



December 2010

EVALUATION OF NEW LEAF NEW LIFE

Final report prepared by

CLES Consulting

Presented to

North East Strategic Health Authority

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EXECUTIVE SUMMARY

About New Leaf New Life and the evaluation

CLES Consulting was commissioned in March 2010 to undertake an evaluation of the New Leaf New Life (NLNL) Programme funded by the Big Lottery Fund. NLNL is a portfolio of over thirty projects which aim to improve the health and well-being of people living in the North East. The programme is led by the North East Strategic Health Authority (SHA) in partnership with specialist providers in the voluntary and statutory sectors. The evaluation was designed to assess the impact of the portfolio on beneficiaries, and examine the processes adopted to manage the portfolio, as well as addressing the sustainability of the projects. This report presents the findings of the formative evaluation of the portfolio; the final report will be presented in January 2011.

The NLNL portfolio has placed a strong emphasis on evaluation and as such many of the projects within the portfolio have previously been evaluated; therefore it was important that this evaluation built on pre-existing information rather than duplicating it. With this in mind, CLES Consulting put together a methodology for conducting the evaluation, which included the following tasks:

- a review of existing evidence;
- a review of relevant documents and strategies;
- an assessment of inputs and outcomes;
- interviews with delivery partners and stakeholders;
- interviews with portfolio staff;
- an online survey of project managers and stakeholders;
- six mini case study evaluations of NLNL projects.

Interim findings

The need for the programme

There is a strong rationale for a programme such as NLNL due to the North East region suffering from poor health outcomes. Compared with other regions, the North East has the worst levels of deprivation and life expectancy, and the highest rate of early deaths from cancer. Smoking in pregnancy is also more common and the rates of breast feeding initiation are the worst in England. The need for the programme was clearly set out in the bid to the Big Lottery Fund. This evidence base was then used to influence the North East NHS's *'Our Vision, Our Future'* strategy and *'Better Health, Fairer Health'*, the North East's Health and Well-being Strategy.

The programme is innovative in that it aims to build capacity within the third sector and build relationships between third sector providers and commissioners. This is a commendable aim and one the SHA has worked hard to achieve. The SHA was perfectly placed to achieve this aim and deliver the programme effectively. When the programme began, the regional health architecture meant the SHA was the only organisation with a regional remit and sufficient influence to deliver a programme of this scale, creating partnerships and facilitating networks across the whole of the North East.

An inclusive approach to developing the portfolio

The portfolio structure was guided by the overarching aims of:

- improving health and well-being;
- piloting new approaches;
- sharing learning;
- building capacity within the third sector.

In addition, those involved in developing the portfolio deliberately sought an inclusive, bottom up approach that allowed the third sector to shape the portfolio. For the most part this was achieved and the SHA should be commended for this approach. However, the portfolio may have been more focused if this approach had been used to develop a clear set of strategic objectives at the same time as adopting a bottom up, inclusive approach which allows the voluntary and community sector to set out what they would like to achieve.

A wide ranging portfolio

NLNL applied for a total of £4,069,566 from the Big Lottery Fund. Of the £4.07 million funding received, 86.7% was intended to be spent upon project delivery, 3.3% on evaluation costs and 10% on management costs. 41.5% (£1.3 million) of funding has been allocated to projects with a mental health focus. Slightly less than £1 million has been allocated to each of the other two individual strands – £835,373 to physical activity projects and £977,769 to projects with a healthy eating focus. The portfolio has provided good value for money.

The range of activities delivered by the projects is vast, ranging from weaning and healthy eating advice for new parents, to growing food, creative writing and sports activity. Many of the projects cut across more than one well-being theme – healthy eating, physical exercise and mental health.

Good progress against targets and meaningful impact

The projects have delivered a total of 35,271 outputs which account for 98.5% of the target provided to projects. Overall, the research has found that the majority of projects are delivering meaningful change across all three strands of well-being – healthy eating, physical exercise and mental health. In many cases, they also felt the impact was much greater than just the direct beneficiaries (e.g. where families have engaged there is potential for behavioural change to become embedded in family life and for the outcomes to benefit children and young people as well as parents and siblings). There was also evidence to suggest that the portfolio has led to wider impacts and has generated strategic added value, in particular through the portfolio's role in fostering a more independent third sector, and creating links with the public sector and sharing best practice. It is clear that without the portfolio there would have been far less opportunity for people to access activity, information and advice, especially in deprived communities. The portfolio has also successfully scaled up smaller sub-regional or local projects to offer a consistent service across the region. The portfolio has also facilitated the piloting and trial of new approaches to improving health and well-being.

Sustainability in a challenging environment

A number of projects have generated sustainable outcomes, several have secured ongoing funding, and others are being sustained moving forwards; however the climate for this is very challenging, with cuts to public sector budgets and changes to public health commissioning structures.

Strong structures and processes

The portfolio approach has also been successful, providing the opportunity for more joined up delivery and greater partnership working. Considerable effort was put in at the start to get a good balance between the three portfolio strands, and stakeholders felt the portfolio management team had been largely successful in doing this. There were some concerns with the initial selection of projects, particularly in the mental health theme, where the funds have been spread quite thinly, but this has not hampered delivery significantly. The steering group is also strong and representative of the various sectors involved in the portfolio.

The monitoring of outcomes has been a weakness but this has been overcome through additional evaluation and exploring outcomes and impact, much of which has been high quality and collected rich and interesting stories. The marketing and brand development associated with NLNL has been very successful and has brought together a disparate group of projects under one brand.

The portfolio has successfully engaged with diverse groups, families and communities, particularly from disadvantaged communities. For the most part, stakeholders felt the portfolio was very well managed and provided good opportunities for training, development and partnership working.

Key strengths and areas of innovation

One of the key strengths has been the regional approach taken by the portfolio which has allowed it to develop regional projects, often scaling up much smaller pilot projects; another strength being the breadth of the portfolio. It has drawn upon a vast variety of ideas to address health and well-being inequalities and has been largely successful in doing so. Finally, the portfolio has worked hard to build capacity amongst many of its third sector providers, opening doors and building relations with projects to help them with commissioning/contracting in the future. The portfolio has also embraced the opportunity to test out riskier projects whilst developing an evidence base for future commissioners.

Conclusions

Overall, the evaluation has found that the NLNL portfolio is strong and has had a positive impact on the communities it has engaged with.

The key strengths of the portfolio are:

- ❑ the regional approach to developing projects, often scaling up much smaller projects;
- ❑ building capacity;
- ❑ drawing upon a vast variety of ideas to address health inequality.

The projects that form part of NLNL understand what is needed in the communities in which they work and have for the most part developed projects to respond to these needs. As such, there have been a range of positive outcomes flowing from the activities that have been delivered. These range from healthy eating benefits for those people directly and indirectly engaging in the projects, to anti stigma messages around mental health and well-being communicated across the region.

There was also sufficient evidence to suggest that the portfolio has led to wider impacts, such as volunteering and employment opportunities. In addition, we found a number of examples of strategic added value, in particular by fostering a more independent third sector and by creating links with the public sector.

Sustainability of outcomes and of successful services that have been piloted or trialled under NLNL has also been a key concern for the portfolio throughout its lifetime. In particular, the SHA has opened doors and built relations with projects to help them with commissioning/contracting in the future. Furthermore, the portfolio and the projects have embraced the opportunity to test out riskier projects whilst developing an evidence base for future commissioners.

The portfolio team has also worked very well with third sector organisations which have engaged the target audience; for the most part it was felt the portfolio was very well managed, with good opportunities for training and partnership working.

1 INTRODUCTION

CLES Consulting was commissioned in March 2010 to undertake a final evaluation of the New Leaf New Life (NLNL) portfolio. NLNL is the North East regional portfolio, funded under the Big Lottery Fund's Well-being Programme. NLNL comprises projects that have a particular focus on increasing physical activity, encouraging healthier eating and improving mental health. This report presents the findings of the formative evaluation of the portfolio undertaken by CLES Consulting on behalf of NLNL. The final summative report will be presented in January 2011.

1.1 About New Leaf New Life

NLNL is a portfolio of thirty two projects across the North East; together they aim to improve the health and well-being of people living in the region. The programme is led by the North East Strategic Health Authority (SHA) in partnership with specialist providers in the voluntary, statutory and private sectors. Over 40,000 people will be engaged in projects which have been commissioned in line with the Big Lottery Fund Well-being Programme's aims to:

- improve mental well-being;
- make people more physically active;
- encourage children, parents and the wider community to eat more healthily.

The portfolio broadly follows the structure set out by the Big Lottery Fund, in that there are three themes of projects as well as some that cut across two or more of these themes.

1.2 Aims of the study

The evaluation was designed to focus on the impact of the portfolio on beneficiaries, the processes adopted to manage the portfolio, and the sustainability of the portfolio. In particular, the evaluation has explored:

- the expected and unexpected outcomes of the individual projects within the portfolio;
- benefits of partnership working;
- effectiveness of portfolio management arrangements;
- forward strategies adopted by project leads and the legacy of the portfolio.

Many of the well-being projects within the North East portfolio have previously been evaluated thus it was important that the evaluation built on this pre-existing information.

1.3 Report structure

This report presents the findings of the interim evaluation and, although comprehensive, it is not the final document. The study will continue into early 2011, with the final report produced in January 2011. As such, this report is designed to identify any areas or issues that can be improved and to provide recommendations that can take effect before the end of the portfolio in 2011. The areas for improvement will be highlighted throughout the report; however the recommendations can be found in Section 8 alongside the conclusions.

Table 1: Report structure

Section 2: Methodology	Presents the methodology used for this evaluation and explains the principles underpinning this.
Section 3: Rationale	An exploration of the issues NLNL is trying to address and whether there is a clear remit for NLNLs activities.
Section 4: Objectives	An assessment of NLNLs objectives – are they appropriate for addressing the rationale and are they well understood and communicated?
Section 5: Inputs and activities	Exploring how NLNL is financed and delivered, the activities that take place and whether they are appropriate?

Section 6: Performance	An exploration of performance to date, assessing performance across the three strands and calculating cost per outcome.
Section 7: Processes	An assessment of how the portfolio has been structured and managed.
Section 8: Conclusions	A summary of the report findings and recommendations for the remaining months of the portfolio.

We have also created two appendices and two annexes containing the following items:

Table 2: Appendices structure

Appendix	Item
Appendix 1	Full list of NLNL projects
Appendix 2	Consultees
Annex 1	Case studies of NLNL projects (x7)
Annex 2	Case study of In Good Shape

2 METHODOLOGY

This section of the report presents the methodology used for the evaluation and explains the principles underpinning it.

2.1 Guiding principles

From the outset, both CLES Consulting and the portfolio team at NLNL were keen that the final evaluation did not duplicate or repeat evaluation work that has already taken place. Instead we set out to use existing information and evidence, filling any gaps by supplementing it with additional beneficiary and stakeholder research. For this reason, one of the first steps for the final evaluation has been to review all existing evaluation material, extracting useful information, and assessing the quality and completeness of the material.

The other guiding principle is that of the Green Book Logic Model¹, as set out in Figure 1; this is the Government model for appraising and evaluating public interventions. The Green Book was published by HM Treasury in 2003² and the methodology has become a dominant approach, commonly used to evaluate a range of publicly funded programmes and projects.

2.1.1 About the Green Book Logic Model

The Green Book approach traces the logic flow from the rationale for activity – the justification for public intervention in terms of market failure – through to objectives, inputs and activities, and on to outputs and outcomes. As such, it can be used to explore a number of key evaluation issues, including the following central questions:

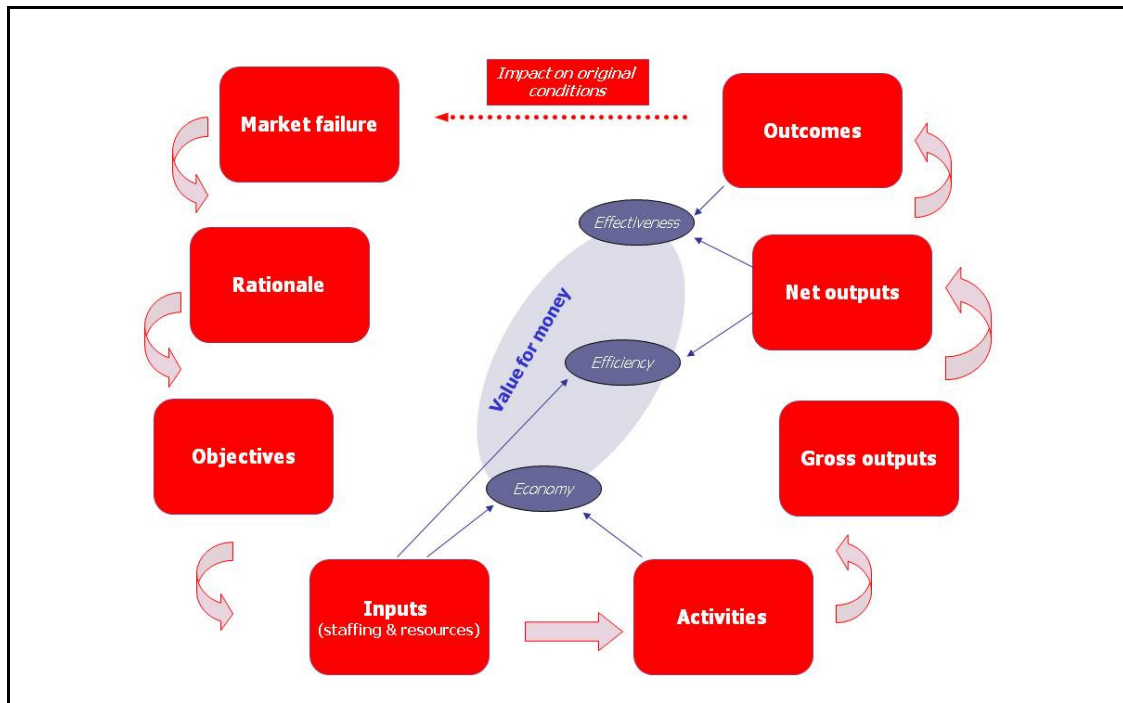
- ❑ was the rationale for intervention valid, supported by a robust evidence base and market failure justification³;
- ❑ were the objectives appropriately focused on addressing this rationale?;
- ❑ were the inputs (staffing and financial resources) of the nature and scope required to adequately support the activities undertaken?;
- ❑ were the activities that were undertaken the optimal set with which to achieve the stated objectives?;
- ❑ did these activities result in the outputs that should be expected of them and, in turn, did these outputs result in the expected outcomes?;
- ❑ to what extent did outcome achievement result in the objectives being met, and what was the impact upon wider conditions and the original rationale? To what extent has the original rationale been addressed? Moving forward, what are the implications in terms of changes to this rationale for the development of follow-on or new interventions?

