Westbank Community Health and Care
‘Living Well, Taking Control’ Programme

Evaluation and Social Return on Investment Analysis
Summary Report

Key Points

- The aim of this study was to evaluate ‘Living Well, Taking Control’ programme using Social Return On Investment (SROI) methodology to define, measure and value the impact experienced by those involved.

- ‘Living Well, Taking Control’ (LWTC) is a community programme based at Westbank Community Health and Care in Exminster, Devon and is focused on the prevention and management of type 2 diabetes in non-clinical, community settings. LWTC is funded mainly from The BIG Lottery Fund, with strategic support from Local Authority Public Health and the Clinical Commissioning Group.

- The National Institute of Health and Clinical Excellence recommends that individuals at risk of developing type 2 diabetes are offered an intensive lifestyle change programme providing tailored advice, and weight management (NICE, 2012).

- SROI is a framework for measuring and accounting for a much broader concept of value; it seeks to reduce inequality and environmental degradation and improve wellbeing by incorporating social, environmental and economic costs and benefits.

- The evaluation includes data from 248 participants and 7 focus groups.

Key Findings

- The evaluation identified outcomes for 248 participants of LWTC as well as project staff, people supporting friends or relatives who attend LWTC, Westbank Community Health and Care, and partner agencies.

- Volunteers also contributed a total of 163.5 hours to LWTC during the evaluation period.

- The majority of participants are White British retired people aged 55 or over.

- There was evidence of 15 outcomes generated by LWTC.

- For every £1 invested in the programme, an estimated £5.80 of social return is generated over a three year period.

- Outcomes experienced by participants account for 75% of the value of the social return created by the programme.

- The sensitivity analysis shows that the true value of the social return for every £1 invested is likely to be between £1.30 and £6.57.

- The report demonstrates a significant social return for the investment made, and the feedback from participants and stakeholders clearly illustrates the programme’s positive impact on creating change for participants.
Westbank Community Health and Care

Westbank was established in 1986, running as a registered charity for over 20 years until transferring to a company limited by guarantee in 2007. The organisation works to provide care, empower, and improve the health of communities and individuals across Devon.

The Healthy Living Centre opened in 2004, and provides people of all ages the opportunity to enjoy a wealth of activities to keep the body and mind healthy. The centre aims to empower and improve the health of local people, especially those who feel marginalised in the local rural community and aims to reach socially excluded groups and individuals.

The Centre includes a gym with disabled access equipment, after school and holiday club for children, gymnastics club, community café, conference and meeting facilities. Fitness classes, smoking cessation, weight management, stress management, complimentary therapies, workshops and training are also delivered both in house and through experts from other organisations. Westbank is supported by a team of more than 100 paid staff and over 300 volunteers.

One of the projects delivered from Westbank is Living Well, Taking Control. This is a behaviour change initiative working with people who have been newly diagnosed with type 2 diabetes or are defined as having pre diabetes.

Type 2 diabetes

Type 2 diabetes mellitus is a metabolic disorder that results in hyperglycaemia (high blood glucose levels) due to the body:

- Being ineffective at using the insulin it has produced and/or
- Being unable to produce enough insulin.

Type 2 diabetes has serious implications and is associated with a reduced life expectancy and an increased risk of long-term health complications. It often necessitates people having to take medication for the rest of their lives.

There are currently 2.6 million people in the UK diagnosed with diabetes, the majority of which have type 2 diabetes. Approximately 10 per cent of NHS spending goes on diabetes and its complications, this equates to £9 billion per year or £1 million an hour (Diabetes UK, 2009).

What is pre diabetes?

Pre diabetes is typically described as blood glucose concentrations higher than normal, but lower than diabetes threshold. This state of chronically raised blood glucose confers a high risk of progression to type 2 diabetes (up to 50% risk of progression over a six year period). It is estimated to affect seven million people in the UK (Diabetes UK, 2012).

Living Well, Taking Control

‘Living Well, Taking Control’ (LWTC) is a £1.2 million programme funded by the Big Lottery and is delivered by four community and voluntary sector partner agencies in the North East of England, West Midlands, and Devon. The SROI evaluation focuses only on the programme delivered at Westbank, Devon.

