Prevention and Promotion of Better Mental Health Fund Evaluation

Final Report for St Helens Borough Council

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Edge Hill University

EPA

Unit for Evaluation & Policy Analysis

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Executive Summary

St Helens Borough Council has commissioned a team of researchers at the Evaluation and Policy Analysis Unit (EPA) and Medical School of Edge Hill University to conduct an evaluation of the Prevention and Promotion of Better Mental Health (BMH) Fund programme.

The aim of the evaluation was to identify key learning relating to innovation and wider system change as perceived by programme stakeholders. The evaluation addresses the following questions:

1. What are the strengths and weaknesses of the programme as perceived by programme staff and programme stakeholders?
2. What are the key lessons learned that can support programme wide learning for similar future interventions?

The programme brought together a range of different projects with widely differing aims and objectives, varying also in terms of history of local engagement, levels of innovation and views on data collection and measuring impact. Some project leads reported enthusiastic receptions from local users often being oversubscribed.

The commissioner and programme lead provided strong leadership on measuring project impact and the need to produce robust evidence of project effectiveness in improving user service outcomes.

Our analysis showed that projects had a remarkable potential for adaptability, using early project feedback from users which rendered projects responsive to genuine community support needs.

There were good indicators that, normally, projects strove to design novel and innovative interventions, some of them working creatively with remote delivery platforms or virtual reality solutions. Equally, there was some evidence that project leads ensured services were responsive and tailored to individual needs.

The programme would have benefitted from articulating a coordinated system wide approach and identifying how each project fit into this local strategy of improving population health in the borough. Creating formal fora for shared learning may have assisted project leads in understanding their role in this wider population health approach.

1. Introduction

St Helens Borough Council has commissioned a team of researchers at the Evaluation and Policy Analysis Unit (EPA) and Medical School of Edge Hill University to conduct an evaluation of the Prevention and Promotion of Better Mental Health (BMH) Fund programme. This report sets out the findings of the evaluation of the programme.

1.1 Background to the Prevention and Promotion of Better Mental Health (BMH) Fund Programme

In 2021, St Helens Borough Council were successful in receiving funding from the Office for Health Improvement and Disparities (OHID) Better Mental Health Fund. The Better Mental Health Fund was set up by OHID to address the mental health needs of communities, which had been exacerbated by the Covid-19 pandemic.[1]

Funding was provided to St Helens Borough Council as part of the governments Mental Health Recovery Action Plan 2021/22 to specifically mitigate mental health impacts arising from COVID-19. St Helens Borough Council has large health inequalities and sits within the top 20% of the most deprived areas in England. In recent years it has fallen from 38th to 26th position in the deprived ranking based on the English Indices of Deprivation making it eligible for funding from OHID. The funding amount received by St Helens Borough Council consisted of £293,782 for projects and £20,700 for the programme evaluation.

The Prevention and Promotion of BMH Fund Programme, developed locally by St Helens Borough Council, consists of three work packages; each package delivers specific interventions to a particular group of beneficiaries. Work packages were designed with the help of stakeholders with the participation of community groups through public and patient involvement activities. These work packages focus on the following areas of mental health:

1. Supporting Children and Young People's (CYP) emotional and mental health and building resilience and self-esteem

2. Workplace mental health and wellbeing

3. Community mental health and wellbeing

Within the wider BMH fund programme sit eight individual projects. These projects are delivered through both national and local service providers (details of service providers and individual projects are provided in table 1 below).

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[1] https://www.centreformentalhealth.org.uk/evaluation-ohids-better-mental-health-fund

In the next section we provide a brief summary of the work packages including individual projects that sit within each workstream that contribute to the BMH fund programme.

Table 1. **Projects within the BMH fund programme**

Service Provider	Individual Project
Positive Life Workshops	Virtual Reality (VR) for Resilience in Mental Health Program
Wirral Community Health and Care NHS Foundation Trust	0-19 Service Healthy Child Programme
Caring Connections	COVID-19 Bereavement Support
Listening Ear	Mindset and Titanium
Movember (Delivering with Rugby League Cares)	Ahead of the Game Multi Sports
Rugby League Cares (RLG)	Offload in the Workplace
Worth It Positive Education CIC	Wellbeing Toolkit (2 Strands)
Barnardo's	Promoting Alternative Thinking Strategies (PATHS)

1.1.1 Supporting CYP's emotional and mental health and building resilience and self-esteem

The overarching aim of this work package is to enhance the current collaborative emotional and mental wellbeing offer of direct support and intervention to children and families. Interventions delivered within this work package include:

- The provision of emotional and therapeutic support to children in care who have a history of domestic abuse
- Advise, guidance, coaching and mentoring for professionals supporting CYP experiencing domestic abuse and/or bereavement
- The provision of education to support CYP to develop social and emotional learning skills, and to build resilience and self-esteem
- Training, awareness raising and coaching for families and professionals working in educational settings supporting CYP with lower level emotional and mental health needs

1.1.2 Workplace mental health and wellbeing

This work package aimed to focus on building mental fitness in working age females living and working within the St Helens Borough. Although the focus was on females,

it was agreed by the commissioner and provider that males should not be excluded due to the increased demand and pressure in those clinical settings, specifically during the Omicron variant of COVID. Interventions include delivering a targeted programme of mental health education and support to build resilience, encourage pro-active self-care and teach positive coping strategies.