A diagram of the logic flow can be found in Figure 1.

¹ Source: HM Treasury, 2003, *The Green Book: Appraisal and Evaluation in Central Government* (HM Treasury, 2003)

² *The Green Book: Appraisal and Evaluation in Central Government* (HM Treasury, 2003)

³ For more on rationale and market failure, see Section 5

Figure 1: The Green Book Logic Model

2.2 Overview of the methodology

The first task was to undertake an evidence review; this ensured that the previous evaluation material was incorporated into the overarching evaluation to reduce any duplication.

2.2.1 Evidence review

The evidence review was used to inform our future research, to ensure that time and resources were spent on those projects and elements of the NLNL portfolio that need the most evaluation. To undertake the evidence review we used the material provided from previous evaluations, annual reports and self evaluation exercises. We reviewed it against each element of the Green Book Logic Model, commenting on how each project or intervention has been assessed against these elements in the previous evaluation material (either external or self evaluation).

We summarised and noted key findings from the previous evaluations under each section of the Green Book Logic Model stages. We then used these stages as broad headings, under which we were able to provide a critique of the commentary, assessing the quality (breadth and depth) of the evaluation material. From this, we were able to identify any gaps in the evidence base or issues that need further investigation or exploration and, where we identified robust evaluation findings, these have been used in this evaluation.

The remainder of the methodology was as follows:

- ❑ a review of relevant documents and strategies;
- ❑ an assessment of inputs and outcomes;
- ❑ interviews with delivery partners and stakeholders;
- ❑ interviews with portfolio staff;
- ❑ an online survey of project managers;
- ❑ an online survey of stakeholders.

Case studies

We also undertook six case studies⁴ of NLNL projects as part of this report; these examined the development and delivery of the project and detailed the impact on beneficiaries. The findings are incorporated into this report and the full case studies can be found in Annex 1. A seventh, longer case study of the In Good Shape project was also completed at the start of the evaluation in April 2010 and can be found in Annex 2.

Engagement with projects

Project managers and staff were provided with several opportunities to participate in the evaluation through a web-based survey and through the case study research. A sizeable number participated but not all. A list of consultees who participated in qualitative research can be found in the appendices; however this list does not include those who participated in either e-survey as this was anonymous and names were not collected.

⁴ These are annexed to the full report along with a case of the Mind in Gateshead project which was completed by CLES Consulting as part of the Big Lottery Fund National Well-being Evaluation, commissioned by the Big Lottery Fund

3 ASSESSING THE RATIONALE

In this section, we assess the rationale for NLNL; to do this we explore the breadth and depth of the problem or issue that NLNL is seeking to address. We then move on to establish whether there is a legitimate reason for NLNL and whether this need can be met elsewhere, namely through the private sector or existing public interventions. Having assessed both the need and a legitimate reason for the intervention, we ask whether the SHA is the best placed organisation to deliver this intervention.

3.1 What do we mean by 'rationale'?

Assessing whether there is a justification or a clear rationale for publicly funded intervention is one of the fundamental questions that an evaluation should consider. Following the Green Book approach to evaluation, testing the rationale involves consideration of three central questions:

- 1) what is the issue the intervention is seeking to address?;
- 2) is it appropriate that public sector funding is used to support the intervention? What is the underlying failure?;
- 3) is the chosen organisation the most appropriate one to fund/lead the project, as opposed to other public sector organisations operating in the same field?

This section sets out to answer these questions for the portfolio as a whole by looking briefly at the evidence base to support the projects funded by the portfolio.

3.1.1 Understanding the rationale for intervention

The North East region suffers from poor health outcomes. Compared with other regions, the North East region has the worst levels of deprivation and life expectancy, and the highest rate of early deaths from cancer. The North East's rates of smoking in pregnancy and breast feeding initiation are also the worst in England.⁵ Some of these inequalities and poor comparative outcomes are highlighted in Table 3.

Table 3: Health outcomes in the North East compared with the rest of England⁶

Health outcome	England	North East England
Obese children (%)	9.9	10.2
Obese adults (%)	23.6	24.5
Under 15s not in good health (% self assessed)	11.6	12.4
Life expectancy – male (yrs at birth)	77.3	75.8
Life expectancy – female (yrs at birth)	81.6	80.3
Early deaths from cancer ⁷	117.1	121.0
Early deaths from heart disease/stroke ⁸	84.2	102.2

Levels of physical activity amongst adults are also poor. With only 16.2% of adults completing three sessions of thirty minutes moderate activity per week, the North East is ranked second worst of all nine English regions. Regional obesity levels are around 13% above the England average.

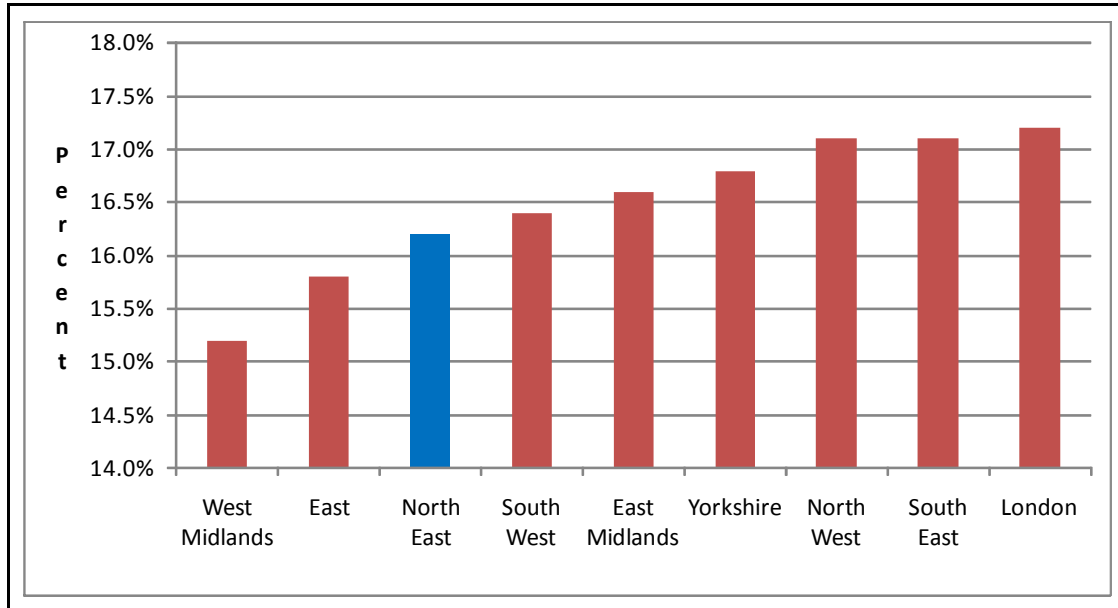
⁵ North East Public Health Authority (2010), <http://www.nepho.org.uk/topics/Health%20Inequalities>

⁶ Health Profile 2008: North East. http://www.nepho.org.uk/securefiles/100913_1638/HealthProfile2008-NorthEast.pdf

⁷ Age standardised per 100,000 under 75s

⁸ Age standardised per 100,000 under 75s

Figure 2: Adult participation in 3 x 30 minutes moderate intensity activity per week⁹



Furthermore, mental ill health conditions are common, as is shown in Table 4 by the high number of Incapacity Benefit claimants with mental health issues. There is also a general lack of understanding of mental health issues and needs amongst the general population.

Table 4: Incapacity Benefit claimants – mental health problems

Reason for claiming Incapacity Benefit	England (per 1,000 working age)	North East England (per 1,000 working age)
Mental health	27.5	40.5

The North East also has more working age residents claiming Incapacity Benefit or Severe Disablement Allowance than the rate for England.¹⁰ This is illustrated in Table 5.

Table 5: Benefit claimants – residence-based proportions¹¹

Area	Disability Living Allowance only		Incapacity Benefit or Employment and Support Allowance	
	Number	Rate	Number	Rate
England	318,070	0.9	665,020	2.0
North East England	17,750	1.1	51,840	3.1

The following quote from the 'Our Vision, Our Future' strategy illustrates the depth of the problem in the region:

'We have the worst health in England [...] Our dependence on hospitals limits the resources we have to do more in preventing poor health and we have to do more for our patients' long term problems.'¹²

⁹ Data from Active People Survey 3 (Oct 2008-Oct 2009) – Data for Adults completing at least 12 sessions of at least moderate intensity for at least 30 minutes in the previous 28 days

¹⁰ Data from November 2009, accessed using the DWP tabulation tool

¹¹ Rate: Residence-based proportions express the number of claimants resident in an area as a percentage of the population aged 16-64 resident in that area. The population figures are sourced from mid-year population estimates. Count does not count people claiming multiple benefits (e.g. Incapacity Benefit and something else)

¹² North East NHS (2008), Our Vision, Our Future; Our North East NHS: A strategic vision for transforming health and healthcare services within the North East of England

Stakeholders had a very good understanding of what NLNL was set up to do and were supportive of both the portfolio and the rationale for intervention. They felt that although the well-being agenda is very broad, the portfolio has narrowed it down to focus on inequalities and target groups, such as children, young people and families. The aim is to address health inequalities across the region, closing the gap between different areas and groups within the population through effective targeting. Stakeholders who specialised in a particular area of portfolio activity also had a good understanding of need in relation to the issue and how the portfolio was aiming to add value:

'The healthy eating strand of the portfolio aims to raise awareness and improve people's cooking skills.'

Indeed, the strand provides an opportunity to do this on a larger scale than before, building on existing programmes that were showing positive outcomes:

'The ambition was to focus right across the life course, from weaning through to families and older people: seamless phasing through the age groups, sustaining the message. It was also important to encourage grassroots delivery, rather than being top down.'

3.1.2 Is it appropriate to support New Leaf New Life?

The extent and nature of the health inequalities in the North East make it clear they are not being fully addressed through existing provision, whether that is NHS provision or private sector delivery through private healthcare or preventative activity (e.g. gym membership). Of course, that is not to say this activity is ineffective, rather the task is so large there is scope for additional services.

Furthermore, the majority of NLNL projects are voluntary and community sector (VCS) led and this was regarded as a distinct advantage; VCS service providers are often closer to the communities they are working with, meaning communities are setting their own goals and are closely involved in the implementation of initiatives and achievement of outcomes. One stakeholder felt that:

'Achieving better health and well-being is a very much greater and broader task than the activity of the health service, and as well as bringing extra resources to the region, the well-being projects play a vital role as the frontline research and development function of the overall effort to improve health and well-being.'

In addition, many of the ambitions of NLNL are those identified in the regional public health strategy *'Better Health, Fairer Health'*¹³ published by Public Health North East after NLNL was funded, thereby indicating that the portfolio had correctly identified the key public health and well-being issues even before the strategy was published in 2008.

As well as improving health and well-being, the portfolio aimed to support the third sector organisations involved by building capacity and helping them to think about sustainability after the life of the portfolio. In many cases, it was thought this would mean making them contract ready or helping them to adopt a social enterprise model. At a minimum, the portfolio aimed to ensure that sustainability received sufficient consideration throughout the life of the portfolio, not only at the end. This is demonstrated in the key portfolio outcomes:

'Support and advice to sustain each project beyond the portfolio lifespan through social enterprise initiatives.'

Furthermore, the need for additional support with regards to social and community enterprise was an ambition from the start and came about as ideas for the portfolio were being developed; indeed when the bid was written, understanding of social enterprise was low. With this in mind, the portfolio commissioned a project to support the long term organisational development of portfolio members, and raise understanding of social enterprise as a way to help sustain project activities beyond the lifetime of the portfolio. This is illustrated by a quote from the original bid presented to the Big Lottery Fund:

¹³ Public Health North East (2008), [Better Health, Fairer Health](#): A Strategy for 21st Century Health and Well-being in the North East of England

'By working closely with each one, using bespoke tools and techniques, the North East Social Enterprise Solutions project aims to provide support and guidance to each project and encourage enterprising behaviour that will lead to their sustainability beyond the term of the portfolio. This move to social enterprise will focus on sustainable models of community benefit as well as ensuring measurable impacts.'

This type of support, with expertise in social enterprise, was not being adequately provided on the open market and there were few organisations able to support early stage social enterprises in this way. Where this type of support was available in the region (through organisations like SES) it was clear they would not have the capacity to support the whole portfolio at the same time, thereby indicating the need for additional support over and above that provided by the private sector and through the existing public or VCS support.

In addition, the specific needs of the NLNL project were such that tailored support would be needed, further justifying the decision to engage bespoke support rather than relying on the 'one size fits all' approach more widely available.

3.1.3 Is the Strategic Health Authority the most appropriate organisation to lead the portfolio?

The SHA was an appropriate organisation to lead the portfolio for a number of reasons:

- ❑ the regional health architecture at the start of the portfolio meant the SHA was the only health/well-being organisation with a regional remit. Given that NLNL is designed to provide a regional approach to improving health and well-being by scaling up projects across the region, creating partnerships and facilitating networks of likeminded organisations, this was crucial;
- ❑ the SHA is closely linked to Public Health North East who have in depth knowledge of many of the issues NLNL is trying to address, such as breastfeeding, alcohol abuse and mental illness;
- ❑ the SHA has a good understanding of new techniques, such as social marketing;
- ❑ the SHA has the structures and systems in place to administer a grant of this size and manage a portfolio containing as many projects as NLNL does;
- ❑ it was an expectation of the Big Lottery Fund that a statutory body would manage the grant.

3.2 Project level assessment of rationale

Thus far this section has dealt with the rationale for the portfolio as a whole; we now turn our attention to the rationale for the projects that make up the portfolio. As most of the projects have been evaluated separately, this report is not the place to detail each project; however it is important to explore this issue. We therefore only highlight the most significant or interesting examples and make an overall assessment of how well the projects assessed need and considered the rationale for their project. We take most of the evidence from the separate project level evaluations¹⁴ and our case studies.

