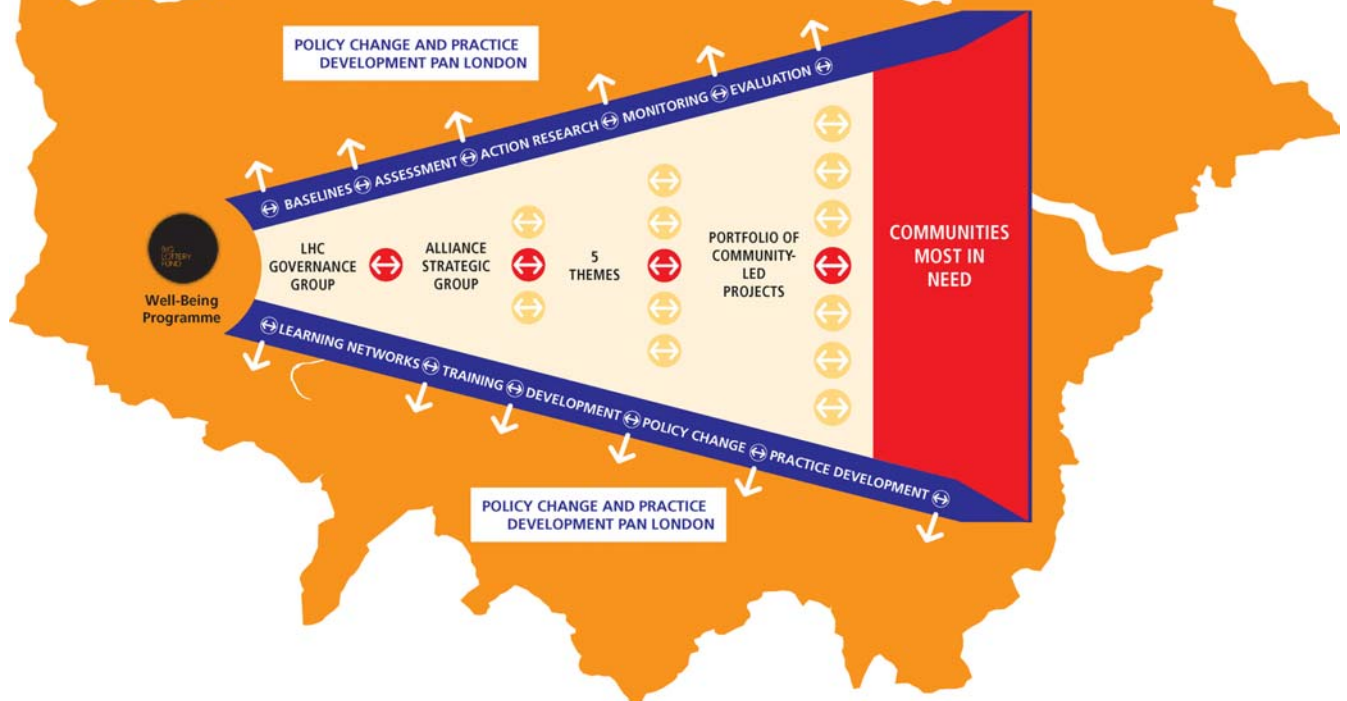


Well London Strategy

DELIVERING WELL LONDON



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Introduction

Well London Alliance, Vision and Communities

London is a leading world city on so many fronts. But behind the economic and cultural buzz of London lie some of the starkest inequalities in health and deprivation to be found anywhere in the UK. Current policy is not improving health in our most disadvantaged communities. We urgently need to find new ways to deliver improvement in the physical and mental well-being of *all* Londoners. Added impetus is provided by the prospect of the Mayor of London's new duty to produce a health inequalities strategy and by the focus on ensuring a health legacy from the 2012 Olympic and Paralympic Games.

Our bid brings together seven new partners, including four who were originally intending to bid separately to the Big Lottery Fund (BIG) Well-being Programme as lead organisations:

- London Health Commission (LHC)
- Groundwork London
- London Sustainability Exchange (LSx)
- Central YMCA
- University of East London (UEL)
- South London and Maudsley NHS Foundation Trust (SLaM)
- Arts Council England, London (ACEL).