1.1.3 Community mental health and wellbeing

The community mental health and wellbeing work package delivers the following interventions:

- Virtual Reality (VR) to improve resilience and cultivate positive future thinking for those individuals with lived experience of suicidality and depression
- Mental health literacy workshops for young athletes, parents and sports coaches/teachers, and mental health resilience workshops aimed at improving youth mental health
- A targeted professional counselling service for St Helens Borough Council residents and employees (18+) who have been bereaved through Covid-19

1.2 Evaluation Aims

The aim of this evaluation was to identify key learning relating to innovation and wider system change as perceived by programme stakeholders. The evaluation addressed the following questions:

1. What are the strengths and weaknesses of the programme as perceived by programme staff and programme stakeholders?
2. What are the key lessons learned that can support programme wide learning for similar future interventions?

2. Methods

To achieve the objectives of this evaluation, a mixed-methods approach was undertaken. In summary, the following data collection activities were conducted:

1. A documentary analysis of programme policies and documents guided by an evaluability assessment framework
2. Semi-structured interviews with programme staff
3. A secondary analysis of routinely collected programme data
4. A workshop with programme staff to facilitate mutual shared learning within and across programme workstreams

Further details of the data collected are outlined below.

2.1 Data collection
2.1.1 Semi-structured interviews with programme staff

The project team undertook a series of individual and group semi-structured interviews (*N*=12) to examine the strengths and weaknesses of the programme and key lessons learned. In total 16 participants were interviewed including project leads, and St Helens Council Employees involved in the BMH programme (a breakdown of participant demographic information is provided in table 2 below).

Table 2. **Number of participants by type of participant**

Participant group	Number of participants
Project leads and staff	14
St Helens Council Employees involved in the BMH Programme	2

All interviews were conducted remotely either online using Microsoft Teams or Zoom or by phone, at a time convenient to the participants between March and April of 2022. A semi-structured approach was followed, with the evaluators utilising an interview schedule and exploring concepts and responses in more depth through follow-up question. The interviews lasted between 19 and 47 minutes and were on average 30 minutes long.

All of the interviews were audio recorded with the consent of the interviewee, transcribed and anonymised.

2.2 Data Analysis

The anonymised interview transcripts were analysed using Thematic Analysis (Braun and Clarke, 2006). For the analysis, two researchers read through the transcripts independently and identified initial codes. These codes were then compared and refined into a number of key themes. Disagreements were resolved through discussion and consensus. The themes were then integrated and examined against the aims and objectives of the evaluation of the Better Mental Health Programme. We used the Consolidated Framework for Implementation Research (CFIR) to aide our analysis[2]. The CFIR is a widely used framework in health services research and offers significant levels of flexibility adaptable to specific contexts[3].

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[2] Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*, *4*(1), 1–15. https://doi.org/10.1186/1748-5908-4-50

[3] Andreanevedalvagov, A. N., Reardon, C., & Jackson, G. (2021). Rapid Versus Traditional Qualitative Analysis Using the Consolidated Framework for Implementation Research (CFIR). *Research Square*, 1–20. And Chan, P. S. fong, Fang, Y., Wong, M. C. sang, Huang, J., Wang, Z., & Yeoh, E. K. (2021). Using Consolidated Framework for Implementation Research to investigate facilitators and barriers of implementing alcohol screening and brief intervention among primary care health professionals: a systematic review. *Implementation Science*, *16*(1), 1–40. https://doi.org/10.1186/s13012-021-01170-8

3. Findings

We will report the findings from our analysis in the section below under five different headings: Programme outcomes (1); Project characteristics (2); Facilitators, enablers and challenges (3); Shared learning points (4) and Sustainability (5). We illustrate the points with unattributed verbatim quotes to protect the confidentiality of our interview respondents.

3.1 Programme outcomes

Project leads reported that early signs from project interventions are encouraging indicating that the services have made a positive impact on service populations. Some project leads were more confident to be able to evidence this impact than others but, generally, there appears to have been an enthusiastic reception of the various projects by service users.

> *"The results so far we had, so from seven—this is only from seven people, but all seven people improved on average by 27 per cent. And it was the worst scores that improved the most. ... So that says to me that this is working."*
>
> *"And also seeing the benefit that it has on the people, literally."*
>
> *"… the feedback that we've had so far is that they've really learnt a lot about children's wellbeing, and it's really like, you know, little bits of feedback are starting to come back and that they find they really... are finding it helpful."*
>
> *"And they absolutely love the programme and think it's fantastic, and they've, yeah, taken it in and are delivering it with great fidelity. So, it's been a real positive in my eye."*

Our respondents also thought that the projects made a difference to people's lives.