In general, the projects gave a good account of the problem or issues they were trying to address. In several cases, there was secondary evidence to back this up and, in some cases, primary research. The Mental Health Concern Supported Housing project presented a detailed rationale and evidence base for their intervention based on research undertaken by the Social Exclusion Unit and published in their report *'Mental Health and Social Exclusion'*. They also referenced the Royal College of Psychiatrists who have offered strong opinions on the need for social inclusion for individuals experiencing mental health problems. When considering whether they are the most appropriate organisation, Mental Health Concern offered the following as a rationale for their intervention:

¹⁴ The evidence for this comes from the evidence review process undertaken by CLES Consulting at the start of this evaluation process. To ensure the quality of the evidence we are using, we are only referring to the evidence from evaluation that through the evidence review process we deemed to be sufficiently robust and detailed. For a more detailed review of the evidence from the other evaluation please see the summary evidence review report. This is attached as annex to this report

'Although there was social inclusion work being carried out prior to the creation of the post, existing staff member's time at supported housing was largely taken up with medical and support work. The lack of a staff member who dealt solely with issues related to social inclusion was seen as something that needed to be addressed thus the project was conceived, devised and put into motion.'

The Active Ageing project run by the Quality of Life Partnership also sets out a strong case, including identifying why the project is needed, focusing on the needs of the ageing population in the North East:

'... The picture in the North East remains quite bleak for older people. We remain at the bottom of the national league table for chronic illness such as heart disease, cancer, respiratory disease. The rate of long term illness is 27% higher than in the rest of the country as a whole and of the 82,190 people currently aged 50+ in Newcastle¹⁵ only 17% of men and 13% of women take sufficient exercise to meet the national guidelines of 30 minutes three times per week whilst less than 15% participate in any kind of physical activity at all.'¹⁶

Kid's Café also set out the problem the project was trying to address and provided evidence to support it, including secondary data and qualitative data obtained via focus groups. In addition, What's Cooking Kids? set out the problem it was trying to address and provided evidence to support the rationale for the project, justifying the funding and the intervention.

Key Enterprises developed the idea for the project after trialling a limited range of the same activities and identifying the benefits these provided to their clients. Prior to receiving funding, activities such as five-a-side football were organised by Key Enterprises project supervisors on an irregular basis due to the capacity of the project team and limited funding to provide such activity. Using this evidence Key Enterprises set out a clear rationale for their well-being project.

The Mental Health First Aid project was initiated in response to a growing need recognised by frontline staff and research into the issues and barriers facing people with mental health issues. Similarly, New Opportunities in Sport for Looked After Children was developed in response to the experience of staff who were aware of the vulnerabilities and lack of opportunities for children with care needs. As such, a bespoke referral and support package was developed to overcome these issues and support young people to access the opportunities available to other children.

For TAP into Life, evidence from previous activities delivered by Darlington Mind alongside local data meant there was a clear rationale for supporting the interventions that seek to address the mental health needs of local people. Again, this is similar to the Regional Weaning Programme which was developed on the back of an existing, proven model and scaled up to meet regional demand. The programme also built on evidence which stated that if you start weaning too early it can lead to obesity.

The rationale for the Age Concern County Durham Good Companions project was also built upon the organisation's experiences of delivering a previous project with a local GP practice. The project aimed to combat depression, reduce reliance on medication and tackle other related symptoms, demonstrating that reducing social isolation could result in beneficiaries becoming more engaged in their local community, feeling more confident and stronger mentally.

Summary

There is a strong rationale for the existence of the portfolio, much of which was set out in the original bid to the Big Lottery Fund and went on to influence the North East NHS's *'Our Vision, Our Future'* strategy document and *'Better Health, Fairer Health'*, the North East's Health and Well-being Strategy. The rationale centred on the poor health and low levels of well-being experienced by residents in the North East; however the innovative nature of the portfolio, with its aim of developing the third sector and building relationships between third sector providers and commissioners, was also set out in the evidence base presented to the Big Lottery Fund. We were able to establish that the SHA is an appropriate organisation to lead the portfolio. Many of the projects also have a strong rationale based on previous delivery experience.

¹⁵ 'Improving the Status and Well-Being of all Older People' Age Concern Newcastle Annual Report, 2008/09

¹⁶ Sport England Regional Statistics

4 OBJECTIVES

In this section we assess the stated objectives of NLNL and explore how they have been developed and communicated within the SHA, the portfolio, and externally to partners and stakeholders.

NLNL aims to support people in making changes to their lives:

'The portfolio will support people in making changes to their lives, resulting in a measurable improvement to their health and well-being.'

To support this, there are four main aims associated with the portfolio's infrastructure activities. These are:

- 1) community engagement using social marketing techniques to help gain insight into the factors that motivate people to change;
- 2) the building of knowledge, skills and capacity within projects to ensure their work with individuals and communities has the greatest impact and is evaluated for its effectiveness;
- 3) support and advice to sustain each project beyond the portfolio lifespan through social enterprise initiatives;
- 4) a commitment to share the learning and good practice from each project more widely across the North East.

4.1 Understanding

There was a good level of understanding of the objectives set by the portfolio amongst staff and stakeholders, including the overarching aims of improving health and well-being and the more subtle objectives of sharing learning and building capacity within the third sector, and of piloting new approaches. When asked what they understood the aims of the portfolio to be, stakeholders commented as follows:

'Improve the health and well-being of the population.'

'Promote the role of the third sector in improving the health and well-being of people in the region.'

'Offer small, health related projects the opportunity to achieve.'

'Create and develop a programme of activities that will encourage people to get involved, and try something new that will benefit their physical and mental well-being.'

'To involve voluntary sector bodies and other organisations in reaching out to parents, families and children, in order to improve health, well-being and lifestyle.'

'Manage and monitor projects within the well-being programme, supporting communities and promoting partnerships for healthier lifestyles in mental health, physical activity and healthy eating.'

'Improve outcomes for residents across the North East around physical activity, mental health and healthy eating.'

'Piloting new approaches to tackling health inequalities.'

Stakeholders also acknowledged the synergy between the portfolio's aims and objectives and those outlined in the North East Regional Health and Well-being Strategy *'Better Health, Fairer Health'*, recognising the influence of the portfolio on the development of the strategy:

'There are ten key themes in the strategy, including obesity, diet and physical activity, mental health, and early life. Alignment with the portfolio is very strong, as it provides a huge opportunity for people to access information, advice and activity.'

4.2 Appropriateness

The portfolio's objectives are appropriate and focused on addressing health inequalities, both geographically and amongst target groups. Nonetheless the initial development of the bid was not very strategic; there was a desire by managers in the SHA to adopt a bottom up approach by working with VCS organisations thus not being too prescriptive about what the programme would look like. Consequently, the bid development process was very open and a lot was done to engage different people in developing the programme (including people from the sector, local authorities and academia). However, it also meant that the portfolio did not develop clear objectives which had a knock on effect on bid development and made it difficult to predict the number of applications that would be received and manage expectations:

'A big stakeholder event was held, and everyone got very excited – subsequently, ideas were worked up, and 200-300 expressions of interest submitted. The panel then worked through them, but without clear portfolio level objectives this was difficult.'

As a result, there was some disquiet when projects were not funded or were asked to combine with other projects or cut their budget:

'The process was not seen to be robust – as a result, a lot of people got upset.'

Although a strong set of criteria for assessing the bids was developed, it would have been easier to develop and follow criteria if it was accompanied by a document, clearly and concisely setting out the portfolio's objectives. Indeed, the application and portfolio development process would have been smoother had the first step been to engage key regional stakeholders in developing a strategic framework and objectives for the portfolio. This would have encouraged people to apply in a much more targeted way and help to manage expectations:

'I think there was a lack of clarity in what the objectives were, but finally managed to secure a fit [the portfolio projects] with what needed to be done to tackle health inequalities... what it perhaps lacked (and no reflection on the people or organisations) was consistent leadership at the start, right from the programme design, through to commissioning and delivery.'

That said it is important to note that there was no detailed guidance from the Big Lottery Fund on what they wanted to see portfolios address, thereby encouraging an open and bottom up approach. In addition, the regional health and well-being strategy 'Better Health Fairer Health' had not yet been developed.

4.3 Project level assessment of objectives

We now turn our attention to the objectives and how they were developed and set for individual strands and projects. Once again, to avoid duplicating the individual evaluations that have taken place, we have used these as our primary source of evidence. In addition, we draw upon the six project level case studies we have developed as part of this final evaluation, highlighting the most significant or interesting examples and making an overall assessment.

The objectives set by the Kid's Café are strong and well thought out, as are What's Cooking Kids?; they also show intended outcomes as they relate to the objectives. This is positive and was recognised by the evaluation. The Mind in Gateshead evaluation also recognises the strong objectives and good strategic fit this project has with the Big Lottery Fund's outcomes and the portfolio's objectives.

The evaluation of Green Start identified a mixture of both objectives and desired outcomes, whilst the case study of Green Gym details precisely the objectives and desired outcomes flowing from them. It also identifies how it links to NLNL and wider health and well-being strategies.

For Vision, the story is less positive; the project's objectives are unclear and there was little consideration of strategic fit. The evaluation of Baps 2 Go is most critical and found the lack of clear objectives and desired outcomes an area for concern. It stated that:

'The actual desired outcome of this project is not clearly expressed on the bid form because it does not specifically state that the people trained to NVQ Level 1 will be the same people who will want work experience or have had a spell of unemployment due to mental ill health.'

Conversely, the project level evaluation of Active Ageing has revealed a strong set of objectives which define what the programme is trying to achieve as well as testing out the strategic fit of the programme with wider priorities and objectives.

For the Creative Routes to Emotional Well-being project (Creative Routes) the objectives centred on piloting some of the many ideas around enhancing and improving the mental well-being of older people. A number of external studies and previous evaluation work highlighted the demand for activities which improve mental well-being. This was also highlighted in informal feedback from users of the Healthy Living Centre.

Similarly, the objectives of the TAP into Life project are clearly focused on addressing the project's rationale; the overarching objective is to improve the mental health of TAP into Life clients by improving their physical health – physical exercise therefore forms the starting point. Like Creative Routes, the core focus is not exclusively on the mental health conditions of their clients.

The New Opportunities in Sport for Looked After Children project has a clear objective to:

'Increase participation in sport and exercise activities outside of school among looked after children and young people in Northumberland.'

This links into the project's aim of developing:

'A group of young people who are aware and enthusiastic about opportunities available to them through sport and exercise activities, offering safe and supportive activities to assist young people to gain coaching awards and develop their confidence and self-esteem.'

This links clearly back to the rationale and goes on to inform the activities that the project undertakes with young people.

The Good Companions project links clearly to national, regional and local strategic priorities, and contributes to the portfolio outcomes by encouraging older people to improve their health by removing barriers to participation, targeting those in deprived areas and tackling health inequalities. These are well structured and articulated objectives which link back to the project rationale.

Our case studies of Mental Health First Aid, Regional Weaning and Green Gym also found that the objectives were well structured to address the rationale, and that the projects helped fulfil a number of partners' strategic objectives, including:

- ❑ the strategic objectives set out within the North East Regional Health and Well-being Strategy (2008) *'Better Health, Fairer Health'*;
- ❑ the objectives of Primary Care Trusts, Health and Social Care Partnerships and local authorities across the region.

Summary

Although the portfolio structure and bid was guided by the overarching aims of improving health and well-being, piloting new approaches, sharing learning and building capacity within the third sector, the portfolio lacked a clear expression of its core objectives. Linked to this was the feeling amongst stakeholders that the initial development of the bid was not sufficiently strategic. However, this broad brush and bottom up approach was not discouraged by the Big Lottery Fund and was adopted by other portfolios. It did not prevent staff and stakeholders from gaining a basic understanding of the aims set by the portfolio, but it did make the selection of the final set of projects problematic. That said those developing the bid sought a bottom up approach that was guided by the VCS organisations involved; this was achieved for the most part and NLNL should be commended for this approach. However, the portfolio would have been stronger and more focused overall if this approach had been used to first develop a clear set of strategic objectives.

5 INPUTS AND ACTIVITIES

This section of the evaluation report provides an overview of the funding NLNL received from the Big Lottery Fund.

5.1 Overview of funding

NLNL applied for a total of £4,069,566 from the Big Lottery Fund. Of the £4.07 million funding received, 86.7% was intended to be spent on project delivery and 13.3% on management costs and evaluation.

Table 6: Funding received by New Leaf New Life

Breakdown	Funding	% of overall portfolio budget
Project spend	£3,529,448	86.7%
Management and evaluation costs	£540,118	13.3%
Total	£4,069,566	100%

Table 7: Breakdown of management costs

Breakdown	Spend July 2010	% of overall portfolio budget
Management costs – projects	£113,087.78	2.8%
Management cost – portfolio	£252,477.85	6.2%
Total spend to date	£365,565.63	9.0%

In terms of the 13.3% management costs set aside at the start of the portfolio, 3% were evaluation costs and 10% general costs, therefore fitting with Big Lottery Fund expectations for management costs. Staff costs are the greatest area of expenditure and these were used to fund one portfolio manager and one portfolio coordinator; hereafter the costs associated with training, communication and evaluation have primarily been spent on activity to support projects (wholly in the case of evaluation). The training budget has benefited project staff attending project management and outcome training, whilst the communications budget has funded social marketing and branding for projects, as well as the portfolio.

5.2 Spending profile against funding

Table 8 provides a summary of the portfolio's spending profile compared to the amount of money received from the Big Lottery Fund. Given that the portfolio ends in early 2011, it is encouraging to see that 90.8% of the funding has been spent and there is no significant under spend.