We are all committed to a community development approach, have complementary expertise, experience and skills, and will achieve great synergy and effectiveness by working together. With overall management and legal accountability provided through the London Health Commission (LHC) and Greater London Authority (GLA), the portfolio will be coordinated and delivered through the Well London Alliance. The new Well London Alliance Strategic Group was convened in shadow form to oversee the development of the Stage 2 bid. This unique Alliance draws together extensive experience in successful grass-roots and community-led intervention and practice, with significant influence at the strategic level, including that of all of the LHC partner organisations.

The Alliance Strategic Group is jointly chaired by the Mayor's Advisor on Health and Sustainability and the London Region Director of Public Health. Strategic input to the Group on mental health is provided by the Chief Executive of London Development Centre/CSIP, on food by a member of the London Food Board and on physical activity from the London Coordination Group for the 2012 Olympic and Paralympic Games. 'Well London' is thus plugged directly into the major strategic development priorities for London.

As partners we have worked intensively together in carrying out extensive needs assessment and consultation exercises across target communities and with local and regional stakeholders. From this undertaking we have been able to evidence need, what practice is effective and ultimately to design and develop our portfolio. As well as reinforcing our links with local communities and local and regional stakeholders, this intensity of work has generated tremendous interest and excitement around the 'Well London' vision. The Well London Alliance has created a truly functional and fit-for-purpose partnership, based on mutual respect and understanding; knowledge of each others business processes and networks; and a common commitment to integrated delivery of the portfolio at the community level and roll-out of learning into policy and practice across London

Our needs assessment and consultation pointed us to focusing Well London on the most disadvantaged communities in London, working at the very local level, to tackle three of the most important determinants of health inequalities: poor diet, lack of physical activity and poor mental well-being.

To meet the needs we have identified, we have developed a portfolio comprising core community development projects known collectively as **Heart of the Community**, as well as **Themed** projects in relation to five Well London portfolio themes – **Food Poverty, Physical Activity, Mental Well being, Open Spaces** and **Culture and Tradition**. All projects will work across all 20 target communities.

Our Well London portfolio will deliver:

- Coordinated grass-roots projects which effect real and sustainable gains in the health and well-being in 20 of the most deprived communities in 20 London boroughs and which build their capacity to secure further gains
- Robust, evidence-based models and benchmarks that will influence policy and practice to secure real enhancements to well-being and reductions in health inequalities across all communities in our capital city and beyond.

What makes Well London so exciting and unique?

- Our community development approach grounds the portfolio in the actual perceived needs of the community and will reach the Londoners that other health initiatives do not reach.
- Working with local communities and stakeholders to transform people's lives and the places where they live.
- The utilisation of 'up to the minute' evidence based/non-traditional approaches to deliver the portfolio outcomes.
- Robust evaluation, and shared learning about portfolio outcomes and how they were achieved which will influence policy and practice in other areas across London and beyond.
- Significant synergy, mainstreaming and match funding potential through strategic links pan London
- A coalition of partners with a huge expertise in the key areas required.

Well London Target Communities

We considered a number of different options for identifying target communities at the very local level, including working through housing association and local authority estates. Analysis of housing tenure in the most deprived 10% of Lower Super Output Areas (LSOA) in London showed that only 16.4% of residents lived in housing association accommodation while 46.5% lived in local authority housing. We therefore decided that working through housing associations would not access the most needy and that the best approach would be to select LSOAs on the basis of IMD score. Because we needed to give the portfolio a regional focus we decided, in consultation with boroughs/Primary Care Trusts (PCTs) to select the most deprived 4 LSOAs in each of 20 boroughs. Boroughs were then invited to select the 2 LSOAs which they would most wish to see included in Well London, and we then randomly chose one as the intervention and the other as the control LSOA. Well London will therefore work with 20 very local communities at lower super output area (LSOA) level across 20 London boroughs. All of our target communities fall into the 11% most deprived areas in London on Index of Multiple Deprivation (IMD) (See Table 1).

This approach to selecting our target communities has also opened up the opportunity to build an exciting research framework around Well London for which we are seeking national research funding

for and which will provide robust evidence on the effectiveness of Well London in reducing health inequalities. This has attracted tremendous interest and excitement amongst Public Health specialists and researchers in London.