> *"Actually we know that it's made a massive difference to [users]."*
>
> *"We know once we're in, it has a massive impact."*

There was a sense that, overall, project leads were confident they would be able to gather the evidence to demonstrate their projects' impact.

> *"We've got a huge amount of evidence behind the paths programme so it's a highly evidenced programme. So, we have our own outcomes measures and we don't assess it by child... we would ask... for teachers to select a random amount of children in their class... and they would do pre and post measures on them and that's for those three."*
>
> *"We also do pupil voice surveys and teacher and in-school coordinator surveys where we would assess schools based on what skills the social, emotional learning skills that they think children would have achieved throughout the time that they have been on the programme."*

Project leads however were also clear that collecting the right measures to assess impact has sometimes been challenging.

> *"We absolutely need to be able to capture some data to show evidence of how good the programme is because we know that it is successful."*

It is important to note that some individual providers measured their own outcomes in a way not aligned with OHID guidance. It was also challenging to provide details such as mean percentage increases in wellbeing scores when many children and young people (CYP) projects didn't have a specific pre survey with users. In this instance localised key performance indicators (KPI's) would have been beneficial.

3.1.1 Summary

> The projects appear to have landed well, with encouraging signs of take up, sometimes oversubscription by users. Early feedback suggests that projects generate positive outcomes for users. Some projects appear to employ a more systematic approach to measuring outcomes whilst others are still developing their approach to assess the project impact.
>
> There have been few indicators that projects by design engage in evaluations of their services, but this may still happen at a later stage as some projects continue beyond the programme lifetime.

3.2 Project characteristics

We wanted to get the measure of the individual projects characteristics to assess their innovative potential within the wider mental health provider landscape. This would allow us to gauge how the projects contributed to existing provision in the area, whether they plugged gaps of existing provision and whether they employed novel solutions to well-known problems.

Questions we asked in our interviews related to how projects addressed existing service provision gaps, the level of innovation in projects, and the design and quality of evidence supporting their novel project interventions.

We also asked about the level of adaptability of projects in the face of uncertainties or contingencies once rolled out, and any possible relative advantage of the new projects over and above existing support.

Across our interviewee base there was a good amount of confidence that some projects were innovative, and evidence based.

> *"I think the programme that they're delivering is really innovative, it's very forward thinking but it's evidence based."*

The use of virtual reality was singled out as an innovative response to service needs under the conditions of COVID restrictions.

> "They deliver a virtual reality programme, so I mean we can kind of sit here as commissioners and say right, let's create a men's health hub or let's create a men in sheds programme, but it's only by having conversations with that provider where I've realised that a lot of those men will never enter a hub or a shed because of stigma or struggling to get out of bed, but they can do virtual reality at home, so I've really appreciated working, I have to say I've really appreciated working with those."

There was also good evidence of 'out of the box' thinking amongst some project leads when designing their service.

> "My aim of [company], when I set up, is to basically reduce suicide rates and improve mental health…but in an alternative way. So not in the way that the NHS are doing it."

One project highlighted the need for informal approaches as opposed to medicalized solutions.

> "I think our presenters are key, … they don't come across as a health professional; they are informal and it's lived experience; they will talk about themselves."

There were also signs that some projects utilized novel virtual solutions to old problems, to increase resilience amongst their clients.

> "The app has a number of modules that young people go through. So the workshop gets them introduced to the idea of resilience and what that might mean. ... You know all of those things that will demonstrate adversity and resilience."

Thinking about how to increase resilience through novel approaches demonstrated the innovative potential of this project.

The evidence was more mixed when it came to our respondents' understanding of how their project was designed and piloted. Some projects remained difficult to understand even to the commissioner.

> "The challenges of identifying what that programme actually is has been so unclear and so difficult to understand that it's only probably been the last couple of weeks, probably last week when I got a bit of clarity on what it actually is."

There was some evidence that project designers had built into their project implementation phase a feedback loop or user consultation which is good practice. Yet this was not consistent throughout the programme.

> "We made a decision to take a few steps back for a few months and get the feedback from schools about what they actually wanted from the funding."

Some projects were very clear about their project benefits, their beneficiaries and had a consistent delivery plan. Others encountered significant challenges at the point of implementation which altered original project designs to some degree.

> *"We've got clearly defined project timelines and timescales for delivery."*

> *"Yeah I think it's kind of developed as the project's gone on because originally it was, I think it was just focusing on people with poor mental health post-covid really. But because of our specialism in bereavement, we just got the influx of service users who have been not only poor wellbeing but mainly because of bereavement so our specialist area is kind of what's been tied to the project."*

A key question for the impact of projects is whether or not they were creatively responding to a genuine need for support in the community. We found good evidence that projects were, if not designed, then at least adjusted to feedback from service users or organisations in the community they served.

