

HEALTH AND WELLBEING BOARD			
<b>Report Title</b>	Participatory Budgeting Schemes, North Lewisham Health Improvement Programme – Impact on Behaviour and Health Outcomes		
<b>Contributors</b>	Director of Public Health	Item No.	8
<b>Class</b>	Part 1	Date:	19.11.13

## 1. Summary

- 1.1 It was agreed at the September meeting of the Board, as a result of the presentation of the evaluation of the North Lewisham Health Improvement Programme that, as a next step, a report on Participatory Budgeting (PB) would come to a future meeting.
- 1.2 This report provides both qualitative and quantitative information about the impact of the PB, which has been running as an integral part of the programme.
- 1.3 PB processes can be defined by geographical area (whether that's neighbourhood or larger) or by theme. This means engaging residents and community groups representative of all parts of the community to discuss and vote on spending priorities, make spending proposals, and vote on them, as well giving local people a role in the scrutiny and monitoring of the process and results to inform subsequent PB decisions.
- 1.4 The recent NICE Guidance (2008) emphasises the importance of involving communities in priority setting, funding decisions, designing, delivering, improving and managing health related projects and activities.
- 1.5 Lewisham has a track record of using PB and was the first in the country to use it to allocate funding to improve health.
- 1.6 There have been 5 participatory budgeting schemes (one per year since 2008) within the North Lewisham Health Improvement Programme. The groups deliver a variety of healthy living activities to meet the priorities for the funding: increased consumption of fruit and vegetables, increased levels of physical activity, improved mental wellbeing, support to people to stop smoking and raised awareness of alcohol consumption.
- 1.7 Healthy eating and physical activity activities funded by PB were particularly successful in raising awareness and encouraging behaviour change, not only among participants but also their families.

- 1.8 There were a range of impacts on mental health and well being, including increased self esteem and achievement, less social isolation and improved family relationships.
- 1.9 There were also improvements for people in managing their long term conditions and an increase in the numbers of people quitting smoking.
- 1.10 Allocating funding to community organisations has been demonstrated as an ideal way to reach and respond to the needs of different communities.
- 1.11 Projects were most effective:
  - when they were grounded in an understanding of types of activities and support that local communities were likely to want;
  - when they receive advice, training and development from public health specialists;
  - when they have opportunities to network with each other.

## **2. Purpose**

- 2.1 This report outlines the contribution that the participatory budgeting schemes have made to improving health outcomes as part of the North Lewisham Health Improvement Programme, with a view to informing the development of the Delivery Plans for the Health and Wellbeing Strategy and the Integration of Health and Care at a local level.

## **3. Recommendations**

- 3.1 To note the effectiveness of participatory budgeting in reaching communities, encouraging behaviour change and improving health outcomes.
- 3.2 To agree that the use of participatory budgeting schemes are considered in the delivery of the Health and Wellbeing Strategy objectives and as part of the delivery of the Integrated Adult Care Programme.
- 3.3 To ensure that the learning about how to run participatory budgeting schemes effectively is applied to new schemes.

## **4. Policy Context**

- 4.1 The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Lewisham as established in *Shaping our Future* – Lewisham’s Sustainable Community Strategy and in Lewisham’s Health and Wellbeing Strategy.

- 4.2 The work of the Board directly contributes to *Shaping our Future's* priority outcome which states that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.
- 4.3 Community development has been a central plank of the World Health Organisation's strategy for improving health and reducing health inequalities since the early 1980s. The World Health Organisation (WHO) linked community development to health by stating that 'the aim of community development is that of achieving personal, collective and social change, all of which is usually associated with improved health status.' As a means of reducing health inequalities, the WHO considers the empowerment of both individuals and communities to be essential (WHO 1997).
- 4.4 The recent NICE Guidance (2008) emphasises the importance of involving communities in priority setting, funding decisions, designing, delivering, improving and managing health related projects and activities.
- 4.3 The previous, Labour government promoted participatory budgeting through the The Local Government and Public Involvement in Health Act. It provided both an incentive and an opportunity for local authorities to adopt PB including the "duty to involve" citizens in decisions which affect them. The current Government is promoting the big society agenda which encourages development of talent, innovation and enterprise to deliver social change.
- 4.4 PB was first developed in Brazil in the 1980s as part of a larger effort to establish democracy and citizen participation. A growing number of European municipalities in France, Germany, Italy, Spain, Portugal and the UK have adopted different models of PB to suit their circumstances.
- 4.5 PB is 'a process of democratic deliberation that directly involves local people in making decisions on the spending and priorities for a defined public budget'.
- 4.6 PB processes can be defined by geographical area (whether that's neighbourhood or larger) or by theme. This means engaging residents and community groups representative of all parts of the community to discuss and vote on spending priorities, make spending proposals, and vote on them, as well giving local people a role in the scrutiny and monitoring of the process and results to inform subsequent PB decisions. PB aims to increase transparency, accountability, understanding and social inclusion in local government affairs<sup>1</sup>.