LWTC is focused on the prevention and management of the long-term condition, type 2 diabetes, in non-clinical, community settings. The programme plan was for delivery to take place from October 2013-June 2015.
The LWTC programme has several key aspects associated with behaviour change theory. The programme is delivered in four weekly group sessions with optional sessions and quarterly follow up for a year. It focuses on healthy eating, physical activity, and positive mental health and well-being in ways that are relevant to the participants’ lifestyles.

Research aim
This research is part of a wider University of the West of England (UWE)-led study of projects funded by the BIG Lottery under the South West Well-being Programme (SWWB).

The aim of this Social Return On Investment (SROI) is to evaluate the impact of LWTC on the lives of those involved and to capture and value the expected and unexpected changes that the project has created. This goes much wider than the clinical changes which participants might experience.

What is Social Return on Investment?
SROI is a framework for measuring and accounting for change in ways that are relevant to the people or organisations that experience or contribute to it. It seeks to measure social, environmental and economic outcomes and uses monetary values to represent them. SROI captures wider forms of value often left out of more traditional methods of economic evaluation such as cost benefit analysis.

Interest in social value has been raised by The Public Services (Social Value) Act (2013). The Act requires public bodies to consider how the services they commission and procure might improve the economic, social and environmental well-being of the area.

The act defines social value as “the benefit to the community from a commissioning/procurement process over and above the direct purchasing of goods, services and outcomes”.

Methods
The SROI analysis covered the period from 1st April 2013 – 31st December 2014. The project was established in April 2013 and this initial period until November 2013 can be viewed as a development stage for the project. The SROI included this stage in the scope because of the potential outcomes during this time period for some stakeholders.

Groups started in November 2013. Thus, including up until December 2014, means that potentially some participants would have completed their 12 month follow up consultations.

Although the project model is also delivered across three pilot locations outside Devon (Darlington, Newcastle and Birmingham), these were excluded from the SROI. The rationale for this is that there are some variations in delivery and the delivery agencies clearly work with different populations.

The first stage in SROI is to identify an initial list of stakeholders and record what change they might be likely to have experienced. A list was compiled by the researcher and this was then given to the LWTC project manager to comment on and add to if necessary. This list of stakeholders was presented to a sample of project participants to ensure that all of the relevant stakeholders were included.

Priority was given to consulting with stakeholders where the outcomes were most likely to be material. The evaluation focused on stakeholder groups with the largest numbers and groups which are most likely to experience significant change.

The methodology involved a literature review, focus groups, interviews, an online survey and participant questionnaire.
**Stakeholders**

**Project participants**
248 participants were enrolled in the LWTC programme during the evaluation timeframe. 59% (n=145) were male. 56% (n=138) were age 55 or over. A sample of 12% (n=30) of LWTC participants were consulted over seven focus groups and one interview. Participants completed baseline and follow up questionnaires quarterly until 12 months.

**Indirect participants**
There were 92 indirect participants recorded for LWTC. These were partners, family members or friends of participants who had attended any of the group sessions to offer support. They were consulted as part of the focus groups.

**Project staff**
There were four project staff for LWTC. Three members of staff were interviewed for the SROI evaluation.

**Other stakeholders**
A wider group of stakeholders were identified. These consisted of:
- Volunteers
- Westbank as an organisation
- Westbank gym staff
- GP practices referring to the project
- The NHS
- A local diabetes support group
The local support group was consulted through a focus group discussion. A sample of the remaining stakeholders was consulted through an online survey.

**Results**

**Inputs**
Westbank received funding from The BIG Lottery for LWTC. Financial records show that during the period analysed for the SROI, the total expenditure was £119,446 between start up and the end of December 2014. This included just over five months of a start-up period where participants had not been recruited. However, this period is included in the SROI analysis because it reflects the true input for creating the outcomes.

Volunteers had contributed a total of 163.5 hours to LWTC during the evaluation period. This was valued as an input of £1062.75 based on the National Minimum Wage of £6.50 an hour.

**Outputs**
The main output was 248 people on the LWTC programme. Attending once a week sessions for four weeks and then reviews at 3, 6, 9 and 12 months.