Table 1 - Well London Target Communities

LSOA Name	LSOA code	Ward	IMD	London IMD Rank	Population
Barking and Dagenham	E01000061	Heath	53.75	148	1617
Brent	E01000529	Kensal Green	53.49	157	2216
Camden	E01000905	Haverstock	60.37	41	2032
Croydon	E01001013	Broad Green	48.95	309	1609
Ealing	E01001358	South Acton	48.99	307	1595
Enfield	E01001554	Upper Edmonton	54.44	130	1610
Greenwich	E01001703	Woolwich Common	58.22	64	1569
Hackney	E01001721	Brownswood	59.94	44	1468
Hammersmith and Fulham	E01001958	Wormholt and White City	47.87	343	1920
Haringey	E01002026	Noel Park	61.41	33	1670
Hounslow	E01002588	Cranford	43.1	585	1588
Islington	E01002720	Canonbury	63.87	16	1518
Kensington and Chelsea	E01002879	Notting Barns	48.61	318	1886
Lambeth	E01003092	Larkhall	51.78	207	1649
Lewisham	E01003192	Bellingham	52.07	199	1523
Newham	E01003503	Canning Town North	62.25	28	1564
Southwark	E01004005	Nunhead	69.45	6	1600
Tower Hamlets	E01004252	Limehouse	70.9	4	1730
Waltham Forest	E01004407	Hoe Street	60.42	38	1456
Westminster	E01004722	Queens Park	63.46	20	2688

1. What is the need for your portfolio and how have you identified that need?

In developing our portfolio we have undertaken extensive needs assessment and consultation, at Stage 1 and Stage 2, actively involving people living in the target communities and other local and city-wide stakeholders. The results have strongly influenced the final design and focus of our portfolio and its individual project elements. In particular, we learned that parachuting in lots of new ‘off-the-shelf’ projects would, on its own, have limited sustainable impact. Instead we needed to build the knowledge, skills base and confidence of individuals and groups in the community in securing their own well-being. While there is a need to complement existing provision with new activities specifically to promote healthy eating, physical activity and mental health and wellbeing, a key priority is to support the community to achieve leverage on the existing range of statutory and voluntary sector providers. This leverage should urge the sector providers to build greater coherence and easier access into their activities, which can then have a real impact on the residents’ lives.

a. How we have identified need

We have undertaken extensive consultations and needs assessments with stakeholders at all levels from the local communities to pan-London organisations.

Stage 1 consultations and needs assessment included:

- a series of meetings with our beneficiary groups to ascertain their views on physical and mental health issues, being active and eating healthily

- workshops with over 100 statutory and voluntary organisations from across London at local, sub-regional and pan-London levels
- discussions with over 200 representatives of a wide range of both local community groups and organisations and local and pan-London statutory organisations at a high-profile reception hosted by the Mayor of London
- presentations and discussions with London Health Commission (LHC) partner organisations at the Commission and Executive Group meetings and through our Annual Partners Conference
- the LHC Children and Young People's Forum (who are also the Be Healthy working group for the Every Child Matters programme in London)
- NHS London and London Primary Care Trusts (PCTs), including in the boroughs that will host the 2012 Olympics and Paralympic Games, were consulted locally to help us ensure that this bid is community-needs led and feeds into local strategies and contexts
- detailed review of the epidemiological evidence in relation to levels of mental well-being, physical activity and healthy eating experienced by communities in London and determinants of these
- evidence for the effectiveness of interventions and intervention approaches
- extensive needs and evidence reviews, including the annual Health In London reports
- public consultations and needs assessments undertaken in the development of relevant and current strategies developed by the Mayor of London and partners, including the:
 - London Food strategy: Healthy and Sustainable Food for London
 - Children and Young People Strategy: Making London better for all children and young people
 - Older People's Strategy
 - London: Cultural Capital – Realising the Potential of a World-Class City
 - Strategic Framework for Mental Health and Well-Being in London
 - Delivery Plan for the Olympics and Paralympics Health Legacy
 - Economic Development Strategy: Sustaining Success
 - The London Plan for Sport and Physical Activity.

Key strategic and design issues arising from Stage 1 consultation included: the need to work at the very local level to have impact; to use local level work to develop well-evidenced models of intervention; and to mainstream/roll out these models across London using partnerships with boroughs and PCTs, the LHC networks and other partners' networks.

Stage 2 consultations and needs assessment included:

Detailed consultation with target communities. Working with locally engaged co-hosts, we have used a sophisticated 'Dual Task' approach. Through a series of innovative community engagement mechanisms we have captured target communities' own accounts of their needs and aspirations, and incorporated their views and local intelligence into the design of the Well London portfolio. Engagement activities have included community cafés, appreciative enquiry workshops, aspirational visits, community walkabouts and validation exercises. At the same time this process has invested (including through direct training provision) in building the capacity of the target communities to contribute to the development and refinement of the delivery programme throughout the project and beyond.