> *"The school said they wanted to learn more about this stuff. And [name] said, 'We've got this funding that we need to, you know, use on something helpful for schools.' And they were like, 'We want to learn more about wellbeing, we want to learn about coaching, we wanna support students.' You know, it's a massive issue."*

> *"As part of some feedback that St Helens Council had from schools that they would like, teachers would like more support with, suppose responding to and developing resilience in young people."*

This demonstrates the utility of projects for service users and is valuable evidence that the programme components addressed genuine needs and service gaps.

As the projects landed with users, project staff were usually obtaining early feedback and, in some instances, adjusted project delivery to contingent circumstances on the ground. This speaks to a commendable level of adaptability of projects in this programme.

> *"I think that's where we're finding people are struggling to keep up with that six weeks. So I've got a meeting with [name] tomorrow... and I was gonna suggest to him that perhaps we did it over two days …and see if—but I'm not sure whether that would fit within the funding or the research."*

> *"So, it's looking at other options and that side of things."*

> *"... offload as a programme is normally six – eight sessions and people will sign up at the start and do as many of them as they can obviously around work and whatever but we knew very quickly that that wasn't going to work in the hospitals because they can't, even if we followed one set shift pattern, those people can't necessarily all be released at the same time so we did a lot of it more informally and it was more drop in."*

There was also a willingness to be flexible and responsive to different user needs when encountering challenges in projects.

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"So I learn from the children and for me that's the best way to go forward because at the end of the day, I need to support them in the best way that's holistic for them. So yeah, I'd say, absolutely still developing and I think once I've captured the schools that I've got now moving forward. There may be tweaks and changes based on what's going on for the next stage group or the next class. So yeah, I'm very holistic in that sense that I feed from them."

For one project, this flexibility was built into the project parameters ensuring that service delivery was tailored to different needs. Harnessing the advantages of online and remote training delivery, one project maximized its flexibility to increase its utility to users.

"Every school kind of applies it differently, and that's why it works, because it's not prescriptive. … [schools] gonna use these tools and implement them in their own … individualised ways, but they're a standardised set of strategies."

"But then [flexible rollout] actually makes the training much easier to deliver and much more effective for people because they can do it when they want to do it, so it's better."

Some projects had a history of engagement in the area already. We know that developing partnerships takes a long time and often delays the launch of new services to users, and it appears that those projects which had a footprint in the area already were in a position of relative advantage benefiting from existing relationships with partners and the wider community.

This advantage of prior local experience accrued to the commissioner as well as those delivering them. Having built up an evidence base from previous instalments of projects appears to aide decision making for commissioners, whilst existing partnerships often allow project leads to draw on robust working relationships based on trust and a validated shared vision. This demonstrates the value and importance of co-commissioning projects.

"And then following on from the success originally the CCG obviously recognised the benefits of the programme and then continued to fund the programme themselves going forward having seen the benefits and the impact of that programme."

Experience of project implementation in other geographical areas also helped project leads to gain valuable insights into implementation.

"We delivered training for 20 schools—10 primary, 10 secondary—in Leicestershire and Leicester City, and that project eventually has evolved into our online platform... And then about 25 per cent of the schools took it forward, and the transformation is like beyond phenomenal. Like, six years later, I've got examples on our website of all the stuff they've done, and it's like amazing."

3.2.1 Summary

Our analysis showed that projects had a remarkable potential for adaptability, using early project feedback from users which rendered projects responsive to genuine community support needs. Some projects were drawing on evidence collated over several years, whilst others were keen to build up the required evidence to support future commissioning.

There were good indicators that, normally, projects strove to design novel and innovative interventions, some of them working creatively with remote delivery platforms or virtual reality solutions. Equally, there was some evidence that project leads ensured services were responsive and tailored to individual needs, or person centred where possible.

3.3 Facilitators, enablers and challenges

This section will provide details on a range of facilitators for projects in the programme. A key finding was how consistently appreciative project leads were of the good relationship with the commissioner and the local council.

> 'I think positives is…I think it is the links and the connections with the council. And although we've probably not made as many connections as I would've liked, even just that one connection … that has been a strength, definitely, that has come from doing this."

> "I'd say the key strengths, well, one of them's the support that we've had from the council; that's been a really positive strength."

> "The strength is our—the relationships that we've got across providers is fantastic, and the access to schools is pretty good. The buy-in that we have from the local authority is good."

> "I think it's been a great thing to be part of being really, you know, the public health team have been really supportive."

This was significant given the adversity under which projects worked during the tail end of the COVID pandemic and the resurgent Omicron variant. Again and again, the enormous impact of COVID restrictions came up in our interviews as a considerable barrier to delivery which project leads had to mitigate. Respondents stressed the need for adaptability and were appreciative of the flexibility provided by the commissioner.

> "So, a lot of the pressures have been around capacity and staffing, some services have struggled to recruit because everybody is heavily involved in either Covid response or the demand of having to, or the increased demand that Covid has brought or having to cover other colleagues because of absences. So, I think it's been more of the kind of practical implementation, the logistics of it all."

"With a lot of people so anxious about reengaging for services that are face-to-face, they've had to think really creatively on how they meet needs and I think whilst digital has meant that people can continue accessing support, my concern is for those who are not digitally savvy, those who are not confident and comfortable with technology may have been left behind a little bit."