**Outcomes**
Consultation with stakeholders identified 15 outcomes which had been generated by LWTC:
- A healthier diet
- Better mental health
- Weight loss
- Healthier diet (for people supporting participants)
- Increased physical activity
- Improved social networks
- Lower risk of developing Type 2 diabetes
- Raised profile of Westbank
- More integrated working
- Increased GP capacity
- Increased income to General Practice
- Reduced NHS costs
- Increased future job prospects for staff
- Increased knowledge of volunteers
- Accommodation for local support group

Outcomes experienced by participants account for 75% of the value of the social return created by the programme.

Indicators were identified for each of the outcomes. The outcomes were quantified in terms of the numbers experiencing the outcome by using baseline
and quarterly measurement or questionnaire data collected by LWTC. Where data was not available estimates were obtained from the interviews or literature.

**Decreasing the risk of developing type 2 diabetes**

Participants talked about how they were identified by their GP, the increased awareness of diabetes and increased knowledge of the risk of diabetes which then leads to other changes. This outcome was participants felt they had been empowered and taken control of their future health status.

> “I think that’s probably the major benefit that I see, reading between the lines, it makes people aware of something they might not have been aware of. They might have been just heading into their health blindly almost. So it stops you in your tracks and makes you think hold on a minute. Like I said, you’ve got two choices. You can carry on as you are and just drift into diabetes and the associated ill health or you can… um you can deal with it”

Participant talking in one of the focus groups

It is arguable that this outcome is a cumulative outcome from all the other lifestyle outcomes experienced by participants. However, participants described the feeling of a healthier future by possibly decreasing their risk of type 2 diabetes. This seemed to warrant an outcome in its own right and thus was counted in the Impact. It was removed later in the sensitivity analysis.

**Participant outcome of a healthier diet**

Careful consideration was given to the outcome of a healthier diet. The chain of events resulting in the final change for participants was different depending on specific dietary goals they set. It was considered if the outcome should be more specific e.g. increased dietary fibre, decreased sugar content in diet. However, whilst the dietary changes may have differed between participants, the overall outcome they were all discussing was a change in their diet. The differences between the chains were not material since they all resulted in the same outcome. It was thus decided to value this as the final outcome.

The limitation to this is clearly that some people may have made numerous dietary changes and yet they will be counted alongside those who made one small change. However, it would be over simplistic to attempt to measure the magnitude of the change for an individual by simply counting the number of dietary changes anyway.

> ‘I’ve changed my diet. I’ve cut out the cakes. I no longer take sugar in my hot drinks which took a bit of getting use to and I’m aware of the labelling on food these days and stay away from anything that’s considered unhealthy.’

Participant talking in one of the focus groups

Of the participants, where paired data was available, 95% had made at least one dietary change since joining LWTC.

**Outcome for a local diabetes support group**

The local Westbank Diabetes Support Group has used the Westbank facilities 14 times during the timeframe for two hours per session.

**Outcome for non-direct participants (family and friend of participants)**

Records showed that 92 people had attended at least one of the LWTC groups to support a participant. Often this was the participant’s partner. Focus groups included some of these people and they clearly identified changes to their own diets as a result of attended to support a loved one.

> “Coming here I know what could happen to me. That’s why I came to the meetings really. I try to work with Rob and like the rest of them here to see if I can change things as well.”

Wife of a participant talking in a focus group

**Outcome for GPs - Increased capacity**

There was evidence from the 6 month review data that participants make lifestyle changes. These lifestyle changes are likely to be associated with fewer
GP visits. It is difficult to determine the actual decrease in the number of GP visits for the LWTC participants. Thus, for the SROI, a conservative estimate has been given that each participant sees the GP for one less appointment in the timeframe than they would have done previously. This is only an estimate and clearly some participants might see the GP considerably less. However, others might now be seeing the GP more often and the reasons for this may have nothing to do with type 2 diabetes. Without exploring attendance data further, it seems reasonable for the SROI purpose to take a conservative estimate of the effect on GP attendance.

**Valuing outcomes**

In SROI we use financial proxies to estimate the social value of non-traded goods to different stakeholders. By estimating this value through the use of financial proxies, and combining these valuations, we arrive at an estimate of the total social value created by an intervention.

