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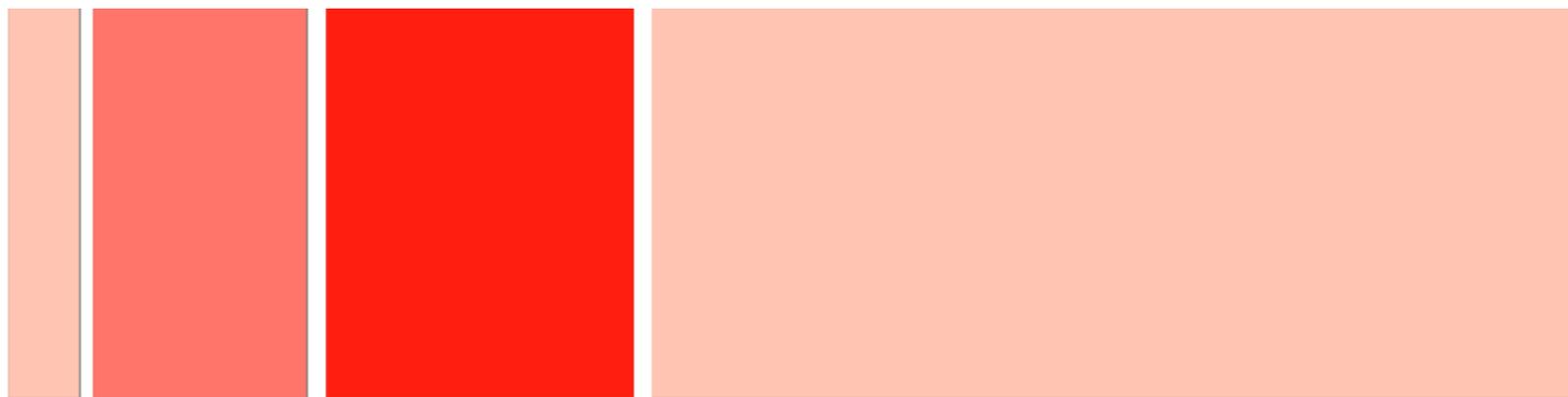
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Evaluation of the Health Challenge Wales Voluntary Sector Grant Scheme 2013-15

Final report



Evaluation of the Health Challenge Wales Voluntary Sector Grant Scheme 2013-15

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Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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Table of contents

Executive Summary	2
1 Introduction.....	8
2 Meeting the HCWVSGS programme aims and objectives.....	14
3 Influences and impacts achieved by the programme	27
4 Cost consequence analysis.....	56
5 Learning for future programme design	74
6 Sustainability	79
7 Conclusions and recommendations	86

Executive Summary

The aim of the Health Challenge Wales Voluntary Sector Grant Scheme (HCWVSGS) is to develop the capacity and capability of national voluntary sector organisations in Wales to work in partnership with the Welsh Government and other voluntary sector organisations to promote sustainable health and wellbeing through support for core and project activities. The objectives of the 2013-2015 HCWVSGS were to:

- Influence the conditions necessary for people to lead healthy lives and to improve their health.
- Support individuals and groups to do what they can to improve their own health and that of their families.
- Promote health and wellbeing messages effectively.

Six projects were funded through the 2013-2015 HCWVSGS as outlined in Table 1.

Table 1 HCWVSGS 2013-2015: funded projects

Organisation	Project name	Key theme
Mind Cymru	Perinatal Mental Health and Resilience – Early Support Project.	Promoting healthier lifestyles for pregnant women
Sustrans Cymru	Healthy Hospitals Project.	Supporting the creation of a Healthy Hospitals initiative
Sustrans Cymru	Healthy Universities Project.	Supporting the creation of a Healthy Universities initiative
Clybiau Plant Cymru Kids' Clubs	Play, Learn and Grow Healthy Project.	Supporting individuals to lead healthier lifestyles and discouraging people from risky behaviours
The Prince's Trust	Active Youth Project.	Supporting individuals to lead healthier lifestyles and discouraging people from risky behaviours
Breast Cancer Care	Best Foot Forward Project.	Supporting individuals to lead healthier lifestyles and discouraging people from risky behaviours

1. Evaluation aims and objectives

The HCWVSGS evaluation was undertaken by Ecorys, in partnership with Swansea University. The purpose of the evaluation was to inform the future development of the HCWVSGS. The aim of the evaluation was to determine the effectiveness of the HCWVSGS. The objectives of the evaluation were to answer the following research questions:

- To what extent has the 2013-2015 scheme achieved its aims and objectives as outlined above?
- What, if any, influence / impact has the scheme had on participating organisations, projects, communities and individuals?
- What changes, if any, are required to maximise the effectiveness of the scheme?
- Has the scheme influenced the plans of participating organisations to sustain the project activities beyond the funding period?¹

2. Evaluation methods

The methods used by the evaluators were as follows:

- Logic models and impact maps were developed to better understand the theory of change underpinning the scheme and its constituent projects.
- Strategic stakeholder interviews were conducted at the beginning of the evaluation.
- Survey questionnaires were designed using standardised scales / validated questions where possible.
- On-going evaluation support was provided for projects, to ensure they were able to systematically collect and record survey data in a format which was suitable for analysis.
- Progress reports and self evaluation reports produced by the projects were analysed to identify progress and lessons learnt.
- Project consultations - in-depth interviews with the project managers / grant holders were conducted in Autumn 2014 and were repeated in Autumn 2015 to inform the final report.
- Programme manager interviews - with the programme managers from the Welsh Government took place in March 2015 and late November 2015.
- Economic analysis - Swansea University led the economic analysis, which sought to quantify the full cost of project delivery and the full range of benefits achieved, using a cost consequences approach.

¹ Specification for the evaluation of the Health Challenge Wales Voluntary Sector Grant Scheme 2013-2015, published by the Welsh Government.

- A case study visit was conducted with each of the six projects between March and July 2015.
- Ecorys also interviewed several voluntary sector organisations that were involved in the programme as partners or benefited from training.

3. Assessment against objectives

The final report provides an assessment of project progress against the objectives of the 2013-2015 HCWVSGS, based on the project consultations, case studies and self-evaluation analysis. A summary of key findings is provided below.

3.1 The programme has made good progress towards meeting the stated aim of the programme, which is to develop the capacity and capability of national voluntary organisations in Wales to promote health and wellbeing activities that have sustainability potential, as follows:

- The 2013-2015 HCWVSGS helped increase organisational capacity in several ways. Some projects used their grants to increase organisational capacity by funding new posts.
- The 2013-2015 HCWVSGS also supported national voluntary organisations to work with other voluntary sector organisations, helping the sector to share expertise.
- The 2013-2015 HCWVSGS also supported capacity building within the voluntary sector by providing volunteering opportunities.

3.2 The projects made good progress towards meeting the stated objectives of the programme, as follows:

Objective One: To influence the conditions necessary for people to lead healthy lives and to improve their health.

- All of the projects were designed to better inform people by enhancing their knowledge about healthy lifestyles, and providing information to enable people to make healthy choices.
- Some of the projects focused on systems change; working to improve the conditions and services available to support people to lead healthy lives and improve their health.

Objective Two: To support individuals and groups to do what they can to improve their own health and that of their families.

- A range of project activities empowered and enabled individuals to improve their own health, by fostering a 'can-do' attitude amongst participants.

- None of the projects were specifically designed as whole family interventions, but some were hopeful that their support might benefit participants' families indirectly.

Objective Three: To communicate the 'better health' messages effectively.

- All of the projects identified key messages to promote 'better health'. All of the projects delivering training to staff or professionals developed clear messages that are being communicated in their training materials.

4. Influences and impacts achieved by the programme

4.1 Impact on participating organisations and projects

- Impacts on partner organisations were clear at the final reporting stage. Most organisations hoped to mainstream at least some of their HCWVSGS activities. The programme helped to up-skill and retain staff, enabling organisations to secure alternative funding sources in some cases.
- Several projects commented that support received from the Welsh Government supported the promoting organisation to disseminate lessons to policy audiences.

4.2 Impact on participating communities and individuals, in relation to the key themes of the Scheme as follows:

Theme One: Promote healthier lifestyles for pregnant women, which have a positive impact on them and their family's health.

- Only one project was commissioned to work with this target group and was focused on strengthening perinatal mental health. The project supported pregnant women by developing perinatal mental health curriculum and resources, training practitioners to support pregnant women and running support classes for pregnant women. Some of the participants already had children and so the project may have indirectly impacted on their family's health, but that was not a specific objective of the project. The project was also impacting at a policy and strategic level.

Theme Two: Encourage and support individuals to lead healthy lifestyles by encouraging physical activity and a balanced diet, and discouraging people from risky behaviours such as smoking and excessive drinking, to decrease those at risk from cardiovascular disease (including coronary heart disease and stroke), cancer and diabetes.

- All of the projects promoted the take up of healthy lifestyles by encouraging physical activity and healthy eating, although there was less of an emphasis on this in the project focused on pregnant women.

- The survey analysis demonstrated there was a trend towards increased levels of physical activity and healthy eating behaviours amongst participants at the end of their involvement (compared to that reported at the outset). However, there was no change in reported levels of life satisfaction.
- However, the qualitative evidence suggested the programme was supporting people well in relation to the physical activity, healthy eating and mental wellbeing themes. Less success was reported in relation to the smoking and excessive drinking themes.

Theme Three: Support the creation of a healthy hospitals initiative or a healthy colleges and universities initiative.

- One organisation was commissioned to work on the healthy hospitals and healthy universities themes. The project manager for both these projects initially reported considerable difficulties in engaging universities and hospitals to participate in the projects. The project manager mainly attributed this to gatekeeper issues within relevant organisations, and the existing workloads of relevant personnel within those organisations. However, good progress had been made on both these projects in the final year of funding. Both projects were revised to primarily focus on staff wellbeing, with positive results, particularly in terms of engagement and awareness raising.

4.3 Impact on policy, in relation to the key themes of the Scheme as follows:

- A number of projects had informed policy developments by the end of the programme, particularly Mind Cymru, Sustrans Cymru and the Prince's Trust.

5. Learning for future programme design

A number of lessons were identified through consultation with programme managers, grant holders, delivery partners and other voluntary and community sector (VCS) representatives:

- Clear guidance should be provided for applicants around project-level monitoring and self-evaluation requirements and collaborating with external evaluators for the programme-level evaluation. This would help projects to see the link between monitoring, self-evaluation and external evaluation, and to understand how project-level monitoring can inform and support evaluation activity.
- Consideration should be given to providing support during the application process to develop logic models and impact maps to ensure projects are robustly designed and impacts can be measured.

- Programme-level evaluation should be required to demonstrate alignment with project-level evaluation activity (external or self-evaluation). This would help to avoid duplication and reduce the potential for research fatigue.

1 Introduction

1.1 Setting the scene

The Health Challenge Wales Voluntary Sector Grant Scheme (HCWVSGS²) exists to strengthen sustainable health improvement work in Wales. The grant is offered to national voluntary sector organisations to fund activities that contribute to improving health and wellbeing. The scheme complements national policy developments in health improvement in Wales.

This report presents the findings of the evaluation of the 2013-2015 HCWVSGS funding round.

The aim of the HCWVSGS is to develop the capacity and capability of national voluntary sector organisations in Wales to work in partnership with the Welsh Government and other voluntary sector organisations to promote sustainable health and wellbeing through support for core and project activities. The objectives of the 2013-2015 HCWVSGS were to:

- Influence the conditions necessary for people to lead healthy lives and to improve their health.
- Support individuals and groups to do what they can to improve their own health and that of their families.
- Promote health and wellbeing messages effectively.

To deliver these objectives, the Welsh Government sought to support projects under the following key themes:

- Promote healthier lifestyles for pregnant women, which have a positive impact on them and their family's health.
- Encourage and support individuals to lead healthy lifestyles by encouraging physical activity and a balanced diet, and discouraging people from risky behaviours, such as smoking and excessive drinking, to decrease those at risk of cardiovascular disease (including coronary heart disease and stroke), cancer and diabetes.
- Support the creation of a healthy hospitals initiative or a healthy colleges and universities initiative.
- Encourage and support employers to develop and implement workplace policies on the specific health issues addressed by the Corporate Health Standard and the Small Workplace Health Award, and / or equality issues such as domestic abuse and mental health, in order to support staff, tackle sickness absence and retain employment.

² Also referred to as 'the programme'.

Six projects were funded through the 2013-2015 scheme as outlined in Table 1.1. A brief description of the projects is provided in Annex One.

Table 1.1 HCWVSGS 2013-2015: funded projects

Organisation	Project name	Key theme
Mind Cymru	Perinatal Mental Health and Resilience – Early Support Project.	Promoting healthier lifestyles for pregnant women
Sustrans Cymru	Healthy Hospitals Project.	Supporting the creation of a Healthy Hospitals initiative
Sustrans Cymru	Healthy Universities Project.	Supporting the creation of a Healthy Universities initiative
Clybiau Plant Cymru Kids' Clubs	Play, Learn and Grow Healthy Project.	Supporting individuals to lead healthier lifestyles and discouraging people from risky behaviours
The Prince's Trust	Active Youth Project.	Supporting individuals to lead healthier lifestyles and discouraging people from risky behaviours
Breast Cancer Care	Best Foot Forward Project.	Supporting individuals to lead healthier lifestyles and discouraging people from risky behaviours

Although no projects were specifically funded under the final theme (intended to support employers to develop and implement workplace policies on the specific health issues addressed by the Corporate Health Standard and the Small Workplace Health Award), employers (universities and hospitals) were key partners on the two Sustrans projects. These projects supported employers to address health issues identified in the Corporate Health Standard to some extent.

1.2 Aims of the evaluation

The purpose of the evaluation was to inform the future development of the HCWVSGS.

The aim of the evaluation was to determine the effectiveness of the HCWVSGS. For the purposes of the evaluation, effectiveness included delivery, performance against aims and objectives, and influence / impact³.

³ Specification for the evaluation of the Health Challenge Wales Voluntary Sector Grant Scheme 2013-2015, published by the Welsh Government.

The objectives of the evaluation were to answer the following research questions:

- To what extent has the 2013-2015 Scheme achieved its aims and objectives as outlined above?
- What, if any, influence / impact has the scheme had on participating organisations, projects, communities and individuals?
- What changes, if any, are required to maximise the effectiveness of the scheme?
- Has the scheme influenced the plans of participating organisations to sustain the project activities beyond the funding period?⁴

1.3 Report structure

This final report reflects on progress and impacts made by the projects during the 2013-2015 funding round. The remainder of this report is structured as follows:

- Chapter Two: Meeting the HCWVSGS programme aims and objectives
- Chapter Three: Influences and impacts achieved by the programme
- Chapter Four: Cost Consequence analysis
- Chapter Five: Learning for future programme design
- Chapter Six: Sustainability
- Chapter Seven: Conclusions and recommendations
- Annex One: Project summaries

1.4 Methods

An interim report⁵ on the evaluation was published in September 2015 which outlined the methods employed for the evaluation. This section provides a brief summary and update on the methods completed since then.

- **Logic models and impact maps**

The impact maps were used as a tool to guide discussion at the final project case study visits. The logic models identified broad areas the projects were expecting to impact on at the user, organisational and policy levels.

- **Survey questionnaires**

The survey analysis presented in this report only draws on the responses received during the main survey stage.

⁴ Specification for the evaluation of the Health Challenge Wales Voluntary Sector Grant Scheme 2013-2015, published by the Welsh Government.

⁵ <http://gov.wales/statistics-and-research/evaluation-health-challenge-wales-voluntary-sector-grants-scheme/?lang=en>

Data analysis

Participants were asked to complete two surveys: one at the beginning of their involvement with the project and another at the end. There were separate surveys for adults and young people. The interval between before and after survey completion depended on the length of the intervention and ranged from one day to around six months. This had implications for data analysis, in that the interventions were very varied in terms of the nature of activity and the intensity of support provided. The survey findings should therefore be treated with caution as the interventions are not directly comparable.

Each project was asked to ensure completion of before and after surveys for at least 45 participants, with surveys distributed by project staff. However, this was not always possible given the low number of participants on some projects, and the reluctance of some participants to complete a survey. Practical considerations also limited the number of survey returns, for example in practice both Sustrans Cymru projects engaged more people through awareness raising and information sharing, than specific activities that might directly impact on their health. Sustrans Cymru felt it would be too unwieldy / inappropriate to ask partner organisations to focus resources on survey completion for people who had only been engaged in their projects through information sharing.

The responses were pooled for analysis into two groups: adults and young people. The adult survey was completed by participants aged 18+ from the Sustrans Cymru, Mind Cymru, Clybiau Plant Cymru Kids' Clubs and Breast Cancer Care projects. Given the low number of adult survey returns, it was not possible to analyse the responses at the individual project level. The young people's survey was completed by participants from the Prince's Trust project. These respondents were aged between 16 and 24 years⁶.

- **On-going evaluation support**

On-going evaluation support was provided for projects, to ensure they were able to systematically collect and record survey data in a format suitable for analysis. Ecorys provided survey support for half of the projects including posting out surveys and data entry for returns.

- **Project consultations**

The in-depth interviews with project managers / grant holders were repeated in Autumn 2015 to inform the final report. These discussions provided an opportunity to reflect on the project self-evaluation reports. The final project consultations also explored the following areas:

- Outcomes and impacts.
- Sustainability.

⁶ The young people's survey was a simplified version of the adult survey. This was more suited to young people with lower literacy levels.

- Lessons for future programme design.
- Economic analysis

Swansea University led the economic analysis aspect of the evaluation. The economic analysis aimed to quantify the true cost of project delivery and compare this to the benefits by using a cost consequence approach. Costs were identified around the following categories: staff costs, volunteer costs, in-kind costs (including use of delivery partners' premises and facilities free-of-charge). All projects confirmed that they were able to collect this data and a request for this information was made in September 2015. However, the quality of the data provided by the projects varied considerably, reducing the robustness of the cost consequence analysis. The results of the cost consequence analysis are presented in Chapter Four.

- **Case study visits**

A case study visit was conducted to each of the six projects. Each case study consisted of one day in the field, conducting a range of interviews and focus groups with staff and participants. The exact focus of each case study visit was agreed with each project and the Welsh Government. An indicative outline of a case study visit is provided below:

- In-depth interview with the project manager (and project director if possible).
- In-depth paired or triad interviews with two to three delivery partners (or telephone interviews if they were not available on the day).
- In-depth focus group with delivery staff.
- In-depth focus group with volunteers (where relevant, or telephone interviews if they were not available on the day).
- In-depth focus group with participants.

- **Analysis of progress reports and self-evaluation reports**

Each project was required to complete quarterly monitoring progress reports for the Welsh Government and these were assessed for the interim and final reports, to explore the extent to which the HCWVSGS had achieved its aims and objectives at key stages. The progress reports were also used to inform the case study visits to the projects. Each project was also required to compile a self-evaluation report at the end of their 2013-2015 project and these were used to assess overall impacts and lessons learnt by the projects.

- **Voluntary sector interviews**

Ecorys undertook telephone interviews with ASH Wales and Let's Walk Cymru, voluntary sector organisations involved in the programme as delivery partners. The purpose of these telephone interviews was to assess the impact of the programme on the wider voluntary sector.

- **Programme manager interviews**

Interviews were held with the programme managers from the Welsh Government to explore their expectations for the HCWVSGS and compare these with the actual impacts achieved by funded organisations at the end of the programme. These interviews took place in early March 2015 and late November 2015.

- **Qualitative analysis**

All interviews were recorded and informed consent was ensured. All interview data is stored securely according to data protection guidelines. All qualitative data is analysed using thematic grids, including quotes demonstrating salient points which are included in this final report. A budget was not included for transcribing interviews for this contract.

2 Meeting the HCWVSGS programme aims and objectives

Key question 1: To what extent did the 2013 - 2015 Scheme achieve its aims and objectives?

This chapter will provide an assessment of *how* the programme supported organisations and the range of activities delivered through the programme.

2.1 Meeting the stated aim of the programme: to develop the capacity and capability of national voluntary organisations in Wales to work in partnership with the Welsh Government and other voluntary sector organisations in promoting sustainable health and well being through support for core and project activities.

Given the emphasis of some projects on systems development work rather than straightforward delivery, this section will focus on exploring how the programme supported both organisations and individuals.

The fund achieved a good level of impact directly on the grant holding organisations. It developed the capacity and capability of these national voluntary organisations in a variety of ways:

- **Organisational development**

The evaluation explored how the 2013-15 HCWVSGS supported organisational development amongst grant holding organisations and project partner organisations (including employers such as the universities and hospitals involved in the Sustrans projects). Overall, the 2013-2015 HCWVSGS increased the capacity and capability of participating national voluntary organisations in Wales to work in partnership with the Welsh Government and other organisations to develop health and wellbeing activities. In particular, the scheme gave participating organisations the funding for staff time to test new ideas and approaches, and improve their internal management and monitoring systems. The Prince's Trust for example highlighted that the HCWVSGS enabled their organisation to develop and deliver tailored health and wellbeing activities, and develop systems for recording evidence to support the case for future investment in these themes. Lead organisations also welcomed the valuable opportunity presented by the 2013-2015 HCWVSGS to build / extend effective working relationships with the Welsh Government. Stakeholders consulted for the case study research were very positive about the inputs of delivery partners in supporting organisational development. The Live Well Leaders (LWLs)⁷ consulted for the Healthy Universities case study research welcomed the training received from Sustrans Cymru delivery partners ASH Wales and the British Heart Foundation, which increased their knowledge and capacity to support colleagues to improve their wellbeing. For example, the British Heart Foundation helped deliver a Mental Health and Wellbeing Day at Cardiff

⁷ Live Well Leaders are staff members recruited to attend training about promoting healthy lifestyle activities to others within their workplaces.

University, which was very well received. The University would not have had the capacity to deliver the event independently.

As a result of their HCWVSGS activity, Clybiau Plant Cymru Kids Clubs has entered the Business in the Community Impact Awards⁸.

- **Up-skilling staff**

The childcare workers trained through the Clybiau Plant Cymru Kids' Clubs project reported an increase in their knowledge, awareness of and attitudes towards nutrition, physical activity, and risks caused to health by smoking and alcohol. This evidence was collected through baseline and follow-up questionnaires and childcare workers consulted at the case study visit.

The Prince's Trust project identified staff training needs to support young people presenting with mental health support needs. The HCWVSGS paid for Mental Health First Aid training for staff, which will increasingly underpin the Prince's Trust's core approach to supporting young people. The Prince's Trust was keen to make Mental Health First Aid training mandatory for all of its staff.

