

Well London: communities working together for a healthier city

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Organisation: Well London

Country: United Kingdom

Level of government: Local government

Sector: Social protection

Type: Partnerships, Public Service

Launched in: 2007

Overall development time: 1 year(s)

Link to the innovation's website

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Description

The Well London project was a four year programme targeting 20 of the most deprived communities in London to promote healthy physical activity, healthy eating and mental health and well-being by delivering integrated interventions using a community development model. Well London has resulted in high levels of community participation, and bolstered community cohesion and empowerment to enjoy healthy and fulfilling lives.

Why the innovation was developed

- London is culturally and economically one of the world's leading cities. Despite this there are great inequalities in health outcomes between the wealthiest and poorest boroughs.
 - Compared to London as a whole those living in the city's most deprived areas have lower life expectancy, with the difference in life expectancy between those living in the most and least deprived neighbourhoods of London is 7.2 years for males and 4.6 years for females; can expect to live fewer years without a disability; have lower mental well-being; and have children less likely to reach a sufficient level of development when they start school.
 - About 40% of the capital's children live in low-income households. In Inner London, the child poverty rate is even higher, at about 50%. (Additional resources can be found in the Further Information section). This deprivation and poverty contributes to poor health and mental well-being especially in the young, ethnic minority communities and the elderly.
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Objectives

Improve effectiveness, Improve service quality, Improve social equity, Improve user satisfaction

- To combat all of the problems affecting the 20 communities the Well London project had the following overall aims: To change perspectives on mental health – tackling stigma – and promoting positive mental welfare; Increasing peoples opportunities to become more active; Improving understanding of, and access to, healthy food; Develop healthy spaces; Ensure that projects were relevant to the communities' culture and tradition.
 - A key objective of the Well London project was to develop a locally focused and community-led approach that improves community health and well-being and is effective and sustainable in even the most deprived neighbourhoods.
 - Well London sought to engage and empower people to build and strengthen the foundations of good health and well-being in their communities through: increasing community participation in activities that enhance health and well-being; building individual and community confidence, cohesion, sense of control and self esteem integrating with and adding value to what is already going on locally identifying, designing and taking action on health related needs and issues; building capacity of local organisations to deliver activities and making strategic links locally and regionally so the improvement in health and well-being is sustainable for the longer term.
 - The project also had a mission towards capturing the learning and experience gained to influence policy and practice to secure improvements in well-being and reducing health inequalities within London but also communities across the world. To achieve this, the project would develop robust, evidence based models and benchmarks for health and well-being.
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Main beneficiaries

Elderly people, Ethnic or racial minorities, Families, High-risk populations, Low-income groups, People with disabilities, Young people

- Residents and families in low-income communities.

Results

Effectiveness

- Outcomes far exceeded the targets set by BIG Lottery Fund. By the end of project delivery in March 2011 a total of 14 772 people had participated in Well London activities of whom: 79% reported an increase in healthy eating; 76% reported increased access to healthy food; 77% reported higher levels of physical activity and 82% said they felt more positive.
 - A range of additional outcomes were also achieved: Significant numbers volunteering: 401 in 'Well London Delivery Teams' project alone across the 20 areas (the target was 200); Significant numbers accessing training and qualifications - over 800 training opportunities were created by the Training Communities project.
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Service quality

Accessibility:

- The project has resulted in widespread community activity with nearly 15 000 community members taking part. It has also resulted in increased consumption and access to healthy food, increased physical activity, and improved mental outlooks among the residents of the 20 target areas.
- Through Well London large numbers of individuals have accessed training and qualifications. Due to the training and other skills developed, the project has brought at least 200 community members into employment.
- The projects have also resulted in additional resources and funding levered into these deprived areas. Well London has succeeded in building the capacity of local community service volunteers. This project has also succeeded in improving relationships and integrated working between statutory and community volunteer organisations.

Development

Design

The Well London project began in 2007 when the BIG Lottery Fund awarded the London Health Commission and its six partners GBP 9.46 million to deliver Well London.

The project was made up of the following seven organizations that formed the Well London Alliance partnership: London Health Commission – hosted by the Greater London Authority, Arts Council England – London, Central YMCA, Groundwork London, London Sustainability Exchange (LSx), South London and Maudsley NHS Foundation Trust (SLaM), University of East London (UEL).

This partnership focused on supporting local action. Each partner had their own area of expertise that was integrated into project activity on the ground.