Respondents acknowledged that COVID restrictions had a direct impact on numbers of users and referrals. This applied to all services and populations, extending to the educational sector as well as their work with commercial businesses in the area.

"But then we started to struggle with the numbers. 'Cause of COVID, we haven't been able to fill six groups of six people. So we've had the last two that we set up, we had two programmes running. We'd fully booked with 12 people, and then the first week we only had four people arrive."

"With the COVID situation it's just been so difficult to get numbers through the door. They're gonna come in and then change their mind, or they've got COVID, or they've got a cold, or someone they know. And so it's kind of…that side of it's been a little bit of a struggle."

"We did put the offer out there more widely to St Helen businesses so we were in touch with town chamber who have about 900 businesses that they work with. Even that was very slow and we really struggled to get businesses booked in... they said they'd had no engagement on hardly anything, I think it was because of Omicron variant."

"The target is 350 participants, and schools are just so busy, and a lot of them are struggling with COVID cases. We have to be on their case to make sure they do it, basically."

A key theme we encountered frequently in this context was the ability of projects to engage with communities. An important aspect of community engagement was the capacity to reach out and work with existing organisations in the communities the projects aimed to serve.

'Well, no, not a lot, like I said, a couple who are already established, they're the ones I guess I would say have been a lot easier to work with and utilising them and utilising their local connections has been really useful."

Projects which did not have a prior footprint in the community faced particular challenges around this. Although some managed to establish good links with educational providers and community groups in the area, others struggled.

"So some of the schools won't have been familiar with me prior to this intervention, but I feel like we've, we've established quite a good relationship and the feedback that I'm getting verbally from the schools is they very much need us there and want us there."

"What's been really difficult with that is that we've really struggled to get access to community clubs beyond Rugby league, where we have the links... and because we're not a local organization, we haven't got those links. So we are

relying on then the sort of Local Authority Sports development team to make those introductions and those engagements and that really hasn't happened. So we've really struggled to get into some of those local clubs."

In contrast, where projects were able to utilize existing community connections, they managed to successfully recruit new partners or additional collaborators.

"There's only been one school who have been new to the programme since August and they had joined on the basis I think that they had a good relationship already with certain people who were involved in the programme. So I think they knew one of the councillors, one of the local councillors who happened to be on the governing body of another school who was delivering [project name]."

"When you're holding all these schools and you're on your area, you're very familiar with which schools need the most support based on the referrals or based on, you know, you can make an ad hoc phone call to the school."

A lack of access to existing networks presented a considerable challenge to some projects to recruit and reach out into previously underserved communities. These were mainly international charities who had limited contacts with local community providers.

"We haven't got the capacity to be ringing round to every single community Sports Club... So we needed that network to really support us on that and that's been where it's fallen down and that's been a bit of a shame really."

It is important to note that the commissioner offered significant support to international charities including the provision of contact lists of Sports Clubs, promotion of international providers to the local community and undertaking scoping work on behalf of the provider. It seems important that for this support to be effective it should be fully utilized by providers.

For some projects, creative networking methods showed some results. Again, flexibility, learning and adaptability were rewarded.

"Initially we were provided with a list of emails. These are all those schools. These are the email addresses to contact and so that was our starting point. But a lot of those email addresses were... nothing was being responded to so and the other things that we've used in order to get people started and get people going is, I attended the primary assistant head school online meeting. So, I went and presented the project that way and we used that method."

However, there was a distinct sense that projects in the programme and other community organizations and existing providers had not come together to develop a system wide coordinated approach of working collectively towards a shared goal. System orientated thinking itself was in short evidence. A Shared Learning Network had been set up to support teams to understand each other's projects and to provide cross project support. To ensure the success of a Shared Learning Network projects should be actively encouraged to engage with the network. Whilst the commissioner was cognizant of the need for a system wide approach, there appeared to be no programme wide attempt to create this shared vision across the projects.

"I think as a commissioner, when you're looking at those services, you've put that project funding into, you're getting that much wider picture of the effect it's having on the population of St Helens."

"I've not worked on it before where we've been able to have that sort of really open dialogue of, "How many referrals have you got? What is your waiting list? Can I take some of your clients? If you see someone, can I deliver that?"

"Yeah, if I was to say, how would it be better? It would be, I suppose, to work together with those other organizations to make sure that we're all singing from the same hymn [sheet]."

There were some isolated comments from project leads indicating that they perceived their project as part of a wider service provision landscape with a population health approach in the area.

"It really helps us to tie-in and link in with other professionals and other services to really give that consistent approach to wellbeing across the region."

But, although respondents welcomed new insights into how their project fit into the wider better mental health agenda, we found little evidence, with one or two exceptions, of any systematic attempt by project leads to look beyond their service to understand their contribution as part of a wider landscape.

"I think it's been really good to be part of that network of other organisations working in the local area and although we are sort of not local, it's been really good to understand a bit more about how that local provision works and how we fit into that."