- **Embedding delivery in new areas**

The 2013-2015 HCWVSGS enabled grant holding organisations to extend their geographical coverage. As might be expected, this was more apparent for direct delivery projects than those focused on systems development⁹. For example, the programme enabled the Prince's Trust to improve its geographical reach and increased the delivery of Get Started in North Wales.

Clybiau Plant Cymru Kids' Clubs secured good geographical coverage, with the Healthy Friends courses being delivered in eight counties in the first year of delivery: Neath Port Talbot, Merthyr Tydfil, Monmouthshire, Anglesey, Pembrokeshire, Wrexham, Swansea and Newport. Additional areas reached in the second year of delivery were: Vale of Glamorgan, Flintshire, Cardiff, Powys, Carmarthenshire, Bridgend, Conwy, Caerphilly, Rhondda Cynon Taf and Gwynedd.

Breast Cancer Care hoped to recruit walk leaders in three locations Cardiff, Llandudno and Pontypridd. However, it was only possible to recruit walk leaders in Cardiff (where 14 received training in addition to three existing volunteers). Five staff in Breast Cancer Care's Cardiff office were also trained to cover the walks if volunteers were unable to make it due to ill health. Although Breast Cancer Care's project achieved a smaller geographical

⁸ <http://www.bitc.org.uk/services/awards-recognition/responsible-business-awards/categories/local-impact-awards>

⁹ The Sustrans' Cymru projects and the Breast Cancer Care project were focused on systems development, as they aimed to develop new working practices with NHS structures and Universities. Much of their work was therefore focused on building relationships with key stakeholders and informing policy developments. These projects did some direct delivery work, but this was not as extensive as the beneficiary activities provided by the Prince's Trust, Mind Cymru, and Clybiau Plant Cymru Kids' Clubs projects.

coverage for its walking activity than was originally intended, it has also delivered work across Wales to support lymphoedema services, providing information on the importance of early intervention, healthy eating and exercise. The Breast Cancer Care project also advised on the development of a walk in Barry led by a Breast Friend's support group.

- **Impacts on partner organisations**

The 2013-2015 HCWVSGS helped to increase the capacity and capability of delivery partner organisations, producing a ripple effect in the voluntary and community sector. The Sustrans Cymru projects enabled the lead organisation to develop good working relationships with ASH Wales, Mind Cymru and the British Heart Foundation. Sustrans Cymru also worked with Alcohol Concern to a smaller extent.

ASH Wales were consulted for the case study research and identified several benefits to their own organisation as a result of their involvement in the Sustrans Cymru projects. The Healthy Hospitals project provided a mechanism for ASH Wales to increase their influence around the smoke-free hospitals agenda, by leading a smoke-free hospital site workshop which encouraged stakeholders to reconsider their policies in this area. Similarly, the Healthy Universities project enabled ASH Wales to promote the smoke-free campus agenda to participating Universities. The Healthy Hospitals project also afforded ASH Wales opportunities to work with partners to enhance their communication strategies around smoke-free hospital sites. Both projects enabled ASH Wales to develop new partnerships with other third sector organisations and engage more productively with partners to disseminate health messages. Involvement in the Clybiau Plant Cymru Kids' Clubs project was advantageous for ASH Wales as it enabled them to inform the development of resources for a new, younger target group. ASH Wales targets 11-25 year olds, and so involvement in the Kids' Clubs project enabled their organisation to work with a new cohort they would not have worked with otherwise. ASH Wales felt the Clybiau Plant Cymru Kids' Clubs resources promoting physical activity and healthy eating were of a high quality, and would be complemented by the inclusion of materials on the dangers of alcohol and tobacco use. ASH Wales also commented that involvement in the Clybiau Plant Cymru Kids' Club project had provided a valuable opportunity to up-skill one of their training officers in delivering training to practitioners working with a younger age group.

At a strategic level, ASH Wales commented that involvement in the HCWVSGS had helped them forge / enhance partnerships with some new organisations, particularly Mind Cymru and Universities:

“Smoke-free hospitals is a difficult issue so we were keen to get involved to see if there was anything we could do to help... the Sustrans projects helped us to build the strategic links we didn't have, so that was useful, to make links with their [University] Heads of Health and Safety etc, it improved our links which was really useful.” (ASH Wales lead, case study lead).

Let's Walk Cymru was a key partner for the Breast Cancer Care project. They advised on where to establish walks to optimise attendance and reduce potential duplication with other established walks. Let's Walk Cymru trained the walking group leaders, with topics including health and safety, risk assessments and route planning. Other charities (Macmillan and Tenovus) were involved in the referral of clients and advised on walk locations to prioritise gaps in provision. Let's Walk Cymru were consulted through the case study research and identified a number of benefits for their organisation through being a partner on the Breast Cancer Care project, such as enabling Let's Walk Cymru to reach a new group at the entry level, in a community they had not worked with before.

The Prince's Trust worked with a wide range of local organisations through its Active Youth project, including Cardiff Blues rugby club, Cardiff Riding School and the local Police. In addition to supporting the Prince's Trust to make these valuable links (which support future partnership work), these collaborations also helped young people engage positively with local providers and increase their sense of belonging in the local community. The Prince's Trust's project also worked with a number of sole traders to enhance project delivery, by providing specialist services.

The Mind Cymru project established a steering group, which met six times during the course of the project. The group brought together key external figures from perinatal mental health, across a range of organisations including Cardiff University, Marce Society, Welsh Health Specialised Services Committee, Public Health Wales, Tommy's and Maternal Mental Health Alliance, plus representatives from other organisations across England and Wales. These partner organisations will use the information gained at these meetings to inform their future work around the development of perinatal mental health support.

- **Working with public sector health services**

Although this was not a specific aim of the 2013-2015 HCWVSGS, it is worth noting that the projects which were focused on systems change (led by Breast Cancer Care and Sustrans Cymru) also forged collaborations with public health services, which would be expected to increase the capacity of sustainable health and wellbeing interventions focused on early intervention and prevention, led by volunteers or existing staff.

For example, Breast Cancer Care engaged with NHS lymphoedema leads, some of whom were subsequently very proactive in encouraging clients to participate in the Best Foot Forward project. This partnership worked well, with the lymphoedema sessions providing an opportunity for the Breast Cancer Care volunteers to offer peer support to patients currently having treatment. The Breast Cancer Care lead also met with the Head of the

National Exercise Referral Scheme (NERS) in Wales to secure referral routes from NERS into the project¹⁰.

Sustrans Cymru Healthy Hospitals project also supported the development of links with a range of public health services. For example, the hospital managers interviewed for the Healthy Hospitals case study research commented that the project had helped to bring members of their local Health Board into closer contact with Public Health Wales:

“What this project has done is bring people together, its been about building relationships. That has really helped. We have gone on to do a number of activities with Public Health Wales and work around making the health board smoke free. I don’t think we would have felt equipped or confident to do that prior to some of this work” (Clinical project lead for a new mental health unit, Healthy Hospitals case study visit).

The hospital managers also commented that the project inspired Llandough Hospital to set up its own physical activity options. For example they secured £20,000 from the hospital charity to purchase gym equipment for the hospital site and also established a general health and wellbeing drop-in service for staff, including blood pressure tests. The Healthy Hospitals project helped the organisation work more smartly, such as introducing lunchtime walks around the hospital site for staff and patients. LWLs had also made links with Pedal Power, to encourage more staff to cycle to work. The project has built momentum:

“So its really about changing attitudes and culture.” (Active Travel lead, Healthy Hospitals case study visit).

2.2 Meeting the stated objectives of the programme. Exploring *how* each project supported the key components of the programme, namely:

2.2.1 To influence the conditions necessary for people to lead healthy lives and to improve their health

This section explores overall trends in behaviour changes across the 2013-2015 HCWVSGS. Table 2.1 provides an indication of the nature and scale of activity undertaken by the funded projects, and the number of people taking part.

¹⁰ National Exercise Referral Scheme (NERS) is a Public Health Wales initiative which has been developed to standardise exercise referral opportunities across all Local Authorities and Local Health Boards in Wales <http://www.wlga.gov.uk/ners>

Table 2.1: Project activity and participants

Project	Activity	Number of interventions	Number of participants
Healthy Hospitals (Sustrans Cymru)	Live Well Leader training	3	36
	Partner training day	5	133
	Best practice sharing event	6	117
	Health MOT	1	25
	Active Travel Challenge	1	71
	Total	16	382
Healthy Universities (Sustrans Cymru)	Live Well Leader training	5	66
	Partner training day	4	89
	Best practice sharing event	5	100
	Dr Bike	1	62
	Go Green Week	1	40
	Men's Health	1	75
	Active travel Challenge	1	368
	Total	18	800
Two in Mind (Mind Cymru)	Website	1	Over 3,500 visits
	Enjoy Your Baby	~	125
	Information delivery	~	462 surgeries
	Enjoy Your Baby (GP surgery delivery)	~	26
	Maternal and Infant Mental Health training course	4	96
	Applied Suicide Intervention Skills Training	1	78
	Youth Mental Health First Aid	1	47
Best Foot Forward (Breast Cancer Care)	Walks	69	37
	Lymphoedema sessions	48	308
	Volunteer recruitment (Lymphoedema)	~	14
	Walk leader training events	5	17

Project	Activity	Number of interventions	Number of participants
Get Started (Prince's Trust)	Football	2	23
	Rugby	2	21
	Outdoors	2	23
	Dance	1	5
	Horses	2	19
	Cooking	1	10
	Total	10	101
Fairbridge (Prince's Trust)	Follow on food session	N/A	97
	Wellbeing – behaviour	N/A	77
	Follow on Physical activity	N/A	121
	Follow on Drama	N/A	76
	Total	83	177¹¹
Play, Learn and Grow Healthy Project (Clybiau Plant Cymru Kids' Clubs)	Healthy Friends (March)	8	106
	Healthy Friends (September)	12	167
	Total	20	273

Note: individual participants may have attended more than one session.

The projects influenced the conditions necessary for people to lead healthy lives and improve their health in a wide variety of ways. For example, the Princes' Trust's Fairbridge activities included:

- Follow On Food sessions - healthy eating sessions exploring balanced diets, planning and preparing meals and food safety. Young people also took part in Heaven's Kitchen where they were able to plan, prepare, cook, serve and host meals for guests.
- Follow On sessions in increasing wellbeing and / or reducing risky behaviours – exploring healthy relationships, pregnancy and sexual health, smoking, drugs and alcohol, self defence, anxiety and depression, stress, positive thinking and relaxation, fun, emotions, wellbeing and happiness.
- Follow On Physical Activity sessions - including adventure walks, trekking, gorge walking, climbing, canoeing, mountain biking, skiing, fitness, circuit training and dance.
- Follow On Drama sessions relating to mental health - mental health and mindfulness drama sessions that included screenplay, film-making and improvisation, storyboarding, comedy sketches, storytelling and acting.

¹¹ Note: 177 unique individual participants some of whom attended more than one intervention. Some participants attended each intervention more than once, which led to a total of 610 attendances being recorded.

The sessions used drama based games and techniques to develop confidence, expression, stage semiotics and public speaking skills. The sessions were designed to help young people explore mental health issues.

Both Sustrans Cymru projects were designed to improve the conditions necessary for people to improve their health in the workplace. The University from the Healthy Universities project consulted through the case study research for the national evaluation was solely focused on improving the health of staff rather than students. (The original aim of the project was to improve the health of staff and students but due to early problems with engagement, Sustrans Cymru and their partners felt this was too ambitious within the timescales and resources available for the project. The project was therefore refocused onto solely improving the health of staff). The staff counselling department took a lead role in co-ordinating LWL activity at the University. The University wanted to get involved in the Healthy Universities project as this fitted with their commitment to the Time to Change pledge, and felt the project would help improve the staff environment. The LWL role was introduced as facilitating the wellbeing of other members of staff, and LWLs were asked to commit five hours a month to the role. In practice, LWLs at the University facilitated a range of activities designed to improve the physical activity levels, eating habits and mental wellbeing, and reduce alcohol and tobacco consumption of their colleagues.

The Healthy Universities project was well embedded at the University, with over 20 active LWLs, although those LWLs felt there was considerable scope for other departments to engage with the project. The LWLs consulted for the case study research demonstrated a high level of commitment to sustaining the LWL approach, commenting on the positive impacts this had brought about in the health and wellbeing of their colleagues. This included examples of colleagues bringing healthy lunches into work and cycling or walking to work rather than travelling by car.

2.2.2 To support individuals and groups to do what they can to improve their own health and that of their families

- **Individuals and groups improving their own health**

The fund achieved a good level of impact around supporting individuals and groups to improve their own health. Projects that delivered a mix of educational awareness raising sessions and direct delivery of physical activity and healthy eating options found this worked particularly well. For example, the LWLs trained through the Sustrans Cymru Healthy Hospitals and Healthy Universities projects reported making improvements to their own lifestyles, such as increasing their fruit and vegetable consumption and exercise levels. This was evidenced by the case study consultations, survey returns and project evaluation. Further information is available in Chapter 3.

Similarly, Breast Cancer Care complemented information sessions with physical activity options. The Best Foot Forward project recruited volunteer

Walk Leaders to lead regular health walks for people living with or beyond breast cancer. Most walkers were referred from Breast Cancer Care's Moving Forward project, in which Health Care practitioners highlight the benefits of physical activity and healthy eating and encourage participants to make positive lifestyle changes.

The Breast Cancer Care project delivered 69 walks, attended by 37 walkers. The project recruited 14 lymphoedema session volunteers, and 17 Walking Group Leaders (often volunteers from the target group). A key challenge encountered by the Breast Cancer Care project was the time-lag between a patient attending an information session (usually post surgery and before treatment) and being able to attend a Best Foot Forward walk. The project was therefore unable to recruit as many walkers as was originally envisaged within the project timescales. However, the project reached a larger number of individuals through the lymphoedema information sessions, and provided advice on ways to improve their health. Breast Cancer Care staff and volunteers provided advice on healthy eating and exercise at 48 sessions, reaching 308 people with lymphoedema across Wales.

Other projects focused on information sharing. For example, Clybiau Plant Cymru Kids' Clubs *Play, Learn and Grow Healthy Project* raised awareness within the childcare sector of the benefits of physical activity and healthy eating, and discouraged risky behaviours such as tobacco and alcohol use. The Clybiau Plant Cymru Kids' Clubs project designed eight bilingual activity cards to enhance the Play Learn and Grow Healthy Activity pack by providing resources on the risky behaviours of tobacco and alcohol. The project delivered training for 15 officers / staff and partner coordinators, including a representative from ASH Wales to cascade the training to childcare workers. The training officers then delivered 20 Healthy Friends training courses to childcare workers across Wales, explaining how to use the bilingual Play Learn and Grow Healthy activity pack with children. The training helped childcare workers consider how to approach the issues of tobacco and alcohol in a sensitive manner and influence children through positive messages.

The Clybiau Plant Cymru Kids' Clubs project also trained childcare workers to use a buddying tool to support children to take more responsibility for their own health and make independent lifelong choices by using the Play Learn and Grow Healthy Activity Pack and other materials. The childcare workers trained older children aged 10 or 11 years as buddies, to mentor younger children aged seven or eight years, mainly in breakfast clubs and after-school settings.

The resources were piloted in six out-of-school clubs in Carmarthenshire, and found that one of the alcohol activities was not suitable for the three-14 years age range. The partners from Alcohol Concern were consulted to develop a replacement alcohol activity, suitable for use with young children. This ensured the revised alcohol activity was age appropriate.

Clybiau Plant Cymru Kids' Clubs also developed strategic links to promote a joined up approach to nutrition, physical activity and avoidance of tobacco and alcohol use throughout the childcare sector.

In addition to the promotion of physical activity and healthy eating initiatives, some projects delivered broader wellbeing activities. For example, through Sustrans Cymru's Healthy Hospitals project, LWLs at Betsi Cadwaladr University Health Board, (BCUHB), organised a two hour stress management course, which was attended by 60 pharmacy staff, and 20 staff attended meditation sessions.

The 2013-2015 HCWVSGS enabled the Prince's Trust to deliver an Active Youth project for participants on Get Started programmes and Fairbridge courses, to support young people to improve their health and wellbeing, by becoming more physically active and adopting healthier diets. As part of this project, 101 young people engaged with a Get Started programme and 177 individuals took part in Fairbridge activity sessions (which recorded over 4,000 hours of engagement).

The 2013-2015 HCWVSGS also enabled the Prince's Trust to diversify their provision to engage both genders. For example, the Trust piloted dance and horse riding as new themes for Get Started participants.

Mind Cymru's *Two in Mind* project raised awareness of perinatal mental health problems and increased recognition of the early signs, to encourage people to seek support when necessary.

- **Individuals improving the health of their families**

None of the funded projects were designed to impact on families¹². The evaluators held discussions with several projects to explore the feasibility of assessing the impact of their activities on families, particularly Mind Cymru and Clybiau Plant Cymru Kids' Clubs. The focus of Mind Cymru's project on supporting pregnant women may have impacted on children already within the family by improving the mother's sense of wellbeing. Clybiau Plant Cymru Kids' Clubs work with children in breakfast clubs and after school clubs may have instigated learning for the wider family at home. However both project leads felt that impacting on wider family members was not a direct focus of their activity. Nevertheless, the evaluation found anecdotal evidence that project activities may have encouraged families to adopt healthier lifestyles. For example, Clybiau Plant Cymru Kids Clubs' healthy eating activities raised children's awareness of, and interest in, fruit and vegetables, reportedly leading to instances of children asking their parents if they could try different fruit and vegetables at home. Feedback from the childcare workers also revealed that some of the older children were able to share their learning about the dangers of alcohol and smoking with their parents. This demonstrates both the value of the resources in aiding reflective learning, through children discussing lessons learnt at home with their parents to

¹² The Perinatal Mental Health project did impact on the family, as the project supported the development of the mother-baby bond, which impacts on the family, however, this was not a specific measure of the project

reinforce key messages, and suggests there may be potential knock-on benefits for wider family health.

Mind Cymru trained practitioners from Health Boards and a range of programmes including Flying Start and Home Start. Ultimately it is hoped that this work will impact on families through their support work.

2.2.3 To communicate the 'better health' messages effectively

The HCWVSGS 2013-2015 generated considerable learning about the development and communication of health messages in Wales. The programme provided some flexibility, enabling projects to test both direct delivery and more fundamental systems change approaches. As might be expected, the direct delivery projects had communicated 'better health' messages directly to more participants than the projects focused on systems change. For example, the Prince's Trust's project communicated health messages to a wide range of disadvantaged young people. The projects focused on systems change communicated 'better health' messages to strategic managers and policy makers in the health sector to inform their future work. This is particularly evident in the case of Mind Cymru's *Two in Mind* project.

- **Good practice examples**

A key area of programme impact was evident from the projects that trained staff and volunteers as agents of change, to promote behaviour change. For example, the LWLs were trained as agents of change through Sustrans Cymru's Healthy Hospitals and Healthy Universities projects. Project evaluations reported that a year after training, the LWLs continued to feel more confident in promoting healthy lifestyle messages to others, particularly in their workplaces¹³. These projects acted as a catalyst for encouraging staff in hospital and university settings to become more aware of healthier lifestyles, and to think about activities that could be incorporated into their working day to support this. However, the Sustrans Cymru projects were unable to evidence that this led to behaviour change amongst participants, as data were not collected on this by the project. The Sustrans Cymru projects equipped LWLs with the knowledge to communicate 'better health' messages more effectively to their colleagues. For example, the mental health training received by delivery partners from Mind Cymru was viewed very positively:

“What this project has done is enable people who don't come from a mental health background to go on a mental health life course – that has been a huge success, its a really good, excellent course...people have learnt a lot and will take it back into their workplace where it may help them deal with a situation.”
(Hospital managers, Healthy Hospitals case study visit).

¹³ This finding should be viewed with caution, as it does not mean the LWL's became effective 'agents of change'.

The importance of this investment in core staff as ‘agents of change’ was also identified as a key outcome from the Mind Cymru project:

*“The practitioner is the intervention, so it’s teaching them an approach...looking at the relationship between the parent and the infant.”
(Mind Cymru project manager, final consultation).*

The Clybiau Plant Cymru Kids’ Clubs project provided interesting learning around engaging children in the communication of ‘better health’ messages, and the value of this peer-led approach. The Play, Learn and Grow Healthy packs were designed to appeal to children and encourage older children to act as buddies for younger children by communicating healthy lifestyle messages in a fun, informal way by ‘learning through play’.

- **Limitations**

Those projects focused on systems change experienced challenges arising from the external environment, particularly the restructuring of NHS Wales. For example, the reorganisation of the health service in Wales caused significant delays for the Breast Cancer Care project. Lymphoedema specialists were involved in the development of the bid and committed to working in partnership with Breast Cancer Care to support implementation. At the time of bid development, support for people suffering from lymphoedema as a result of surgery for cancer was led by a team based at Velindre Cancer Centre. This was disbanded as part of the reorganisation of the health service, with lymphoedema leads instead being identified in each Health Board to work with cancer lymphoedema patients. An all Wales lead was established to ensure consistency of delivery across Wales. This meant that the Breast Cancer Care project had to be restructured to work with all Breast Cancer Nurses and lymphoedema leads throughout Wales. Project learning highlighted that an additional 18 months were required to integrate the project into the new systems and generate sufficient referrals. NHS organisational change was also a barrier to the Healthy Hospitals scheme.

The Breast Cancer Care project was designed to work in partnership with lymphoedema specialists in three Local Health Boards (two in South Wales and one in North Wales) to support service delivery and offer peer support to patients as part of their treatment pathway. The project originally intended to reach in excess of 500 patients providing walks and preventative information sessions on lymphoedema, including information on healthy eating, exercise, alcohol consumption and reducing smoking. However, only the Cardiff walking group proved viable, and was well attended by a dedicated group of walk leaders and walkers. The Llandudno walk was promoted and marketed extensively to local Health Care professionals, clients, libraries, National Exercise Referral Scheme contacts and other charities. The Mayor of Llandudno promoted the walks and it was featured in the local press. Seven walks were delivered in Llandudno but only two clients attended these walks. The walks in Llandudno were therefore postponed for the winter months. No potential walk leader volunteers applied in Pontypridd and only two in Newport. Two walks were delivered in Pontypridd on the fifth week of the

Moving Forward course, by walk leaders from Cardiff. In total, 69 walks were delivered, through 314 volunteer hours and involving 37 participants (who recorded a total of 119 attendances).