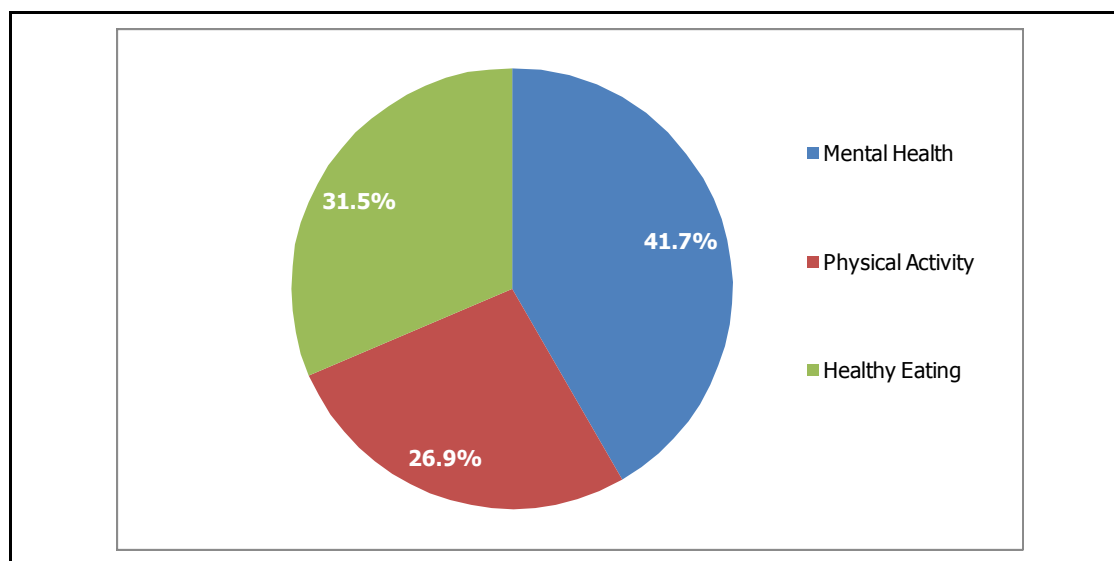
Table 8: Project application and actual project costs

Theme	Funding	Spend to July 2010	% spend to July 2010
Project spend	£3,529,448	£3,329,962	94.3%
Management costs	£540,118	£365,565	67.7%
Total	£4,069,566	£3,695,527	90.8%

A total of 39 project funding lines have been reported by NLNL, of which 33 are actual projects and 6 are additional funds provided to extend the delivery activity of some of the successful projects. The £3,529,448 allocated to the portfolio was in three strands; the largest strand in terms of money and number of projects was mental health (28 projects or project extensions contributed towards mental health targets); 13 projects and project extensions made up the portfolio's physical activity strand; and 14 the healthy eating strand. However, it should be noted that many projects received funding to deliver activity under more than one strand of well-being.

Figure 3 shows the amount of funding that has been allocated to projects within the portfolio under the three strands of well-being. The graph shows that the largest proportion (41.5% or £1.3 million of funding) has been allocated to projects with a mental health focus, with slightly less than £1 million allocated to each of the other two individual strands (£835,373 to physical activity projects and £977,769 to projects with a health eating focus).

Figure 3: Allocation of project spend to the three strands of well-being



5.3 Project activities

Although all NLNL projects are structured to be aligned to at least one of the three well-being strands, the range of activities delivered by the projects is vast, from weaning and healthy eating advice for new parents, to growing food, creative writing and sports. With more than thirty projects, it is not practical to describe each project in turn; however further information on our six case studies can be found in Annex 1. Instead, we use this section to describe whether the activities delivered by the projects were appropriate to achieving the objectives and addressing the need set out in the rationale.

A number of projects have been found to structure their activities well in order to help them meet their objectives and address their rationale. These included, but were not limited to:

- ❑ **Green Gym** – sessions are focused upon small achievable tasks which are tailored towards individual needs and consist of a warm up, main work out and cool down. All volunteers are able to exercise to at least moderate intensity, completing tasks that improve the park and local green spaces for use by the community and increase local wildlife. The wide range of activities in the Green Gym allows everyone to exercise at a level that suits their own skills and capabilities; working out in the fresh air can help reduce stress and anxiety;
- ❑ **Tall 'n' Small Food for All** – the projects have focused on hard to reach families and parents which should be praised and recognised;
- ❑ **Mental Health Concern Supported Housing** – thus far, the project has catered for vulnerable client groups who are all too easily disengaged from their families and excluded from society. The Social Inclusion Activities Worker has been involved in six categories of work with beneficiaries, ranging from pursuance of home based and community based activities through to attendance at relevant and appropriate day services;
- ❑ **What's Cooking Kids?** – the structure and delivery of What's Cooking Kids? was appropriate to the objectives of the project and appears to meet the rationale. In addition, it found no evidence to suggest that any one method has been any more effective than another, with comments suggesting it is dependent on the club's context to determine the most appropriate model for them;

- ❑ **Key Enterprises** – the project has provided a wide range of social and physical activities through NLNL funding. The majority of the activity delivered has focused upon the physical activity strand of well-being, with regular activities such as five-a-side football, gym sessions, country walks and bike rides. It has also provided other activities, such as camping, kayaking, rock climbing and orienteering. Key Enterprises has also developed a healthy eating programme designed to improve cooking and food preparation skills of their clients; this has been possible by linking the organisation’s catering function with its gardening activity to provide fresh produce;
- ❑ **Regional Weaning Programme** – the weaning training provides parents with the information they need to wean their baby healthily, with the aim of this leading to healthy food for all the family. It is also an opportunity to talk about emotional eating and reducing fussy eating;
 - 'The early imprints and association around food – bribery, comfort, love and boredom – are not easy to break. We help highlight and break them even just for a few years...'*
 - 'Food labelling, sugar, salt and fats – there is something for everyone to learn. Oral health is also covered. One of the strengths is that the whole course is covered across the North East.'*
- ❑ **Good Companions Project** – the project builds capacity in the community through volunteer led activity to develop activity groups and lunch clubs for older people thereby increasing social interaction and improving physical and mental well-being. In addition, the training helps volunteers to acquire new skills and improve their employment prospects. By July 2010 387 older, isolated people had been assisted and 30 volunteers recruited and trained;
- ❑ **New Opportunities in Sport for Looked After Children** – the project has worked with partners and other stakeholders to develop referrals and inter-agency arrangements to generate interest from young people and their carers. The activities are all developed from the express interests of the children and young people, and include break dancing, boxing, horse riding, swimming, lifesaving, fitness sessions, yoga, table tennis, trampolining, martial arts, football, basketball, running, Thai boxing and outdoor activities. By the end of 2009, over 200 people had participated in activities, totalling over 900 hours of participation; whilst the referral data shows 59 young people had accessed one-to-one support via the referral service during the lifetime of the project;
- ❑ **Regional Time to Change project** – the project is using the concepts and creative’s which have already been developed by the national Time to Change campaign and local case studies to tackle stigma and discrimination surrounding mental health. The key messages are:
 - **mental illness is one of our last taboos** – people affected by mental health problems experience stigma and discrimination; shame and stigma wrecks lives – it stops people getting help, getting back to work and getting on with life;
 - **mental illness is far more common than you think** – mental illness can happen to anyone and it is common; one in four people experience a mental health problem at some point;
 - **there is something you can do to help** – don’t cut someone with mental health problems out of your life; be there for them and don’t write them off.

5.4 Cross cutting projects

Several stakeholders felt the portfolio had created/funded projects with good cross cutting links, such as projects linked to growing produce, which brought the food and physical activity objectives together. Although some of the projects did not set out to take a holistic view of well-being, they have moved in this direction after seeing the impact on beneficiaries and learning from other projects (e.g. some clubs have focused on both cooking and physical activity, helping to improve the self-esteem of participants). Stakeholders and members of the steering group felt that:

'The majority of food projects have sought to explore links across the other portfolio themes, and they have tried to bring complementary projects together through joint sessions and discussions – some projects have been very responsive to this.'

'Lots of projects have common outcomes across the strands.'

Other stakeholders felt the portfolio had done well to fund projects that were very close to the community they serve:

'The way the portfolio has linked with grassroots organisations delivering activities in local communities. I appreciate this is not easy to achieve, but something SHA has done well... they have embraced this to get the best possible outcomes, but accepted the rough and ready challenge.'

Summary

NLNL applied for a total of £4,069,566 from the Big Lottery Fund. Of the £4.07 million funding received, 86.7% was intended to be spent upon project delivery, 10% on management costs and 3% on evaluation.

41.5% or £1.3 million of funding has been allocated to projects with a mental health focus. Slightly less than £1 million has been allocated to each of the other two individual strands – £835,373 to physical activity projects and £977,769 to projects with a health eating focus.

The range of activities delivered by the projects is vast, and ranges from weaning and healthy eating advice for new parents, to growing food, to creative writing and sports.

6 PERFORMANCE

In this section we explore performance to date, including looking at outputs and outcomes, and wider impacts.

6.1 Output analysis

Here we present a summary of the outputs delivered by the portfolio of projects under the three strands of well-being: mental health; physical activity; and healthy eating. This covers the whole of the programme until July 2010.

6.1.1 Project delivery against outputs¹⁷

Table 9 shows the number of outputs delivered by projects to July 2010 and the strand of activity within which they have been delivered. In summary, the projects have delivered a total of 35,271 outputs which accounts for 98.5% of the target provided to projects.

Table 9: Outputs by strand of activity

	Mental health	Physical activity	Healthy eating
Outputs achieved	17,109	9,088	9,074
Cost per output	£81.80	£103.40	£109.20

As expected, given the allocation of funds to projects, the largest proportion of outputs has been delivered under the mental health strand of activity (48.5% of outputs from 41.5% of project funding). Outputs delivered by the healthy eating and physical activity strands have each accounted for just over 25% of the total; however the slight difference in funding levels provided to these strands (e.g. the physical activity strand received 31.5% of funding and has delivered 25.8% of outputs) highlights the slight difference in cost per output of these themes. The cost per output calculation should however take into account that several of the mental health projects were capacity building projects, and therefore are cheaper because they are training professionals rather than those delivering directly to communities in need. More on value for money can be found in Section 6.11.

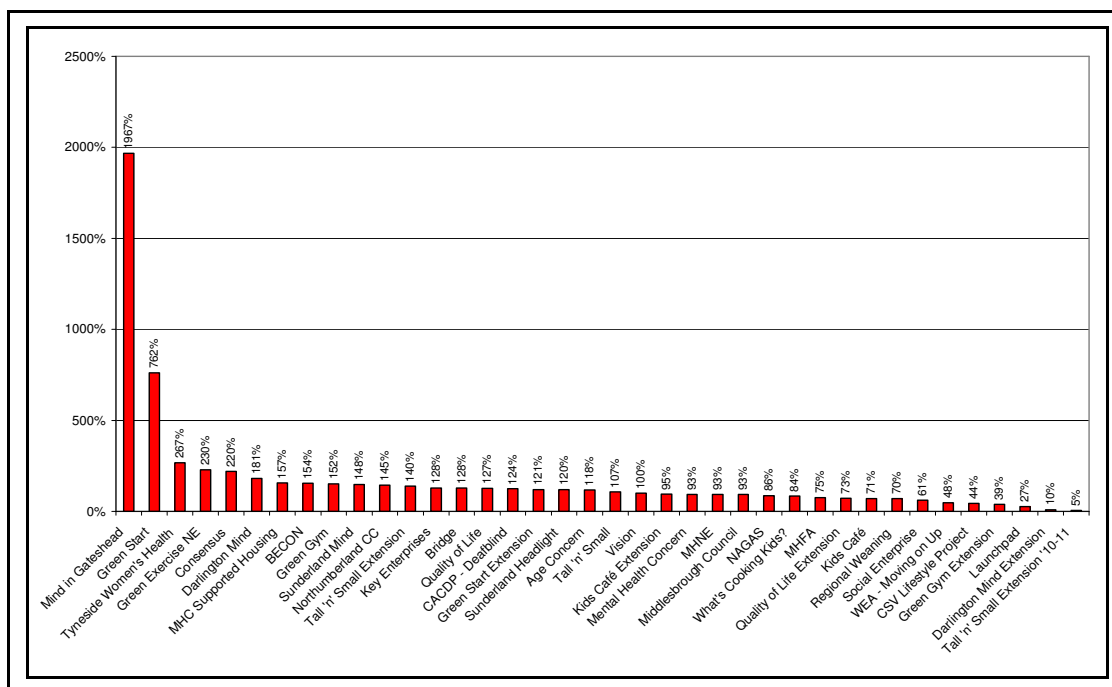
6.2 Project performance

Overall, the portfolio is performing well, taking into account the performance up to and including Quarter 2 of 2010; just over half of all funded projects have met their output target, while five projects have delivered over 200% of their output target. There is however some significant variations in the delivery of outputs by projects (e.g. some projects have recorded output performance of 1,967% and others only 5% of their target). This is illustrated in Figure 4. For the most part this is easily explained. The Mind in Gateshead Community Café appears to have significantly over achieved its outputs (with performance of 1,967%); however the basis on which outputs were calculated were renegotiated during the project. Similarly, some of the projects, such as Green Gym extension and Tall n Small extension, have only been operating since 1 April and should therefore not yet be expected to have reached their targets.

The portfolio management has dealt with these extremes of performance promptly and well (e.g. where significant under performance was anticipated, discussions were held between projects and the management team to determine what support could be offered and to further understand any mitigating circumstances). Where over performance has been noted there have also been discussions to understand why this has been the case.

¹⁷ It should be noted that all information presented in this section of the report is accurate up to, and including Q2 of 2010

Figure 4: Variations in the delivery of outputs by projects



6.3 Extra outputs

The monitoring information provided by SHA shows that many projects are recording outputs classified as 'extra outputs'. Extra outputs are those delivered by projects within a strand of well-being where they have not received any project funding (e.g. Key Enterprises provide services for adults with mental health conditions and thus deliver outputs under the mental health strand. Despite this, they have also provided healthy eating courses, thus delivering outputs under the healthy eating strand).

A total of 1,746 (5%) outputs were classified as 'extra outputs', all of which were delivered within the physical activity and mental health strands, providing additional value for money for the portfolio. However, it is important to note that these outputs are counting the number of beneficiaries benefiting under each strand, thus an individual that has undertaken physical activity and health eating activity will be counted twice as they have benefited under the two different strands. This is in line with Big Lottery Fund guidance.

6.4 Outcomes

Overall, stakeholders felt the majority of projects were delivering meaningful change across all three strands of well-being. In many cases, they also felt the impact was much greater than just the direct beneficiaries (e.g. where families have engaged there is potential for behavioural change to become embedded in family life and for the outcomes to benefit children and young people as well as parents and siblings).

This section goes on to describe some of the outcomes that have been evidenced by the projects through robust self evaluation, external evaluation¹⁸ or by the CLES Consulting case studies. The outcomes are broadly structured according to the strands of well-being.

6.4.1 Greater understanding of health and well-being

Key Enterprises has used funding from NLNL to provide clients with support in relation to healthy eating, in particular by linking the food grown at Key Enterprises with education and awareness-raising related to healthy eating. Beneficiaries reported that they had learnt to understand food labels and how to prepare healthy food:

¹⁸ Established through the evidence review (please see separate document)

'You become more aware of what you're doing. The salt, I've started looking at the packet for hidden salt.'