Key messages from communities were:

- the lack of hope and aspiration
- the challenges of community fragmentation, and the poor levels of health and healthy lifestyles

among residents

- the effects of unemployment, poor physical environments, and lack of opportunity to choose healthy lifestyles
- a lack of coordination of existing services and projects
- a failure on the part of voluntary and statutory sector providers to build on and augment communities' own resources to improve their well-being
- a desire to be engaged in development, design and delivery throughout the life of the programme, rather than just at the beginning.

These consultations have directly and significantly influenced our overall portfolio design leading to major revisions since our Stage 1 bid. We have re-profiled to ensure major efforts are put into joining-up and leveraging existing provision, and into delivering core activity to support communities to help themselves through the 'heart of the community' projects. We have also put in place mechanisms to secure an ongoing process of engagement and consultation throughout the life of the portfolio delivery.

Detailed consultations with local authorities, PCTs and third sector agencies. This has involved all boroughs within which our target communities lie through:

- the process of choosing the target Well London communities in each borough
- structured pan London workshops
- the local and pan London community cafes
- visits to meet with senior representatives and existing partnerships and stakeholder group, including senior PCT and Local authority representatives at borough level.

These processes have allowed us to gather detailed information characterising the needs of, and existing provision in, the most deprived communities in London. They have secured buy-in from local stakeholders and have ensured that the Well London portfolio is designed to deliver in ways which are coherent with existing programmes and have the potential to generate match funding.

The strong message from boroughs is that they want to be fully involved in the development of the local Well London portfolios. We have taken their feedback and enthusiasm on board in the further development of the Well London strategy to ensure that Well London maximizes the expertise, roll out and match funding/resource potential within the local boroughs, and effectively leverages existing services to be matched to need. Well London will work closely with the key stakeholders, including the local authorities, PCTs and key voluntary sector organisations to tailor the local Well London programmes to ensure maximum use of local expertise, services and facilities and synergy with existing local strategies and programmes. We envision the setting up of local advisory groups, including target community members to facilitate the effective design and delivery of the local programmes.

Consultation with strategic pan London partners. We held:

- a detailed consultation workshop with the full range of pan-London and London regional strategic partners to identify ways in which the portfolio and its evaluation and learning processes could be designed, geared and managed so as to have maximum impact in practice across the whole of London and beyond.
- targeted one-to one meetings with a range of London Health Commission Partner organisations, including London Development Agency, Government Office for London , Regional Public Health

Group, London Development Centre/CSIP

- Discussions with London Food Board, London Sustainable Development Commission, Natural England, the Healthy Urban Development Unit, and the London Parks and Green Spaces Forum, Sport England
- presentations at LHC meetings
- discussions with LHC Executive Group
- discussions with LHC Children and Young People Forum, which is also the Be Healthy Working Group for Every Child Matters in London.
- discussions with Mayor's Health Inequalities Strategy Steering Group

We have thus ensured that Well London has full buy-in from pan London stakeholders and is well positioned strategically to ensure it can be mainstreamed, including through the Mayor's Health Inequalities Strategy, the Department of Health's *Health and 2012* workplan, and the new mechanisms for commissioning Health Improvement at the borough level.

Desk-based research. We have worked with DMAG (GLA's information service), the London Health Observatory, and the Experian information provider (Mosaic data sets and archetypes) as well as all boroughs and PCTs to:

- compile detailed profiles of health and the wider determinants of health in our 20 target LSOAs
- accumulate viable data through questionnaires to stakeholders across the boroughs
- solicit and receive a wide range of reports, data, community profiles, and descriptions of existing projects from local statutory and voluntary sector agencies pertaining to these communities
- combine these information sources to provide detailed pen portraits and tabular summaries of information describing need and existing provision (see www.uel.ac.uk/ihhd/programmes/PlanArch.htm).

The desk-based exercise has taught us that there is considerable heterogeneity in characteristics need and service provision among our target communities and of the key dominance of local authority as opposed to housing association housing in the most deprived areas. The findings have also allowed us to confirm that our IMD correlates well with low levels of healthy eating, physical activity and mental health and well-being. Profiles will be used to fine-tune local portfolio delivery.

b. What is the need for our portfolio?