However, despite the additional time taken at the outset, the partnership with the new lymphoedema teams has proved successful and Breast Cancer Care has been asked to continue this partnership on an all Wales basis, enhancing the support available for this group. The project has therefore achieved a legacy, as it was only originally intended to cover lymphoedema sessions in South East Wales but is continuing throughout Wales, with patients informed about lymphoedema pre and post surgery. Patients are told about the impact of obesity on lymphoedema, and the importance of healthy eating, exercise and early recognition to potentially improve treatment outcomes.

3 Influences and impacts achieved by the programme

Key question 2: What, if any, influence / impact has the Scheme had on participating organisations, projects, communities and individuals?

3.1 Impact on participating organisations and projects

- **Capacity building**

The programme achieved a good level of impact in terms of organisational capacity building, through up-skilling staff. The Prince's Trust, Clybiau Plant Cymru Kids' Clubs, Mind Cymru and Sustrans Cymru projects all trained internal staff, or staff from partner organisations, to deliver health and wellbeing interventions. For example, Clybiau Plant Cymru Kids' Clubs trained childcare workers from across Wales to deliver early intervention materials promoting healthy lifestyles to children across Wales and Mind Cymru trained a wide range of health professionals including Flying Start workers to support women at risk of developing perinatal mental health problems. This approach was designed to build staff capacity and knowledge which could be sustained in the longer term. For example, hospital managers involved in the Healthy Hospitals project reflected that the one day Health and Wellbeing training event delivered by Sustrans Cymru and the British Heart Foundation:

“Was very successful and did get a good reaction from the staff that attended and the Health Board” (Hospital managers, Healthy Hospitals case study visit).

Several stakeholders consulted through the case study research also highlighted the potential impact of the HCWVSGS in building local volunteering capacity. For example, Let's Walk Cymru commented that some of the walk leaders trained through the Breast Cancer Care project might go on to volunteer in a different context in their community. Similarly some of the Prince's Trust participants went on to take up local volunteering opportunities, including around 15 participants who subsequently became volunteers for the Prince's Trust and their delivery partners including Cardiff Riding School, and other organisations in the voluntary and community sector.

- **Organisational development**

The evaluation explored how the 2013-15 HCWVSGS supported organisational development amongst grant holding organisations and project partner organisations. Internal organisational development for grant holding organisations is described above, in the capacity building section. This section focuses on organisational developments brought about for partner organisations (such as the universities and hospitals involved in the Sustrans Cymru projects). The Sustrans Cymru projects set particularly ambitious aims in terms of organisational development. For example, the Healthy Hospitals project included original project goals around supporting Health Boards to achieve, work towards and / or maintain the platinum level of the Corporate Health Standard (CHS) and also for NHS Wales Health Boards and hospitals

to prioritise staff health and wellbeing and recognise the impact of this on patient health. Sustrans Cymru supported this work by delivering best practice events, and circulating summary reports. The events brought together expertise from both representatives of NHS Wales and external delivery partners. The events also informed the update of health boards' policies, based on good practice, such as smoke-free policies and work towards gaining or enhancing their Corporate Health Standard (CHS). In addition, project staff met with individual health boards to inform discussions around the development of their internal health and wellbeing structures and plans. The Sustrans Cymru self-evaluation report cites these actions as supporting the health boards to progress with the CHS. During the project timeframe, one health board obtained the platinum level of the CHS, whilst two other health boards already hold the gold standard and were working towards platinum. The hospital involved in the case study research confirmed that the project had helped them to maintain the platinum level CHS¹⁴:

“As an organisation we already had the Platinum Corporate Health Standard but the Sustrans’ project has definitely helped maintain it.” (Hospital General Manager, Healthy Hospitals case study visit).

The extent to which the Healthy Universities project was able to support universities to achieve, work towards and / or maintain the platinum level of the CHS varied. This was because some universities were already at a high level, with Cardiff Metropolitan University and Cardiff University already holding the gold standard whilst others were just embarking on the awards process. Potential impact in this area was evident for Swansea University, as the project had influenced their decision to investigate pursuing the award further.

The Sustrans Cymru projects also supported organisational development through delivering best practice sharing events and training for LWLs to act as agents of change in their workplaces, and disseminating reports. The delivery partners contributed expertise to inform organisational development. For example Mind Cymru delivered a suicide prevention course and the ASH Ireland representative provided best practice examples of smoke-free campuses in Ireland and the USA to inform the development of policies by participating universities. This training was very positively received by stakeholders consulted through the case study research:

“The ASH cessation training was really excellent, its changed my understanding of certain things.” (Staff counselling administrator, Healthy Universities case study visit).

The 2013-2015 HCWVSGS was less successful in bringing about organisational developments which would reduce staff absenteeism. The original aspiration for the Healthy Hospitals and Healthy Universities projects was to reduce staff absenteeism in NHS Wales and the university sector. For example, the Healthy Hospitals project aimed to achieve this by working with

¹⁴ The Corporate Health Standard is awarded at the local health board level.

three health boards from across Wales and delivering activities and staff training at four hospitals. The Sustrans Cymru projects did raise awareness of healthy lifestyles within project settings, which over time could reduce staff absenteeism. However, in practice the projects were unable to evidence any impact on staff absenteeism. This was partly due to the short-term nature of delivery, the focus of activity on awareness raising rather than specific healthy eating / physical activity interventions (although some direct delivery such as walking groups and smoothie making demonstrations did take place) and the complexities involved in isolating the impact of this project from other possible variables that may also have impacted on staff absenteeism. It was reported that HR departments within the participating hospitals were also more concerned with short-term considerations such as facilitating the return to work process, rather than improving the longer-term wellbeing of staff and were therefore unable to support Sustrans Cymru to establish a clear evidence base to meet this objective. In particular, the university settings were reported to be protective of their staff records and were unwilling to extract staff absence data for the project.

However, the British Heart Foundation National Centre's evaluation of the impact of the LWL's training in facilitating the delivery of health promotion activities¹⁵ concluded that the LWL approach demonstrated potential to raise the morale and mental wellbeing of staff, and could therefore lead to a corresponding reduction in staff absence associated with stress over time.

The original intention for the Healthy Hospitals project was to work mainly with clinical staff, but this was revised to include a cross section of clinical and non-clinical staff. This was a positive move, increasing the reach of the project and enabling it to work with lower paid staff groups with potentially higher levels of unhealthy behaviours and staff absenteeism, such as hospital porters, catering and domestic staff. However, Sustrans Cymru note in their self-evaluation report that staffing capacity was the primary consideration employed by hospital managers to determine whether staff could be released to participate in the LWL training. Sustrans Cymru reported inconclusive findings about the effectiveness of the training in relation to the Healthy Hospitals project, with some leaders stating they would have preferred two days of training and additional support, whilst in practice it was challenging to secure staff release time to attend the training and follow-up support meetings.

- **Partnership working**

The Sustrans Cymru projects achieved a good level of impact through partnership working, which enhanced links between the delivery partners and health boards.

¹⁵ Live Well, Work Well Evaluation Report, produced for Sustrans by the British Heart Foundation National Centre, (BHFNC) September 2015. For further information contact Sustrans Cymru.

At the delivery level, induction training for LWLs was delivered in collaboration with delivery partners from ASH Wales, Mind Cymru and the British Heart Foundation.

Sustrans Cymru also held a networking meeting on travel planning for the Universities project, which was attended by each of the participating universities as well as University of Wales Trinity St. David. A cluster group was formed by the Regional Travel Plan Coordinator for South East Wales bringing together the three principal universities and two of the larger colleges to discuss transport issues. This group will promote the Wales online Active Travel Challenge, and inform future route development consultations led by Sustrans Cymru. The group will meet three times a year.

ASH Wales were also partners in the Clybiau Plant Cymru Kids' Clubs project, with a staff member attending the Train the Trainers Day and shadowing several Healthy Friends training courses for childcare workers. This worked well as attendees could ask ASH Wales staff direct questions about the smoking awareness work. One of the Training Officers explained:

"This proved to be very useful to me as the trainer... The smoking and alcohol awareness sections were completely new to the playworkers. ASH Cymru were able to answer specific questions in a more confident and competent way than I would have done. It meant that the learners had instant answers with a bit more background knowledge...and the learners really appreciated this." (Training officer, Clybiau Plant Cymru Kids' Clubs self-evaluation report).

At the strategic level, Sustrans Cymru undertook successful joint working with the local health boards. The Sustrans Cymru Healthy Hospitals initiative originally aimed to work with four hospitals across three health boards. To maximise geographical reach, four health boards were engaged, through the project manager meeting with the Public Health Director from each health board¹⁶. Participating hospitals were engaged through the Public Health Directors and their contacts.

Sustrans Cymru identified a number of challenges through partnership working. For example, additional time was needed to engage the Public Health Directors / senior workforce and organisational development staff, resulting in a longer lead-in time for the project to go live. The project manager met with hospital managers and staff across the health board who were keen for their organisation to engage with the project. However, the project encountered operational barriers when line managers were asked to identify volunteer staff to attend the training. In practice it was difficult to secure volunteer involvement as staff were under considerable pressure to deliver front line services. This pressure on capacity led to one health board having to leave the project before training had taken place.

¹⁶ Cardiff and Vale University Health Board (CVUHB), Betsi Cadwaladr University Health Board (BCUHB), Aneurin Bevan University Health Board (ABUHB) and Abertawe Bro Morgannwg University Health Board (ABMUHB).

Clybiau Plant Cymru Kids' Clubs worked with delivery partners from ASH Wales and Alcohol Concern to develop resources explaining the risks associated with tobacco and alcohol use.

The Prince's Trust developed a number of strong delivery partnerships through their Active Youth project. For example, Cardiff Blues offered accreditation opportunities for participants (including one around Healthy Living). Cardiff Blues provided a venue, a high profile group challenge and the Cardiff Blues players inspired and presented young people's certificates during their celebration event. The success of the course was in maintaining young people's interest in sport, with high levels of attendance by young people sustained throughout the course, although this has not been measured longer term. Cardiff Riding School provided a relaxed and informal environment, which engaged participants. According to the Active Youth project managers, North Wales Training delivered Get Started with Cooking very successfully, as the course engaged and sustained participants' interest and extended their knowledge about healthy eating. This was a new activity for the Prince's Trust in Wales. The course included vegetable samples and advice on how to make healthy choices on a budget. Participants had the opportunity to gain a Food Hygiene Level 2 qualification. Both delivery staff and participants were very positive about the added value these delivery partners brought to the project and stated that they would recommend the course to others.

Participating in the Breast Cancer Care project was beneficial for Let's Walk Cymru as the partnership working helped them consider how their organisation could support particular groups such as people with cancer:

"For us as an organisation it has given us more experience with other third sector organisations, which is one of our targets, and we have become linked with Tenovus another cancer charity in Wales."¹⁷ (Let's Walk Cymru trainer, Breast Cancer Care case study).

The Mind Cymru project achieved a high level of partnership working. Additionally, it is interesting to note that the project also supported partnership working by training health care professionals and providing volunteer placements for students from Cardiff University. The 2013-2015 HCWVSGS enabled the Mind Cymru project to provide placements for four occupational therapy (OT) students and two qualified occupational therapists. Mind Cymru's self-evaluation report estimated that their time represented the equivalent of £17,284 of resource based on the NHS gross salary banding system (band four to six). This is the equivalent of 52 weeks of time. (40 weeks of student time and 12 weeks of volunteer time).

The Mind Cymru project also achieved recognition from strategic players:

"I have been really impressed with the practical, no nonsense, 'can do' approach taken by the Two in Mind project. They have achieved such a lot

¹⁷ Further information is available online: <http://www.tenovuscancercare.org.uk/>

in a short time. They have rapidly identified gaps in services and been innovative in finding smart ways of working to fill as many of them as possible. I am delighted to have been able to promote the Enjoy Your Baby online resource in the second edition of Bump, Baby and Beyond.”
(National Breastfeeding Lead for Wales, Public Health Wales).

As a result, the Mind Cymru project has informed national policy in the area, such as the development of the new Child and Adolescent Mental Health Services (CAMHS) strategy *Together for Children and Young People* by becoming a member of a strategic workstream for the new *Together for Children and Young People* strategy. The project manager also discussed this at the Mental Health Today Conference in May 2015. Mind Cymru are hopeful that they will be able to inform the development of future policies and guidance given the endorsement of the project by Public Health Wales.

3.2 Impact on participating communities and individuals, in relation to the key themes of the Scheme (that the projects bid against) and which are aligned to Programme for Government commitments as specified below.

3.2.1 Promote healthier lifestyles for pregnant women, which have a positive impact on them and their family's health.

Only one project (Mind Cymru) was funded under this theme in the 2013-2015 funding period which achieved a good level of impact in promoting perinatal mental health support to pregnant women.

• Curriculum and resources development

Mind Cymru worked in partnership with Five Areas Ltd to develop resources to train women and health care practitioners in perinatal mental health issues. The resources developed with support from the 2013-2015 HCWVSGS included the *Enjoy Your Baby* Cognitive Behavioural Therapy (CBT) tool, which can be accessed face-to-face (in a group or one-to-one), online as a five session course, or as a book (online and hard copy)¹⁸. The online CBT course is the only one of its kind in the UK and fills the early intervention gap. The course is listed on the Royal College of GPs website. The book is also now available in Welsh and Urdu¹⁹. Forty five parents accessed the face-to-face *Enjoy Your Baby* CBT course and 80 parents are registered on the online version of the course.

The Mind Cymru project was designed to raise awareness of perinatal mental health problems among women and their families, and increase the numbers of women who seek early support. Initially, this was to be accomplished by producing leaflets, but this was changed to creating a website that could host

¹⁸ www.rcgp.org.uk/clinical-and-research/clinical-resources/perinatal-mental-health.aspx.

¹⁹ It is also included in the Welsh *Bump, Baby and Beyond* book (page 171) which goes to every new parent in Wales and every practitioner
www.healthchallengewales.org/sitesplus/documents/1052/Pregnancy%20to%204%20Years%20Book%20FINAL%20English%20Revised%20E-Book%20Compressed.pdf

digital stories, factsheets, the planned online CBT course and other resources to aid sustainability²⁰. The website has received over 3,500 visitors, and is the first website in Wales dedicated to early intervention for perinatal mental health issues. The project produced 25 digital stories, which have received very positive feedback, from women stating they had encouraged them to seek help. The women who contributed stories also reported a positive impact on their own health.

The Mind Cymru project helped strengthen perinatal mental health support for pregnant women, providing wellbeing training designed to increase the resilience of women at risk of developing perinatal mental health problems.

- **Training and awareness raising**

Mind Cymru and Five Areas Ltd also ran a practitioner training day (attended by 24 practitioners), so they could run the course themselves. The resources are easily accessible for signposting for primary care professionals and deliverable by non-health professionals, increasing capacity in primary care.

The Mind Cymru project was also designed to increase the number of women who are offered early support, by raising awareness of perinatal mental health problems among GPs and primary care practitioners, including midwives, health visitors and other frontline services. The project produced four downloadable pdf factsheets for health professionals – Wellbeing for new and expecting parents (written by North Wales Public Health), Perinatal mental health for new and expecting parents, Perinatal mental health for partners, family members and carers, and Perinatal mental health for primary care professionals. The project also printed 400 posters and 5,000 postcards with key messages from the *Perinatal Mental Health Experiences of Women and Health Professionals* report²¹ and disseminated this to 100 GP surgeries and other key organisations across Wales. All 462 GP surgeries received information about how to access the factsheets.

The project signposted Primary Mental Health (PMH) Teams, Flying Start workers, health visitors, CAMHS, midwives and third sector organisations across Wales to the website resources through phone calls, team meeting visits, emails and personal contact.

The project contacted all seven local health board Primary Mental Health teams, and found the central administrative teams at the Primary Mental Health bases was the most helpful. Aneurin Bevan, Abertawe Bro Morgannwg, Hywel Dda, Cardiff and the Vale and Betsi Cadwaladr Primary Mental Health teams were actively involved in the project. Activities included the project being presented to primary mental health teams from Hywel Dda, Abertawe Bro Morgannwg and Aneurin Bevan and participating in the specialist perinatal interest groups with the Primary Mental Health teams in

²⁰ The website can be accessed at: www.twoinmind.org.

²¹ *Perinatal Mental Health Experiences of Women and Health Professionals* report, published by Tommy's in October 2013. Available online: http://www.tommys.org/file/Perinatal_Mental_Health_2013.pdf

Aneurin Bevan. Cardiff and the Vale CAMHS informed their Primary Mental Health adult team about the resources and set up a presentation to the paediatricians and children's NHS staff in Cardiff and the Vale.

The Mind Cymru project aimed to provide training to GPs and other primary care practitioners, including midwives and health visitors, to increase their skills and confidence around responding to perinatal mental health problems. Originally this was to be delivered through an online learning tool, but this was revised to delivery through a face-to-face two day training course developed in partnership with the Cardiff and the Vale Health Board to aid sustainability. The course was entitled *Maternal and Infant Mental Health* (MIMH), and has since become part of the core training for all staff in the 2015 Healthy Child Programme in Wales. Four courses were delivered in their non-accredited form through the 2013-15 HCWVSGS, with 96 attendees. The course was accredited at Level Three with Agored from January 2016 and will be accessible for all different types of family workers, not just health professionals. The project manager also helped develop the online Health Education England (HEE) online perinatal mental health education tool.

The Mind Cymru project also delivered four Youth Mental Health First Aid Courses (YMHFA) attended by 47 participants and three Applied Suicide Intervention Skills Training courses (ASIST) attended by 78 people. Attendees included: health visitors, midwives, nurses, children's workers, youth workers, health care students, occupational therapists, third sector family workers, volunteers and project leaders. Feedback confirmed the courses provided useful mental health information and skills for practitioners.

- **Strategic links**

The Mind Cymru project made excellent strategic links in the perinatal mental health field. The 2013-2015 HCWVSGS enabled the project to become known as the third sector authority on perinatal mental health in Wales.

The Mind Cymru project lead was an active member of the Maternal Mental Health Alliance, and a member of the Association of Infant Mental Health (AIMH). The project manager also attended training and conferences.

Mind Cymru also informed the CAMHS new early intervention strategy *Together for Children and Young People* and spoke about this at the Mental Health Today Conference in May 2015. The project manager was also part of the authorship group for the midwifery standards development of perinatal mental health in England, and part of the Health Education England (HEE) online perinatal mental health curriculum development.

- **Impacts on participants**

In addition to the work undertaken by Mind Cymru, the Prince's Trust project supported some young parents and parents-to-be. One young father-to-be found the wellbeing and risky behaviours sessions very useful in discussing sexual health. This encouraged the participant to learn about post-natal

depression and the benefits of breastfeeding, to help him support the mother of his child.

3.2.2 Encourage and support individuals to lead healthy lifestyles by encouraging physical activity and a balanced diet, and discouraging people from risky behaviours such as smoking and excessive drinking, to decrease those at risk from cardiovascular disease (including coronary heart disease and stroke), cancer and diabetes.

This section will firstly explore the quantitative survey analysis, before moving onto the qualitative research findings.

Quantitative survey analysis

Responses to the survey undertaken as part of the programme evaluation indicate that there was some suggestion of increased levels of physical activity and healthy eating behaviours amongst participants at the end of their involvement (compared to that reported at the outset). However, there was no change in reported levels of life satisfaction.

- **Note on limitations of the survey approach and analysis**

The survey analysis presented in this report is focused on the sub-set of responses from participants who completed the questionnaire at both 'before' and 'after' stages. The use of this matched data allows for comparison of outcomes in a specific cohort of individuals at different stages of involvement, rather than the comparison of different (albeit overlapping) groups which is provided by the unmatched survey data. Not all of the projects provided survey responses for the programme evaluation. Sustrans Cymru Healthy Hospital project did not participate in the survey and Mind Cymru developed their own participant survey which only incorporated one section of that developed for the programme evaluation. For the projects that did contribute responses to the matched dataset, the number of responses achieved ranged from 10 to 97²².

The relatively low number of responses – both in total and in terms of the number who completed both surveys - is disappointing when compared to the total number of participants in the programme (see Table 2.1) and means that the results of the survey analysis should be treated with some caution. Some demographic data was collected as part of the survey although this information is not available for the beneficiary population so it is not possible to comment on the representativeness of the achieved sample.

The survey analysis provides details of self-reported changes in a number of key outcomes. However, it is recognised that participation in one of the funded

²² Response rates per project were as follows: Breast Cancer Care = 27% (10 matched responses from a total of 37 walk participants); Clybiau Plant Cymru Kids' Clubs = 14% (37 matched responses from a total of 273 childcare workers trained); Prince's Trust = 35% (a total of 96 matched responses from a total of 278 participants, the combined total for Fairbridge and Get Started); Sustrans Cymru Healthy Universities = 28% (17 matched responses from a total of 60 LWLs trained).

projects is just one of a multitude of factors which could have influenced the behaviour of respondents and the survey findings do not provide evidence of causality. It is recognised that stronger evaluation designs for estimating the counterfactual (i.e. what would have happened in the absence of HCWVSGS funded activity) do exist but it was not possible to implement a more robust approach within the context of this study.

A further limitation of the survey approach is that the interval between the before and after survey depended on the length of the intervention and ranged from a number of days to around six months. Ideally the interval would have been consistent at six months although, due to a lack of resources to follow up beneficiaries at project-level, there was a need to adapt the survey timing and this illustrates one of the difficulties of undertaking a programme-level evaluation of a scheme which encompasses such a diversity of activity.

In order to inform the cost consequences analysis (see Chapter Four), the survey instrument also included the EQ-5D questionnaire²³ with the intention that change in EQ-5D would be used to estimate change in Quality Adjusted Life Years (QALYs) for the participants which had been a goal of the project at set up.. However, in practice, the EQ-5D instrument was not appropriate for all projects²⁴ and only one provided sufficient returns to enable this type of analysis. Some project managers felt the EQ-5D question wording was inappropriate for use with groups suffering from particular health conditions. One project (Mind Cymru) opted to use alternative measurement scales and analyse the results themselves.