Implementation

Tools used:

- All 20 first wave target communities were defined by lower super output area (LSOA) which each have around 1,500 to 2,000 residents. All 20 LSOAs were selected from amongst the 11% most deprived in London.
- An extensive consultation and needs assessment using a significant sample of community actors was launched (CADBE project). The consultation identified the specific needs, desires and priorities of each community.
- The consultation included community cafes (based on the World Cafe Concept), community action workshops (using appreciative enquiry methodology), and street interviews and focus groups. The findings were incorporated into the Well London design – ensuring that the communities co-designed (and later co-delivered) the projects.
- The Well London Project consisted of 14 projects. Six 'Heart of the Community' projects sought to increase community participation, volunteering, skills and capacity. Eight 'Themed' projects working on physical activity, healthy eating, mental well-being, improved 'healthy' spaces and culture and tradition. Here is a outline of each project: 'Heart of the community' projects, and 'Themed' projects.

Resources used:

- The Well London programme received funding of GBP 9.46 million from the BIG Lottery. Each community benefited from approx GBP 300 000 of project delivery resources. This was not provided as a cash sum but comprised a range of resources including training for local residents, funding to commissioned local delivery organisations, and salaries of Partner staff who worked with local communities.
 - Each partner organization had staff who were responsible for delivery of the programme. They were either employed specifically for the Well London programme or it was included in the duties of existing staff.
 - The programme was also able to lever in additional funding. For example Groundwork levered in nearly GBP 151 000 for open space activity. A further GBP 2 million will come from the BIG Lottery Fund over the next 10 years for BIG Local Trusts in the Well London Woolwich Common and White City areas. The Wellcome Trust is providing an additional GBP 740 000 for the Cluster randomized control trial.
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Challenges and solutions

- The consultation highlighted the following issues: Residents had poor dietary habits. Takeaway food was widely consumed and available cheap food available was of poor quality. There was insufficient knowledge of what constituted a healthy diet and a general lack of motivation to eat healthily. Also elders were inhibited from accessing the right foods due to problems with mobility and fear of crime.
- Barriers to adequate physical activity within communities existed due to poor community security and lack of open space, Perception of a lack of sports activity in school, and costs of access to activities and gyms were too high for local residents.
- Mental health and well being - On the composite index of mental health 15 of the target communities are among the 20% worst affected. Problems occurred because young people lacked affordable recreational facilities and things to do that resulted in high levels of drug and alcohol use, teenage pregnancy and crime. One community member highlighted this problem when saying: 'Youngsters need to be amused, and occupied, or they feel worthless'. Amongst the elderly, issues surrounded isolation and lack of social networks. This generates depression and compounds fear of crime resulting in a worsening cycle of less physical activity, community participation, poor diet and further isolation.

Lessons Learned

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- The factors affecting health and wellbeing are many and interrelated –an integrated, community development based approach is crucial in empowering communities to tackle these issues themselves.
 - Characteristics of the place are as important as characteristics of people in determining levels of health and healthy lifestyles and need local work and community knowledge to identify and target.
 - Training opportunities are a great incentive for people to participate and help to create strong outcomes.
 - Don't underestimate issues relating to young people. Fund work with young people appropriately.
 - Make extra efforts to recruit volunteers to the programme from the outset and train them early so they can encourage other residents to take part from the start of project delivery.
 - When coming in new to an area you need time to build relationships and trust with both the target community and with local service providers, and to find out what is really happening in an area.
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Conditions for success

- Inclusive and transparent community engagement is essential. Even so, it is difficult to translate the findings into clear plans of delivery and this needs time.
 - Whilst it is important to target communities and necessary to keep them very local, they need to be natural geographical communities. Target boundaries should not cut across natural boundaries or join communities that don't see themselves as joined.
 - Strong, positive partnerships with other strategic players will make interventions more successful.
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Other information

*The program described in this innovation case study has been discontinued and is no longer in operation.

Well London delivery, funded by Big Lottery, in the first 20 communities finished at the end of March 2011 and the emerging evidence from the project and programme level evaluations point to significant, positive impacts and outcomes on a range of measures. The results of the cluster randomised control trial will be available in 2012. In the meantime Alliance partners are determined not to lose the momentum in realizing the great potential for replicating, scaling up and further developing this Well London approach in other communities.

With Big Lottery endorsement an exciting legacy strategy has been developed that will take the Well London approach into a second wave of communities. The interim evaluation report and a Well London 'tool kit', which captures the learning from work with the first wave of Well London communities, will soon be available. This will include a Well London 'commissioning framework' for commissioners and 'manual of operations' for future local delivery organizations and partnerships.

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