'We get advice about eating healthily... a few cooking classes about calories and nutrition. We got taught to make smoothies.'

The parents who attended the Regional Weaning Programme also stated that they felt much more confident weaning their child afterwards and understood much more about healthy eating and healthy lifestyles. Some even commented that it had impacted on their whole family's diet.

6.4.2 Links between healthy food and the environment

Green Start, which has been delivered by Groundwork under the physical activity strand, has been very successful at engaging young families, and has connected well with the food strand. It works with children's centres to encourage small children to get involved in the environment, including 'grow your own' activities.

6.4.3 Increased exercise and improved health

The largest proportion of funding received by Key Enterprises has been used to provide physical activities. Regular activities take place such as football, walking, bike rides and gym sessions, all of which are free or heavily subsidised. Beneficiaries reported feeling healthier, both physically and mentally, as a result of participating. The physical outcomes generated are also likely to be sustained as some beneficiaries have been given the confidence and encouragement to undertake physical activity in their own time. The following feedback was provided by beneficiaries:

'I'm now more comfortable doing a bike ride, I bought a bike and I'm doing some in my spare time.'

'I feel a lot better when I come away [from the gym], I feel better physically and mentally. I've wanted to do it for quite a while, but they got me into it.'

Green Gym volunteers have benefited from weight loss/gain and reduced heart rate/blood pressure, whilst TAP into Life clients commented on how involvement with the project had led to improved personal fitness:

'I never really got into exercise before I came here. [But] when you can see the change in your waistline, it's a big incentive, it motivates you.'

'I'm healthier and my blood pressure has gone down – when I had my annual check up with the nurse she said she was very pleased with how I was doing.'

'If I wasn't involved, I'd probably be down the pub or betting shop.'

A project partner highlighted the experience of one of her clients who had previously lacked the confidence to go swimming on his own, but had been happy to do so as a TAP into Life activity. The experience had helped him to manage his weight and had given his self-esteem a valuable boost. For other TAP into Life clients, involvement with the project had raised their awareness of the importance of good physical health, and the contribution that exercise and healthy eating can make:

'[I've] stopped smoking, and I'm more aware of the benefits of a healthy lifestyle.'

Attending activities with the children and young people, providing transport, and supporting the New Opportunities in Sport for Looked After Children project has helped children and young people take up opportunities they wouldn't have otherwise been able to and led to increased self confidence, independence and self-esteem.

Beneficiaries of the Green Exercise Programme also reported feeling much better after being involved, due to weight loss and meeting new friends:

'Fit Mamas (post-natal exercise programme) is fantastic, the coach is a great inspiration, come rain, sunshine or snow we are out enjoying the park and fresh air. Everybody's benefiting... it's the best thing I do all week. I have met some lovely people. It improves your fitness and helps you get back into those pre-pregnancy jeans, I have lost 10lbs. It's fun, fantastic and friendly.'

'The Green Exercise Programme encouraged me. I now walk 30 minutes three times per week, which is more than my doctor could get me to do. It's helped me pack in smoking as well, because I actually go out and walk now and I was getting tired of being out of breath. It's just brilliant. My angina is much better... so it's helped me no end.'

6.4.4 Improved mental health and well-being

Service users from the Creative Routes project mentioned keeping active, taking part in activities which required them to be mentally aware, and interacting with other people. The activities also gave people more self confidence, as can be seen below:

'It gives me a sense of belonging and a chance to meet people.'

'It has made a huge difference to me following the death of my husband, giving me new friends and hobbies.'

Beneficiaries of the Key Enterprises project provided a number of examples which highlighted the mental health and well-being outcomes delivered by the physical activities. These included increases in confidence, motivation and social interaction:

'The physical activities help your confidence a lot. You get the opportunity to be involved with other people, you forgot your problems... it gives you the motivation to get on and try new things.'

'It gives you an enthusiasm for life. If I get stuck in the house, I get depressed. I've enjoyed what I've done with the supervisor; they encourage us to do stuff.'

'The activities benefit you because they encourage you to take part and keep you out of the house in the evening or at the weekend. I live on my own now. Coming here gets me out from being sat at home. You can only watch telly for so long.'

TAP into Life does not aim to provide its clients with a cure; rather the intention is to help them manage their individual physical and mental health needs more effectively, and through this to improve their overall well-being. However, the TAP into Life Coordinator pointed to evidence that some clients had become less reliant on their medication following involvement with TAP into Life. Feedback from other Mind projects and wider providers accessed by TAP into Life clients also demonstrated the progress they had made in terms of reduced dependency on medical solutions:

'Even my Community Psychiatric Nurse knows by how I feel that I have or have not been to Mind – that proves it makes a difference.'

Regular attendance at project sessions is another indicator of the improved and sustained mental state of some clients, particularly those with cyclical conditions. Two TAP into Life user satisfaction surveys undertaken by Darlington Mind¹⁹ found that all of those consulted felt the support they had received had led to a positive impact on their mental health and overall well-being.

6.4.5 Supporting people with mental health concerns and reduced stigma

Fourteen Mental Health First Aid delegates were interviewed by CLES in August 2010; all delegates had learnt new skills they would not have learnt from other courses elsewhere. The quotations also illustrate how they hope to put these new skills to use:

'The best part has been learning new skills to support people in an appropriate manner, especially around managing anxiety and depression in both the staff I manage as well as the people we help.'

'This will help me to understand how better to deal with situations when they arise; as they have done in the past.'

Furthermore, the regional Time to Change campaign, after the initial burst, has reached an additional 6,769 people over and above the national campaign. Of the total 202 people consulted after the first stage, those who viewed mental health discrimination as a social concern has increased by 2% and now over a quarter views it as a serious issue.

¹⁹ TAP User Evaluation Survey (Darlington Mind, October 2008 and April 2009). Note that project-specific surveys are no longer undertaken by Darlington Mind, due to the overlap of client groups across projects, which had previously led to them being asked to complete multiple survey questionnaires. Instead, an overall survey of Darlington Mind provision is undertaken, with project-specific information collated when the survey returns are analysed

6.4.6 Social well-being

There are also important social benefits from participating in NLNL projects (e.g. What's Cooking Kids? encourages many families to cook and eat together as a family). This was somewhat unexpected when the project started; adults involved with What's Cooking Kids? also enjoyed greater interaction with their children. The Regional Weaning Programme has also reported the social impact of the course, with parents enjoying meeting other parents and continuing to socialise afterwards.

The Green Gym sessions have also exposed individuals to regular social situations and new friendships have been formed as a result. In this respect, the Green Gym project has helped to reduce social isolation and many participants now attend other groups and/or socialise with other members of the project. Participants have shown increased confidence and independence.

The TAP into Life project is extremely important to its client group in terms of the opportunity it provides for them to interact with other people. This is illustrated in the comments below:

'Without the project, I'd be completely removed from society.'

'[The social aspect] really gets you through and helps you.'

'People talk to you... it's an emotional release, you don't want to go home.'

Confirming the range of positive outcomes enjoyed by TAP into Life clients, a project partner commented that:

'TAP completely opened up new horizons for people... it did so in terms of social inclusion, new skills and new interests.'

One of the key outcomes of the Creative Routes project, and which is consistently highlighted in evaluation and user feedback, is the value that users place on friendship and companionship. To an extent, this is more important than the actual activity itself. Many of the users live on their own and the activities provided at the Healthy Living Centre are important as they provide an opportunity to socialise. Users also reported that engaging in activities at the centre had resulted in them meeting new people and developing friendships; users often engaged with activities outside of the centre on the basis of these friendships.

Similarly, the evaluation of the Mind in Gateshead project reported reduced social isolation, improved communication and inter-personal skills, increased confidence and greater assertiveness. Many of the volunteers have also progressed into further positive activities (volunteering or work).

Mental Health Concern's Social Inclusion Activities Worker had a specific remit to encourage service users suffering from first episode psychosis or enduring mental health problems into mainstream employment, education or other meaningful activity. The project has been a huge success, with beneficiaries taking up volunteering and employment opportunities, attending art classes and starting college courses. An additional benefit has been achieved through the establishment of regular football and walking groups. As one service user comments:

'The football group is great. I get a high from the endorphins and just feel great.'

6.4.7 Increased confidence, self-esteem and motivation

One of the key outcomes of a range of NLNL projects is increased confidence (e.g. projects such as What's Cooking Kids? and the Regional Weaning Programme have led to increased confidence, skills and knowledge). In addition, for What's Cooking Kids? those people who have been trained have gone back to their area and set up new groups.

The Regional Weaning Programme has also left parents feeling much more confident about weaning and about cooking healthy food for their families. The structure of the courses also inspired confidence and made people feel at ease and able to ask questions. The following quotes are from one parent who attended the course when her second child was born:

'I always look at the labelling now. Before, when I was giving my little boy other things, I was wondering why he was climbing the walls. Now I am thinking 'oh my, what was I feeding him!' It's the same with me now; I'm doing Weight Watchers now so it's really helped with that. I know to look not just at calories but also sugar and salt.'

'I got everything I needed [from the course]; if I wanted to know something I could ask anything and they were always able to answer, they didn't have to go away and look it up. The ladies that ran them were really helpful.'

The What's Cooking Kids? evaluation report also reported evidence of parents and families being more confident in the kitchen, and enjoying learning new recipes to make at home. For the children and young people who participated, the main outcomes were increased eating and social skills, such as confidence, manners and table skills.

There was also strong evidence of the significant benefits that TAP into Life had brought with regards to addressing lack of confidence and self-esteem amongst its clients, and increasing their enthusiasm and motivation. A contributor to the discussion group commented that:

'I was very nervous when I first came, but I really enjoy it now. The confidence stays with me.'

One of the project partners interviewed for the case study commented that initially she accompanied her clients for their first visits to TAP, and that most would not have been happy to go without her being present. However, after a relatively short time, many clients gained sufficient confidence to attend on their own. This was also the case for New Opportunities in Sport for Looked After Children.

Another marker of increased confidence is the dynamic within the group. Participants in the five-a-side football, whose involvement was initially quiet and passive, soon become more boisterous and competitive. Confirming that the project had succeeded in its objective to ensure that TAP into Life activities were fun, project clients obviously derived considerable enjoyment from their involvement:

'It's fun, but not only that the physical and mental aspects are great too.'

'It's a great group of people.'

Participants in the Green Gym sessions reported feeling much more confident and motivated since becoming involved, enjoying being able to get out more and have the confidence and ability to go to new places. Through their work in the open spaces, they also feel more valuable to the community, which impacts on their self-esteem. The New Opportunities in Sport for Looked After Children project helped participants engage in sport and leisure opportunities to help improve self confidence and encourage children and young people to get involved with competitions. Sport workers reported that:

'The eldest child had previously never had any positive experiences with sport. He reported negative experiences with sport at school, which had significantly affected his confidence and desire to participate. As a result of our support, this young person has participated in a number of sports events delivered by the sports development team. These activities include multi-sports days, gorge walking, and participation in community sports clubs. All three children have been engaging with our service now for six months.'

6.4.8 New and improved skills

TAP into Life has also provided the opportunity for clients to learn new skills, including 'hard' skills such as those involved in playing new or less familiar sports, and skills around cooking and healthy eating:

'I learnt how to cook healthy meals – what to buy, the value of it.'

'I've tried food I'd never come across before – Mexican food and exotic fruit.'

Three participants in the client discussion group had undertaken walk leader training, developing skills and techniques such as how to undertake risk assessments. They had subsequently helped to lead walks alongside the TAP into Life Coordinator or one of the other volunteers involved.

Participants of the Creative Routes project have had very definitive tangible outcomes. One user explained that after completing an IT course at the centre, he went on to enrol at the local college and passed six GCSEs. Having a wide range of activities means that users can also find something that suits them:

'It's my anchor point for the rest of the week.'

6.4.9 Engaging hard to reach and vulnerable families

One of the most significant outcomes for the Kids Café was the ability to engage hard to reach and vulnerable families, in particular to involve those families in school activities. Stakeholders felt that previously it had been very difficult to get the parents involved in school activities, but Kids Café has changed that.

The New Opportunities in Sport for Looked After Children project helps engage participants in sport and leisure opportunities, and has successfully engaged children and families who are harder to reach and have complex care needs. The project has supported the children to become involved with a range of different activities, much of which has been sustained over the long term with children developing skills and confidence as a result. In particular, carers and care workers reported increased self confidence and self-esteem in young people, as well as increased motivation to become involved and to sustain that participation. Young people also reported changes:

'Friday nights I would sit on my PlayStation, now I go out and get involved, my life has changed.'

6.4.10 Rethinking service provision

The Supported Housing project had an impact on service users with long term conditions. By offering individualised packages of care in a stable environment, it reduced the potential for hospital admission. The essence and success of the project has therefore been to have a long term impact on the aforementioned areas to enable individuals to live as 'ordinary' lives as possible. Its aims have been met in terms of bringing in an individual worker with a unique remit, namely to provide a service that previously did not exist which has endeavoured to have a significant impact on the mental health and social inclusion of service users.

6.5 Overall

Overall, stakeholders felt there was a strong sense that peoples lives have improved as a result of the programme, in particular through the on the ground interventions:

'At the annual celebration event for NLNL there was a real sense of gratitude and achievement by the beneficiaries.'

'It is hard to establish the economic value of these interventions, but 'soft' skills, changes in attitudes and the confidence to join in, clearly shone through... these are people that have faced some severe challenges at the extreme end of mental health.'

6.6 Wider impacts – projects

Although the portfolio is still supporting many projects, and in this respect it is still early days, a wider range of impacts have been evidenced. Stakeholders believed there was some evidence of beneficiaries taking the message 'home' thus behavioural change is encouraged amongst wider family/community members. This was through the influence of children on their parents/carers or vice versa, or of project beneficiaries on their (non-beneficiary) peers. Similarly, Food Leaders at What's Cooking Kids? are now more aware of eating habits, and have greater confidence and new networks to access resources. In addition, the schools involved also reported that What's Cooking Kids? had assisted with the Healthy Schools Status bid.

6.6.1 Employability and volunteering

TAP into Life does not directly focus on developing the skills its clients need to help gain employment; however the various skills and renewed confidence enjoyed by TAP into Life clients will move some of them closer towards the labour market. A number of the TAP into Life client group have accessed Darlington Mind's Whole Life project, which focuses on helping people into employment.