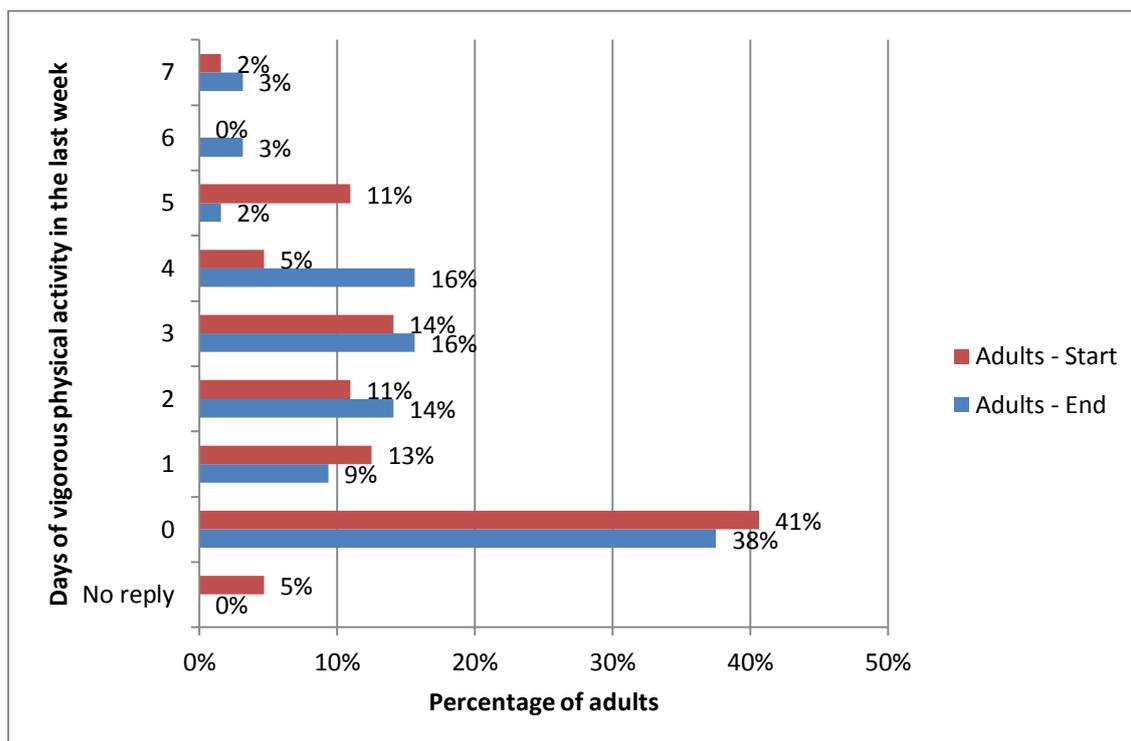
- **Physical activity – adults**

As shown in Figure 3.1, the survey found that at the start of their involvement with a HCWVSGS project, 41 per cent of adults surveyed had not done any form of *vigorous* physical activity during the last seven days compared to 38 per cent of adults at the end. Whilst two per cent of adults stated that they had vigorously exercised on all seven prior days at the start, this increased marginally to three per cent of adults at the end-point.

²³ <http://www.euroqol.org/>

²⁴ The decision not to include EQ-5D in some surveys was made following consultation between project staff and Swansea University.

**Figure 3.1: During the last seven days, on how many days did you do vigorous physical activities?
Adults**



Base: 64 adults²⁵

At the start of their involvement, 33 per cent of adults had not done any form of *moderate* physical activity during the last seven days compared to 22 per cent of adults at the end, suggesting that participants became more active during the time they were engaged. Whilst nine per cent of adults stated that they had moderately exercised on all seven days at the beginning of the project, this more than doubled to 20 per cent of adults at the end of the project.

Almost half of adults (47 per cent) *walked* for at least 10 minutes at a time seven days a week at the start of the intervention; this increased slightly to 52 per cent of adults at the end. Nine per cent stated that they had not walked for at least 10 minutes on any day during the previous week at the start of the intervention, decreasing to five per cent at the end of their involvement. This suggests that a small proportion of participants made positive changes to the amount of walking undertaken during the survey period.

With regards to physical activity which was *enough to raise breathing rate*, at the start of the intervention adults, on average, had done a total of 30 minutes or more on 11 days in the past month, which increased to 13 days in the end-point survey.

²⁵ The 'adult' survey was completed by participants aged 18+ from the Sustrans Healthy Hospitals', Clybiau Plant Cymru Kids' Clubs and Breast Cancer Care projects.

However, the survey found that there was no noticeable difference in feelings about physical activity. On average, adults rated their feelings around physical activity as seven out of 10 both at the start and end of the intervention (rated on a scale where zero indicates 'I don't enjoy physical activity' and 10 indicates 'physical activity is something I enjoy').

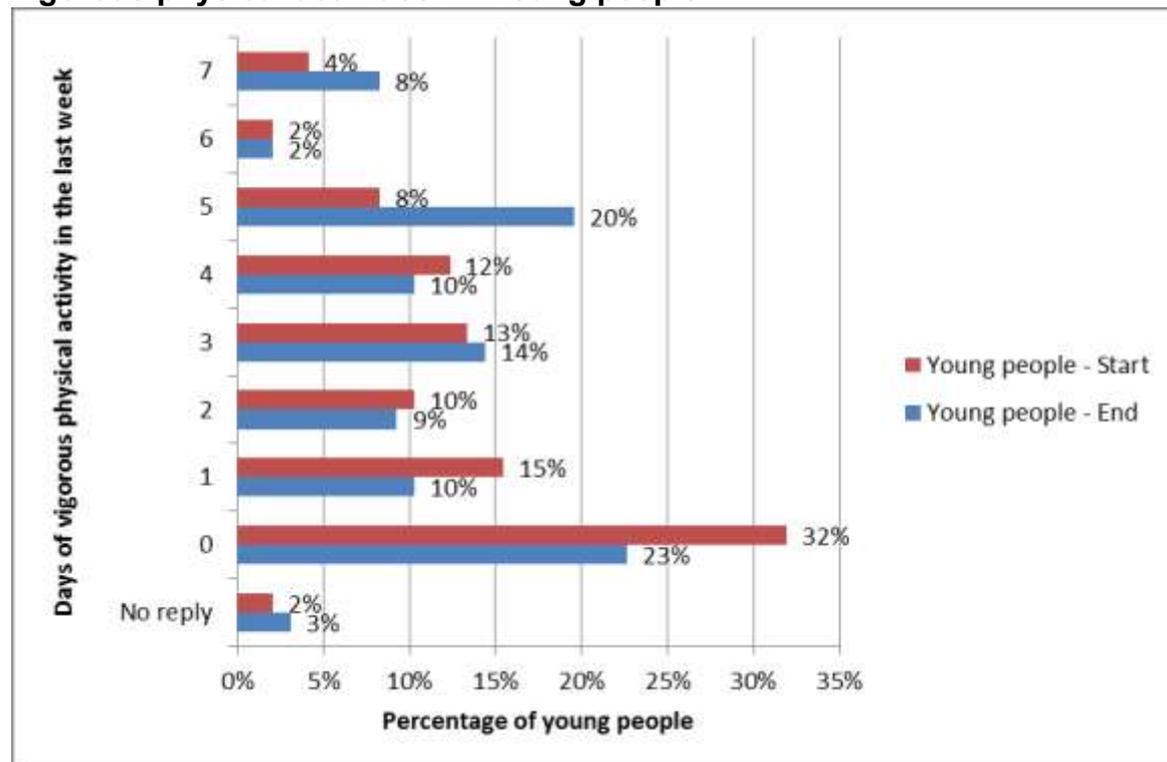
Participants were also asked whether they had made any changes to their level of physical activity over the last six months. It should be noted that an interval of six months had originally been chosen in order to represent the length of time between the before and after surveys; however, in practice, for administrative reasons the time between surveys was shorter in some cases. This clearly has implications for the interpretation of survey findings. The majority of adults (52 per cent) suggested that they had increased their level of physical activity over the past six months, whilst six per cent had decreased their level of physical activity. Forty one per cent of adults had not changed their levels of physical activity.

- **Physical activity - young people²⁶**

Some young people also increased the frequency of *vigorous* exercise during the survey period (Figure 3.2). Almost one-third of young people (32 per cent) had done no form of vigorous physical activity during the last seven days at the start, decreasing to 23 per cent at the end of their involvement with the intervention. Whilst four per cent of young people stated that they had vigorously exercised on all seven prior days at the beginning of the project, this increased to eight per cent at follow-up.

²⁶ The young people's survey was completed by participants from the Prince's Trust project. Respondents were aged between 16 and 24 years.

Figure 3.2: During the last seven days, on how many days did you do vigorous physical activities? – Young people



Base: 97 young people

Some young people also increased the frequency of *moderate* exercise whilst engaged with the programme. More than two-fifths of young people (41 per cent) had done no form of moderate physical activity during the last seven days at the start of the intervention, with the highest proportions of those who had indicating that they had done so on just one day during the previous week (14 per cent). However, the proportion of young people who reportedly did not do any moderate exercise during the last week decreased to 22 per cent at the end of the intervention, with highest proportions of those who had moderately exercised during the previous week indicating that they had done so on five days (20 per cent).

Almost half (46 per cent) of young people walked for at least 10 minutes at a time on seven days in the past week at the start of the intervention, whilst eight per cent did not do so on any day in this period. At the end of the intervention, the percentage of young people who had walked for at least 10 minutes at a time on seven days in the last week decreased to 34 per cent, whilst the percentage of those who had not walked for at least 10 minutes on any day decreased to six per cent.

Young people, at the start of the intervention, had done a total of 30 minutes or more of physical activity which was enough to raise their breathing rate on nine days in the past month compared to 10 days at the end of the intervention. There was also some change in feelings about physical activity amongst young people with an average rating of seven out of 10 at the start of the intervention and eight out of 10 at follow-up.

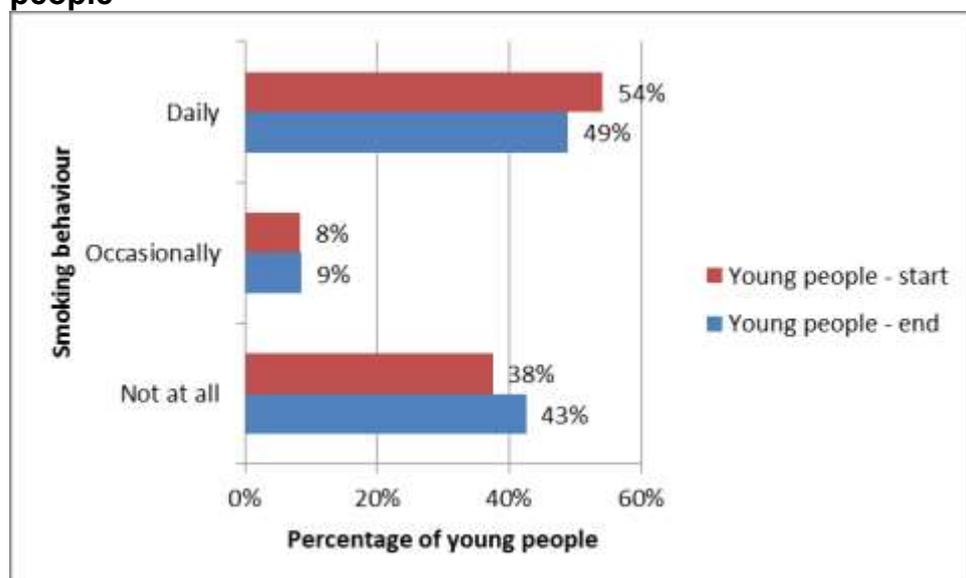
Participants were also asked whether they had made any changes to their level of physical activity over the last six months. Two-thirds (66 per cent) of young people suggested that they had increased their level of physical activity over the past six months whilst two per cent suggested a decrease and 31 per cent of young people reported no change. As noted above, six months was referenced in order to represent the intended period of time between before and after surveys. However, in practice, in some cases the time between surveys was considerably shorter and this has clear implications for the interpretation of survey findings.

- **Smoking and Alcohol**

Prior to starting the intervention, 93 per cent of adults surveyed reported that they did not smoke at all, whilst seven per cent smoked daily. After the intervention 91 per cent of adults surveyed did not smoke at all, with six per cent smoking occasionally and four per cent smoking daily.

Only 38 per cent of young people surveyed did not smoke at all at the start of the intervention, with eight per cent smoking occasionally and 54 per cent smoking daily. After the intervention the percentage of young people who did not smoke at all increased to 43 per cent, with nine per cent now smoking occasionally and 49 per cent daily²⁷.

Figure 3.3: Do you smoke daily, occasionally or not at all? – Young people



Base: 48 young people

Reported changes in alcohol consumption were mixed. Whilst seven per cent of adults never drank alcohol at the start of the intervention this decreased to only six per cent never drinking at follow-up. However, the percentage of

²⁷ Total sums to 101 per cent due to rounding.

adults drinking on five or more days a week at the start of the intervention was four per cent, decreasing to zero per cent of adults at follow up.

Whilst 10 per cent of young people never drank alcohol at the start of the intervention this increased to 22 per cent never drinking at the follow up. However, the percentage of young people drinking five or more days a week remained stable at two per cent.

The majority of adults (87 per cent) had not made any changes to their drinking habits over the last three months whilst 14 per cent reported that they now drink less alcohol. No adults suggested that they now drank more alcohol²⁸. However, the self-reported nature of the survey means that there is potential for social desirability bias in responses which can take the form of under-reporting of 'bad' behaviour (such as smoking or drinking) or equally lead to over-reporting of good behaviour (such as exercise).

Results for young people were mostly positive. Just over half of young people (52 per cent) had made no changes to their drinking habits over the last three months whilst a relatively high proportion, 43 per cent, said that they now drink less alcohol although five per cent of young people suggested that they now drink more alcohol.

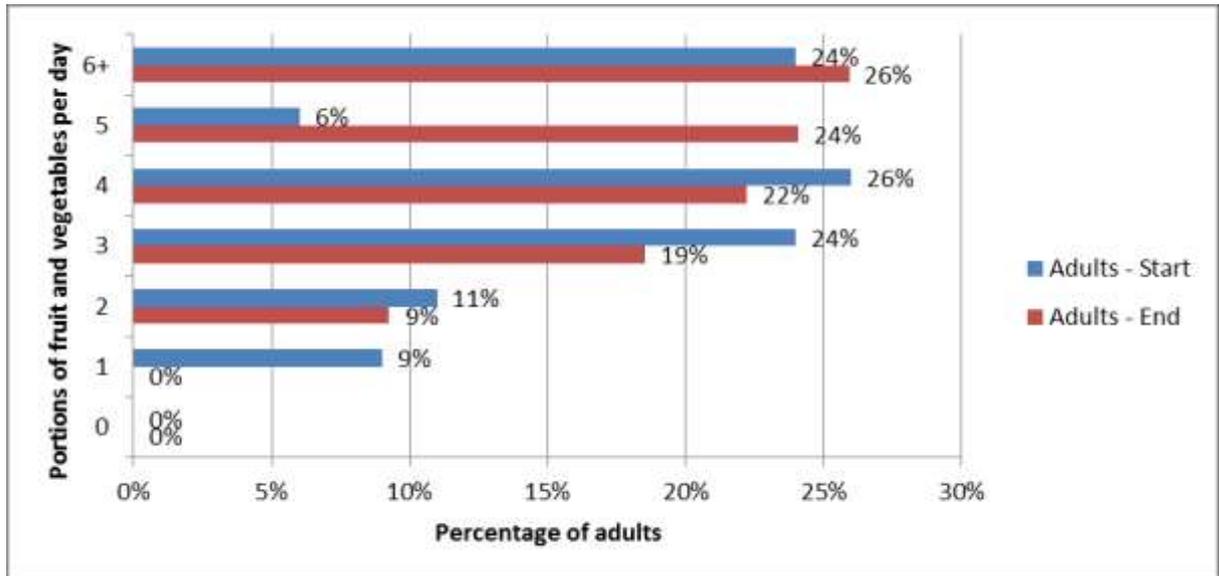
- **Healthy eating - adults**

A number of participating adults had increased their intake of fruit and vegetables by the end of the intervention. Figure 3.4 demonstrates that more adults ate between three and six or more portions of fruit and vegetables at the end of the intervention compared to at the start (91 per cent compared to 80 per cent).

The largest increase was in people reporting that they ate five or more portions of fruit and vegetables a day: at the start of the intervention 30 per cent of adults were in this category compared with 50 per cent at the end.

²⁸ Total sums to 101 per cent due to rounding.

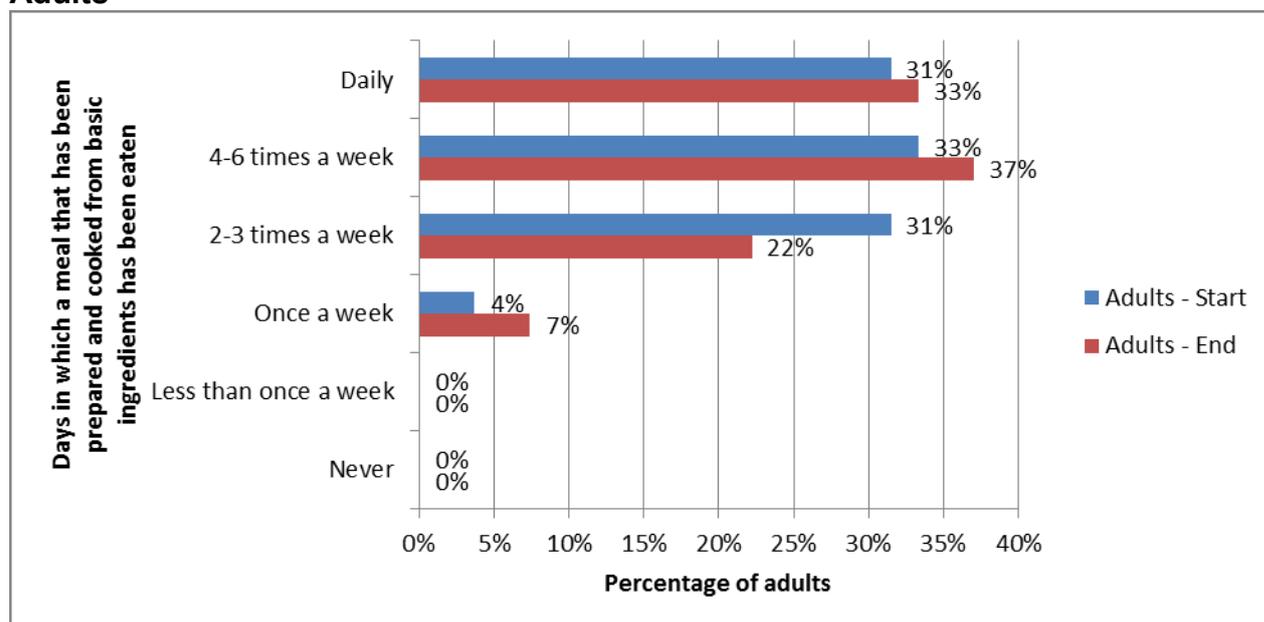
Figure 3.4: On average, how many portions of fruit and vegetables do you eat a day? - Adults



Base: 54 adults

All adults responding to the survey reported that they ate a meal that had been prepared and cooked from basic ingredients at least once a week at both the start and the end of the intervention (Figure 3.5). The largest change was seen in the proportion of adults stating that they ate a meal that had been prepared and cooked from basic ingredients on two or three days per week. This decreased by nine percentage points (from 31 per cent of adults at the start to 22 per cent of adults at the end). It is noteworthy that the percentage of adults who ate such a meal four or more times a week increased from 64 per cent at the start of the intervention to 70 per cent at the end of the intervention.

Figure 3.5: How often do you eat a meal that has been prepared and cooked from basic ingredients, either by yourself or someone else? - Adults



Base: 54 adults

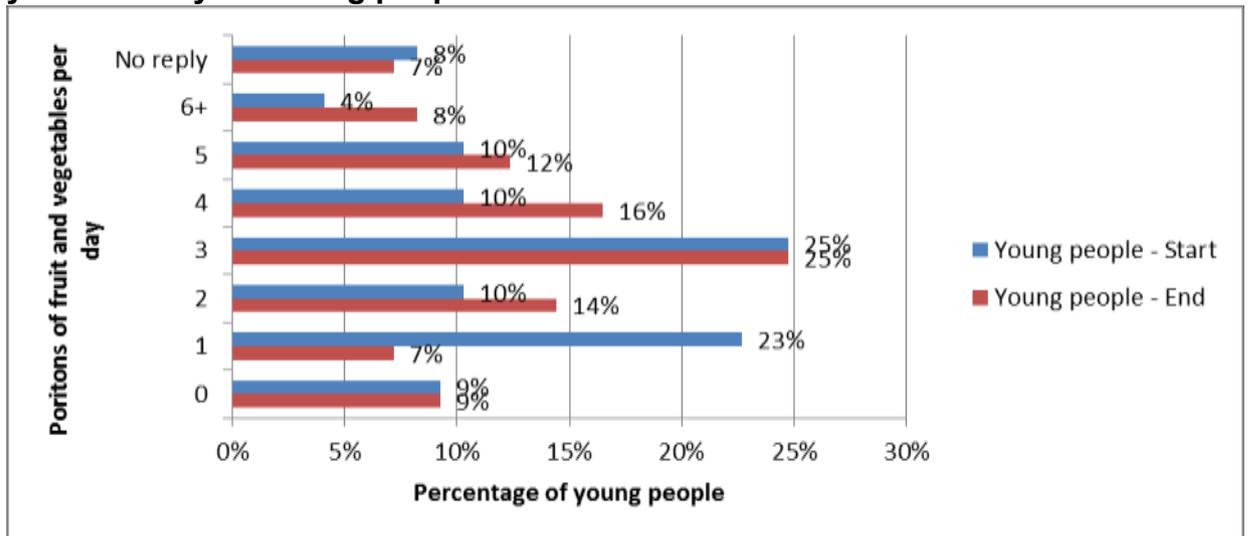
At the start of the project, 98 per cent of adults felt that healthy eating was important, whilst 43 per cent were 'doing something about it'; at follow up, the percentage of adults who thought healthy eating was important for their health remained stable, and 56 per cent were 'doing something about it'.

Half of adults (50 per cent) had not made any changes to their eating habits over the last three months whilst two per cent thought they had got worse. Forty six per cent of adults suggested they had improved their eating habits.

- **Healthy eating - young people**

Results regarding fruit and vegetable intake were also positive for young people (see Figure 3.6) with an increase in the proportion stating that they ate five or more pieces of fruit and vegetables a day (from 14 per cent at the start of the intervention increasing to 20 per cent at follow up).