---

<sup>1</sup> The PB Unit – A project of the charity Church Action on Poverty based in Manchester  
<http://www.participatorybudgeting.org.uk/about>

- 4.7 The London Borough of Lewisham, together with key stakeholders, has used the participatory budgeting process on a number of occasions over the past six years to allocate small grants to community groups, often on a ward basis.
- 4.8 Lewisham, through the North Lewisham Health Improvement Programme, was the first in the country to use participatory budgeting to reduce health inequalities and improve health outcomes and was commended by DH, Communities for Health programme for doing so in 2008.
- 4.9 More recently Well London Bellingham has used participatory budgeting and this approach has been adopted across the Well London programme by other boroughs such as Tower Hamlets, following Bellingham's example.

## **5. Background**

- 5.1 This report provides both qualitative and quantitative information about the impact of the PB, which has been running as an integral part of the programme.
- 5.2 PB plays a key role in the delivery of the programme, but has been complemented by a number of other projects using a community development approach such as the CVD and Cancer Healthy Communities Collaboratives.
- 5.3 The participatory budgeting approach to allocating funds to groups to improve health and wellbeing was a different way of working between community groups and statutory agencies. The North Lewisham Health Improvement Programme stakeholders saw it as a positive way of involving local people in making decisions. The learning from the evaluation of Evelyn Chooses Health Fund (ECHF), commissioned by Public Health, has informed the development of subsequent participatory budgeting rounds (Deptford/New Cross Choose Health).
- 5.4 The external evaluation explored what impact ECHF had on the project participants, the projects and considered how the projects and fund were delivered, including what worked well or less well. As part of this qualitative evaluation, 47 in-depth interviews were undertaken with a range of participants, including the project lead and Steering Group, project workers and participants in the activities delivered under the Fund.
- 5.5 The later PB rounds collected more quantitative data as part of the monitoring and evaluation of the reach and impact, however the views
-

of participants and these views are illustrated from quotes within this report.

- 5.6 The ECHF was part of the Communities for Health Programme, launched by the Department of Health, with the aim of piloting approaches to working with the most deprived communities to tackle health inequalities by bringing together Local Authorities, the NHS and the community and voluntary sector.
- 5.7 The ECHF was intended to deliver interventions that would support individuals in making lifestyle changes in relation to smoking, eating and physical activity, using a community development approach<sup>2</sup>. Of the £100,000 granted half was committed to paying for the post of a project lead from Voluntary Action Lewisham. The remaining £50,000 was made available, through a participatory budgeting process, as grants to voluntary and community organisations. The PCT added funding from investment in the North Lewisham Plan, to bring the sum up to £70,000 to be allocated overall.
- 5.8 There have been 5 participatory budgeting schemes, one per year since 2008. The groups deliver a variety of healthy living activities to meet the priorities for the funding: increased consumption of fruit and vegetables, increased levels of physical activity, improved mental wellbeing, support to people to stop smoking and raised awareness of alcohol consumption. Some groups' activities directly meet the priorities; they directly raise awareness of health issues by putting on nutrition workshops, healthier cooking skills, exercise classes, dance classes or walking groups. Other projects use an indirect approach to engage and encourage clients to live more active lifestyles, uptake of fruit and vegetables or to improve mental wellbeing by encouraging people to participate in gardening, creative arts, days out or sewing classes.
- 5.9 The participatory budgeting process in North Lewisham has worked as follows:
- Community groups are invited to apply for up to £5000 to deliver activities that are targeted at lifestyle behaviour change; improving healthy eating, increased physical activity, improved mental well-being and raising awareness on risks from smoking and alcohol harm. Groups are reached and supported throughout the application process by the North Lewisham Health Improvement Officer, employed by Lewisham and Greenwich Healthcare Trust (the Community Health Improvement Service) and the 170 Health Project worker who supports the Deptford/New Cross Health Forum. Posters and leaflets publicising the fund are distributed in community centres, organisations, park notice boards and outreach at