One client who was about to leave the project had grown in confidence to the extent that he wanted to apply to become a volunteer at Mind. Another client, who confessed to being very anxious when he first got involved in project activities, had developed enough confidence to take up a local volunteering opportunity:

'I now do voluntary work with [a local charity]. I'd not done anything like this before – [TAP] has made a big difference, I'm a totally different person.'

'It's helped my confidence. I was new to the area, but everyone [involved with the project] is so friendly... I can do more as a volunteer than going back to work.'

Many Green Gym volunteers have also progressed into other areas of training or sustainable employment. Employment advisors from Making Headway South Tyneside's flagship employment programme regularly attend the Green Gym sessions, providing employment advice and mentoring participants.

Twelve volunteers have progressed into employment exceeding the target of eight. The different posts secured include catering, retail, gardening, cleaning and education. Others have progressed into further education in horticulture and law, and many now volunteer with other organisations (National Trust and BTCV). One of the participants who received live-in support has progressed and now has minimal day support, and attends sessions independently.

6.6.2 Changing working practices

The Mind in Gateshead project has also led to unexpected outcomes, such as influencing Mind in Gateshead's approach to working with clients. They also now run a Healthy Living Group that is a spin off from a nutrition course facilitated by one of the café volunteers.

6.7 Wider impacts – portfolio

There have also been wider impacts arising from how the portfolio has been structured and managed. These have included:

- ❑ **networking and collaboration** – plugging together different organisations with different experiences and expertise;
- ❑ **dialogue between SHA and the third sector** – the third sector helped to develop the *'Better Health, Fairer Health'* strategy as a result of greater connections and links with the SHA. Subsequently, there is now third sector representation on all regional advisory groups that deliver the strategy and a full cost recovery plan in place so that organisations can be paid for their time spent developing and implementing the strategy;
- ❑ **distance travelled by organisations** – being part of the consortium has helped organisations decide whether or not they want to be 'contract ready'. Some have decided it's not for them, whilst others have shaped their projects into commissionable services (e.g. Age Concern County Durham, Darlington Mind, Green Exercise and Green Gym, Mental Health First Aid, Northumberland County Council, Quality of Life, Tyneside Women's Health, What's Cooking Kids?) Others are also getting closer to being 'commissionable'.

6.8 Strategic added value

For organisations or programmes that have a strong strategic focus, it is valuable to consider the strategic added value outcomes they generate. A type of 'soft' outcome, strategic added value is characterised as being generated in five principal ways²⁰:

- 1) **strategic leadership and catalyst** – the effective communication of health and well-being needs to stakeholders;
- 2) **strategic influence** – affecting the behaviour and allocation of funds and/or activities by stakeholders;

²⁰ *Evaluating the impact of England's Regional Development Agencies: Developing a Methodology and Evaluation Framework* (Department of Trade and Industry, 2006), pp. 72-75

- 3) **leverage** – securing funds to contribute to wider strategic objectives;
- 4) **synergy** – improving knowledge exchange between stakeholders and encouraging coordinated stakeholder activity;
- 5) **engagement** – involving stakeholders in the design and delivery of activities.

Strategic added value is generally assessed in qualitative terms, although leverage can be expressed quantitatively. There are number of examples of how the NLNL portfolio has generated strategic added value outcomes, these are detailed below.

6.8.1 Strategic leadership and catalyst

The existence of the portfolio within the SHA has meant that the well-being agenda has been championed by senior staff and gained considerable press coverage. The portfolio has also helped develop the 'Better Health, Fairer Health' strategy and been involved with consortium partners in doing this. The portfolio has also helped shape understanding of the third sector as a provider. There has been a change in momentum since the World Class Commissioning competencies which have stimulated the market and diversified the range of providers. Although the third sector is still developing and building in the North East, the portfolio has moved this forward (e.g. North of Tyne Primary Care Trust is looking into whether the third sector can help deliver support for people with long term conditions and, as such, they have had direct discussions with the Quality of Life Partnership; Green Exercise has also had dialogue with their Primary Care Trust).

6.8.2 Synergy

The portfolio events have been important in generating some of the above strategic added value outcomes. A one day conference on World Class Commissioning helped to disseminate learning and best practice more widely across the region. Representatives from different (but complementary) fields attended, including organisations outside of the portfolio, helping to influence their strategic thinking and delivery activity, and raise the profile of the portfolio itself. The portfolio has:

'Provided a catalyst to encourage people to work together.'

In terms of influencing delivery (rather than strategic) activity, links have been made with the Department of Health Change4Life Convenience Stores project, which encourages corner shops to prioritise the sale of fresh fruit and vegetables. The portfolio has tried to bring these stores together with cooking clubs to help the stores engage with schools and community centres.

6.8.3 Strategic influence

A year ago, work was undertaken to explore the links between the different strands (e.g. how mental health projects were contributing to physical activity outcomes and vice versa). Strategic activity has subsequently been undertaken to bring mental health and physical activity work closer together. As a result of discussions and partnerships emanating from the portfolio, a regional training package was developed. The strategic activity is in itself a good example of strategic added value, as are training packages of this sort in terms of the dissemination of knowledge and best practice.

6.9 Sustainability

For this type of evaluation, it is important to discuss the two main types of sustainability:

- 1) that of the outcomes and wider impacts that have been evidenced. Naturally, this is mainly considered in relation to beneficiaries;
- 2) that of the projects and services.

6.9.1 Sustainability of outcomes

There has been a lot of emphasis on up-skilling people and increasing capacity of both beneficiaries and delivery staff; this is an important contributor to sustainability. The training package developed for What's Cooking Kids? is a good example of a legacy that will continue to have an impact – people will use it to continue to deliver sessions; although they may need to source some funding in order to do so, the main messages remain the same, and delivery through schools might solve the funding option. Delivery might also be linked to other activities, thereby reducing the need for alternative or extensive funding.

Similarly, the Regional Weaning Programme has trained a number of deliverers and, as this knowledge already exists, it can continue to be used after the project's end. Again, some money will be needed to provide the material for delivery, but this could be scaled back or sourced from elsewhere as this is one of the cheaper elements of the project. By raising self-esteem, confidence and aspirations/expectations in beneficiaries, these and other outcomes are more likely to be sustained moving forwards. This is for a number of reasons, including:

- ❑ beneficiaries having better control of symptoms;
- ❑ beneficiaries having a better understanding of health and well-being;
- ❑ beneficiaries knowing how to access mainstream health and well-being opportunities;
- ❑ beneficiaries being less isolated socially and having a larger network or friends (e.g. projects such as Green Gym, the Regional Weaning Programme, What's Cooking Kids?, Creative Routes and TAP into Life all try to ensure that this happens, thereby leaving the beneficiaries better equipped for the future).

It has been important for the food projects to involve families as well as children/young people where possible; spreading the word and embedding behaviours (in the home setting) is very important for the sustainability of outcomes. Attempting to embed healthy eating behaviours from a very early age is also important for sustainability, hence the focus from weaning onwards and the work that has taken place in Children's Centres. Similarly, Kid's Café is now working with adults and parents as well as children, to broaden their impact and tackle the issues from both perspectives.

6.9.2 Sustainability of projects

Supporting sustainability

A lot of effort has been put into ensuring the sustainability of portfolio activity. Each of the three strands of the portfolio has a Regional Advisory Group that is strongly focused on how projects and activities might be embedded across the region through mainstreaming, commissioning, social enterprise and partnership approaches. In short, the portfolio has worked hard to ensure that successful projects are supported to secure their legacy:

'Naturally, there has been a focus on the ones that have, or will have, the best results.'

'The legacy was considered right from the very beginning of the programme, it was something we were worried about. There are success stories; however I'm not sure all the strands are sustainable.'

The portfolio has also put in place a range of support processes that are designed to help smaller third sector organisations moving forward (e.g. written guides have been developed by the central portfolio team with a range of foci). The portfolio management team have also supported projects with social marketing, pushing it up the agenda in the region and working with projects to embed these techniques within the public health agencies in the region. Project staff and stakeholders valued the training provided by the portfolio and believed it benefited their organisations:

'During my time as part of the portfolio, I have been able to benefit from a range of training opportunities (e.g. bid writing, social marketing, project management), all of which are certainly adding value to our project and workers' personal development.'

'Specific management training was offered and taken up.'

'Yes absolutely, the whole programme is littered with educational and professional development opportunities.'

There was also a significant investment in third sector led projects, helping them to become contract ready social enterprises moving forwards. To do this, the portfolio funded the In Good Shape project.

Ongoing projects

A number of projects have been successful in obtaining additional funding or have been working on sustainability plans, these include:

- ❑ **Mental Health Concern Supported Housing** – mainstream funding from the Primary Care Trust;
- ❑ **Darlington Mind** – funding from Big Lottery Fund Reaching Communities;
- ❑ **Sunderland Mind** – funding from the Big Lottery Fund Reaching Communities;
- ❑ **Mental Health First Aid** – exploring a social enterprise model with other Minds;
- ❑ **Kids Café** – continuation funding from North of the Tyne Primary Care Trust;
- ❑ **New Opportunities in Sport for Looked After Children** – Stage 2 of the Big Lottery Fund Reaching Communities Bid.

In general, stakeholders viewed sustainability as a mixed picture; they felt some projects were clearly more commissionable than others, comments included:

'Some projects which are funded by multiple funders or those who have been able to set up as a social enterprise, may have more likelihood of sustainability; however our project is wholly funded by Big Lottery and there is no possibility for mainstreaming our service within the local authority. We have to hope that we will be successful in securing further Big Lottery funding.'

'Projects that are cheap and cheerful are more likely to continue, particularly if there's a lot of volunteer involvement.'

The value of pilots

That said, some stakeholders felt that some of the projects were less likely to be commissioned or to be sustained because the activities, although successful in many cases, were viewed as top-up or additional activities, not the sort of project to be funded in a restricted funding environment:

'We are in uncertain funding times, and while the value of programmes like this are never in dispute, sadly the current climate of public funding may be retracting from the preventative aspect of this work.'

In addition, some stakeholders felt that it was important to be able use these types of funding programmes to experiment with project ideas to explore whether they have the desired impact and, if so, develop an evidence base; however they also mentioned that there should not be pressure to commission or sustain them if the model is not correct or having the desired impact.

Challenging times

Indeed, ensuring sustainability or mainstreaming projects in the current funding climate is extremely challenging, added to this are the changes that are taking place in commissioning and public health, making it even more difficult to ensure sustainability moving forwards. With this in mind, the SHA should be commended for the importance placed on building the third sector's long term capacity and sustainability and on creating partnerships between mainstream NHS and third sector providers to work towards sustainability, even if it is not always successful.

6.10 Additionality

In order to assess overall impact an evaluation should explore additionality – that is the added value over and above what would have happened had the intervention not taken place.

6.10.1 Added value

Overall, there would have been far less opportunities for people to access activity, information and advice without the portfolio, especially in deprived communities. It has:

'Made more focused work possible, especially with harder to reach groups.'

In particular, the additionality comes from the portfolio's ability to scale up projects, often giving localised projects a regional remit and larger target audience:

'Some projects would have happened in isolation, but the portfolio allowed it to be scaled up across the patch, making connections that otherwise wouldn't have been made... this meant less working in silos, more coordinated approaches and more learning.'

'I think this programme has enabled a valuable regional service to be developed, which otherwise would not have occurred.'

Overall, well-being would have had a much lower profile without the portfolio. Although some provision would still have gone ahead in another form, much of it would not:

'It has provided considerable added value.'

'The portfolio provided funding for our pilot project which we hadn't been able to secure elsewhere.'

'I am not aware of any other funding programmes which offer the same opportunities.'

'Many of the organisations involved in the portfolio may have had difficulty finding the funding otherwise to undertake the work.'

Over three quarters of the stakeholders we surveyed thought that NLNL did not duplicate the work of any other funding programme, and that beneficiaries would not have been able to get the same benefits if the portfolio did not exist. However, there were concerns that some of the organisations will have raised the expectations of their service users, by being able to deliver extra and additional services that will not be continued after the portfolio finishes (e.g. MIND in Gateshead has been funded by NLNL to provide diversionary activities with their client group, but they haven't secured any funding to continue activity).

6.10.2 Duplication

One stakeholder felt there was potential conflict between some of the food projects (e.g. What's Cooking Kids? and another portfolio in the National Well-being Programme, the School Food Trust's Let's Get Cooking, which is also funded by the Big Lottery Fund and which focuses on school meals and cooking skills). However, the projects are quite distinct. Similarly, they felt there was a possibility that Kids Café and What's Cooking Kids? may clash, but they are two very different approaches. Other stakeholders felt that instead of creating duplication, the portfolio was creating added value:

'If anything, it brings the different types of organisation together, a sum greater than its parts.'

'It provided an opportunity to do things on a larger scale than previously.'

By building on existing programmes that were showing positive outcomes (e.g. What's Cooking Kids?), the portfolio has provided an opportunity to experiment with how projects and outcomes could be sustained, and to build the infrastructure for the post-portfolio era.

6.11 Value for money

The preferred government approach to assessing value for money is the 'three Es', which focus on three inter-related areas²¹.

6.11.1 Economy

This is the extent to which project activities are being delivered at the lowest practicable cost. With funding of £3,529,448 spread over 39 projects, each project has received on average £90,498.67 for the lifetime of the portfolio. This appears to represent good value for money in terms of economy. Stakeholders also believed the operation of the portfolio to be broadly economic:

'You wouldn't have got this value from doing smaller scale things.'

²¹ See *Assessing the Impacts of Spatial Interventions: Regeneration, Renewal and Regional Development – 'The 3Rs guidance'* (Office of the Deputy Prime Minister, 2004)

'The money has been used effectively, although the proof will be down the line, when it becomes evident if behavioural change has been embedded.'

6.11.2 Efficiency

This is the extent to which project outputs are being delivered at a reasonable cost per unit. As can be seen in Table 10, the cost per output for the three strands is around £100 per output. This is efficient, especially if the intervention has a longstanding impact on well-being and quality of life for the beneficiary. As a benchmark, this is similar to walking programmes such as the Walking for Health Initiative. In addition, the recent LGIU report *'Walk this way: Recognising value in active health prevention'* found that for those aged over fifty, being physically active is associated with between 1.1 to 3.7 Quality Adjusted Life Years (QALYs). It is then stated that:

'NICE calculates that an intervention is cost effective if it falls within the range of £20,000 – £30,000 per QALY. Pilot data indicates that led health walks through Walking for Health can have a QALY cost below £100 meaning that they are an extremely cost effective health intervention.'²²

Table 10: Cost per outputs by strand of activity

	Mental health	Physical activity	Healthy eating
Outputs achieved	17,109	9,088	9,074
% of total outputs delivered	48.5%	25.8%	25.7%
Cost per output	£81.80	£103.40	£109.20

6.11.3 Effectiveness

This is the extent to which the project has had the desired impact in terms of outcomes. This aspect of value for money requires a more qualitative assessment than the other two, and is focused on the extent to which the delivered outputs translate into outcomes.