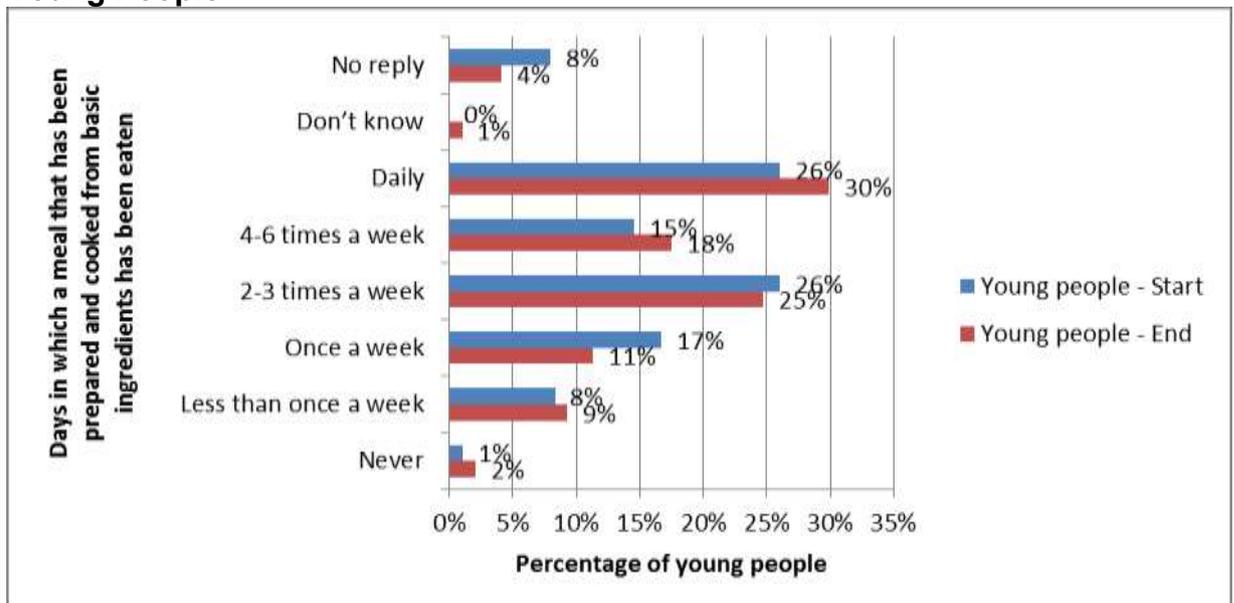
Figure 3.6: On average, how many portions of fruit and vegetables do you eat a day? – Young people



Base: 97 young people

At the start, one per cent of young people stated that they never ate a meal that has been prepared and cooked from basic ingredients, whilst 26 per cent did so every day of the week. At follow up, this increased to two per cent of young people who never ate a meal cooked and prepared from basic ingredients whilst the percentage of those who ate such a meal every day of the week increased to 30 (see Figure 3.7).

Figure 3.7: How often do you eat a meal that has been prepared and cooked from basic ingredients, either by yourself or someone else? – Young People



Base: 97 young people

Almost two-thirds of young people (64 per cent) reported that they had improved their eating habits over the last three months whilst 29 per cent had made no changes and three per cent of young people suggested that their eating habits had got worse.

- **Mental Wellbeing**

At the start, on average, adults reported their satisfaction with their life as a whole as eight (where zero indicates 'Extremely Dissatisfied' and 10 indicates 'Extremely Satisfied'). At the end of the project, this remained stable at eight.

Young people described their satisfaction with their life as a whole as six at the start of the project. At the end, this had increased to seven.

Participants were also asked how often they had felt a particular feeling in the last week.

Overall, for adults, there were no changes in frequency of feelings of happiness, depression, engagement or focus on activities or that their sleep was restless. There was some reported increase in frequency of feeling energised or lively, and a reported reduction in frequency of feelings of loneliness.

Overall, young people reported increases in frequency of feelings of happiness, engagement or focus on activities and feeling energised or lively. They also reported reductions in frequency of feelings of depression and loneliness.

Participants were also asked to describe how often they had experienced particular thoughts or feelings in the last four weeks.

Overall, there were no reported changes in feelings of optimism, usefulness, dealing well with problems or being able to make up their minds, between the baseline and follow up questionnaires. There were some reported differences in feelings of being relaxed, increasing in frequency for both adults and young people. Young people also reported an increase in the frequency of 'feeling close to other people' between baseline and follow up questionnaires.

Participants were asked whether there had been a change in their emotional health since being involved in this project: 41 per cent of adults said that their emotional health had improved since getting involved in the project whilst no change was seen for 48 per cent. Seven per cent felt that their emotional health had declined.

The majority of young people, 55 per cent, said that their emotional health had improved since getting involved in the project whilst five per cent saw a decline. Thirty nine per cent thought there had been no change.

Qualitative research findings

It is interesting to note that the 2013-2015 HCWVSGS projects encouraged and supported individuals to lead healthy lifestyles at two levels: staff and volunteers trained through the projects and those staff, in turn, leading activities for others. These will be explored in turn.

- **Impact on staff and volunteers trained through the projects**

The evaluation of the Sustrans Cymru Healthy Universities project found that 12 months after the training, just over half of (nine of 16) LWLs indicated that their own health and wellbeing had improved to 'some extent' and two to a 'large extent' through participating in the Sustrans Cymru Healthy Universities project. After 12 months 12 of the 16 leaders responding to a survey indicated that they believed that the project had improved staff and colleagues health and wellbeing to either a 'large' or 'some' extent. Over half of the leaders (nine of 16) also thought that the Healthy Universities project had impacted on the mental health of staff, colleagues and students to 'some' or a 'large' extent, although this was their perception rather than any measured change.

The case study visits supported these findings, for example the Healthy Hospital staff commented on the perceived success of initiatives such as the smoothie making bicycle, which encourage healthy eating and physical activity:

"They have really helped increase people's awareness and appetite for change" (Clinical project lead for a new mental health unit, Healthy Hospitals case study visit).

Both of the Sustrans Cymru projects inspired staff to improve their own wellbeing and encouraged their colleagues to do the same:

"Its helped bring in other initiatives and made them more accessible. For example, Making Every Contact Count- its only in the past 12 months, since working with Sustrans, that we have picked that up in mental health and thought we can promote it. What its really done is help promote that health is for everybody, rather than just for people that have had strokes or physical problems...So its helped staff think that this is part of everyday life" (Clinical project lead for a new mental health unit, Healthy Hospitals case study visit).

"I feel more active and feel I am taking more responsibility for saying I will encourage other people to improve their wellbeing, that's why I became a leader." (Staff counselling administrator, Healthy Universities case study visit).

Monitoring data collected by Clybiau Plant Cymru Kids' Clubs found that childcare workers participating in the project reported an increase in their fruit and vegetable consumption, and physical activity levels. The project also increased childcare workers' knowledge about the dangers of smoking and alcohol, and through the training discussed how childcare workers might share this information with children as an early prevention measure.

Delivery partners and volunteers themselves from the Breast Cancer Care project highlighted the impact of participation on the volunteer walk leaders' wellbeing and activity levels:

“The impact on the individual I think is quite high. It suddenly gives them a support network. It stops them being a person with cancer, they are a volunteer doing work.” (Let’s Walk Cymru, Breast Cancer Care case study visit).

“What its done for me...I now go on short walks as well as longer walks...so its helping people get fitter and have the confidence to do that.” (Volunteer walk leader, Breast Cancer Care case study).

- **Impacts on participants**

The majority of organisations funded through the 2013-2015 HCWVSGS were working on this theme (Clybiau Plant Cymru Kids’ Clubs, Prince’s Trust, Breast Cancer Care and Sustrans Cymru). For example, the LWLs working on the Sustrans Cymru Healthy Hospitals project delivered a number of actions to increase physical activity, such as: participating in and promoting the National Workout @Work day. Through this, 73 staff took part in a cycle challenge, covering a total of 336km (209 miles) collectively. One leader established an all female workout group, targeting middle aged sedentary women, which generated three to five attendees each week. Several leaders promoted a Take the Stairs initiative, using Stepjockey posters, to promote the number of calories burnt by climbing a flight of stairs, although no data were collected on the impact of this initiative.

The most successful activities delivered by the Healthy Universities project were identified as wellbeing blogs, walking groups, travel challenge, hula hooping, British Heart Foundation’s 10 minute challenge, standing meetings, the On Your Feet Britain Campaign, healthy breakfast bar, alcohol awareness, and the mental health first aid lite course. Staff reported the mix of information leaflets, email and face-to-face contact worked well.

The Sustrans Cymru projects encouraged individuals to increase their awareness of the health benefits of becoming more physically active through its Active Travel Challenge online initiative. The Healthy Hospitals project ran the Active Travel Challenge in May 2014, and all health boards were encouraged to participate. The Sustrans Cymru self-evaluation report recorded a total of 122 registrations for the Challenge and 71 (58 per cent) participants went on to log journeys on the website. A total of 1,474 active or sustainable journeys were made during the Challenge, covering a total distance of 9,682 miles. The Active Travel Challenge was also delivered through the Sustrans Cymru Healthy Universities project in October / November 2014, with 631 people registering and 368 (58 per cent) logged journeys on the website. A total of 9,002 active or sustainable journeys were made during the Challenge, covering a total distance of 60,808 miles. However it is not clear from the information provided by Sustrans Cymru how many of these journeys would not ordinarily have been made in an active or

sustainable way, as only total numbers have been recorded. It is therefore not possible to assess the impact of the intervention on participants' physical activity levels.

Some of the LWLs consulted for the case study research conceded that their role had primarily focused on awareness raising rather than delivering physical activity options. The impact on participants' actual health, such as weight loss or improved blood pressure, would therefore be difficult to evidence as the LWLs often did not know whether staff had increased their activity levels. Impacts were clear in terms of promoting behaviour change amongst staff, such as through the staff blog:

"So for me the change is that they are being made more aware." (Staff counselling administrator, Healthy Universities case study visit).

One of the delivery partners for the Sustrans Cymru projects felt that it was more appropriate for the LWL projects to be focused on staff rather than patients:

"I think this is a better model, as with patients they are in and out of hospital and you have no way of monitoring outcomes in terms of changing behaviour." (ASH Wales lead, case study visit).

The University involved in the case study research felt that the Healthy Universities project had impacted on participants' awareness and understanding of mental health issues:

"It is absolutely reducing mental health stigma...we are feeling more able to have those conversations. If I am at a stand I feel much more confident saying something to someone about that area...it feels easier to do that I have got the courage now." (Staff counselling administrator and LWL, Healthy Universities case study visit).

"It feels like people are talking about mental health issues more" (Executive Officer for Human and Physical resources in the Lifelong Learning Centre, Healthy Universities case study visit).

The Clybiau Plant Cymru Kids' Clubs project collected before and after data from children to include in their monitoring returns to Welsh Government. They reported that the project activities had increased knowledge, awareness of and attitudes towards, the importance of healthy eating and exercising and understanding of the risks caused to health by smoking and alcohol.

Stakeholders consulted for the qualitative research commonly referred to the behaviour change brought about in participants. Clybiau Plant Cymru Kids' Clubs undertook creative feedback sessions with children using tailored resources, to determine the level of impact in terms of raising children's awareness of the importance of exercise and eating healthily. The Clybiau Plant Cymru Kids' Clubs project also sought to pilot awareness raising materials on the dangers of smoking and alcohol, but some trainers felt

uncomfortable using these with young children, particularly those of primary school age.

Breast Cancer Care project partners and participants stated that the walks delivered through Best Foot Forward encouraged them to lead more active and healthier lifestyles, reintroducing them to exercise and reinforcing the healthier lifestyle messages delivered at other Breast Cancer Care events. This was clearly evident from the case study research in Cardiff. The delivery partner (Let's Walk Cymru) commented that most participants were non-walkers before, and the project helped them return to exercise and gradually increase their activity levels in a supportive environment:

"I think it's a really good model because it gives them a sense of purpose, particularly if they haven't been able to return to work and things like that. It is a younger audience than we would normally work with...it also gives them the confidence to go on...some have organised charity walks for Breast Cancer Care Wales...the training has enabled them to do that" (Let's Walk Cymru trainer, Breast Cancer Care case study visit).

"I probably wouldn't have gone to a support group, I didn't feel I needed to talk to someone, I just knew I had to exercise." (Participant, Breast Cancer Care case study).

Breast Cancer Care's self-evaluation report cites positive feedback from participants, for example, one participant felt the project emphasis on healthy eating and exercise helped her to lose two stone in weight. Several other participants had significantly increased their physical activity levels, with one participating in a Breast Cancer Care Ribbon Walk covering 10 miles. Several volunteer walk leaders, who themselves had experienced breast cancer and lymphoedema, have gone on to participate in half marathons and long-distance charity walks.

The Breast Cancer Care project volunteers highlighted the improvements to participants' mental wellbeing brought about through the peer support:

"Obviously part of this walking is the talking...the ones that come regularly become friends and support each other...The peer support element is a major component...particularly given this is a first step...its about the sharing and camaraderie that they make with their fellow walkers." (Volunteer walk leader, Breast Cancer Care case study).

"I think it gives people hope seeing us...one of the reasons I volunteer is because some of the people who helped me the most were people who had been through it themselves...it shows there is light at the end of the tunnel for most women." (Volunteer walk leader, Breast Cancer Care case study).

This was echoed by walking group participants:

"It's a really good way of chatting about it without it being too intense. It's a non-pressurised way of being around people who can share your

experiences...people understand if you feel a bit slow and feeble.”
(Participant, Breast Cancer Care case study).

“Its really helped talking to other people and knowing they have come through it. I found it a psychological help.” (Participant, Breast Cancer Care case study).

The physical activity element of this support was recognised as being very important by walk leaders and walkers alike, for people that would not attend a traditional support group:

“It’s a way of dipping their toe into a support group, for people that wouldn’t go to a support group”. (Volunteer walk leader, Breast Cancer Care case study).

The Prince’s Trust’s Active Youth project self-evaluation report highlighted the value of combined activities, for example incorporating healthy eating and wellbeing into physical activity courses. For example, a Get Started with Horses course participant noted how spending time with the horses was good for her depression:

‘Get Started is a very good experience. It helped people to interact with others and build confidence. It helped me a lot to maintain {manage} my depression and made my wellbeing better’ (HCWVSGS participant).

This was echoed by participants interviewed for the programme evaluation, who highlighted a wide range of impacts from the Get Started course, including: improving mood, motivation and sleep quality and establishing routines including eating three meals a day and getting up in the morning.

The Prince’s Trust’s project demonstrated particular success in supporting Fairbridge participants to engage with nutritional advice, with 97 participants taking part in food sessions (17 over their original target)²⁹. The project also engaged 121 young people in physical activity sessions (one more than the target), helping young people to both increase their physical activity levels and try new sports. The project found it more difficult to recruit participants for the drama sessions relating to mental health issues, recruiting only 76 (44 below target). Similarly the project was only able to engage 77 young people to take part in sessions about increasing wellbeing and / or reducing risky behaviours (43 below target). Although the project did not reach its targets in relation to these two areas, the 2013-2015 HCWVSGS enabled the Prince’s Trust to develop its approach to mindfulness, which is important in helping their target group deal with anxiety, anger, stress and depression. Some young people received mindfulness certificates for participating in wellbeing sessions.

The Prince’s Trust project identified important learning around encouraging healthy eating amongst vulnerable and disadvantaged young people. This

²⁹ The Fairbridge programme is for 13 to 25-year-olds to learn new skills and gain confidence through a mix of group activities and one-to-one support. Further information is available online: <https://www.princes-trust.org.uk/help-for-young-people/unlock-your-potential/try-something-new?>

target group may be susceptible to under-eating, with eating disorders, such as anorexia being a common concern for the Prince's Trust client group. The Active Youth project provided constructive messages about nutrition and balanced diets. This was partly achieved through running Heaven's Kitchen sessions, which supported participants to plan, prepare, cook, serve and host meals for external stakeholders and Prince's Trust staff. The sessions helped educate young people about healthy eating and the importance of eating three meals a day and also provided an opportunity to gain formal accreditations in food safety / hygiene.

- **Potential for longer-term change**

The Sustrans Cymru Healthy Hospitals project has the potential to encourage and support individuals to lead healthy lifestyles in the longer term through having trained the following staff:

- Twenty-four staff from across two health boards to provide initial support to individuals experiencing mental health problems.
- Six staff from one health board trained in the importance of smoking cessation and promoting this message to others.

Similarly, the Sustrans Cymru Healthy Universities project has the potential to encourage and support individuals to lead healthy lifestyles in the longer term through awareness raising activities:

- Five Cardiff University staff being better informed about the harmful effects of smoking and how to support others to give up smoking.
- Nine Bangor University staff and 13 Swansea University staff are better placed to provide initial support to someone experiencing mental health problems.

The Breast Cancer Care project will also continue to support people to adopt healthier lifestyles in the longer-term, by continuing to provide advice on healthy eating and exercise at lymphoedema sessions across Wales. (Refer to Chapter 6 for further examples of Breast Cancer Care incorporating messaging from their Best Foot Forward project into future activities).

The resources produced by the Clybiau Plant Cymru Kids' Clubs project will continue to raise awareness of the importance of healthy eating and exercise and the dangers of smoking and alcohol in childcare settings across Wales.

3.2.3 Support the creation of a healthy hospitals initiative or a healthy colleges and universities initiative

Only one organisation was funded under this theme through the 2013-2015 HCWVSGS. Sustrans Cymru was funded to deliver activity focused on both Healthy Hospitals and Healthy Universities. The same approach and methodology was applied to both projects.

The Sustrans Cymru projects were designed to enable Sustrans Cymru and its delivery partners (ASH Wales, Mind Cymru and the British Heart Foundation) to impact on staff and students / patients by:

1. Ensuring universities / hospitals have the right strategies and plans in place to support and encourage staff and students / patients to adopt healthy behaviours.
2. Directly influencing, encouraging and supporting staff to live healthy lifestyles; becoming role models for the students, patients and visitors that they engage with.
3. Contributing to wider health improvement in universities / hospitals across Wales through sharing learning from the project and using this to influence policy and practice.
4. Establishing a clear evidence base for the efficacy of interventions in reducing sickness absence in order to encourage University Boards / NHS Health Boards to continue beyond this project.

These were ambitious goals which had to be modified in a number of areas. Fundamentally, the Sustrans Cymru projects were reconfigured to focus mainly on promoting healthy behaviours amongst university and hospital staff.

Both the Breast Cancer Care and Sustrans Cymru projects achieved limited impacts, owing to lengthy delays and the development time required to get the projects up and running. This was caused by external factors, such as issues around engagement, NHS restructuring, the priorities of the Local Health Boards in Wales, and the plethora of other initiatives taking place in the university and hospital settings. It is important to note that these projects were focused on systems change rather than direct delivery, and so although impacts on individuals can be identified (refer to section 3.2.2 above), these projects were primarily concerned with introducing a new leadership style into workplaces to promote wellbeing. However, assessing the impact of projects promoting systems change generally requires a longer-term view.

Sustrans Cymru was the only organisation that commissioned an external evaluation. This was conducted by the British Heart Foundation (BHF), which was also a delivery partner for the two projects. The external evaluation focused on the Live Well Leader (LWL) role. The BHF evaluation reported that LWLs who had been in post for 12 months reported improvements to their own lifestyle choices and health and wellbeing, particularly in terms of increasing their physical activity levels and fruit and vegetable consumption, and improvements in their mental health³⁰.

The Sustrans Cymru Healthy Hospitals project achieved less impact on participating communities and individuals, as it worked with local people at a lower level of intensity than was originally anticipated. The Sustrans Cymru self-evaluation report noted that the original intention was to recruit and train small groups of staff, to work as a team of peer educators / health promoters,

³⁰ Live Well Leaders evaluation report, produced by the British Heart Foundation National Centre, 2015.

delivering small scale activities conveying health messages and encouraging action among colleagues. In some cases only one or two staff attended the training. The LWLs were drawn from a range of departments including: operational services, medical records, pharmacy staff, mental health, physiotherapy, dietetics and the cystic fibrosis medical team. In total three induction days were delivered, training 36 hospital LWLs. The training days were delivered at Wrexham Maelor Hospital (BCUHB), Llandough Hospital (CVUHB) and Singleton Hospital (ABMUHB).

The original aim of the Sustrans Cymru Healthy Hospitals project was to improve the health and wellbeing of staff and patients, by training LWLs to cascade health messages to colleagues and patients. This aim was recognised as being overly ambitious as it under-estimated the pre-existing pressures on NHS staff and the limited time they would be able to commit to this project. The Healthy Hospitals project was therefore refocused onto primarily staff wellbeing. The revised project achieved a good level of impact on participating staff. The project's self-evaluation report notes that the project influenced and improved the health of the 36 LWLs through the induction training and support with 35 of the 36 LWLs rating the training as 'excellent' or 'good'. The BHF report found that a year after the training, a higher proportion of LWLs had knowledge about factors affecting health, and were able to plan and communicate health promotion activities to staff, colleagues and patients. The BHF evaluation report identified the most successful activities to be activity-based challenges such as pedometer challenges or stair climbing challenges, organised walks, cycle to work scheme. Information on walking and cycling routes, healthy eating and alcohol awareness were also widely welcomed by LWLs. The evaluation found the least successful activities to be break-time walks and smoking cessation activities³¹. The Healthy Hospitals self-evaluation report notes that Sustrans Cymru was unable to gather data on the project's impact on patients, but anticipates that the LWLs would have created a ripple effect on their patients and their family and friends. However, this could not be substantiated and the stakeholders consulted for the programme evaluation felt that these wider impacts were likely to be limited.

The hospital staff and managers consulted at the case study visit were very positive about the Healthy Hospitals project, and felt it was timely to encourage staff to consider active travel and exercise opportunities near their work environment. The intervention was particularly well received at Llandough Hospital, the site of the case study visit, as it was undergoing a large expansion programme at the time of the visit.

The BHF evaluation of the Healthy Universities project found that, following the training day, 48 out of 52 leaders felt 'confident' or 'very confident' promoting healthier lifestyles to their colleagues. Most LWLs (48 of 52) ranked the training as excellent or good. Following the training day, over half (28 of 51) of leaders indicated that they felt 'more confident' to influence health related behaviour change in others, compared to the start of the training day.

³¹ Live Well Leaders evaluation report, produced by the British Heart Foundation National Centre, 2015.

Over three quarters (44) of leaders felt 'more confident' in their ability to signpost others to health and wellbeing services and 42 felt 'more confident' in planning appropriate health promoting activities³².

3.3 Impact on policy, in relation to the key themes of the Scheme (that the projects bid against) and which are aligned to Programme for Government commitments as follows:

Examples of impact on policy were identified across the programme, and will be explored by programme theme below.

3.3.1 Promote healthier lifestyles for pregnant women, which have a positive impact on them and their family's health.

Mind Cymru's project also informed the development of the new CAMHS strategy *Together for Children and Young People* and work of the Children's Commissioner for Wales, and will hopefully inform the development of future policies and guidance given the endorsement of the project by Public Health Wales.