London-wide needs

With a population of some 7.5 million, London is culturally and economically a major world city. London is also the richest capital in the world in terms of ethnicity, tradition and language. But with this rich diversity come huge inequalities in health and well-being:

- The incomes of the wealthiest fifth of London's population are seven times greater than that of the poorest fifth, while over half of London boroughs are in the top 30 per cent most deprived boroughs in England.
- The child poverty rate in inner London (52 per cent) is higher than any other region or part of Great Britain.
- Although only a few miles apart, traveling east from Westminster to Canning Town on the Jubilee line, each of the eight stops represents one year of life expectancy lost.
- All boroughs have pockets of deprivation and ill-health, locally defined as poor neighborhoods or

estates.

Deprivation and poverty contribute to ill health and poor mental well-being, with children and young people, Black, Asian and Minority Ethnic (BAME) communities and the elderly most likely to suffer from their effects. The factors are mutually reinforcing across the mental health and well-being, physical activity and healthy eating themes.

Needs of our 20 target communities

Our targeted communities are young with all but two in the top 50 per cent of London LSOAs for proportion of residents aged under 16.

With the exception of Heath (LB Barking and Dagenham) all communities are in the highest 25 per cent in London for non-white residents (six having a majority of non white). But there is considerable ethnic mix across LSOAs.

Thirteen of our target communities have more than 20% of residents suffering limiting long term illness. Except Heath LSOA, all have more than 15% of residents of working age suffering limiting long term illness – 12/20 in the most affected 5% of communities in London and 7/20 in the most affected 2% in London. Eight of our communities are in the 25% most affected in London for stroke admissions, 14/20 in highest 25% for all cause mortality and 8/20 in top 6% for all cause mortality. Nine communities are in top 20% for smoking in London.

Our target communities experience deprivation across a range of indicators: poor diet, low levels of physical activity and poor mental health. In terms of wider determinants of well-being, 11 of our target communities have proportions of residents with no qualifications among the top 10% in London (35% or more of population with no qualifications). Thirteen are in the top 15% in London for overcrowding; and 16 in the top 20% for unemployment (4 communities with unemployment rates above 10%). All communities with exception of Broad Green (LB Croydon) and Kensal Green (LB Brent) are in the bottom 10% in London for proportion of residents economically active and 16 are in the lowest 10% on this index).

Healthy Eating

Poor diet is a key determinant of ill health and obesity, and an important factor in major killers such as stroke and ischaemic heart disease. Our consultations, and the recent consultation on the London Food Strategy, confirm that healthy eating is a key concern for communities. Two key reports in 2006 *Feeding Minds, the impact of food on mental health* and *Changing Diets, Changing Minds* have highlighted the linkage between a lack of healthy eating and mental disorders, and encouraged us in our holistic approach.

Our needs assessment shows that:

- only 22 per cent of men and 26 per cent of women eat five or more portions of fruit or vegetables a day, with the poorest eating habits among 16-24 year olds
- nine per cent of men and six per cent of women consumed no fruit or vegetables
- consumption of fruit and vegetables decreases with lower household income
- consumption of fruit and vegetables, fats, salt, fibre and red meat varies considerably in minority ethnic groups
- thirteen wards in three East London boroughs have been identified as ‘food deserts’, lacking local provision of fresh fruit and vegetables
- ten per cent of people over the age of 65 are malnourished and account for approximately half of

the £7.3 billion per year that malnutrition costs the UK.

Healthy Eating in our target communities

Consultation with our target communities suggested that the cheap food available was of poor quality. Processed food and cheap take-aways are widely eaten in all areas and, among young people, may make up the bulk of their habitual diets. We found a general lack of knowledge, especially among the young, about what constitutes healthy eating and about how to cook, as well as a lack of motivation to eat healthily, even where they are aware of and understand healthy eating issues. In some areas there is reasonable access to healthy food and food supply projects such as food co-ops, but these are often not well used, or not large, sustainable, known about or exciting enough for people to use them.

Problems with mobility and fear of crime often inhibited elders from accessing the right foods or even in some cases achieving adequate nutrient intakes. Our desk-based estimates of fruit and vegetable consumption show considerable variation across our communities with some higher and some lower than average for both adults and children in terms of proportions consuming five or more portions each day. There was a widespread view that work to improve the quality and healthiness of fast food might be a quick win in improving overall diet.