---

<sup>2</sup> Evaluation of the Evelyn Chooses Health Fund, November 2008

events, assembly meetings and forums held in Evelyn and New Cross wards.

- Before the fund allocation event, a 2 hour informal presentation skills workshop is organised and delivered in order to prepare projects for the participatory budgeting process. The workshop covers the following: discussion of experience in giving presentations, getting your message across, impact of verbal and non verbal communication, exercises to calm nerves, what to cover in your presentation in the time allocated, 2 minute practice run through of presentations and group feedback.
- There were 42 applications received for the Deptford / New Cross Choose Health 2011 funding. Thirty proposals met the set criteria and were shortlisted by a panel of stakeholders. They were then invited to the Participatory Budgeting event held in December 2010, whereby every group which applied for funding voted for each application by a scored rating system. The successful funded groups were invited to voluntarily give a portion of their budget through a give back process. This sum was then allocated to the group/s that were voted for, but did not receive funding due to the available budget being exhausted. A total of 16 projects were allocated funding from the £70,000 available. Six of these groups had never received funding through the North Lewisham Health Improvement Programme before.

## 6. Impact on Behaviour Change and Health Outcomes

- 6.1 Evidence of the impact on behaviour change and health outcomes has been drawn from the external evaluation of Evelyn Chooses Health and monitoring reports of the subsequent participatory budgeting rounds, including quantitative data about communities reached and behaviour change and qualitative information from quotes from participants.
- 6.2 The table below summaries the key information. More detailed information from each round is summarised in Appendix 1, attached to this report.

<b>PB Scheme</b>	<b>No. of groups funded</b>	<b>No. of people reached</b>	<b>No. reporting behaviour change</b>	<b>Cost of grants</b>
Evelyn Chooses Health 2008	25	Not known	Not known	£70,000
Deptford New Cross Choose Health 2009	16	691	290/464 - Physical activity 133/377 - Mental well being	£70,000
Deptford New Cross Choose Health 2010	18	960	293/422- Healthy eating 220- Physical activity 208 -Mental well being	£70,000
Deptford New Cross	16	464	129/169 - Healthy	£70,000

Choose Health 2011			eating 199/251-Physical activity 24/71-Smoking 280/320-Mental well being	
Deptford New Cross Choose Health 2012	19	667	231- Physical activity 205- Mental well being	£70,000

## 7. Impact on healthy eating and physical activity

7.1 Healthy eating and physical activity activities funded by PB were particularly successful in raising awareness and encouraging behaviour change. The external evaluation of the first PB fund, Evelyn Chooses Health, demonstrated that participants in ECHF projects reported increased awareness and understanding of, and motivation to improve, health and well being, especially through changes in physical activity and healthier eating habits. Improved physical health, including maintained or increased fitness and energy, weight loss, a sense of physical well-being were identified as outcomes.

7.2 Projects also had an impact on participants' families through a new emphasis on health and well-being by, for example, cooking healthier meals, and managing what children ate more actively. Participants also influenced family members to become more involved in physical exercise.