"I haven't had any other liaison with any other services. I've heard names of projects, but we haven't been connected."

"We were just saying in the beginning, how good it would have been to for all of the projects to meet together and go 'ohh, you're doing that'. OK. And we're doing this and we could mention each other when we're running things and just have more of a cohesive approach."

Identifying the correct measures by which project outcomes were to be assessed, collecting the relevant data and reporting project outcomes regularly was difficult for most of the projects. The project leads were aware of this challenge, and some thought that further support in the preliminary planning phase of the programme may have helped them address this issue. Initially, commissioners were content with narrative summaries of activities but were keen for projects to ultimately generate robust quantitative measures of success.

"For a lot of projects there wasn't really any data because they, in terms of quantitative figures, because they hadn't started the projects, there was nothing to see, so that's where I really relied on the narrative part of the reporting… it's definitely been the figures, the measuring outcomes, them sometimes not providing as much, I think with one of the projects they're going to struggle to get actual data collection because it's in a clinical setting...."

There was also some resistance amongst some projects to focus on quantitative outcomes rather than demonstrating the impact of the interventions through case studies or vignettes of individual success stories. It is important to note that providers were encouraged to utilise a narrative section of the reporting template where qualitative reporting such as case studies could be included.

> *"I'd wish things are focused on quality rather than quantity...when you look at a lot of the monitoring sheets it's very much around numbers. There is some qualitative bits but not much. I think there needs to be a lot more on the quality of outcome rather than the quantity."*

However, there were also structural barriers outside the control of the programme and project leads which rendered effective data collection on project outcomes difficult.

> *"[with] NHS and care staff just because they're in massive need of support, they're under a lot of pressure; that's come with a lot of problems in trying to capture that data from things like some of the staff are working with medical professionals themselves, they don't like the data capture side of it because then it just feels like a tick box exercise...In a lot of our delivery, we've ended up not being able to capture that, we've highlighted that with [name] all along so they've been aware."*

> *"There are also other barriers around infection control, certain places we weren't allowed to take paper in, or you're not allowed to take tablets, there's no Wi-Fi or for security, you're not allowed to have external devices so there have been a lot of barriers around capturing some of the pre and post wellbeing stuff."*

Where outcomes had been agreed for projects and appropriate metrics were identified, the reporting infrastructure appears to have been set up early on which established clear accountability for project leads. Effective regular reporting was noted as having been in place for some projects and good support from the commissioner was repeatedly noted on this issue.

> *"I think it's just, from my understanding it's just [name] holding it together really and we report into him every quarter with a monitoring sheet which gives an overview of what's going on but he's always very accessible. You can contact him."*

There were also some indicators that projects were providing, and feeding back, to their community partners in some instances which is good practice and would presumably strengthen delivery relationships and reinvigorate buy-in from participating community groups.

> *"I'll also have regular meetings with senior leaders, particularly the head teacher to keep them updated on the programme, to let them know what else they can do to embed the programme wider and I also deliver every year what we call in-school coordinator cluster meetings."*

3.3.1 Summary

Although COVID restrictions presented significant challenges to all projects there were positive features highlighted by our interviewees. Respondents agreed that programme leadership was effective, consistent, and made an essential contribution to the progress and success of the projects. Good supportive working relationships with the council and, in particular, with the commissioner were mentioned repeatedly by project leads as positives.

Working in communities without having prior ties and connections presented difficulties to some of the projects although some leveraged creatively some of their existing links and others sought to mitigate the fallout from this through constructive and flexible networking. It may have been helpful to bring together those project leads with prior experience of working in the borough and those who were new in the area. Additional support may have allowed some projects to overcome some of their initial absence of connectivity and lack of local intelligence.

Data collection and reporting were at the heart of issues around governance and accountability for some projects. Insistence from the commissioner on clearly defined outcomes, identified outcome measures and indicators of success reflected good practice in publicly funded projects but appeared to be surprising to some project leads. Calls for more qualitative reporting may highlight the usefulness of gathering additional evidence of project impacts supporting quantitative outcome measures but should not replace the need to demonstrate through rigorously collected impact data that each project had a positive effect on individual users.

Operating at the intersection of various organisations, such as the NHS, council services and community organisations, brought its own challenges with regard to obtaining relevant individual level data. The difficulties around interoperability of systems and data governance are not unique to this programme. However, at the beginning some project leads appeared to lack a systematic plan to mitigate this likely barrier to effective interorganizational working.

3.4 Shared learning

Our interviews unearthed a plethora of shared learning points which could usefully inform future commissioning in this field. Some of these points are specific to the mental health commissioning landscape, others are more generic to implementation and design phases of all project planning.

A key learning was that services which were new to the area required a coordinated promotional or marketing approach to create sufficient visibility and awareness amongst potential users in the community. No mass communication event was conducted at the beginning of the programme due to concerns of overwhelming projects as some were already at full capacity. With projects struggling for referrals, specific communication and targeted work was done.

