

Well London

Introduction

Well London provides a framework for communities and local organizations to work together to improve health and well-being, build resilience, and reduce inequalities.

Well London works at the very local, neighbourhood level. It engages and supports people to develop their individual and community knowledge, skills and capacity to act on the issues affecting their health and well-being. It was found to have had very positive impacts in improving diet and physical activities through the evaluation.

Lack of exercise and poor diet leading to obesity and its consequences. The prevalence of obesity in the UK population is one of the highest in Europe and it is higher in the poor communities that are targeted by the Well London project. Type 2 diabetes and cardiovascular diseases are more prevalent in these poor communities. Due to several barriers, the targeted groups often did not seek health care and preventive advice until they had advanced problems.

The program sought to build individual and community confidence, by improving individual and community support networks, as well as providing opportunities for individuals to participate in activities to boost levels of mental well-being, healthy eating and physical activity. Community engagement was used to identify each community's assets and needs, and a co-development process was used, drawing on local knowledge, in order to identify and design solutions. This program aimed to:

- Increase levels of healthy eating, physical activity and mental health, especially among those who have experienced barriers to accessing services in the past.
- Increase levels of responsiveness of local service deliverers to community need.
- Build the knowledge and skills of residents and communities in order to improve their wellbeing and promote a sense of community.
- Leverage on existing services - making them more responsive to local needs.
- Help build ambition and aspiration in communities by empowering people to take up services and make small changes.
- Help make the community engage more meaningfully by mobilising participants who would not otherwise take part. Provide feedback to local providers of health and social care.

Key stakeholders



Key Stakeholders

- Greater London Authority (GLA)
- The Institute for Health and Human Development at UEL leads on Research and Evaluation, Community Engagement and Development
- The Royal Society for Public Health (RSPH)
- South London And Maudsley NHS Foundation Trust (SLaM)
- London Sustainability Exchange (LSx)
- Central YMCA
- Youthforce



Beneficiaries

- Deprived communities of London

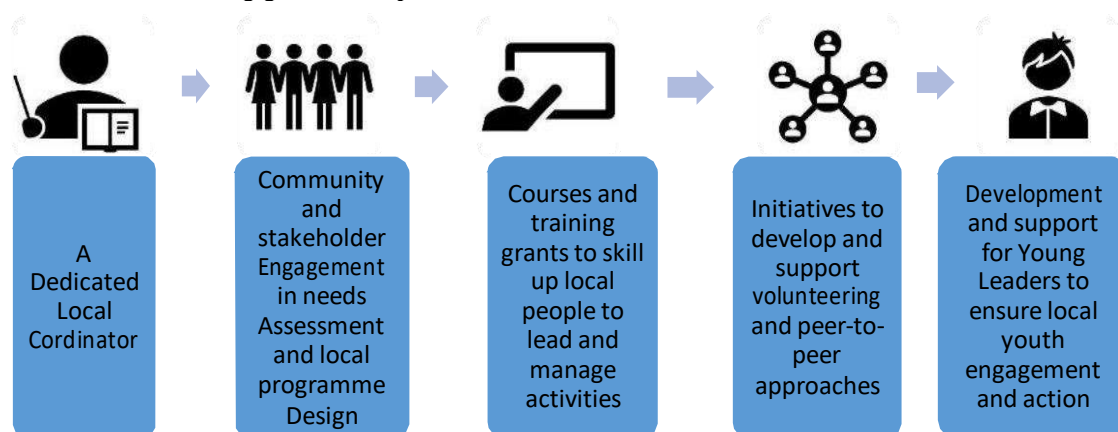
Implementation strategy:

The initiative began with a period of community engagement, to understand the needs, concerns and priorities of the target communities. The information gathered was used to shape a program of up to fourteen projects for each area, including core projects to build individual and community capacity, and themed projects to address mental well-being, physical activity and healthy eating, improve local environments and increase culture and arts activities.

The model starts by selecting a disadvantaged neighbourhood and recruiting a dedicated local coordinator who can ensure effective community building, participation, volunteers developing etc.

Initially, 15 volunteers with existing relationships within their communities were trained to reach out and empower local people. Volunteers went out twice per week for 4 hours per day on promoting activities and talking to and befriending residents. The recruitment of volunteers from the local community meant that those who were not usually reached by services of involved in projects were more likely to be reached and engaged.

The local community persisting problems are collected through door-to-door visits and community gatherings. Depending on the community demanding issues, the local community enhancement programs are designed with engaging the community and stakeholders. Through the local partners, these programs are carried out and volunteers are sourced through peer-to-peer approaches in the local community. To develop trainers for the community programs courses and training grants are provided.



Resource utilization: The first phase of development of the program was funded by the Big Lottery Well-being Fund, with £9.46 million used to develop, manage, deliver and evaluate interventions which took place over a three and a half-year period, between October 2007 and March 2011 in 20 of the most deprived areas in London. The program was delivered by the Well London Alliance, led by the London Health Commission. The London Health Commission was hosted by the Greater London Authority, which took the role of an accountable body for the Lottery funding.

The program sought to use the principles of asset-based community development and co-production to ensure that the Well London program of new activities built on existing assets, and that local communities were involved in decision making at each stage of development and delivery.

Results

Headcounts across projects estimated 46,918 attendances at projects and activities. An estimated 17,108 different individuals participated. Phase 1 participants reported that projects had helped

them improve their health and well-being:

- 80% reported that they received help to improve their understanding of mental wellbeing;
- 86% that they felt more positive;
- 83% helped to increased levels of physical activity;
- 63% helped to improve access to healthy food and
- 60% helped to make more healthy eating choices.

The evaluation was based on the Medical Research Council's guidelines for evaluating complex interventions and aimed to capture evidence of impact on the participants' health behaviours and wellbeing and on the local environment.

Lessons learnt

A major challenge was the time taken to develop and initiate several the new projects during the program implementation. There were delays, for example, in the establishment of the Well London Delivery Team project in some areas and delivery of some other key projects, such as Training Communities and DIY Happiness, which did not start until the end of the second year of the program, meaning some areas had less time to realise benefits than others.

Conclusion

Well London received political support from mayor of London and funded by national lottery community fund. A similar model can be used for any urban cites health and wellbeing intervention programs. Since the model is based on asset-based community development, this model enables the communities to use their public assets effectively and efficiently for their improved health and wellbeing. This program can be rolled out in the cities with support from local corporations.

Further Reading

<http://www.welllondon.org.uk/files/1401>