7.3 Quantitative monitoring information from subsequent rounds confirms this picture with 69% in 2010 and 76% in 2011 reporting eating more healthily as a result of the activities in which they have participated. This is also confirmed from participants' feedback from which examples are listed below:

- *"I've learnt a lot about eating the healthy foods from the pictures on the wall and I never realised salt was a problem, because where I come from we always put lots of salt on our food."*
- *"Maggi cubes have how much salt? I am taking that packet back as soon as we leave here" and "I didn't know how unhealthy I was because of the way I see food and exercise".*
- *"The girls really enjoy your groups and 'A' said today that she is eating more since your groups"* (Novo Women's Project – working with women who have had or still have a drug dependency and often need to gain weight).
- *"Her interactive teaching style and creative methods go down well with our students, who are often hard to engage. Sessions often go on longer than scheduled, because the young people are asking so many questions."* (Food Skills Ltd – working with young people to teach cooking skills).

- *"Thanks for the menu. We haven't tried them all but the ones we have been very easy to do and tasty." (The Light House Project).*
- *"The course has inspired me to go on and cook for myself a lot more" and "my little girl is going to get more soups made by me. I enjoyed the course very much, it was inspiring".*
- *"I've learnt so much over the last few weeks. It has enabled me to eat a better balanced diet and also to look at increasing my weight in a healthier way. I will miss my chocolate though!"*
- *"I have lost almost 2 stone without dieting. All I have done is change my plate size and using less oil".*
- *"The pick and eat workshop helped my children to be together and enjoy and have fun in harvesting and research for new recipes on the internet. It was very inspirational to be there with 3 generations of my family. We were very delighted with the quality of herbs and vegetables in the garden".*
- *"I actually think my grand daughter believed [potatoes] came out of a bag in a supermarket. I took her right round the supermarket once I found out she was interested... it's educating my grand daughter that not everything comes out of a packet" (Participant, 60+).*
- *"Before I came here I used to eat five pieces of toast for breakfast now I have two and no butter".*

## **8. The Impact on Physical Activity:**

8.1 Similarly to healthy eating, quantitative monitoring information from subsequent rounds confirms the picture outlined by the external evaluation regarding increases in physical activity reported by 63% of participants in 2009 and 79% in 2011. This is also confirmed from participants' feedback from which examples are listed below:

- *"It has helped me feel better and helped me to lose weight - 6 kg  
"Glad that my waist measurement is reducing."*
- *"I realised the more I walk... [it's still] painful, but the more I'm active, the better it is. I have less pain" (Participant, aged 58).*
- *"I have been getting off the bus and walking earlier than my stop."*
- *"This has been a really positive experience and has helped me to get out of the house more often."*
- *"I can run for a bus, I feel more confident and upbeat."*

- *"More toned, less breathlessness."*
- *"Less tired."*
- *"My goal has been weight loss; I found the advice and exercise movements at Soca aerobics great and things that I could continue to do at home in addition to my exercise workouts on DVD."*
- *"It helped to loosen stiff joints and muscles."*
- *"I am walking a lot more and doing more exercise."*
- *"Aches and pains subsiding."*
- *"Feeling fitter."*
- *"Happy with my weight loss."*

## **9 Impact on Mental Wellbeing**

- 9.1 The evaluation of ECHF outlined the impact on mental wellbeing. Participants reported increased confidence and self-esteem and a sense of achievement, which were particularly important for those who had lost confidence and self-esteem as a result of having been out of work due to caring responsibilities or health, as well as for participants who had been socially isolated prior to involvement in ECHF activity.
- 9.2 Participants with mental health problems reported improvements in depression and anxiety, although those with severe mental and physical health problems had in some instances been limited in their participation of ECHF activities, and significantly, these participants do not appear to have been enthused by the activities and support on offer.
- 9.3 Family relationships were improved for participants who felt calmer and had more energy as a result of improved physical health, and who felt were more able to play with their children as result.
- 9.4 This impact continued to be demonstrated in subsequent PB rounds from the quantitative monitoring data and whereby participants claimed that the programmes had increased their confidence to socialise with others and feel good about themselves. In 2009, 35% of participants identified improved mental wellbeing and in 2011 87% did so. Examples of participants' feedback included below:
- *"It has boosted my confidence and I have interacted well within the group and I have really enjoyed myself."*
  - *"This has been a really positive experience and has helped me to get out of the house more often."*

