaried staff, Volunteers	Development of existing activity, new activities	Group & individual	1. Open 2. Varies 3. Varies	Varies	Varies from Free - £4.50 depending on activity
Supported volunteering and rehab back to work	MH	Fund holder	Salaried staff	Development of existing activity	Individual	1. Closed 2. Continuous 3. Approx 20	Self-referral & referral by professionals	£0.00
New Leaf Café and mood for food	MH (HE)	Fund holder	Salaried staff and volunteer	Development of existing activity	Group	1. Open 2. Continuous 3. No limit	Open	£1.00 - £4.00
Assertiveness / Confidence building skills	MH	Fund holder	Sessional staff	Development of existing activity, new activities	Group	1. Open & closed 2. Fixed term & continuous 3. Varies	Self-referral & referral by professionals	Varies
Walking groups	PA	Fund holder	Volunteers	Development of existing activity	Group	Open	Targeted	Free
Access to exercise class	PA	Fund holder	Salaried staff	Continuation Development of existing activity	Group	1. Open 2. Continuous 3. 5-30	Self-referral	£2.50- £4.50
Fitness suite	PA	Fund holder	Salaried Staff	New activity Development of existing activity	Group	Open	Self-referral & referral by professionals	£3.50
Fitness suite with disabled access	PA	Fund holder	Salaried Staff	New activity Development of existing activity	Group	Open	Self-referral & referral by professionals	£3.50
Grow and cook sessions	MH (PA, HE)	Fund holder	Salaried staff, sessional staff volunteers	New activity	Group	1. Open 2. Various 3. 5-30	Self-referral & referral by professionals	Free-£4.00
Healthy lunch box project	HE	Fund holder	Salaried staff, sessional staff volunteers	New activity	Group		Self-referral & referral by professionals	Not yet set

Wellbeing theme MH: Mental health
 PA: Physical activity
 HE: Healthy eating

Appendix 2

Project Linkages

The activity subjects that are listed below group the activities that are offered by individual projects. This helps projects to link with each to discuss successes, challenges and barriers, and how to overcome them.

Activities	Project(s)
Physical activity	
Exercise group with refreshments at end	Health for All
Multi-sport: entry to a gym/fitness suite	Health for All, Balsam, Westbank
'We can get active' week	Penwith
'Activate your life for a lighter way to live'	Healthy Living Wessex
Family Cycling	Barrowmead
Gentle Exercise	Barrowmead
Walking group	Balsam, Westbank, Upstream
Active living group	Balsam
Young people's exercise	Health Matters, Knowle West Pathways
Swimming group	Health Matters
Cardio-fit group	Health Matters
Exercise groups	Upstream, Westbank
Volunteers/buddies	
Volunteering recruitment scheme	Pathways to Health, Balsam
Health Champions	Step by Step, Lawrence Weston Health Steps
Supported volunteering	Westbank
Mentoring	Health Matters, Upstream
Befriending	Health Matters
Motivational support	Knowle West Pathways
Cookery groups/fresh food	
Lean and green	Lawrence Weston Health Steps
Garden or nursery work	Balsam, Westbank
Allotment	Balsam
Cooking skills	Balsam, Wellspring, Health Matters
School garden	Balsam
Fresh food co-op	Balsam
Fruit and vegetable scheme	Health Matters
Community café	Health Matters, Wellspring, Westbank
Grow and cook sessions	Westbank
Healthy lunch box project	Westbank
Lifestyle management	
Lifestyle Mentoring/support	Healthy Living Wessex, Health Matters
Mentor supported health mapping	Upstream
Assertiveness/confidence building skills	Westbank
Weight management	
Family Weight management	Healthy Living Wessex, Westbank
Get the balance right	Upstream

Lunch clubs	
Saturday group	Health for All
Lunch club	Lawrence Weston Health Steps, Health Matters
Counselling	
Generic counselling	Lawrence Weston Health Steps, Health for All, Health Matters
Family counselling	Health Matters
Other mental health	
Samaritan's drop-in	Health for All
Stress management workshop	Health for All
GP recommendations scheme	Pathways to Health
Complementary therapies	Pathways to Health
Home visits	Balsam
Pathways to health	Knowle West Pathways
Body works	Knowle West Pathways
Community groups	
Saturday group	Health for All
Small grants scheme	Step by Step
Gardening	Balsam, Westbank
Social groups	Upstream
Financial support	
Benefits service	Health Matters
One-off workshops/short term events	
Christmas card workshop	Health for All
Well-being workshop	Pathways to Health
Children's fun day	Balsam
Apple juicing day	Balsam
Apple juicing day	
Craft groups: textiles; mud & clay	Balsam
Art & craft groups	Upstream
Miscellaneous	
Baby massage	Health for All
Dedicated website	Pathways to Health
Community transport	Pathways to Health, Lawrence Weston Health Steps
Newsletter	Lawrence Weston Health Steps
Support for people with alcohol problems	Lawrence Weston Health Steps
Out of school activities	Lawrence Weston Health Steps
Breastfeeding support	Balsam

Appendix 3

Interview Schedules

Practitioner Topic Guide

South West Well-being Programme Evaluation

1. What was your role in the development of the local project?
2. What do you understand to be the strategic aims of the SWWB project?
How do these aims relate to those of your agency?
3. What do you understand to be the outcomes of the SWWB project?
How do these relate to those of your agency?
4. What is your understanding of the barriers and facilitators to the project's users' well-being?
5. What kinds of contacts does your agency have with the SWWB project?
6. Please describe how – if at all - service users from the SWWB project are referred to your agency.
7. Please describe how – if at all – your agency refers service users to the SWWB project.
8. How does the work of the SWWB project complement that of your agency? Can you describe any examples?
9. To what extent is there overlap potential duplication between the work of the SWWB project and your agency?
10. In what inter-agency forums do you have contacts with SWWB project?
11. Please describe any best practice or innovative aspects of the SWWB that you are aware of.
12. What actions do you feel need to be taken to sustain the project in the future?

Service User Topic Guide

South West Well-being Programme Evaluation

1. What motivated you to take part in the project activity?
2. What were your expectations of the project activity before you started?
3. What sorts of activities have you taken part in previously?
4. Tell me about your experience of taking part in the project activity. How does it work? What usually happens?
5. How has the activity met, or failed to meet, your expectations?
6. What are the strengths/weaknesses of the project activity?
7. Were there any difficulties with access or other barriers that made it difficult to attend the project activity?
8. What other support would help you to increase your physical activity / improve your diet / improve your mental well-being after you stop taking part in the project activity?
9. Were you involved in these activities before you started going to the project?
10. Is there anything you feel you can do now that you couldn't do before you got involved?
11. Have you noticed any changes in yourself since you became involved? What sort of changes has the project activity made to your life?
Physical activity, mental well-being, healthier diet, social well-being
12. Do you think your attitude towards your health and/or well-being has changed since you became involved with the project activity?
13. What has been the impact of the activity on your social life?
14. Is there anything else you would like to tell me about the project activity?