> *"But it's getting people to know what we're doing and to get those people through the door; that's the struggle. So [project name] is the kind of…t started to kind of do some work with us and build those connections."*

> *"New, innovative services probably need quite a lot of marketing and public selling to get them on board."*

> *"I've been kind of making connections and trying to grow that side of it as well."*

Other projects which were providing additional capacity for existing provision were overwhelmed by the demand from the start.

> *"There's just such great demand for this type of support. The current services are overwhelmed so people are waiting, telling us six to twelve months for face-to-face counselling. …So really yeah, in terms of fully funded community based professional counselling I think there's a massive gap."*

Establishing shared learning fora for project leads also revealed potential areas to work together.

> *"I established a shared learning network and what that allows is for the projects and the project leads and all those involved to be able to kind of communicate better with each other and I noticed quite early on that just having that network meant that different services were talking to each other."*

Project leads were acutely aware of the still developing nature of their project engagement in the community and commented on the complexity of recruiting new partners as the project progressed.

> *"Because, you know, every time you bring in a new service, they then need to learn about all the other ones. But then all the other services need to learn about what's new as well, so we have a monthly thoughts collaboration meeting. We invite other services to come in, do a little five, ten-minute presentation on what their service is."*

Some projects leads however had reservations about this approach as they were protective of their workload and believed it may increase referrals to their service. This

may have mitigated against some collaborative work and potential exchange of shared learning.

> *"I know one of the focuses of the project was around developing partnerships between providers. However, I don't really think that that's going on as much and I think with our project, they're very specific the client groups in terms of bereaved… and I think the thing is we don't need referrals so we haven't pushed that because if anything, we're way over subscribed so we haven't actively gone to partners and say do you want to refer in because our numbers are consistently full."*

> *"... we linked up with one of the guys right at the start but then they were delivering counselling services and I remember right at the start his was like, I'm almost fully booked already... Outside of that we didn't really have too much contact with any of the others."*

There appeared to be a lack of linking up even between the individual components that made up this programme.

> *"No. I don't, I don't feel like we've kind of had that opportunity to kind of feedback on the projects. I feel like when we have those meetings, that it's all, "Ooh, this is mine. I'm not telling you about it."*

3.4.1 Summary

Oversubscription and high demand for some projects appears to have mitigated against open shared learning and proactive engagement with other projects and this may have unduly isolated some projects. There appeared to be little understanding of the projects' role within the wider agenda and how they contributed collectively to improving population health in the area.

Our project interviews revealed little evidence of system wide thinking or how projects actively considered their contribution as part of larger population health needs. There was also a lack of intra-programme sharing of learning between projects as well as little evidence of projects proactively reaching out to others and creating service provision synergies to the benefit of improved patient population outcomes in the long term. A systematic learning infrastructure to share lessons and link up project leads appeared to be missing.

3.5 Sustainability

Programmes such as the Better Mental Health Fund are supposed to play a key role in stimulating innovation in public service delivery and the spread and adoption of evidence-based practice. Sitting beside existing statutory provision, projects funded through this programme were, in effect, pilots in order to test their feasibility, effectiveness and efficacy for local populations. Generating robust evidence about the projects' impact was thus a key requirement for future commissioning of innovative mental health support services. From the start, there appears to be a clear vision on the side of the commissioner to use emerging evidence from the projects for future commissioning.

> *"The challenge with a lot of funded projects and programmes is that it's not a long-term funding, so the project might achieve some really good outcomes, but then the challenge will be how do we sustain those outcomes beyond the funding window."*

> *"So, one of the things that I suppose came out immediately looking at the way that the Better Mental Health Fund has or is being delivered, is thinking about how can we harness the potential impact, so what I've done is I came across another funding bid and I thought actually if we were able to redesign how those services are delivered, we can maximise outcomes."*

A relative lack of preparation by some project leads to gather appropriate project data on impact however made it difficult to meet this programme objective. There was a sense that sustaining some of the most effective projects in the programme conflicted with the short-term nature of mental health provision in the field.

> *"I know that as a commissioner I've been told to really identify projects that work well and then present a business case to our senior leadership team and our DPH, our Director will find the money if she's got it, but I think sometimes because I haven't got sight of that [funding] it's hard for me to say exactly what is sustainable."*

Those projects which had linked up with existing provision and were actively collaborating with other services were seen to be more likely to be sustained in the future.

> *"I think it's because they are more embedded with existing wider structures like maybe delivery across Mental Health Trusts or in schools but there are new ones that may struggle a bit more because they are not as well known. I think these challenges are more generic, not specific to those individual projects but more generic in terms of service delivery."*

> *"Working closely with [projects] to maintain the sustainability of the programme not just within the schools but across St Helen as a whole region as well."*

Some project leads also identified champions of change in statutory services to fly the flag for their project, increasing their changes of being core funded in the future.

"If we were to think about the next step in terms of the evolution of this program, you know, I'd want maybe more meetings with the senior leadership team as we draw to a close."