3.3.2 Encourage and support individuals to lead healthy lifestyles by encouraging physical activity and a balanced diet, and discouraging people from risky behaviours such as smoking and excessive drinking, to decrease those at risk from cardiovascular disease (including coronary heart disease and stroke), cancer and diabetes.

Some projects were primarily focused on promoting healthy lifestyles through the delivery of physical activity and healthy eating activities and awareness raising about risky behaviours. These projects (delivered by the Prince's Trust, Clybiau Plant Cymru Kids' Clubs and Breast Cancer Care) were not designed to impact on policy.

3.3.3 Support the creation of a healthy hospitals initiative or a healthy colleges and universities initiative

Sustrans Cymru reported that they achieved some impact on local and regional policy by participating in local and national forums, although the details were not specified. Sustrans Cymru reported in its self-evaluation of the Healthy Hospitals project that it positively influenced the attitudes of health boards to increase the emphasis they place on promotion activities to encourage people to adopt healthier lifestyles. The best practice events led by Sustrans Cymru also informed 30 senior health board staff about tackling the barriers associated with implementing smoke-free site policies; provided an opportunity for transport planning staff from five health boards to gain new ideas and develop relationships with peers; and enhanced the understanding of 28 senior health board staff around the development of a mentally healthy workplace. Stakeholders consulted as part of the case study research commented that the work around the smoke-free agenda has helped to

³² Live Well Leaders evaluation report, produced by the British Heart Foundation National Centre, 2015.

accelerate the work of Local Health Boards on this issue by raising the profile of smoke-free policies.

The self-evaluation report for the Healthy Universities project noted that the project's best practice sharing events had informed 25 senior university staff about tackling the barriers associated with implementing smoke-free campus policies, increased 30 senior university staff's understanding of the practicalities to consider when developing a mentally healthy workplace, and staff responsible for transport planning at five universities had acquired new ideas and built on-going relationships with peers from other universities.

Public Health Officials identified synergies between the Healthy Hospitals project and the NHS Staff Health and Wellbeing group, and linked the project to this group. The group was established to explore how staff health and wellbeing could be improved across the NHS in Wales and was identified as a potential forum for dissemination and discussion of the sustainability of the Healthy Hospitals project. The project manager influenced health boards involved in the project and other NHS organisations, such as the NHS Wales Informatics Service (NWIS) through attending this action group. The project manager regularly attended group meetings and influenced the group to establish a national approach and annual calendar of health and wellbeing campaigns to be promoted to NHS Wales staff. Sustrans Cymru led on the first of these in April 2015 – On Your Feet Britain – which was well received. The group also joined up colleagues at a local level, helping to avoid duplication. Several meetings with this group were cancelled in 2015, resulting in the on-going involvement of Sustrans Cymru and its delivery partners being unclear.

The Healthy Universities project sought to impact on policy by informing the development of the Welsh Government and Public Health Wales HE / FE Framework. The project intended to encourage participating organisations to access the framework resource online and upload case studies. However, the launch of the framework was delayed, reducing the potential for participating organisations to influence this work within the project timescales. The Healthy Universities project also linked in with the Healthy Universities UK network, and engaged the lead for staff health and wellbeing from Cardiff University at a network meeting. Project results were also disseminated to the UK network.

The project manager for the Healthy Hospitals and Healthy Universities projects has subsequently moved on to work for Public Health Wales. It is hoped that this will facilitate learning from the two projects being used to inform decisions around health policy in the longer term.

4 Cost consequence analysis

The HCWVSGS has a duty to maximise the positive impact of public funds, to gain better understanding of the impacts and costs associated with the programme to inform future resource allocations. Health economic analysis is central in identifying each project's impact in generalizable health terms as well as the costs. The intended aim of economic analysis reported here was to ascertain the true costs and health consequences of each project. The health outcomes data collection was unfortunately very limited which meant that economic analysis focussed to a greater extent on the costs of the 2013-2015 HCWVSGS.

Grants were awarded to the projects by the Welsh Government, but each project also utilised volunteers to provide additional support along with other 'in kind' support. Non-paid volunteers offer a valuable resource to charitable endeavours across the UK; 44 per cent of UK adults responding to the 2013 community life survey³³ stated that they volunteered at least once per year. Thus the analyses reported below aim to estimate the 'true' cost of the project by putting a value on these contributions over and above the grant expenditure.

To enable the Swansea Centre for Health Economics (SCHE) to make an estimate of costs, each project provided their financial data based on accounts and related records. The projects also provided additional data through the self-evaluation reports and telephone interviews. In terms of estimating the true cost of the projects, the lack of detailed data, due to the level of data capture and reporting style, did not allow for as much in-depth costing or reporting as had been hoped at the outset. SCHE's overall principle was to deal with the project data in a consistent manner and the same requests were made to all project managers. It is believed that the financial data provided from the grant holders' accounts is robust but not all projects provided all data to the same level of detail, which led to slight variations in the content of SCHE's reporting on individual projects.

Volunteer time and an estimate of the value as proxies by an equivalent 'wage' were provided by some of the projects. However, it was not possible to attribute a reliable 'substitute wage cost' for some projects as they had provided estimated substitute salary costs but not the full cost (e.g. including National Insurance, pension contributions etc.). Therefore to treat the projects equally, salary costs rather than full wage costs were used and where it was necessary to make assumptions about the substitute wage rates, SCHE used the same approach. These estimates therefore provide an under estimate of the true cost.

In kind support was identified and clearly contributed to the 'true cost' of the projects but not all of these contributions were quantifiable and cost-able.

³³ <https://www.gov.uk/government/collections/community-life-survey>

The originally planned health outcomes data collection proved too challenging for projects. Initially the goal was to provide cost per quality adjusted life year (QALY) outcomes for all projects but this proved unfeasible (see Section 1.4). Other outcomes data from the surveys developed for the evaluation had limitations when implemented; the survey questionnaires were not widely issued by all projects, returns were quite limited and the data were of varying quality which meant that much of the data were not usable and / or had limited potential for the purposes of the cost consequence analysis. For example, there were some unmatched responses, some individuals with apparently more than two responses, some responses with counter intuitive responses and some matched interviews covered only a very short period between interviews (four days) limiting the validity of what has been collected. Chapter three of this report has further detail of these issues. Because of the low returns for EQ-5D (the instrument necessary to get the data to calculate QALY outcomes) small numbers mean that SCHE were unable to use the data effectively. Given this, the primary outcomes were constrained to be focussed on delivery; i.e.

- Training events delivered
- People trained
- Participants attending programmes (e.g. walks, activities) and sessions

All costs and outcomes are reported in 2015 Great Britain Pounds (GBP) and are rounded to the nearest whole number to reflect the estimated nature of the values. Values are adjusted to 2015 GBP through consumer price index adjustment (CPI).

4.1 True cost and outcomes of the projects

4.1.1 Sustrans Cymru Healthy Hospitals project

LWLs from the participating hospitals attended training to enable dissemination of their learning through their workplaces. The leaders were employees who had volunteered or been volunteered with the full endorsement of their employers. The cost of the leaders' time was therefore covered by their employer. Details of the salaries of the leaders was not provided but it is known that they were either in professions allied to health or in management roles so a proxy salary of a band seven nurse was used to denote the economic value of their contribution (Table 4.2).

Whilst the majority of the training events were delivered by Sustrans Cymru, other training run by Mind Cymru and ASH Wales and events run by the British Heart Foundation (BHF) were also accessed by LWLs. Other 'in kind' support was utilised, including leaflets and posters from BHF, Mind, ASH Wales as well as Sustrans Cymru's own material, by the leaders in their roles. Some of the leaflets were paid for by Sustrans Cymru and the cost incorporated into the project accounts (Table 4.1) while for others estimates of costs were provided which have been incorporated into the total cost. However, some leaflets were donated by other charities and there was no record of the quantity or type, except for BHF, so these could not be included

although there was clearly a cost in developing and delivering these. In excluding these costs the true costs of the projects are inevitably slightly underestimated. BHF delivered 105 leaflets valued at £13 each; these were split between the two Sustrans Cymru projects at a ratio of 50:50.

The Sustrans Cymru project manager in common with some of the other projects felt that the original budget had underestimated the amount of administration required in the reporting to Welsh Government. This time, in the case of Sustrans Cymru, was estimated at an extra half a day per week through the course of the project. It was not charged to Welsh Government or counted as an overspend. This effectively increased the estimated true cost of the project (by 12.5 per cent of salary for year one and 25 per cent for year two split between the two projects). We have provided an estimate of the contribution of this 'over and above' effort to the true cost of the projects in Table 4.4³⁴.

The total true cost of the project is estimated to be £142,106 (see Table 4.3) of which eight per cent of the cost is attributable to volunteers (see Table 4.5). The cost per participant was £457 (without the 'over and above' project management time).

Table 4.1: Total costs of the Healthy Hospitals project (actual financial expenditure):

	Q3+Q4 2013-14	2014-15	2015-16 Q1+Q2	Adjusted for inflation
Actual Financial Expenditure	£	£	£	£
Staff costs	11,669	25,691	13,437	51,302
Operational expenditure	29,855	34,512	396	65,726
Overheads	1,534	0	0	1,565
Other costs	6,977	3,580	1,250	11,985
Total expenditure	50,035	63,783	15,083	130,578

³⁴ This has been included in one estimate of true costs for information as a proportional 'add on' for the project manager's time on each Sustrans Cymru project. As the project manager was not employed full time on the Sustrans Cymru projects but worked on other projects as well, this was in reality either an opportunity cost for the other work outside of these projects or eating into his personal time.

Table 4.2: Total costs of the Healthy Hospitals project (in kind and volunteer costs):

Number of Volunteering Hours	Estimate of Value per Volunteer Hour	Nature of In Kind Support	Estimated Value of in-kind support	Total £
576 hours	Band 7 Nurse (£31,072) – by hour - £18.83			10,846
		BHF resources @ £13 per person	105 total packs. Split between the two projects 50:50	683
				11,529

Table 4.3: Total estimated costs of the Healthy Hospitals project:

Total Project Cost Element	£
Staff costs	51,302
Operational expenditure	65,726
Overheads	1,565
Other costs	11,985
Total actual financial expenditure	130,577
Estimated value of volunteer time	10,846
Estimated value of in-kind support	683
Value of matched funding	N/A
Estimated value of other inputs	N/A
Total estimated additional project cost	11,529
Total estimated project cost	142,106

Table 4.4: Total costs of the Healthy Hospitals project (estimated volunteer costs with ‘over and above’ input from project leader³⁵):

Number of Volunteering Hours	Estimate of Value per Volunteer Hour	Nature of In Kind Support	Estimated Value of in-kind support	Total £
576 hours	Band 7 Nurse (£31,072) – by hour - £18.83			10,846
		BHF resources @ £13 per person	105 total packs. Split between the two projects 50:50	683
		Over and above working by project manager	Divided by two (as time covered both projects)	2,492
				14,021

Table 4.5: Healthy Hospitals project: cost per participant and contribution of volunteer time (excluding ‘over and above’ by project manager):

Total cost £	Participants	Average cost per participant
142,106	311	£457
Volunteer time £10,846 8% of total costs		

Of the LWLs recruited to the project at the time of reporting 16 leaders (59 per cent) of those trained are still engaged in the project. Day to day work pressures are thought to be responsible for drop out. The project manager suggested that the volunteers that nominated themselves rather than those who were nominated were more likely to remain engaged.

4.1.2 Sustrans Cymru Healthy Universities project

LWLs from the participating universities attended training to enable dissemination of their learning through their workplaces. The leaders were employees who had volunteered or been volunteered with the full endorsement of their employers. The cost of the leaders’ time was therefore covered by their employer. Details of the salaries of the leaders were not

³⁵ The Sustrans’ Cymru project manager in common with some of the other projects felt that the original budget had underestimated the amount of administration required in the reporting to Welsh Government. This time was estimated at an extra ½ day per week for both projects).

provided but it is known that eight were student hall wardens. A notional salary of a mid-level university employee has therefore been used as a reasonable proxy wage rate for the leaders (Table 4.7).

Whilst the majority of the training events were delivered by Sustrans Cymru, other training run by Mind Cymru and ASH Wales and events run by the BHF were also accessed by LWLs. Other in kind support was utilised, including leaflets and posters from the British Heart Foundation, Mind Cymru, ASH Wales as well as Sustrans Cymru own material, by the leaders in their roles. Some of the leaflets were paid for by Sustrans Cymru and the cost incorporated into the project accounts (Table 4.6) while for others estimates of costs were provided which have been incorporated into the total cost. However, some leaflets were donated by other charities and there was no record of the quantity or type, apart from BHF, so these could not be included although there was clearly a cost in developing and delivering these. The British Heart Foundation delivered 105 leaflets valued at £13 each; these were split between the two Sustrans Cymru projects at a ratio of 50:50.

The Sustrans Cymru project manager, who worked on both Sustrans Cymru projects in common with some of the other projects, felt that the original budget applied for had underestimated the amount of administration required in the reporting to Welsh Government. This time, in the case of Sustrans Cymru, was estimated at an extra half a day per week through the course of the project. It was not charged to Welsh Government or counted as an overspend. SCHE have included it in one estimate of true costs for information as a proportional 'add on' for the project manager's time on each Sustrans Cymru project. As the project manager was not employed full time on the Sustrans Cymru projects but worked on other projects as well, this was in reality either an opportunity cost for the other work outside of these projects or eating into his personal time. This effectively increased the estimated true cost of the project (by 12.5 per cent of salary for year one and 25 per cent for year two split between the two projects). We have provided an estimate of the contribution of this estimated 'over and above' effort to the true cost of the projects in Table 4.7.

The total true cost of the project is estimated to be £142,163 (Table 4.8) of which eight per cent of the cost is attributable to volunteers (Table 4.9). The cost per participant was £329 (without the 'over and above' project management time).

Table 4.6: Total costs of the Healthy Universities project (actual financial expenditure):

	Q3-Q4 2013-14	2014-15	2015-16 Q1-Q2	Adjusted for inflation
Actual Financial Expenditure	£	£	£	£
Staff costs	11,669	25,691	13,437	51,302
Operational expenditure	30,475	31,322	1,353	64,091
Overheads	1,534	0	0	1,565
Other costs	7,361	4,066	1,250	12,868
Total expenditure	51,039	61,079	16,040	129,826

Table 4.7: Total costs of the Healthy Universities project (estimated volunteer costs with 'over and above' input from project leader³⁶):

Number of Volunteering Hours	Estimate of Value per Volunteer Hour	Nature of In Kind Support	Estimated Value of in-kind support	Total £
690 hours	Middle grade university employee (£27,864) – by hour - £16.89			11,654
		BHF resources @ £13 per person	105 total packs. Split between the two projects 50:50	683
		Over and above working by project manager	12.5% of year 1 salary (12,120) +25% of year 2 salary (13,874) Divided by two (as time covered both projects)	2, 492
				14,829

³⁶ The Sustrans project manager in common with some of the other projects felt that the original budget had underestimated the amount of administration required in the reporting to Welsh Government. This time was estimated at an extra ½ day per week for both projects. This effectively increased the true cost of the scheme.

Table 4.8: Total estimated costs of the Healthy Universities project:

Total Project Cost	£
Staff costs	51,302
Operational expenditure	64,091
Overheads	1,565
Other costs	12,868
Total actual financial expenditure	129,826
Estimated value of volunteer time	11,654
Estimated value of in-kind support	683
Value of matched funding	N/A
Estimated value of other inputs	N/A
Total estimated additional project cost	12,337
Total estimated project cost	142,163

Table 4.9: Healthy Universities project: cost per participant and contribution of volunteer time (excluding 'over and above' by project manager):

Total cost £	Participants	Cost per participant
142,163	432 participants	£329
Volunteer time 11,654 8% of total costs		

Of the LWLs recruited to the project at the time of reporting 28 University leaders (58 per cent) of those trained are still engaged in the project. Of those that dropped out 21 per cent were Student Hall wardens and after the training had no more engagement in the project.

Comment on both Sustrans Cymru projects

The universities and hospitals hosted the projects and implicit in this is the provision of workspace which enabled the LWLs to undertake their commitments. These costs are potentially part of the true cost of the project but collecting this financial information from the host sites is beyond the scope of the evaluation. This space is necessary for the project and if not provided by the host organisation would have incurred a cost.

The Sustrans Cymru projects were also evaluated by the British Heart Foundation's National Centre for Physical Activity and Health, Loughborough University researchers who provided two reports on the training and impact of the LWLs. These provide details of the leaders' self-reported hours and gains in knowledge invested in delivering the programme in the first 12 months (see Section 3.2).

4.1.3 Mind Cymru

The *Two in Mind* project run by Mind Cymru had two main areas of activity; awareness raising and support for parents. Whilst a number of events and meetings were attended by Mind Cymru staff and project steering committee members, the main output of the project was wellbeing training provided through face to face and online cognitive behavioural therapy (CBT). Other related activities included awareness raising at conferences, meetings and other events and provision of a website (accessed by 3,500 people), downloadable fact sheets, informative posters and postcards placed in GP surgeries and other organisations. Actual financial expenditure is shown in Table 4.10.

In developing and delivering the training, Mind Cymru suggested that there was a partnership element from the NHS contributing to professional training (Table 4.11). Mind Cymru provided an estimate of the difference in cost of providing training if the partnership support (staff time) from the NHS was not provided: this was estimated at a value of £8,000 - 45 days of preparation work plus two days of delivery (based on hiring mid band seven health professionals with an approximate gross salary of £35,000 per year).

A less clear element was the informal partnership with a clinical expert who provided the training materials. This 'saved' the project producing their own training and was used by participants subject to a licence fee paid directly for the material. SCHE are assuming that this is in effect payment directly for the expertise, and not in kind support.

Four occupational therapy students and two trained occupational therapy practitioners gave the equivalent of 52 weeks of time as part of placement programmes, to the project; that is £17,284 worth of 'volunteered' time (based on NHS gross salary bands).

SCHE were unable to estimate the cost of the different outputs as the project did not provide details of the costs attributable to the different courses, training events, materials and awareness raising activities.

The total true cost of the project is estimated to be £157,870 of which 11 per cent of the cost is attributable to volunteers (Table 4.12).

Table 4.10: Total costs of the Two in Mind project (actual financial expenditure)

	Q3-Q4 2013-14	2014-15	2015-16 Q1-Q2	Adjusted for inflation
Actual Financial Expenditure	£	£	£	£
Staff costs	20,003	38,233	11,406	70,446
Operational expenditure	20,486	27,674	2,096	50,958
Overheads	1,800	2,700	130	4,694
Other costs	3,202	1,945	1,256	6,488
Total expenditure	45,491	70,551	14,889	132,586

Table 4.11: Total costs of the Two in Mind project (includes in kind and volunteer costs)

Number of Volunteering Hours	Estimate of Value per Volunteer Hour	Nature of In Kind Support	Estimated Value of in-kind support	Total £
52 weeks	Volunteer time			17,284
		NHS partnership support 47 days	Middle band 7 costing.	8,000
		Informal partnership training materials	Not available	~
		Non – market rate specialist skills from project leader	Not available	~
				25,284

Table 4.12: Total estimated costs of the Two in Mind project

Total Project Cost	£
Staff costs	70,446
Operational expenditure	50,958
Overheads	4,694
Other costs	6,488
Total actual financial expenditure	132,586
Estimated value of volunteer time	17,284
Estimated value of in-kind support	8,000
Value of matched funding	N/A
Estimated value of other inputs	
Total estimated additional project cost	25,284
Total estimated project cost	157,870

4.1.4 Breast Cancer Care

The Breast Cancer Care project involved two activities. Best Foot Forward (BFF) involved setting up walking groups with walk leaders who then trained volunteers. Sixty nine walks took place, supported by 314 hours of volunteer time and attended by 37 clients. The total number of walk attendances was 119 since some of the participants attended more than one walk. The average number of participants per walk was 3.2. The number of hours recorded by the walk leaders was drawn from activity forms provided by BFF. The hours do not include training, network meetings and evaluation meetings which were estimated by the project manager to be a total of 127 hours. The Breast Cancer Care project manager advised SCHE that forms recording the BFF walking hours return rate was unreliable; in many dimensions therefore the estimates of walk leader time are likely an underestimate. The walk leaders were trained by a volunteer trainer for three hours. In addition a photographer helped, free of charge, with the development of promotional material. The 314 hours of recorded time by walk group leaders were supported by approximately an hour a week of administration from a volunteer throughout the project (104 hours). Actual financial expenditure is set out in Table 4.13 while in kind and volunteer costs are estimated in Table 4.14.

The other activity included in the BFF project was in partnership with the Lymphoedema services, recruiting 14 volunteers who were engaged in delivering 28 sessions seeing 308 clients, six of whom then attended BFF walks.

In kind support was integral to the BFF project; Let's Walk Cymru, contributed to advice, logistics and general organisation and the staff from the National Exercise Referral Scheme and health care professionals in the Local Health Boards were supportive in providing knowledge and expertise related to building partnerships and referral pathways. Details of the time involved in giving this support was not available, other than the walk trainers and photographer, but was clearly integral to the provision of the project.

The total true cost of the project is estimated to be £44,209 of which 27 per cent of the cost is attributable to volunteers (Table 4.15 and 4.16). The average cost per participant was £1,195.

Table 4.13: Total costs of the Best Foot Forward project (actual financial costs):

	Q3+Q4 2013-14	2014- 15	2015-16 Q1+Q2	Adjusted for inflation
Actual Financial Expenditure	£	£	£	£
Staff costs	7,417	8,346	4,015	20,014
Operational expenditure	2,018	1,577	947	4,599
Overheads	1,607	2,063	516	4,240
Other costs	1,091	1,401	934	3,463
Total expenditure	12,133	13,386	6,412	32,316

Table 4.14: Total costs of the Best Foot Forward project and Lymphoedema sessions (includes in kind and volunteer costs):

Number of Volunteering Hours	Estimate of Value per Volunteer Hour	Nature of In Kind Support	Estimated Value of in-kind support	Total £
314 hours walk leaders leading walks	Median UK income (£27,600 Annual Survey of Hours and Earnings) - £16.72ph ³⁷	Walk leading	5,250	5,250
127 hours in other walk related activities		Group leader: training, networking and evaluation.	2,123	2,123
104 hours walk administrator volunteer		Walk administration	1,739	1,739
		Training walk leaders	3* 150 (estimate) = 450	450
Lymphoedema volunteers : 77 hours attending training 47.5 hours attending sessions 6 hours for Volunteer marketing and publicity	Median UK income (£27,600) annual Survey of Hours and Earnings) - £16.72ph		1,287	1,287
			794	794
		Marketing/publicity photography sessions	100	100
			150 (estimate)	150
TOTAL				11,893

³⁷ The cost of employing a walk leader may vary from this level in reality

Table 4.15: Total estimated costs of the Best Foot Forward project and Lymphoedema sessions:

Total Project Cost	£
Staff costs	20,014
Operational expenditure	4,599
Overheads	4,240
Other costs	3,463
Total financial expenditure	32,316
Estimated value of volunteer time	11,293
Estimated value of in-kind support	600
Value of matched funding	N/A
Estimated value of other inputs	N/A
Total estimated additional project cost	11,893
Total estimated project cost	44,209

Table 4.16: Best Foot Forward project and Lymphoedema sessions: cost per participant and contribution of volunteer time:

Cost	
44,209– volunteer contribution £11,893	27% of cost related to volunteer time
Cost per activity (69 walking sessions* attended by 119 participants, 28 Lymphoedema sessions) (N= 97)	£456
Cost per participant (37 walking participants, 308 Lymphoedema participants, 6 individuals attended both type of event) (N=339)	£130

*Participants could (and did) attend more than one walk

At the end of the project 8 (just under half) of the walking group volunteers remained in the project and 9 (approximately two thirds) of the Lymphoedema volunteers remained in the project.