- “It made [me] feel good... someone can see something in you. It’s always good to hear good stuff about yourself... you remember it” (Participant, aged 18).
- “As soon as that door is open, I’m in. It’s a world for me... it makes me feel like I’m like everybody else. I can’t explain what it means to me..... it’s a new life” (Participant, aged 60).
- “I was in two minds whether I should come but I am glad I got out of the house.”
- “I didn't know I could write, I am enjoying this.”
- “It would be good to keep meeting like this, I feel good.”
- “Didn't realise there was so much happening in the local area, I must tell my neighbour.”
- “I didn't know writing and storytelling could help me feel good about myself.”
- "Love the social aspect of meeting like minded people and making new friends."
- "It has boosted my confidence and I have interacted well within the group and I have really enjoyed myself."
- "Reducing my medication and fewer visits to my GP."
- "It was good to talk to other people and see that I'm not alone in feeling the way I do."
- "I really love coming here - if I didn't come here I would just go to sleep all day."

## **10 Impact on the Management of Long Term Conditions**

10.1 More effective management of chronic health problems like back pain and diabetes, were identified as outcomes of ECHF projects. Participants with severe pain and mobility difficulties reported how becoming more physically active had helped them to manage their conditions, with what they described as life changing effects.

10.2 In exceptional cases, participation in ECHF projects was felt to help in reducing harmful behaviour amongst people with drug and alcohol dependency by providing a diversionary activity.

## **11. Sustainability and Rolling Out Learning**

- 11.1 The programme has developed a rich knowledge base about how to reach communities, raise awareness, change behaviour and improve health outcomes. The innovative nature of the programme allowed projects to try new and different ways of working and there are many practical examples of what works and what does not work that can inform similar health improvement programmes and projects.
- 11.2 Allocating funding to community organisations has been demonstrated as an ideal way to reach and respond to the needs of different communities. Small grants programmes have been effective at raising awareness about health and in changing the lifestyle behaviour of not only their participants, but also their friends and families.
- 11.3 Projects were most effective:
- when they were grounded in an understanding of types of activities and support that local communities were likely to want.
  - when they receive advice, training and development from public health specialists
  - when they have opportunities to network with each other;
- 11.4 The ECHF evaluation emphasised that outcomes appeared to be sustainable for three sets of participants:
- those who had completed skills focused courses and who felt that not only would they retain the knowledge and skills gained on the course, but they would be able to build on them in the future;
  - those who had undertaken activity based courses, which had resulted in outcomes including increased confidence, self esteem, and new friendships, which they felt able to sustain for themselves;
  - those who had been involved in projects delivering nutrition and exercise classes, and who felt that they had sufficient motivation to, and strategies for, implementing lessons learned.
- 11.5 The size of the PB fund can vary. It needs to be big enough to reach a variety of community groups and will depend on the size of the population to be reached. The cost of the north Lewisham PB fund was £70,000 per annum and funded an average of 19 community groups and reached an average of 696 people per year at a cost of £100 per beneficiary.
- 11.6 In order for the PB process to be effective it needs to have additional infrastructure support:
- Co-ordination and administration - including publicity, organising the PB event, processing the grants and invoices and obtaining monitoring information;

- Outreach and capacity development – support application process and organising training, development and networking of groups.

11.7 The cost for this would be proportionate to the size of the fund, but is likely to be from 30-50% of the fund depending on the level of support provided.

## **12. Financial implications**

12.1 There are no specific financial implications arising from this report or its recommendations.

## **13. Legal implications**

13.1 There are no specific legal implications arising from this report or its recommendations.

## **14. Crime and Disorder Implications**

14.1 There are no specific crime and disorder implications arising from this report or its recommendations.

## **15. Equalities Implications**

15.1 This approach is recognised as an effective way to reduce health inequalities and specific groups can be targeted if it is clear that they are not being reached. For example, the later north Lewisham PB funds successfully targeted groups with physical and learning disabilities through providing additional support and outreach, following evaluation of previous funds where it was clear that these groups were missed.

## **16. Environmental implications**

16.1 There are no specific environmental implications arising from this report or its recommendations.

If there are any queries on this report please contact **Jane Miller, Deputy Director of Public Health** on 020 8314 9058.