Physical Activity

Adequate physical activity is an important determinate of good health, including mental well-being. The Olympics and Paralympics give us a unique opportunity to galvanise people's attention on the importance of physical fitness and turn around the decline in fitness, and subsequent rise in obesity, heart disease, osteoporosis and diabetes.

- Nearly half of young men and three-quarters of young women in London do not fulfill recommended guidelines for physical activity (60 minutes a day), and 40 per cent do not take part in any exercise at all.
- The rate declines further among residents in poor neighbourhoods, which links to an increased likelihood of being overweight.
- Indian, Pakistani, Bangladeshi and Chinese men and women are less likely to meet targets for exercise.
- 30 per cent of young people in London are either overweight or obese, above the national average.
- Physical activity rates for men in London are the lowest in the country.

More recently the results of Sport England's *Active People* survey (2006) show that:

- Twenty-one per cent of the adult population of London take part regularly in sport or active recreation (defined as physical activity to moderate intensity for a period of at least 30 minutes on at least 12 days in the last four weeks).
- There is a very strong socio-economic gradient in physical activity with only 15.1 per cent of the lowest socio-economic groups taking part in sport or active recreation compared with 25.8 per cent of highest group.
- Twenty-two and a half per cent of adults of 'white origin' adults take part in sport or active recreation whereas the figure for non-whites is 18 per cent.
- Whereas 23.8 per cent of men take part in regular sport or active recreation the percentage of women is only 18.9 per cent.
- The variation in rates of physical activity across London are as great as that in England as a whole. Richmond on Thames is the local authority with the highest percentage of active adult population in

England at 29.8 per cent. Newham has the second lowest rate of adult participation in recreation in England at 14.5 per cent.

Both evidence and experience emphasise the need for approaches that support families to exercise more and eat better together to strengthen bonds and promote mental well-being.

Physical activity in our target communities

In addition to concerns about community security and lack of quality of open space, our consultation revealed that there were a number of other barriers to communities achieving health levels of physical activity across our target communities. For young people provision for sports activity in school was widely perceived to have fallen over recent years. Costs of access to activities and gyms were often beyond the means of local communities and this was especially true where our target communities were in close proximity to richer residential areas where prices were driven up. Barriers to physical activity were especially important for those with childcare responsibilities and also evident among individuals who lack the confidence to join classes alone. Our desk-based research data confirms this, suggesting below average levels of physical activity of all types in all our target communities. Fear of crimes against persons, especially racially motivated attacks, are all estimated as well above average in our target communities; as are concerns with vandalism, racism, poor housing stock and rubbish in the environment.

Mental health and well-being

On any indicator, mental health and mental ill-health and inequalities are a huge challenge for London. The cost is high, not just to the sufferers in terms of their quality of life, but to the rest of the population. It is estimated that mental health problems cost the capital nearly £2.5 billion in health and social care costs, £5.5 billion in lost output and £7.4 billion in human costs.

Our needs assessment shows that:

- Over one million Londoners will experience a diagnosable mental health problem such as anxiety, depression or phobia, and a further 30,000 will experience a psychotic disorder, the majority among the economically disadvantaged – the jobless, those on low incomes, and those who live in poor quality or overcrowded housing.
- Sixteen per cent of girls and six per cent of boys aged 16-19 are thought to have some form of mental health problem. One in five children will suffer clinically defined mental health problems at some point and this figure is increasing. Children in the poorest households are three times more likely to have mental health problems than children in well-off households.
- Ethnic minority groups are more likely to be diagnosed with schizophrenia, and to be detained and treated compulsorily under the Mental Health Act.
- Mental health, particularly in older people, is linked to social exclusion and nutritional status.
- Mental health is also linked to fear of crime and to domestic violence which also impact on children, families and communities.

The Social Exclusion and Mental Health report¹ (ODPM, 2004) demonstrates the extent of exclusion experienced by people with mental health problems:

- Only 24% of adults with long terms mental health problems are in work, (the lowest employment rate for any of main groups of disabled people)²

¹Social Exclusion Unit; *Social Exclusion and Mental Health*, Office of the Deputy Prime Minister 2004

² Ibid p.11

- 84% of people with mental health problems have felt isolated compared to 29% of the general population³
- 83% of respondents to the Social Exclusion consultation identified ‘stigma’ and ‘discrimination’ as a key issue.
- A person with schizophrenia can expect to live for ten years less than someone without a mental health problem and is twice more likely to die from a smoking-related disease.