4.1.5 Prince's Trust

The Prince's Trust ran two programmes: Get Started which was designed around different themes and attended by 101 young people and Fairbridge which ran Access and Follow On courses, attended by 177 young people, who took part in 83 sessions, with a total of 610 attendances. The courses were delivered by a variety of partners. One of the delivery partners – Cardiff Blues – used their high profile rugby players to present certificates during their project celebration event. Whilst this could be considered a 'volunteer' activity, the players were also paid by the club who are delivery partners so SCHE did not cost this participation as a volunteer activity. Volunteers did support the Fairbridge project.

The Prince's Trust project overspent and did not claim all these additional project costs from the Welsh Government grant; however all the delivery costs incurred by the project are included in the Princes Trust Accounts and in the figures provided in Table 4.17 and 4.20.

The Get Started programme was successful in surveying a small proportion of participants with the EQ-5D (a preference based health related quality of life instrument) before and after the courses so that SCHE were able to estimate the impact on health related quality of life of participants. The numbers responding to the survey and offering full information (38/101 = 38 per cent) were relatively small, but if this is representative of all participants (which we are unable to determine) it suggests that there is a positive impact on quality of life. It is not known if the increase in health related quality of life reported would be sustained for an entire year, however if this assumption is true, for the cohort of 101 individuals the quality adjusted life years (QALYs) gained from participation would be 4.79 QALYs at a cost of £20,160 per QALY.

The calculation of QALYs was based upon the 'area under the curve' approach with the assumption that movements in EQ-5D score would transition over time in a linear fashion. The area under the curve approach plots the two EQ-5D scores and calculates the triangular area of gain (or loss) achieved during the project participation. The QALY calculations were baseline adjusted.

The total true cost of the Get Started programme is estimated to be £96,571, none of which is attributable to volunteers (Table 4.18). The cost per participant was £956 (Table 4.19).

The total true cost of the Fairbridge programme is estimated to be £70,840 of which approximately 8 per cent of the costs are attributable to volunteers (Table 4.21). The cost per unique participant was £400 and the cost per participant session was £116 (Table 4.22).

Table 4.17: Total costs of the Get Started programme (actual financial expenditure):

	Q1 2013-14	2014-15	2015-16	Adjusted for inflation
Actual Financial Expenditure	£	£	£	£
Staff costs	15,971	24,663	0	41,213
Operational expenditure	21,121	23,541	0	45,334
Overheads	917	1,224	0	2,172
Other costs	1,767	1,788	0	3,609
Total expenditure	39,775	51,216	0	92,329

Table 4.18: Total Costs of the Get Started programme:

Total Project Cost	£
Staff costs	41,213
Operational expenditure	45,334
Overheads	2,172
Other costs	3,609
Total actual financial expenditure	92,329
Estimated value of volunteer time	0
Estimated value of in-kind support	N/A
Value of matched funding	N/A
Estimated value of other inputs *	4,242
Total estimated additional project cost	4,242
Total estimated project cost	96,571

*note – ‘back office’ support from London HQ (101 unique participants x an estimated per participant cost of £42)

Table 4.19: Get Started programme: cost per participant:

Total Cost		
96,571	Cost per session	9,657
	Per attendee	956
Mean gain in HRQoL per participant over period of participation in session	0.0474	

Table 4.20: Total costs of the Fairbridge programme (actual financial expenditure):

	Q1 2013-14	2014-15	2015-16 Q1	Adjusted
Actual Financial Expenditure	£	£	£	£
Staff costs	12,361	16,457	6,649	35,888
Operational expenditure	3,641	4,649	1,112	9,524
Overheads	4,096	6,006	2,012	12,260
Other costs	5	14	0	19
Total expenditure	20,103	27,126	9,773	57,691

Table 4.21: Total costs of the Fairbridge programme:

Total Project Cost	£
Staff costs	35,888
Operational expenditure	9,524
Overheads	12,260
Other costs	19
Total actual financial expenditure	57,691
Estimated value of volunteer time	5,538
Estimated value of in-kind support	N/A
Value of matched funding	N/A
Estimated value of other inputs*	7,611
Total estimated additional project cost	13,149
Total estimated project cost	70,840

*note – ‘back office’ support from London HQ (177 unique participants x an estimated per participant cost of £43)

Table 4.22: Fairbridge programme: cost per participant:

Total cost £	Cost Per Participant Session	Cost Per Unique Participant
70,840	610 participant sessions	177 Unique participants
	£116	£400

4.1.6 Clybiau Plant Cymru Kids’ Clubs

The Play, Learn and Grow Healthy project delivered a ‘Train the Trainer’ day to 15 training staff across Wales, including a trainer / coordinator from ASH Wales. The project delivered 20 ‘Healthy Friends’ training sessions to Clybiau Plant Cymru Kids’ Club staff in order to disseminate the Play Learn and Grow Healthy activity pack. The training was attended by 273 childcare workers. Clybiau Plant Cymru Kids’ Clubs did not measure the health related outcomes of the training. Actual expenditure is shown in Table 4.23.

The venues for the training were provided free (and were therefore an in kind cost) or were covered by the project budget. Full details of the cost of venues were not available. No volunteers contributed to the Clybiau Plant Cymru Kids’ Clubs project.

The total true cost of the project is estimated to be £59,744 (Table 4.24). The cost per participant was £219 (Table 4.25).

Table 4.23: Total costs of the Play, Learn and Grow Healthy project (Actual Financial Expenditure):

	Q3-Q4 2013-14	2014-15	2015-16 Q1-Q2	Adjusted
Actual Financial Expenditure	£	£	£	£
Staff costs	13,995	20,054	3,271	37,812
Operational expenditure	10,211	8,194	621	19,317
Overheads	0	0	0	0
Other costs	1,296	1,074	207	2,615
Total expenditure	25,502	29,322	4,099	59,744

Table 4.24: Total Costs of the Play, Learn and Grow Healthy project:

Total Project Cost	£
Staff costs	37,812
Operational expenditure	19,317
Overheads	0
Other costs	2,615
Total actual financial expenditure	59,744
Estimated value of volunteer time	N/A
Estimated value of in-kind support	N/A
Value of matched funding	N/A
Estimated value of other inputs	N/A
Total estimated additional project cost	0
Total estimated project cost	59,744

Table 4.25: Play, Learn and Grow Healthy project: cost per participant:

Total cost £	Activity	Cost per participant and event
59,744	273 participants	£219
	20 events	£2,987

4.2 Discussion and conclusions

It is a bold but not unreasonable assumption that, as a result of having been trained, attended an event or programme then health awareness would have improved and a benefit likely been delivered and that a proportion of participants would sustain these benefits beyond the time of the intervention.

Reflecting on the plans to measure the costs and outcomes of the 2013-2015 HCWVSGS, SCHE conclude that they were somewhat ambitious and did not fully consider the burden of simply delivering the projects, the appropriateness

of the outcome measures and the motivation of the grant holders and participants to take part in the evaluation.

5 Learning for future programme design

Key question 3: What changes could maximise the effectiveness of similar schemes in the future?

5.1 Overall targeting and policy priorities of the programme

The breadth of the programme objectives enabled organisations working with diverse target groups to test new approaches. In this regard, the grant scheme was viewed positively, particularly given the limited availability of alternative sources of grant funding in Wales.

Stakeholders involved in the projects were overwhelmingly positive about the opportunities presented by the HCWVSGS and its importance for the voluntary sector in Wales. However, from a strategic perspective the programme was felt to have achieved less impact because it was so broad. One external stakeholder felt that the grant scheme should be much more closely targeted on tackling health challenges, such as specific gaps in NHS provision for patients suffering from particular conditions.

The impact of the 2013-2015 HCWVSGS was also weakened by the mix of direct delivery projects and projects that were more developmental in nature, testing new partnership and volunteering approaches within the NHS and Higher Education sectors. However, both types of project are commendable and make an important contribution to supporting health improvement in Wales.

However, on balance stakeholders were keen to see the HCWVSGS retained as an open programme, enabling grant holders to work with a wide range of target groups.

5.2 Success factors

Programme strengths (or success factors) that affected the extent to which projects were delivered in line with their delivery plans were identified as follows:

- The flexibility built into the programme design; which ensured the programme was able to test new approaches. This was supported by an open dialogue between the Welsh Government and grant holders, which allowed for project modifications where necessary, in response to developments in the external operating context. Examples included the refocusing of the Sustrans Cymru projects on up-skilling selected staff to become LWLs, and providing them with support and resources to influence their colleagues to adopt healthier lifestyles (rather than attempting to directly target students and patients). The modifications to these projects were agreed as the original project aims were eventually felt to be too ambitious for the timeframe of project activity. The Prince's Trust also agreed to refocus some of their activities, particularly on their Get Started programme, in order to improve the gender balance of participants by offering more female-friendly physical activity options as opposed to

traditional male sports such as football and rugby. The 2013-2015 HCWVSGS funding therefore enabled the Prince's Trust to test Get Started with Outdoors, Get Started with Cooking and Get Started with Horses.

- The 2013-2015 HCWVSGS afforded third sector organisations the capacity to creatively develop and test new resources, in partnership with key stakeholders from the statutory and academic sectors. This enabled a number of projects, particularly Mind Cymru, to gain cross-sector buy-in and strategic recognition for its work, which addressed identified gaps in health provision. For example, Mind Cymru's *Two in Mind* project developed early intervention resources, training and information, and was able to disseminate this both across Wales and in other parts of the UK. This approach should be sustainable on a number of levels; through individual users accessing the online resources, practitioners continuing to use the training courses and using this to inform their interaction with women at risk of developing perinatal mental health problems; and strategic leads in statutory primary care and academics using the project findings and resources to inform future developments in this area.
- Although not an objective of the programme, the 2013-2015 HCWVSGS was also very successful in supporting participants to increase their confidence, sense of self-worth and motivation. This was particularly apparent for the Prince's Trust project, with participants commenting that the project helped to increase their general wellbeing, giving them the motivation and drive to move into volunteering, gain qualifications and think about moving into training or work. For example, 65 young people gained Food Hygiene certificates, which could help them to access employment in the food / hospitality sector. Participants also worked towards NICAS climbing qualifications, First Aid certificates, certificates of attendance at Mindfulness Workshops, Paddle Power sailing certifications, WRU Tag Leaders Award, IRB Rugby Ready Award, Football Leaders Level One and / or Child Welfare Certificates. There is also evidence that Fairbridge participants progressed into positive destinations: 25 secured employment outcomes, 15 became volunteers, one has become an apprentice, and 50 progressed into education or further learning.
- External organisations involved in the programme considered the fact that the projects were voluntary-sector led added credibility to the activities as they were seen as independent, autonomous organisations. Some felt this approach had been more successful than channelling the funding through health boards although this has not been formally assessed and this evaluation cannot comment on that perception.

5.3 Challenges

Programme challenges that affected the extent to which projects were delivered in line with their delivery plans were identified in line with two main themes: challenges that were unique to the way individual projects were established or planned, and challenges due to the nature of the grant scheme.

Challenges unique to the way individual projects were established or planned:

- A particular challenge encountered by the Sustrans Cymru Healthy Hospitals project concerned release of staff to participate as LWLs. In practice, the health boards acted as gate-keepers and selected mainly service based staff (for example, catering and domestic staff who had little direct contact with patients). This reduced the ability of the project to impact on patient health. The service staff were more focused on improving their colleagues' health.
- The Sustrans Cymru Healthy Universities project also encountered delays as the universities wished to introduce the project at the beginning of the academic year, to tie in with internal planning and staff availability. The majority of university staff therefore did not receive the LWL training until October to December 2014, reducing the timescales for delivery within university settings to one year. This may have reduced the potential for activities to become embedded and sustained in these settings.

Challenges due to the nature of the grant scheme:

- The time between confirmation of funding and delivery being able to commence caused difficulties for several projects. These difficulties were primarily associated with changes in personnel within lead organisations; some project managers were not involved in bid development and therefore inherited successful bids that required some adjustments. This also arose from NHS restructuring and changes in personnel within the health sector. This affected half of the projects funded through the 2013-2015 HCWVSGS, notably those focused on systems change. This resulted in longer-lead in times for these projects, whilst links with external agencies and potential partners were made and the viability of the project was assessed and adjusted where necessary.
- Some of the project bids were also very ambitious in terms of geographical coverage. For example, some projects aimed to work across large geographical areas and under-estimated the difficulties and time required to engage participants and delivery staff in very rural and dispersed areas. In practice, most projects funded through the 2013-2015 HCWVSGS demonstrated higher levels of activity in South Wales, particularly around Cardiff where the majority of the lead organisations were based. Some projects did develop activity in North Wales through the 2013-2015 funding round, but this was identified as a priority action for the 2015-2017 2-year extension period (for example both the Prince's Trust and Clybiau Plant Cymru Kids' Clubs projects intend to increase their activity in North Wales over the next two years).
- Several projects relied on staff volunteering in their own time to provide the necessary capacity required to implement the project. This was particularly an issue for the Clybiau Plant Cymru Kids' Clubs project. Their self-evaluation report refers to course feedback showing that some childcare workers were resentful about attending training at the weekends, as some of them were not paid for this time or granted time off in lieu. This resulted

in only 273 childcare workers against a target of 300 participating in the training, as they did not want to give up valuable family time to participate. The programme evaluation sought to provide a monetary value for this time, to demonstrate the true cost of delivering a training programme for childcare workers across Wales as an early intervention measure. The Mind Cymru project was also supported by volunteer time from University students in order to deliver training.

Challenges for evaluation and evidencing impact can be summarised as:

- The broad programme themes meant that the projects funded through the 2013-2015 HCWVSGS varied in terms of thematic areas, approaches and impacts which limited comparability and generalisability of findings across the programme.
- Complications and difficulties in the wider operating context significantly reduced the number of participants that some projects were able to work with, which impacted on the numbers available to complete surveys as an input to the programme level evaluation.
- Capacity within participating organisations also proved an ongoing issue for the programme evaluation. Clear guidelines and expectations need to be set out for grant holding organisations at the application stage to ensure that robust monitoring systems are established from the outset along with a commitment to contribute to evaluation activity.
- Several projects commented that their participants experienced 'research fatigue' and were therefore unwilling to complete the before and after survey questionnaires for the national evaluation to measure behaviour change. Several projects also felt the personal nature of some topics (such as personal wellbeing, smoking and alcohol consumption) were inappropriate for some of their target group (Breast Cancer Care³⁸ and the Prince's Trust), and literacy issues were also a concern for the Prince's Trust. These concerns reduced the quantity and therefore, robustness of the evidence available for the quantitative evaluation.

Recommendations for future programme design

A number of lessons were identified through consultation with programme managers, grant holders, delivery partners and other representatives from the voluntary and community sector:

- Clear guidance should be provided for applicants around project-level monitoring and self-evaluation requirements and collaborating with external evaluators for the programme-level evaluation. This would help projects to see the link between monitoring, self-evaluation and external evaluation, and to understand how project-level monitoring can inform and support evaluation activity.

³⁸ Breast Cancer Care also stated that it was inappropriate to ask their target group about emotional health at a time close to diagnosis.

- Consideration should be given to providing support during the application process to develop logic models and impact maps to ensure projects are robustly designed and impacts can be measured.
- Programme-level evaluation should be required to demonstrate alignment with project-level evaluation activity (external or self-evaluation). This would help to avoid duplication and reduce the potential for research fatigue.

6 Sustainability

Key question 4: Has the scheme influenced the plans of participating organisations to sustain the project activities beyond the funding period?

6.1 Sustainability planning

- **Planning**

Sustrans Cymru held a joint exit event for the Healthy Universities and Healthy Hospitals projects. The event promoted the British Heart Foundation's health at work tools and resources. A number of presentations were delivered to support sustainability planning; including a presentation on developing a Health and Wellbeing plan; and an explanation of how to build a business case for investment in staff health and wellbeing. Case studies were also delivered demonstrating good practice from LWLs working in hospital and university settings to support sustainability planning.

- **Overall approach to sustainability**

Four of the projects were successful in their bid to extend their projects for a further two years through the HCWVSGS. The Prince's Trust, Clybiau Plant Cymru Kids' Clubs and Mind Cymru are using this as an opportunity to further develop their 2013-2015 projects, whilst Sustrans Cymru has been funded to take forward a specific element of its 2013-2015 projects, the Active Travel Challenge. Project leads commented that they would therefore be developing mainstreaming and sustainability plans towards the end of the 2015-2017 funding round, when the projects have generated evidence of impact to showcase to potential commissioners. Business development staff within these organisations will have an on-going role throughout 2015-2017 to identify potential external funding opportunities and consider how activities developed through the HCWVSGS can be aligned with the priorities specified by potential funders.

- **Informing future delivery**

Breast Cancer Care was planning to incorporate messaging from the Best Foot Forward project into future partnership and activities. For example, one idea was that lessons could be incorporated into a body image service, which would provide advice on hair loss, lingerie following surgery, exercise, and look good feel better sessions.

Mind Cymru has developed partnerships and joint working opportunities to bring together statutory and non-statutory providers. Through these activities Mind Cymru have engaged Advance Brighter Futures (a mental health charity in Wrexham), Primary Mental Health Teams, Neath Port Talbot Mind Cymru and the local Community Mental Health Team, Monmouthshire Home-Start and their local Primary Mental Health Team, Glenwood Church and local

health visitors. This has increased workforce capacity for future delivery in primary care and reduced the pressure on health professionals.

Following on from their 2013-2015 HCWVSGS work, Clybiau Plant Cymru Kids' Clubs have started changing the mode of training delivery for Child Care Workers to a mixture of evening network events and in-club workshops, to address the issues encountered when previously arranging training on a Saturday.

6.2 Mainstreaming

Some of the projects have mainstreamed activities developed during the 2013-2015 period. The Prince's Trust intends to increase their presence in North Wales, and place more emphasis on health and wellbeing within future Prince's Trust activity. The Prince's Trust has firmly embedded aspects of the Active Youth project into future plans for delivery, such as Heaven's Kitchen. Breast Cancer Care will continue the Cardiff walks, as dedicated walk leaders and walkers are in place, and will continue to promote the service through lymphoedema sessions and the Moving Forward courses.

The 2013-2015 HCWVSGS has influenced the mainstreaming plans of participating organisations in a variety of ways:

- **Up-skilling staff**

Up-skilling staff was a common approach adopted by the projects to mainstream the approaches they had developed. For example, the staff trained as LWLs by Sustrans Cymru and its partner organisations were committed to maintaining a healthier lifestyle and promoting healthy activities in their workplaces and to their personal connections.

The Prince's Trust also intend to capitalise on the improved skills and knowledge of staff and participants gained through the project, particularly the up-skilling of staff who received training around mental health.

- **Resources**

Most projects funded through the 2013-2015 HCWVSGS developed resources that could be mainstreamed into organisational practice. For example, the Clybiau Plant Cymru Kids' Clubs project developed resources that were disseminated to 300 childcare settings across Wales to provide healthy lifestyles awareness raising activities for children in the longer term. These resources can be extended further and developed by childcare workers in consultation with children. ASH Wales are also keen to explore opportunities to use the materials developed in partnership with the HCWVSGS Sustrans Cymru and Clybiau Plant Cymru Kids' Clubs projects on the dangers of smoking in their work in the future.

Mind Cymru's *Enjoy Your Baby* course and future courses are licensed products with Five Areas Ltd and can be used and purchased across Wales

on an on-going basis. The *Maternal and Infant Mental Health* course has been accredited and, once trainers are in place, can continue with the oversight of Cardiff and the Vale University Health Board.

- **On-going activity**

The Prince's Trust, Clybiau Plant Cymru Kids' Clubs and Mind Cymru will all incorporate learning from their 2013-2015 HCWVSGS projects into their wider organisational activities, and (as above) seek to develop and enhance these activities through their 2015-2017 HCWVSGS projects. The Prince's Trust have also enhanced their partnership with the Army, who have delivered two Get Started courses in kind

Overall, the programme generated real commitment from the lead organisations and their partners to mainstream approaches developed through the 2013- 2015 HCWVSGS where possible. For example, hospitals and universities involved in the Sustrans Cymru projects valued the LWLs approach and were keen to sustain this within their organisations where possible. However, a key limitation recognised by Sustrans Cymru and partners from both the Healthy Hospitals and Healthy Universities projects was the levels of staff turnover, which reduced the extent to which the approach had been / could be embedded into organisations. Stakeholders from hospitals and universities consulted for the case study research reflected that a central coordination role would ideally be maintained to support the legacy of the projects and momentum within participating organisations. Occupational Health could be the best place to embed the LWLs approach in the longer term. Sustrans Cymru will utilise the contacts made through its 2013-2015 projects to support the up-take of the online Active Travel Challenge funded by the HCWVSGS for 2015-2017.

The external operating environment presented a challenge to the potential mainstreaming of 2013-2015 HCWVSGS projects. For example, Sustrans Cymru identified the health boards as the natural dissemination channel for supporting the mainstreaming of the Healthy Hospitals project. In comparison, the Healthy Universities project was more dependent on individual university leads for staff health and wellbeing demonstrating a sustained commitment to the approach. In practice, Health and Safety leads and Occupational Health departments have proved the best route for mainstreaming the approaches within the participating organisations.