"The plan is we need the senior mental health leads to take responsibility... So we're hoping that the timing's pretty good with this, that they'll have that ability to be able to take it forward and make it business as usual."

"That's why we've suggested that a senior leader does [it]. Obviously, we can't enforce [the project's sustainability], but you really do need that person on the leadership team to understand how it can then influence strategy in the school."

Others looked for follow up external funding, such as Big Lottery funding.

"I mean what we've done is we've been mindful of this from the very get go so we've submitted a big lottery application for a three year fund which would start if we were successful at the end of this project."

Some, however, were resigned to their fate of their project coming to an end at the end of the programme.

".. we wouldn't have that capacity [to continue]… So, it is a shame because ideally this is very much needed."

Where projects were delivered in an educational or health care setting, there was a recognition that only those projects that had reflected a genuine service need identified by those organisations or users would ultimately be sustainable.

"You're asking them questions to find their own solutions, which is why it's so much more sustainable."

"So if we can show that it works in the school setting, then it has potential to become sort of universal provision both locally and nationally."

3.5.1 Summary

Project leads employed a variety of strategies to increase their project's chances to be sustained beyond the programme lifetime. There appeared to be a clear acknowledgement that those projects which spoke to a clearly defined and perceived service need would be more likely to be transferred into business as usual.

Identifying and working with strong local champions of change in statutory or partner organisations or exploring other funding opportunities were also used by project leads to guarantee their project a long-term future. The programme lead and commissioner were clearly articulating the need to demonstrate positive impact of projects as a prerequisite for additional funding yet it was felt that the short term nature of the programme may have made it difficult to generate the robust evidence of impact for some projects.

4. Discussion

Our analysis showed that most projects landed well with users and the community, with some projects quickly being overwhelmed by the demand for their services. Others struggled to link up with community groups due to insufficient preparation to improve their visibility amongst potential users.

Overall, all projects however demonstrated enormous flexibility and adaptability in the face of significant adversity, not least those generated by COVID restrictions at the tail end of the pandemic. Project leads were highly appreciative of the exemplary collaborative approach shown by the programme lead and commissioner, as well as the council.

Projects had different starting points, with some of them having been active in the local community previously, whilst others were new to St Helens. Those who had established prior relationships with local collaborating organisations found it easier to create reliable links for referrals whilst others struggled initially.

There was also some evidence that projects which could draw on previous experience and utilize local intelligence were specific to local needs and hence worked creatively with schools and other organisations to maximise the impact of their intervention and the changes of their project being continued in the longer term.

Systematic gathering of robust evidence of impact varied across the programme. Whilst there was clear awareness amongst project leads of the need to obtain strong evidence on project outcomes, some project leads queried the nature of the evidence needed and stressed the possibility of supporting 'hard' outcomes with qualitative user testimonies.

There remained some significant barriers to collect individual level data to demonstrate service outcomes for those projects that collaborated with organisations with separate information governance (IG) regulations, such as the NHS. Given that this is a well known issue, it was surprising that project leads had not explored establishing robust data sharing agreements with the NHS beforehand.

To our knowledge there was also no formal shared learning process created across projects as part of the programme infrastructure. This may have contributed to, or alternatively be reflective of, a lack of system wide vision and how the individual projects fit into a wider population health approach for St Helens. There was an ad hoc feel to most of the projects, and interviewees echoed this absence of articulation on the programme level how each project was contributing to improved population mental health.

Project leads pursued various strategies to ensure sustainability of their project beyond the programme lifetime. Some highlighted the need for local champions emerging from their close collaboration with local educational institutions or community groups, whilst others hoped for additional follow up funding from the Big Lottery. However, the projects appeared to address sustainability in isolation, rather than collectively as part of a wider system provision responding to local needs.

5. Conclusions

The programme brought together a range of different projects with widely differing aims and objectives, varying also in terms of history of local engagement, innovation and views on data collection and measuring impact. Some project leads reported enthusiastic receptions from local users often being oversubscribed.

The commissioner and programme lead provided strong leadership on measuring project impact and the need to produce robust evidence of project effectiveness in improving user service outcomes. However, the practicalities of selecting providers, delivering projects and achieving outcomes in less than a year caused a significant challenge to the success of the programme.

The programme would have benefitted from articulating a coordinated system wide approach and identifying how each project fit into this local strategy of improving population health in the borough. Creating formal fora for shared learning may have assisted project leads in understanding their role in this wider population health approach.

6. Recommendations

- Provide early implementation support to each project, including defining their project benefits and realisation plan

- Map each project and its benefits against wider local system needs to assess its potential impact and inform future commissioning

- Take a more co-ordinated approach by commissioners to map and identify gaps prior to programme design and planning

- Create formal shared learning mechanisms at programme level

- Request full risk management and risk mitigation strategies for each project throughout the programme to identify potential barriers to realizing project benefits

- Explore cross-project linkages and synergies based on user pathways using user journey tools

- Examine cost benefits of each project in the programme using Social Return of Investment models where the cost effectiveness of interventions cannot be measured directly