It is much more difficult to make this judgement than the other two as it requires qualitative research. In particular, it is difficult because the nature of these interventions is that the full value has not yet been realised and long term impacts are yet to be seen; however the positive evidence as regards outcomes and sustainability, as well the number of beneficiaries that have been engaged in NLNL projects, means the portfolio has been effective to date and this is likely to improve over time, especially if the remaining outputs can be reached for mental health and healthy eating. Taking all this into account, it is possible to conclude that the portfolio offers good value for money.

Summary

The projects have delivered a total of 35,271 outputs which accounts for 98.5% of the target provided to projects.

Overall, consultees and the evidence from the previous evaluation indicated that the majority of projects are delivering meaningful change and that this is across all three strands of well-being. There was also sufficient evidence to suggest that the portfolio has led to wider impacts and strategic added value, in particular throughout the portfolio role in fostering a more independent third sector, and creating links with the public sector.

In terms of sustainability, a number of projects have generated sustainable outcomes; several have secured ongoing funding, and others are being sustained moving forwards. However, the climate for this is very challenging, with cuts to public sector budgets and changes to public health commissioning structures.

Without the portfolio there would have been far less opportunities for people to access activity, information and advice, especially in deprived communities.

The portfolio has provided good value for money, and the research portfolio has improved the health and well-being of people living in the region.

²² LGIU (Local Government Information Unit) (2010), *Walk this way: Recognising value in active health prevention*

7 PROCESSES

In this section we outline the processes and structures that have been used to manage the portfolio and explore how effective they have been.

7.1 Management and governance

Overall, the portfolio seems to have been well managed; 70% of the stakeholders we surveyed (total 10) believed the portfolio to be well managed and governed. Comments from stakeholders included the following, praising not only the management but the approach taken by staff and their openness:

'We have always been well supported by the SHA and have been offered many opportunities which have provided many benefits to our project.'

'I think the programme manager and the wider team is really friendly, open and practical. I could work with this team again. Well done team!'

The portfolio management team

Most people we consulted felt the portfolio manager has taken a strong management role and that the portfolio has been:

'Rigorously governed through SHA procedures.'

They also felt the portfolio manager has:

'Kept on top of programme performance.'

Quarterly updates are issued and mitigating actions outlined if things are not progressing satisfactorily. Only one project has had to be decommissioned:

'SHA staff have been very supportive, in particular to facilitate networking and to manage the programme where it has met difficulties.'

'The programme team have been very supportive of the projects, providing support and guidance where things have worked less well, but in the right measure.'

The steering group

The membership of the steering group is broad and representative; it was very important to the portfolio to ensure the group represented the various sectors involved in the portfolio. This stems from the original vision – one of engaging well with the voluntary and community sector. That said, the steering group has not met as often as scheduled in recent months and there has been less involvement from the Director of Public Health than some stakeholders would have liked. Although this has not substantially affected delivery, it will be important that steering group meetings take place over the remaining months of the portfolio to maximise local and regional knowledge of the portfolio, its projects and impacts within the sector. In particular, in light of the changes that are taking place in public health and primary care commissioning, it will be important that the steering group champions the work of NLNL.

The structure of the portfolio

In terms of the structure of the portfolio, considerable effort was also put in early on to get a good balance between the three portfolio strands, and stakeholders felt that the portfolio management team had been largely successful in doing so:

'They definitely took more risks with ensuring a variety of different projects, not the usual suspects.'

A huge number of bids were received from mental health projects, with many delivering in similar thematic/geographical areas, and a considerable number of very small scale projects that didn't really fit with the portfolio's wider ambitions of funding interventions which could be scaled up across the region. At this stage, it may have been better if these types of projects were not funded, however this decision was not always taken and the project base for the mental health strand ended up mirroring the applicant base, with a larger number of smaller projects than the other strands. Within the other strands, there are some smaller projects (e.g. Tall 'n' Small is piloting an approach in one area, but this is a minority).

We feel this lack of critical decision making at the start was for two main reasons:

- 1) there were major changes to the size of the fund, the portfolio was to bid for £4 million and not £20 million; this was announced during the commissioning/evaluation panel day, making the evaluation of applications very difficult and careful negotiations necessary;
- 2) a list of key criteria was developed with which the panel was able to appraise projects; there were no overarching objectives and no wider health and well-being strategy with which to align priorities, these were all developed at a later stage making the selection process a difficult one. That said, this did allow the third sector to have a degree of influence over the development of the portfolio.

7.2 Partnership working

Partnership across the portfolio has been very positive, with senior managers working with projects to help them make the most of the opportunities that arise and to assist them with delivery if they are not progressing. At a more strategic level, the Regional Advisory Groups have invited a range of people and organisations to contribute to portfolio activity under the different themes, embedding the agenda across the region, and providing a good partnership base. Good relations have been established with Public Health North East and VONNE, the VCS infrastructure body for the North East.

The portfolio has also fostered partnerships between some of the delivery organisations, especially those not in the same theme as each other (e.g. Groundwork North East has been working with Mind and other mental health charities). By fostering a culture of partnership and a holistic approach to well-being, the portfolio has helped to develop connections between organisations. This was explained by the project managers we surveyed:

'The whole foundation of our project is based on building strong partnerships with a variety of partners.'

This was echoed by stakeholders; 100% of stakeholders said 'yes' when they were asked whether they thought the portfolio had helped to bring different organisations together, commenting that:

'Individuals and organisations have formed working partnerships as a result of their projects.'

'There has been greater partnership working through contacts with other organisations involved in the portfolio.'

'Yes we have developed links with other providers, the City Council and Healthworks.'

'I think the programme has enabled a lot of partnership working at strategic and operational levels throughout the region. By this, I mean between practitioners that are interested in promoting children's health and well-being, in particular weaning.'

In terms of a partnership legacy, the portfolio has been very keen to ensure that connections have been made across the portfolio. The events programme has brought together portfolio deliverers with external organisations, and has proved valuable in allowing learning to be shared across the portfolio, particularly so in allowing delivery staff from one strand of the portfolio to hear more about activity in the other two strands:

'The cross cutting themes and networking facilitated by the portfolio team is definitely a thread that NLNL and SHA has helped address.'

'We have had ample opportunity to network at the various events and training hosted by SHA; we have not directly improved delivery to beneficiaries through these opportunities but certainly best practice has been shared.'

'Being part of the portfolio brought us closer to other providers that we would not necessarily know, although I'm not sure what value that has added to our frontline work.'

However, the extent to which these partnerships are being sustained has not really been captured.

7.3 Marketing and communication

The marketing and brand development associated with NLNL has been very successful and, for some, one of the main successes of the portfolio. By creating a brand, the portfolio has been able to bring together a fairly disparate group of projects, with some doing very different activities. There has also been a lot of local press coverage of portfolio and project activities, raising awareness of well-being issues:

'It has been very successful, and the New Leaf New Life brand has become very well known.'

'Developing a brand was useful... it helped to have an identity.'

In addition, the portfolio has been promoted through press releases, annual reports and DVDs, and the branding has been included on adverts as part of the regional Time to Change campaign, with help to reduce the stigma around mental health and behaviour change. Moving forwards the SHA has also started to think about the branding and identity of NLNL and whether the NLNL brand should be handed over to projects that continue as a mark of quality; however more thinking needs to go into this, in particular how it would be administered and what the mark of quality might be.

7.4 Equality and diversity

The NLNL portfolio and the projects within it have made every effort to engage effectively with the diverse communities living in the North East, and for the most part appear to have succeeded. There have been two BME specific projects: (i) Beacon, a third sector infrastructure organisation for BME groups, which ran a one year project on mental health and women; and (ii) the Durham and Darlington Race Equality Council project. There has also been a strong focus on socially excluded groups (e.g. looked after children, lone parents and those living in disadvantaged areas). We are supportive of this approach, as much of the evidence suggests that these groups should be the target groups of portfolios and programmes such as this; however it is important to remember that much unhealthy eating behaviour cuts across social class and/or background.

The social marketing work has proved very interesting to staff and stakeholders, helping to ensure public health messages around behaviour change and reduced stigma are effectively targeted. More widely, a lot of work has gone into finding the best way to engage with the different target groups and the SHA, and the portfolio are now working with Mind on a regional Time to Change programme.

7.5 Monitoring and evaluation

After approximately one year of delivery, it became apparent to the portfolio that some projects were performing particularly well, achieving their beneficiary targets and delivering the outcomes agreed, whilst others were experiencing difficulties in delivering and recording their outputs and outcomes. To address this, the portfolio management team instituted a comprehensive performance management system to support projects in recording their impact, and the portfolio in demonstrating impact and addressing underperformance. The performance management system comprised the following elements:

- ❑ an evaluation framework to assist them in self-evaluating the impact and outcomes arising from their projects;
- ❑ opportunities were to be provided to discuss the framework at workshop sessions held in February 2009;
- ❑ training and guidance on monitoring outputs and outcomes²³;
- ❑ independent evaluation of projects, commissioned by the portfolio manager at any time during the project's lifetime.

²³ The projects sent beneficiary update/guidance in January 2009 were: Age Concern County Durham; BECON; Bridge; Consensus; ContinYou; CSV Linden Training; Darlington Mind; Groundwork North East; Key Enterprises; Kids Café; Launchpad; Mental Health First Aid; MHC Supported Housing; MHNE; MHC Social Enterprises; Middlesbrough Council; Mind in Gateshead; NAGAS; Green Exercise North East; Northumberland County Council; Quality of Life Partnership; Regional Weaning Programme; Sunderland Headlight; Sunderland Mind; Tyneside Women's Health; WEA

Overall, the portfolio team has put a lot of effort into undertaking monitoring and following up projects for feedback. This has taken place through monthly output updates and quarterly project reports, as well as end of project reports. Specific guidance on counting beneficiaries and how to avoid double counting was also provided:

'It is recommended that you record the name and postcode of all beneficiaries. It is essential that you do not double count beneficiaries; this means that individuals can only be counted once, even if they make numerous return visits. The exception to this is if one individual visits a project and gets involved in activities which link to the different project outcomes (e.g. the person attends a physical activity session and attends a healthy eating session delivered by the same organisation). In this case they can be counted twice.'

Despite these efforts, there remained some variation in how outputs have been counted and measured. Furthermore, monitoring of diversity relies largely on qualitative evidence as there is no requirement on projects to record the ethnicity or age of those involved in the projects. This decision was taken for practical reasons, to reduce the burden on individual projects and because there were only two projects that were specifically aimed at BME communities; however it is difficult to say whether a wide range of individuals have been able to access projects. In addition, the regularity or intensity of involvement is not captured effectively meaning a large element of the portfolio's work has been missed:

'I can only answer for our project. The monitoring required for our project is very basic, in that we only had to count beneficiaries by the number of participants. It would have been more useful to monitor outcomes as well as outputs from day one.'

The monitoring of outcomes has been a weakness; in part this is because the Northumbria University self-evaluation toolkit was not widely used, as it lacked the buy in of project managers. Furthermore, the portfolio is a very diverse group of projects and staff with different understandings and needs relating to evaluation. Nevertheless, the portfolio team has supplemented the output information with individual project evaluations, self evaluation material, and more latterly through our evaluation and case studies. This has enabled the portfolio to collect some rich evidence of outcomes and a rounded picture of performance of NLNL to date.

The portfolio also faced some resistance from projects around the level of monitoring they were required to undertake; projects viewed the monthly monitoring returns as burdensome, in particular in light of the fact that they need to be completed partway through the month. However, the portfolio dealt with this well and provided guidance on how to overcome issues or problems imposed by the reporting timescales for the Big Lottery Fund.

Summary

Considerable effort was put in at the start to get a good balance between the three portfolio strands, and stakeholders felt the portfolio management team had been largely successful in doing so. The steering group is also strong and representative of the various sectors involved in the portfolio.

The portfolio approach has also been successful, providing the opportunity for more joined up delivery and greater partnership working. Stakeholders and project staff believe it has been very valuable to focus on the key issues for the region in a coordinated way. There were however some concerns with the initial selection of projects, particularly in the mental health theme where the funds were spread quite thinly.

Monitoring of outcomes was a weakness but this has been overcome through additional evaluation exploring outcomes and impact. The marketing and brand development associated with NLNL has been very successful, as has the project's ability to engage with diverse groups, families and communities.

8 CONCLUSION

In this section, we present a summary of findings to date, exploring lessons learnt and opportunities for the future.

8.1 Rationale

The evaluation was able to identify a strong rationale for the existence of the portfolio, much of which was set out in the original bid to the Big Lottery Fund, North East NHS's *'Our Vision, Our Future'* strategy document and *'Better Health, Fairer Health'*, the North East's Health and Well-being Strategy. The rationale centred on the poor health and low levels of well-being experienced by residents in the North East.

The innovative nature of the portfolio, with its aim of building relationships between third sector providers and commissioners, was also set out in the evidence base presented to the Big Lottery Fund.

The SHA is an appropriate organisation to lead the portfolio. Although there had been early discussions between the Big Lottery Fund and third sector organisations as to whether they might lead the portfolio, we feel the SHA was and is very well placed to take on this role. The SHA has a clear regional remit and a very close relationship with Public Health North East and other commissioning agencies. This allowed them to broker relationships between the commissioners and third sector organisations. They also had the administrative support to back up such a large bid.

Stakeholders understood what NLNL was set up to do and were supportive of the rationale for intervention. They felt that although the well-being agenda is very broad, the portfolio has narrowed it down to focus on:

- ❑ inequalities and target groups such as children, young people and families;
- ❑ scaling up local projects;
- ❑ producing an evidence base to prepare these projects for their post-portfolio life.

That said, there were some stakeholders who did not feel the SHA should have led the portfolio; this was however a minority. In terms of project level rationale, the majority of projects set out a clear evidence base for their projects, building on existing data and evidence from previous projects or research.