Participating organisations were hopeful that partnerships created and enhanced through the HCWVSGS will lead to future collaboration. For example, Sustrans Cymru invited the British Heart Foundation's Health at Work team to join the advisory group for the Wales online Active Travel Challenge. ASH Wales wrote to the Vice Chancellors of all the Welsh Universities offering to support the development of the smoke-free agenda on University campuses. This has led to meetings between ASH Wales and Cardiff Metropolitan University, the University of South Wales and Bangor University. ASH Wales have helped these Universities develop their smoking related policies on a pro bono basis. ASH Wales are hopeful that universities

may employ their trainers to work with young people, delivering training on University campuses on a cost recovery basis.

ASH Wales are also keen to work with Mind Cymru further in the future, as there are clear links between mental health and smoking. ASH Wales are keen to work in this area as a third of the population with mental health issues smoke, and when the smoking ban was introduced in 2007, mental health units were exempt. ASH Wales therefore feel there is an opportunity to enhance those links and co-produce products together to support people with mental health issues to reduce their tobacco use.

The best practice sharing events delivered through Sustrans Cymru's Healthy Hospitals and Healthy Universities' projects have increased participants' policy knowledge and delivery ideas to implement in their workplaces and raised awareness of the support available from other third sector organisations.

- **Supporting the delivery of public health services**

Breast Cancer Care has been asked to continue its partnership with the new lymphoedema teams on an all Wales basis, enhancing the support available for patients. At the end of the 2013-2015 HCWVSGS project, Breast Cancer Care were waiting for a decision from two Health Boards on when partnership working will commence in their area. The project has therefore achieved a legacy across Wales, providing patients with information on lymphoedema pre and post-surgery. Patients are told about the impact of obesity on lymphoedema, and the importance of healthy eating, exercise and early recognition to potentially improve treatment outcomes.

The Breast Cancer Care self-evaluation report included a statement of support from the Lymphoedema Network Wales:

Lymphoedema Network Wales have been delighted to collaborate with Breast Cancer Care in designing and implementing a Breast Cancer Lymphoedema Prevention package for women diagnosed with breast cancer in Wales. Lymphoedema is a chronic disease which affects women both physically and psychologically thus it is vitally important to portray the risks and how simple actions can decrease those risks. Through joint working Breast Cancer Care volunteers have been able to give a personal voice to the prevention of lymphoedema groups....Joint working with the third sector is vital in delivering compassionate, sensible and realistic support for people affected by cancer.

- **Informing policy**

The Welsh Government programme team for the 2013-2015 HCWVSGS introduced the Prince's Trust to the officials responsible for the consultation on the minimum price of a unit of alcohol. The Prince's Trust hosted a focus group for the officials on the issue and received positive feedback about the participants' contributions.

6.3 Levering in funding

Half of the projects secured funding support from the Welsh Government through the HCWVSGS to extend their projects for a further two years (Prince's Trust, Clybiau Plant Cymru Kids' Clubs and Mind Cymru). Sustrans Cymru also secured funding approval for a 2-year extension through the HCWVSGS, to develop a National Active Travel Challenge.

The Prince's Trust highlighted that the HCWVSGS had enabled the organisation to improve its evidence base and partnerships, strengthening its position to bid for future funding opportunities. The Heaven's Kitchen approach is seen as offering particular potential for future fundraising and stakeholder engagement:

"Heaven's Kitchen has been a flagship of the programme and enabled us to access so many other relationships we wouldn't have had and led to funding directly and indirectly." (Fairbridge manager, final consultation).

Similarly, the new partnerships formed through the 2013-2015 HCWVSGS may well lead to match-funding and in kind support in the future, such as free venues for delivery or free placements for participants.

- **Securing external funding**

Some organisations had secured external funding from other sources by demonstrating the impact of their 2013-2015 HCWVSGS activities. For example, the Prince's Trust used the Heaven's Kitchen approach to successfully secure funding from the South Wales Police and Crime Commissioner. The following testimonial from the Prince's Trust's self-evaluation report demonstrates this support:

"Thank you for your invite to visit you recently. I always leave the Prince's Trust Fairbridge programme totally convinced of the quality of work your organisation carries out. The young people involved are always motivated and enthusiastic about the range of activities on offer and all of them speak highly about the caring and supporting staff who demonstrate their commitment to a young people first approach" (Assistant Police & Crime Commissioner for South Wales).

The Prince's Trust has also been approached by Job Centre Plus, which is interested in delivering the Get Started with Cooking Model in North Wales through their Flexible Support Fund. The Prince's Trust has used the Heaven's Kitchen approach to inform a funding bid to the Big Lottery Fund. The Prince's Trust has also secured funding from the Queen's Trust to support some of their Fairbridge delivery in the future.

6.4 Alternative options

There was less evidence of organisations exploring alternative options to continue their 2013-2015 HCWVSGS activities towards the end of the programme than at the interim reporting stage. This was partly due to half the

projects securing funding approval from the Welsh Government through the HCWVSGS to extend their projects for a further two years.

6.5 Dissemination activities

- **Networking**

A number of the projects networked successfully to increase the reach of their project and aid sustainability, particularly Mind Cymru and Sustrans Cymru. For example, Sustrans Cymru met the lead for staff health and wellbeing from Cardiff University at a Healthy Universities UK network meeting, who subsequently engaged with the Healthy Universities project. Two induction training days for LWLs were held at the University, and some of those trained became very active leaders, particularly from the staff counselling department. These staff showed a high level of commitment to sustaining the HCWVSGS activities within the workplace. The network has proved a useful dissemination channel for relevant information and led to the engagement of additional organisations. For example, the promotion of the Mind Cymru best practice event in North Wales resulted in staff from Manchester University engaging with the project.

Mind Cymru presented its findings to a wide variety of events and audiences, including the International Marce Society conference in Swansea, the Pembroke Dock perinatal conference, the Mental Health Today conference in Cardiff, and the National Wellbeing at Work conference at the National Exhibition Centre in Birmingham. The project also presented to health visitor leads, Flying Start, (Welsh Health Specialised Services) WHSSC, North Wales Public Health service managers and Welsh Government policy leads.

Mind Cymru also established strong links with key organisations including Tommy's (which is leading on the midwifery perinatal mental health standards), NSPCC (which is interested in using the online Enjoy Your Baby course), Action for Children and Advance Brighter Futures, Homestart, Barnardos and local Minds (who are delivering the Enjoy Your Baby programme) and various interactions with Public Health Wales (*Two in Mind* Cymru resources included in the Bump, Baby and Beyond 2nd Edition book). Mind Cymru also interacted with Flying Start, All Wales Perinatal Mental Health Group, University of South Wales and Five Areas Ltd.

The Prince's Trust was also active in showcasing HCWVSGS activity, which helped lever in future funding. For example, the Police Commissioner attended Heaven's Kitchen, to meet participants and sample their cooking, and a funding contribution was subsequently received from this source.

- **Information sharing**

A number of the lead organisations and their delivery partners have disseminated reports. For example, the British Heart Foundation circulated a summary evaluation report to health boards, to inform the future delivery of health and wellbeing activities. ASH Wales and Mind Cymru also produced

reports which have also been disseminated to relevant audiences. However, these reports were produced as dissemination documents and not published.

Mind Cymru has written health features for the press, including the Western Mail and an article for the online magazine VICE, highlighting perinatal mental health issues. Delivery partners will also continue to use the *Two in Mind* materials, ensuring a legacy from the project by continuing to inform the knowledge of practitioners and women at risk of developing perinatal mental health problems. The Mind Cymru website will also facilitate information sharing, ensuring the accessibility of the resources produced by the *Two in Mind* project. There is potential for the website to be assimilated into the national Mind Cymru website

Breast Cancer Care disseminated their project widely, including posters placed in GP surgeries, features in newspapers and the Vita magazine, and using social media including Facebook, twitter, and the Breast Cancer Care website. Over 1,000 promotional leaflets and posters were distributed to Health Care professionals including breast care nurses and lymphoedema leads in Wales, to help generate interest and support sustainability.

Project learning will also be sustained through informal information sharing. For example, the Prince's Trust identified the potential for knowledge transfer from staff and participants to their families, friends and colleagues. This will also be achieved by participants moving into volunteering roles in the future.

7 Conclusions and recommendations

7.1 Summary of key findings

In conclusion, the 2013-15 HCWVSGS encouraged and promoted behaviour change in several ways, including training staff and volunteers to act as agents of change and providing direct delivery to groups identified as being in need of support to improve their health and wellbeing. This was a consistent theme successfully developed by all the projects to some extent. Behaviour change has also been supported through a number of projects influencing policy developments in the health and wellbeing field.

Some projects experienced delays, longer than anticipated lead-in times and complications with wider stakeholder engagement which reduced the level of impact that could be evidenced at the final reporting stage.

7.2 Assessment against HCWVSGS aims and objectives

The final report has assessed project progress against the objectives of the scheme, based on the project consultations, case studies and self-evaluation analysis. A summary of key findings is provided below.

The 2013-2015 HCWVSGS made good progress towards *meeting the stated aim of the programme*, which is to develop the capacity and capability of national voluntary organisations in Wales to promote health and wellbeing activities that have sustainability potential as follows:

- The 2013-2015 HCWVSGS helped increase organisational capacity in several ways. Some projects have used their grants to increase organisational capacity by funding new posts.
- The 2013-2015 HCWVSGS also supported national voluntary organisations to work with other voluntary sector organisations, helping the sector to share expertise.
- The 2013-2015 HCWVSGS also supported capacity building within the voluntary sector by providing volunteering opportunities.

The projects made good progress towards *meeting the stated objectives of the programme*, as follows:

Objective One: To influence the conditions necessary for people to lead healthy lives and to improve health.

- All of the projects were designed to better inform people by enhancing their knowledge about healthy lifestyles, and providing information to enable people to make healthy choices.
- Some of the projects focused on systems change; working to improve the conditions and services available to support people to lead healthy lives and improve their health.

Objective Two: To support individuals and groups to do what they can to improve their own health and that of their families.

- A range of project activities aimed to empower and enable individuals to improve their own health, by fostering a 'can-do' attitude amongst participants.
- None of the projects were specifically designed as whole family interventions, but some were hopeful that their support might benefit participants' families indirectly.

Objective Three: To communicate the 'better health' messages effectively.

- All of the projects identified key messages to promote 'better health'. All of the projects delivering training to staff or professionals developed clear messages that are being communicated in their training materials.

7.3 Influences and impacts achieved by the programme

Impact on participating organisations and projects

- Impacts on partner organisations were clear at the final reporting stage. Most organisations hoped to mainstream at least some of their 2013- 2015 HCWVSGS activities. The programme helped to up-skill and retain staff, enabling organisations to secure alternative funding sources in some cases.
- Several projects commented that support received from the Welsh Government supported the promoting organisation to disseminate lessons to policy audiences.

Impact on participating communities and individuals, in relation to the key themes of the Scheme as follows:

Theme One: Promote healthier lifestyles for pregnant women, which have a positive impact on them and their family's health.

- Only one project was commissioned to work with this target group and was focused on strengthening perinatal mental health. The project supported pregnant women by developing perinatal mental health curriculum and resources, training practitioners to support pregnant women and running support classes for pregnant women. Some of the participants may already have children, and so the project may indirectly impact on their family's health, but that was not a specific objective of the programme. The project was also impacting at a policy and strategic level.

Theme Two: Encourage and support individuals to lead healthy lifestyles by encouraging physical activity and a balanced diet, and discouraging people from risky behaviours such as smoking and excessive drinking, to decrease those at risk from cardiovascular disease (including coronary heart disease and stroke), cancer and diabetes.

- All of the projects promote the take up of healthy lifestyles by encouraging physical activity and healthy eating, although there is less of an emphasis on this in the project focused on pregnant women.
- The survey analysis suggested a possible increase in levels of physical activity and healthy eating behaviours amongst participants at the end of their involvement (compared to that reported at the outset). However, there was no change in reported levels of life satisfaction.
- The qualitative evidence suggested the programme was supporting people well in relation to raising awareness of the importance of physical activity, healthy eating and mental wellbeing. Less success was reported in relation to the smoking and excessive drinking themes.

Theme Three: Support the creation of a healthy hospitals initiative or a healthy colleges and universities initiative.

- One organisation was commissioned to work on the healthy hospitals and healthy universities themes. The project manager for both these projects reported considerable difficulties in engaging universities and hospitals to participate in the projects. The project manager mainly attributed this to gatekeeper issues within relevant organisations, and the existing workloads of relevant personnel within those organisations. However good progress had been made on both these projects in the final year of funding. Both projects were revised to focus on staff wellbeing, with positive results, particularly in terms of engagement and awareness raising.

Impact on policy, in relation to the key themes of the Scheme as follows:

- A number of projects had informed policy developments by the end of the programme, particularly Mind Cymru, Sustrans Cymru and the Prince's Trust.

7.3.1 Programme strengths

Programme strengths (or success factors) were identified as follows:

- The flexibility built into the programme design; which ensured the programme was able to test new approaches. This was supported by an open dialogue between the Welsh Government and grant holders, which allowed for project modifications where necessary, in response to developments in the external operating context. Lead organisations

commented that they found the Welsh Government to be both supportive and approachable. Examples include the refocusing of the Sustrans Cymru projects on up-skilling selected staff to become LWLs, and providing them with support and resources to influence their colleagues to adopt healthier lifestyles (rather than attempting to directly target students and patients as well as staff). (This change was agreed due to early problems with engagement, which resulted in there being insufficient time for the LWLs to focus / have an impact on patients / students, as well as work colleagues). The Prince's Trust also gained agreement to refocus some of their activities, particularly on their Get Started programme, in order to improve the gender balance of participants by offering more female-friendly physical activity options as opposed to traditional male sports such as football and rugby. The 2013-2015 HCWVSGS funding therefore enabled the Prince's Trust to test Get Started with Outdoors, Get Started with Cooking, Get Started with Dance and Get Started with Horses.

- The HCWVSGS afforded third sector organisations the capacity to creatively develop and test new resources, in partnership with key stakeholders from the statutory and academic sectors. This has enabled a number of projects, particularly Mind Cymru, to gain cross-sector buy-in and strategic recognition for its work, which addressed identified gaps in health provision. For example, the Mind Cymru *Two in Mind* project developed early intervention resources, training and information, and has been able to disseminate this both across Wales and in other parts of the UK. This approach should be sustainable through individual users accessing the online resources. Practitioners will continue to use the training courses and use this to inform their interaction with women at risk of developing perinatal mental health problems. Strategic leads in statutory primary care and academics are also using the project findings and resources to inform future developments in this area.
- Although not an objective of the programme, the 2013-2015 HCWVSGS was also very successful in supporting participants to increase their confidence, sense of self-worth and motivation. This was particularly apparent for the Prince's Trust project, with participants commenting that the project helped to increase their general wellbeing, giving them the motivation and drive to move into volunteering, gain qualifications and think about moving into training or work. There is also evidence that Fairbridge participants progressed into positive destinations: 25 secured employment outcomes, 15 became volunteers, one has become an apprentice, and 50 progressed into education or further learning.
- External organisations involved in the programme considered the fact that the projects were voluntary-sector led added credibility to the activities. Some felt this approach had been more successful than channelling the funding through health boards, although this has not been formally assessed.

7.3.2 Limitations

Programme challenges that affected the extent to which projects were delivered in line with their delivery plans were identified as follows:

- The time between confirmation of funding and delivery being able to commence caused difficulties for several projects. These difficulties were primarily associated with changes in personnel within lead organisations; some project managers were not involved in bid development and therefore inherited successful bids that required some adjustments. Difficulties also arose from NHS restructuring and changes in personnel within the health sector. This affected half of the projects funded through the 2013-2015 HCWVSGS, notably those focused on systems change. This resulted in longer-lead in times for these projects, whilst links with external agencies and potential partners were made and the viability of the project was assessed and adjusted where necessary.
- Some of the project bids were also very ambitious in terms of geographical coverage. In practice, most projects funded through the 2013-2015 HCWVSGS demonstrated higher levels of activity in South Wales, particularly around Cardiff where the majority of the lead organisations were based. Some projects did develop activity in North Wales through the 2013-2015 funding round, but this was identified as a priority action for the 2015-2017 round.
- A particular challenge encountered by the Sustrans Cymru projects concerned release of staff to participate as LWLs. For example, for the Healthy Hospitals project the health boards acted as gate-keepers and selected mainly service based staff who had little direct contact with patients. This reduced the ability of the project to impact on patient health. Similarly the Healthy Universities project in practice was mainly focused on improving staff health rather than staff and students.
- The Sustrans Cymru Healthy Universities project also encountered delays as the universities wished to introduce the project at the beginning of the academic year. This may have reduced the potential for activities to become embedded and sustained in these settings.

Challenges for evaluation and evidencing impact can be summarised as:

- The broad programme themes meant that the projects funded through the 2013-2015 HCWVSGS varied in terms of thematic areas, approaches and impacts which limited comparability and generalisability of findings across the programme.
- Complications and difficulties in the wider operating context significantly reduced the number of participants that some projects were able to work with, which impacted on the numbers available to complete surveys as an input to the programme level evaluation.
- Capacity within participating organisations also provided an ongoing issue for the programme evaluation. Clear guidelines and expectations need to

be set out for grant holding organisations at the application stage to ensure that robust monitoring systems are established from the outset along with a commitment to contribute to evaluation activity.

- Several projects commented that their participants experienced ‘research fatigue’ and were therefore unwilling to complete the before and after survey questionnaires for the national evaluation to measure behaviour change. Several projects also felt the personal nature of some topics were inappropriate for their target group (Breast Cancer Care and the Prince’s Trust), and literacy issues were also a concern for the Prince’s Trust. These concerns, whilst entirely understandable, reduced the robustness of the evidence available for the quantitative evaluation.

7.4 Recommendations for future programme design

A number of lessons were identified through consultation with programme managers, grant holders, delivery partners and other voluntary and community sector representatives:

- Clear guidance should be provided for applicants around project-level monitoring and self-evaluation requirements and collaborating with external evaluators for the programme-level evaluation. This would help projects to see the link between monitoring, self-evaluation and external evaluation, and to understand how project-level monitoring can inform and support evaluation activity.
- Consideration should be given to providing support for projects during the application process to develop logic models and impact maps to ensure projects are robustly designed and impacts can be measured.
- Programme-level evaluation should be required to demonstrate alignment with project-level evaluation activity (external or self-evaluation). This would help to avoid duplication and reduce the potential for research fatigue.

Annex One: Project summaries

HEALTH CHALLENGE WALES VOLUNTARY SECTOR GRANT SCHEME 2013-2015 – SUCCESSFUL BIDS

Organisation: Sustrans Cymru
Project Title: Healthy Universities
Location: All Wales
Budget: £135,698

Project Aim

Support universities to take responsibility for and implement a health initiative at their institution. Influence, encourage and support beneficiaries (staff and students) to take responsibility for their own health and to live healthy lifestyles. Contribute to wider health improvement in Wales through networking, evaluation and policy influencing.

Key Theme Addressed

Support the creation of a healthy hospitals initiative or a healthy colleges and universities initiative.

Organisation: Sustrans Cymru
Project Title: Healthy Hospitals Alliance
Location: All Wales
Budget: £133,003

Project Aims

Ensure that hospitals have the right strategies and plans in place to support and encourage staff and patients to adopt healthy behaviours. Directly influence, encourage and support staff to live healthy lifestyles; becoming role models for the patients and visitors that they engage with. Contribute to wider health improvement in hospitals across Wales through sharing learning from the project and using this to influence policy and practice. Establish a clear evidence base for the efficacy of interventions in reducing sickness absence in order to encourage NHS Health Boards to continue the interventions beyond this project.

Key Theme Addressed

Support the creation of a healthy hospitals initiative or a healthy colleges and universities initiative.

Organisation: MIND Cymru
Project Title: Perinatal Mental Health and Resilience – Early Support
Location: All Wales
Budget: £145,820

Project Aims

The project will seek to raise awareness of perinatal mental health problems and increase recognition of early signs in order to encourage people to seek support.

Key Theme Addressed

Promote healthier lifestyles for pregnant women which have a positive impact on them and their family's health.

Organisation: Clybiau Plant Cymru Kids' Clubs

Project Title: Play, Learn and Grow Healthy

Location: All Wales

Budget: £58,556

Project Aims

The project aims to raise awareness within the childcare sector of the benefits of physical activity and balanced nutrition and encourage positive attitudes towards a healthy lifestyle and discourage risky behaviours of tobacco and alcohol use. To enable children to take more responsibility for their own health and make independent lifelong choices using the Play Learn & Grow Healthy Activity Pack, together with additional materials.

Key Theme Addressed

Encourage and support individuals to lead healthy lifestyles by encouraging physical activity and a balanced diet, and discouraging people from risky behaviours such as smoking and excessive drinking, to decrease those at risk from cardiovascular disease (including coronary heart disease and stroke), cancer and diabetes.

Organisation: The Prince's Trust

Project Title: Active Youth

Location: All Wales

Budget: £146,642

Project Aims

This project will support unemployed young people between the ages of 16 and 25 in specific locations across Wales to support and consequently empower them to take action to improve their health and wellbeing.

Key Theme Addressed

Encourage and support individuals to lead healthy lifestyles by encouraging physical activity and a balanced diet, and discouraging people from risky behaviours such as smoking and excessive drinking, to decrease those at risk from cardiovascular disease (including coronary heart disease and stroke), cancer and diabetes.

Organisation: Breast Cancer Care Cymru

Project Title: Best Foot Forward

Location: Rhyl and Cardiff

Budget: £35,977

Project Aims

This project aims to support people coming to the end of treatment for breast cancer and to encourage them to become physically active and live healthier

lifestyles in a supportive environment. It plans to establish initially 3 walking groups in Wales and will recruit and train a total of 24 new volunteers as Walking Group Leaders over two years to deliver this service. The new Walk Leaders will lead regular health walks with people who are living with or beyond breast cancer. The walkers will be referred from the Moving Forward Passport to Rehabilitation Course which includes receiving information from Health Care Practitioners on the benefits of physical activity and healthy eating, encouraging them to adopt the advice and make positive lifestyle changes.

Also working in partnership with Lymphoedema specialists in 3 Local Health Boards to reach and make available preventative information sessions on Lymphoedema. To that end the project will need to recruit 4 volunteers to support those information sessions which will be delivered on a monthly basis in 3 separate locations to support the delivery of the service and to offer peer support to patients as part of their treatment pathway. Potentially this will benefit in excess of 500 patients.

Key Theme Addressed

Encourage and support individuals to lead healthy lifestyles by encouraging physical activity and a balanced diet, and discouraging people from risky behaviours such as smoking and excessive drinking, to decrease those at risk from cardiovascular disease (including coronary heart disease and stroke), cancer and diabetes.