Table 1 at the end of this report provides a summary of all the outcomes included in the SROI analysis and their values.

**Calculating the Social Value**

SROI analysis found that the net SROI ratio which takes account of the amount invested is 1:5.8. So for every £1 invested in LWTC, there is £5.80 of social return over a 3 year period.

The sensitivity analysis shows that the true value of the social return for every £1 invested is likely to be between £1.30 and £6.57.

When the outcome of decreasing the risk of diabetes was removed in the sensitivity analyses, a social return was still present at £3.24 for every £1 invested.

**Strengths and Limitations of the Research**

The evaluation and SROI built upon a good set of quantitative baseline and follow-up data collected by Westbank. Questionnaires used validated measures.

A limitation was that the focus groups were with participants who had been involved with LWTC for at least 6 months. This was to ensure that they had been part of the programme long enough to experience changes. However, the outcomes for people at one month or their three month review might be different.

The outcome of ‘lower risk of type 2 diabetes’ was discussed within the focus groups. The majority of participants with pre diabetes felt very strongly that they valued the group supporting them to change their risk of developing type 2 diabetes. It could be argued that this is the summative outcome from all of the other participant outcomes and thus by including it might double count and over-estimate the impact of the project. However, the qualitative research showed that it was the overall feeling that participants gained from this idea of decreasing their risk and should be valued as something separate.

Valuing the outcome of ‘lower risk of type 2 diabetes’ was problematic. The literature review explored studies valuing risk reduction and diabetes prevention outcomes and it is clear that this is an area of work where there is very limited economic evaluation.

**Conclusion and Recommendations**

The report demonstrates a significant social return for the investment made, and the feedback from participants and stakeholders clearly illustrate the programme’s positive impact.

**Recommendations**

- Use this report as a tool to demonstrate the value of LWTC and for working with local commissioners and other funding bodies to identify possible
sources of funding to secure ongoing delivery of the project.

- Use the findings to demonstrate to wider stakeholders the value of referring people with pre diabetes or newly diagnosed type 2 diabetes to LWTC. Ensure that local GPs who do not currently refer to the project have the opportunity to review a summary of the main findings.

- Review within an appropriate timescale, the uptake of LWTC from local residents who attend the Westbank Diabetes Support group. This was a new offer which included for the first time people who have been diagnosed with type 2 diabetes more than six months ago.

Table 1: Value of impact for each stakeholder group

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Value of impact</th>
<th>% of overall impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants: pre-diabetic and newly diagnosed diabetic LWTC attendees</td>
<td>£217,260</td>
<td>69.7%</td>
</tr>
<tr>
<td>Indirect participants: Partners/family members/friends of pre-diabetic or diabetic participants who attend the group with their partner for support.</td>
<td>£2,815</td>
<td>0.9%</td>
</tr>
<tr>
<td>Project staff</td>
<td>£996</td>
<td>0.3%</td>
</tr>
<tr>
<td>Westbank</td>
<td>£598</td>
<td>0.2%</td>
</tr>
<tr>
<td>Volunteers of LWTC</td>
<td>£819</td>
<td>0.3%</td>
</tr>
<tr>
<td>Westbank gym</td>
<td>£2,394</td>
<td>0.8%</td>
</tr>
<tr>
<td>GP practices referring to the project</td>
<td>£28,909</td>
<td>9.3%</td>
</tr>
<tr>
<td>Local diabetes support group</td>
<td>£394</td>
<td>0.1%</td>
</tr>
<tr>
<td>NHS (all)</td>
<td>£57,510</td>
<td>18.5%</td>
</tr>
<tr>
<td>Total</td>
<td>£311,696</td>
<td></td>
</tr>
</tbody>
</table>

Consider how Westbank Community Health and Care could support people to achieve weight loss through more regular group meetings.

This study was conducted by Zoe Clifford, Public Health Specialty Registrar on behalf of UWE as part of UWE’s SROI Research on the South West Wellbeing Programme

For full Evaluation & SROI Report and details of the evaluation of Living Well, Taking control, Contact zoeclifford@nhs.net or matthew.jones@uwe.ac.uk

For details on the SWWB evaluation see http://westbank.org.uk/