8.2 Objectives

Although the portfolio structure and bid was guided by the overarching aims of improving health and well-being, sharing learning and building capacity within the third sector, and piloting new approaches, the portfolio lacked a clear expression of its core objectives. Linked to this was the feeling amongst stakeholders that the initial development of the bid was not sufficiently strategic; this did not prevent staff and stakeholders from gaining a basic understanding of the aims set by the portfolio, but it did make the selection of the final set of projects that would make up the portfolio problematic, as there was no overarching guidance against which to assess the projects. This became clear when the portfolio team found out that they would only be able to bid for around £4 million, a quarter of what they had been expecting, and made the final selection process difficult.

Despite this, the selection process was very open and a lot was done to engage different people in developing the programme, including people from the third sector, local authorities and academia. Not all the projects had clearly defined objectives, although there were several that had produced strong, well considered objectives, including:

- ❑ Green Gym;
- ❑ Green Start;
- ❑ Kid's Café;
- ❑ Mental Health First Aid;
- ❑ Regional Weaning Programme;
- ❑ Tall 'n' Small;
- ❑ What's Cooking Kids?

8.3 Inputs and activities

NLNL applied for a total of £4,069,566 from the Big Lottery Fund. Of the £4.07 million funding received, 86.7% was intended to be spent upon project delivery and 10.3% on management costs. Given that the portfolio ends in early 2011, it is encouraging to see that 94.6% of the funding has been spent and there is no significant under spend.

41.5% (£1.3 million) of funding has been allocated to projects with a mental health focus; just less than £1 million has been allocated to each of the other two individual strands – £835,373 to physical activity projects and £977,769 to projects with a health eating focus.

Although all NLNL projects are structured to be aligned to at least one of the three well-being strands (healthy eating, physical activity, mental health) with some cross cutting, the range of activities delivered by the projects is vast and ranges from healthy weaning and eating advice for new parents, to growing food, to creative writing and sports.

8.4 Performance

In summary, the projects have delivered a total of 35,271 outputs which accounts for 98.5% of the target provided to projects. As expected, given the allocation of funds to projects, the largest proportion of outputs has been delivered under the mental health strand of activity – 48.5% of outputs from 41.5% of project funding. Outputs delivered by the healthy eating and physical activity strands have both accounted for just over 25% of the total delivered.

The least expensive strand when calculating cost per outcome is mental health at £81.80. Although in part this is due to several mental health projects being capacity building projects working with professionals who are often comparatively easier to engage than communities in need. There were also 1,746 (5% in total) extra outputs; however it is important to note that these outputs are calculated by counting the number of beneficiaries benefiting under each strand thus an individual that has undertaken a physical activity and healthy eating activity will be counted twice.

Table 11: Cost per output

	Mental health	Physical activity	Healthy eating
Outputs achieved	17,109	9,088	9,074
% of total outputs delivered	48.5%	25.8%	25.7%
Cost per output	£81.80	£103.40	£109.20

Overall, the majority of projects are delivering meaningful change across all three strands of well-being. Outcomes include the following:

- ❑ greater understanding of health and well-being;
- ❑ links between healthy food and the environment;
- ❑ increased exercise and improved health;
- ❑ improved mental health and well-being;
- ❑ supporting people with mental health concerns and reduced stigma;
- ❑ social well-being;
- ❑ increased confidence, self-esteem and motivation;
- ❑ new and improved skills;
- ❑ engaging hard to reach and vulnerable families;
- ❑ re-thinking service provision.

There was also sufficient evidence to suggest that the portfolio has led to wider impacts, such as volunteering and employment opportunities. There was also evidence of strategic added value, in particular by fostering a more independent third sector and by creating links with the public sector. In terms of sustainability, we found a number of projects that have created sustainable outcomes, such as the Green Gym, the Regional Weaning Programme, What's Cooking Kids?, Creative Routes and TAP into Life. However, the likelihood of the projects being sustained after the lifetime of the portfolio is more mixed; those with training models that have leaders of groups in place and only require kick start monies or funding for materials may be more successful than others, as will those that have a hard evidence base and are prepared to deliver commissioned activities through the social enterprise model. Six projects have already secured funds moving forwards.

Overall, without NLNL there would have been far fewer opportunities for people to access activity, information and advice without the portfolio, especially in deprived communities. In terms of value for money, we used the three E's²⁴ assessment model and found that:

- ❑ **economy** – there are 39 projects; each project has received on average £90,498.67 for the lifetime of the portfolio. This appears to be good value in terms of economy;
- ❑ **efficiency** – as can be seen in Table 11, the cost per output for the three strands is around £100. This is efficient and very similar to interventions such as walking;
- ❑ **effectiveness** – the positive evidence as regards outcomes and sustainability, as well as the number of beneficiaries that have been engaged in projects, means the portfolio has been effective to date and this is likely to improve over time, especially if the remaining outputs can be reached for mental health and healthy eating.

8.5 Processes and structures

The portfolio approach has also been successful, providing the opportunity for more joined up delivery and greater partnership working. Stakeholders and project staff believe it has been very valuable to focus on the key issues for the region in a coordinated way.

Considerable effort was put in early on to get a good balance between the three portfolio strands, and stakeholders felt the portfolio management team had been largely successful in doing so. Similarly, it was considered very important to ensure that the steering group represented the various sectors involved in the portfolio from the start. That said there has been less involvement from the Director of Public Health than some stakeholders would have liked, and as the portfolio approaches its end there have been less meetings.

A huge number of bids were received at the start from mental health projects, with many delivering in similar thematic/geographical areas, together with lots of small scale projects that could not be scaled up across the region. At this stage, it may have been better if these types of projects were not funded.

For some, the monitoring arrangements have been burdensome, although the SHA provided extensive guidance on how to meet these obligations. The collection of individual outcome progression information, such as distance travelled and behaviour change data, has also been a weakness; however project and portfolio level evaluations have helped to bridge this gap. Two projects have also used the Big Lottery Fund National Well-being Evaluation tools to capture distance travelled in individuals. The national evaluators are able to share the data with projects and the portfolio on this.

The portfolio and projects within it have made every effort to engage effectively with the diverse communities living in the North East and for the most part appear to have succeeded; however there is no requirement on projects to record ethnicity or age of those involved in the projects. The marketing and brand development associated with NLNL has been very successful. By creating a brand, the portfolio has been able to bring together a wide ranging group of projects. The portfolio has been very supportive of its third sector partners, encouraging full cost recovery at all times and working with them to support their delivery and future sustainability.

8.6 Key strengths

The key strengths of the portfolio are:

- ❑ the regional approach to developing projects, often scaling up much smaller projects;
- ❑ building capacity;
- ❑ drawing upon a vast variety of ideas to address health inequality.

The portfolio team has also worked very well with third sector organisations which have engaged the target audience; for the most part it was felt the portfolio was very well managed, with good opportunities for training and partnership working.

²⁴ See *Assessing the Impacts of Spatial Interventions: Regeneration, Renewal and Regional Development – 'The 3Rs guidance'* (Office of the Deputy Prime Minister, 2004)

8.7 Areas of innovation

The main area of innovation within the portfolio is the approach it has taken to working with the third sector. The SHA has opened doors and built relations with projects to help them with commissioning/contracting in the future. Both the portfolio and the projects have embraced the opportunity to test out riskier projects whilst developing an evidence base for future commissioners.

The celebration and networking events were also innovative as they brought everyone together, providing projects with the opportunity to reflect on their work, develop new ideas and share best practice. The portfolio has also pioneered new techniques (e.g. social marketing which was new to the region, but has been successfully embedded):

'There has been freedom to try new things, find out what works, and what doesn't. Learning has been shared.'

8.8 Areas for improvement and recommendations

In this section, we present the lessons learned from the administration and management of the NLNL portfolio and our recommendations for the future. These are divided into two sections:

- ❑ the recommendations for the SHA and other similar or successor organisations if they were to undertake management of a similar programme in the future;
- ❑ the recommendations for the remainder of the portfolio lifespan, focusing on ensuring a lasting legacy.

8.8.1 Recommendations for the future

A more strategic and objective led approach

The portfolio suffered slightly from not having clear objectives from the start. As a result, the initial bidding process was not strict enough and the portfolio team were inundated with applications. The lack of a clear set of objectives and a strategic approach made decision making difficult; this was not helped by the need to cut project budgets halfway through the process. It may have been better had the portfolio funded less projects that were more strategic and regional. A clear set of objectives would have also given the portfolio and indeed the bid more stability and leadership from the start.

There was also confusion over beneficiary numbers; in many respects these were higher than could be achieved in reality. As such, we feel that if such a programme was to be repeated, there should be stricter scrutiny of project plans and finances, and a clear performance management process in place from the start. That said much was done to correct this at a later stage.

Ensure projects include sufficient resources for engaging with the portfolio

The main reasons projects gave for not being involved in portfolio events was financial and time constraints, which in part go back to the application process when many original project bids were scaled back in response to the reduced portfolio funding available. Although the portfolio encouraged projects to ensure full cost recovery, in some cases there was insufficient resources to allow the project managers and staff to take time out from activities to attend portfolio events, especially without travel expenses being made available. In the future, we recommend that bids are quality checked to ensure money is built in to fund this in the future. The message that engagement is expected or voluntary should also be made clear at the application stage to enable projects to accurately budget for it.

Better monitoring and evaluation of outcomes and behaviour change

Although there has been good evaluation of the projects funded through NLNL, there has been a failure to robustly capture outcomes and behavioural change consistently across the portfolio. Although a handful of projects have done this, it has not been consistent across all projects and even though outcomes are reported through the quarterly reports, this is not robust as there is often no way of the portfolio verifying the evidence presented. There was a self evaluation framework developed by the portfolio, however this was not widely used.

If administering a programme or portfolio such as this again, we would recommend that the SHA or any successor body ensures effective monitoring and evaluation of outputs and outcomes, including distance travelled and behaviour change, as this is the most effective way of measuring long lasting impact. We also recommend that a formative evaluation process is put in place which engages evaluators early, to help capture this information.

Record demographic characteristics of beneficiaries

In order to better understand the impact of funding on diverse groups, we recommend that the portfolio ask projects to collect basic demographic characteristics of their beneficiaries (e.g. gender, ethnicity and age).

Better market testing for sustainability support projects

Given the importance placed upon partnerships between mainstream NHS and third sector provision, as well as the need to build the third sector's long term capacity and sustainability to deliver services, SHA should be commended for their innovative approach to promoting sustainability beyond the lifetime of Big Lottery funding through projects such as In Good Shape. However, on many occasions, the support offer around promoting sustainability did not match the demand. The portfolio management team could have spent more time testing demand and designing and commissioning support services to meet this, whilst at the same time still being aspirational and progressive.

8.8.2 Recommendations for the reminder of the portfolio

Consult projects and Strategic Health Authority on brand moving forwards

The SHA has started to think about the branding and identity of NLNL moving forwards. One option would be for the NLNL brand to be handed over to projects that are sustained as a mark of quality, but more thinking needs to go into whether this is desired and how it would work. We recommend that the SHA talk to the project likely to be sustained to gauge whether there is demand. If there is found to be demand, the SHA needs to think about how it would be administered, in particular what 'quality' means:

- whether new projects would be allowed to apply;
- who would administer it given the likely changes to SHAs in the future;
- how much this would cost.

We will undertake more research looking at best practice in this regard for the final report.

Making buyers aware of the good work of the portfolio

Given that some of the changes proposed in the recently published NHS White Paper, and the fact that some of the projects funded under NLNL are suitable for commissioning and contract ready, we feel it would be appropriate for the SHA to support organisations in this regard. That said this is very difficult in the current climate due to changes in NHS structures, focusing on patient choice and more local control through proposals²⁵ such as:

- extending personal budgets;
- introducing local democracy by giving local authorities the power to agree local strategies to bring the NHS, public health and social care together;
- local authority control over local health improvement budgets;
- consortia of general practices taking responsibility for commissioning NHS services.

However, this is still an emerging agenda and many of the commissioners are not currently in a place to consider who and what they might fund; thus the SHA should monitor developments in this area and work to ensure that general practices, local authority care teams, and people advising individuals on personal care and budgets, are aware of the good work that has taken place under the NLNL portfolio. They should also highlight opportunities where projects can meet these types of commissioners and support NLNL projects to prepare material to help 'sell' their services to commissioners by helping them to prepare pitch presentations, publicity material and evidence their impact as best they can.

²⁵ Equity and excellence: Liberating the NHS (2010), Department of Health White Paper

APPENDIX 1
Full project list

Full project list

Number	Project name
1	Good Companions
2	BECON
3	Bridge Health & Well-being Project
4	CACDP – Deafblind
5	Consensus Network
6	CSV Lifestyle Project
7	Tap into Life
8	Tap into Life Extension
9	DDCREC
10	Green Exercise NE
11	Green Gym
12	Green Gym Extension
13	Green Start
14	Green Start Extension
15	Healthier Living Scheme
16	Kids Café
17	Kids Café Extension
18	Launchpad
19	Mental Health Care – Community Café
20	MHC Supported Housing
21	Mental Health First Aid
22	Mental Health North East
23	Middlesbrough Council
24	Mind in Gateshead – Community Café
25	Arts Studio
26	New Opportunities in Sport for Looked After Children
27	Newcastle Active Ageing Programme for Older People
28	Creative Routes to Improved Mental and Emotional Well-being
29	Regional Weaning Programme
30	Social Enterprise Support Solutions
31	Sunderland Headlight Therapy Programme
32	Sunderland Mind
33	Tall 'n' Small
34	Tall 'n' Small Extension
35	Tall 'n' Small Extension 2010/11
36	Tyneside Achieve Project
37	Vision
38	WEA - Moving on Up
39	What's Cooking Kids?

APPENDIX 2
Consultees

Consultees

Name	Role	Organisation
Jo Curry	Chief Executive	VONNE
Brendan Hill	Chief Executive	Mental Health Concern
Neil Johnson	Public Mental Health Lead	North East Mental Health Development Unit
Alison McLaughlin	Obesity Delivery Manager	Public Health North East
Kerry McQuade	Portfolio Manager	NESHA
Kylie Murrell	BLF Well-being Portfolio Co-ordinator	NESHA
Roselle Oberholzer	Children and Obesity Manager	Public Health North East
Claire Riley	Director of Communications	NESHA
Tracey Sharp	Deputy Regional Director, Public Health Delivery	NESHA
Rosemary Turnball	BLF Well-being Portfolio	NESHA

This list does not include those consulted for the case studies