A recent UK Disability Rights Commission investigation found people with mental health problems are more likely to experience major illness, develop serious health conditions earlier and die of them sooner than others. The report calls for a clear shift in approach to root out unequal treatment and target high risk groups to prevent the extra costs of serious ill health being passed on to other parts of the NHS and enable these groups to be healthier and participate fully in society. Similar concerns are reflected in the Choosing Health White Paper.

However, mental health is much more than illness, it is also about well-being. Put most simply our mental health is about how we think, feel and function. ‘Mental well-being also contributes fundamentally to the extent to which people feel able and motivated to exercise choice and control and to adopt healthy lifestyles’ (Making it Possible 2005). So in order to deliver a sustainable legacy, mental well-being will underpin the Well London projects. The importance of this approach was highlighted by the Choosing Health White Paper: ‘We will have delivered if we improve mental health and well-being in the general population.’

Mental health and well-being in our target communities

Consultation revealed age-differentiated concerns around mental health and well-being. Among young people and across communities, key issues were a lack of affordable recreational facilities and things to do, leading to high levels of drug and alcohol use and teenage pregnancy and crime. Types of drugs used varied from community to community, with, for instance cannabis as the main drug of use in Limehouse, but with both physical and reported evidence of significant levels of heroin use associated with commercial sex work in Brownswood, Hackney.

The key mental health issue among elders in the majority of communities were isolation and lack of social networks (children having moved away) generating depression, which, compounded by fear of crime and a lack of community support led to low levels of physical activity and participation in community events, poor diet and further isolation. On the composite index of mental health 11 of our target communities are among the 1 per cent worst affected in London and 15 among the 20 per cent worst affected. The impression of poor mental health is confirmed by data describing rates of claiming incapacity benefit or serious disability allowance as a result of mental health problems where 11 of our communities are among the highest 10 per cent in London. All but three of our target communities is in the top 10 per cent in London for proportions receiving income support.

Accessing Open Space in our target communities

Consultation with our 20 target communities revealed that access to open spaces and playgrounds and the quality of these varies across communities. However, in most areas accessible green space was neglected, unattractive and rundown – comprising little more than a flat field with broken railings and no landscaping or structures such as benches or play equipment. Poor physical environments, environmental health issues such as spitting, dog litter, drug leftovers and rubbish are universally seen

³ Mind; *Not Alone? Isolation and mental distress*, London 2004

as a contributing factor to poor mental health, and lack of exercise as they demotivate people from engaging in activities or leaving home. Fear of crime exacerbated this with people of all ages. In East London, in particular, there were major concerns about increasing intensity of development taking over formerly available open space.

Culture and Tradition

Our target communities have strong cultures and traditions which often combine with structural influences to create opportunities and barriers which support or hinder communities in achieving healthy lifestyles and mental well-being. With the exception of Heath (LB Barking and Dagenham) all of our communities are in the highest 25 per cent in London for non-white residents (six having a majority of non white). But there is considerable ethnic mix across LSOAs.

Cross-cutting themes, needs and solutions offered by communities and stakeholders

All of the main strands of our needs assessment for stage 2 identified a number key issues which cut across all of our 20 target communities to reduce levels of health eating, healthy physical activity and mental health and well-being, as well as reducing the impact of existing services and projects in delivering sustainable improvement. The assessment also identified existing provision and its limitations, and some potential actions which would have real impact.

- Isolation and fragmentation within communities especially of elders, ethnic minorities and vulnerable groups with hopelessness and lack of aspiration transmitted across generations. A lack of spirit and sense of community.
- High rates of benefit dependency, long term incapacity, especially for mental health reasons and low levels of skills, education and economic activity. Resulting poverty makes it difficult to access healthy food, cultural and recreation amenities (including physical activity).
- Lack of awareness of opportunities to access healthy diets, physical activity and mental health and other aspects of well-being – even when they do exist.
- Existing services, interventions and projects are piecemeal, not joined-up and poorly coordinated.
- Services and projects are not well grounded in the real needs and lived experiences of communities and do little to support community members in developing their own skills and resources to access well-being. Local commissioners and service providers need educating about the social realities and need to join up what they are doing.
- Need is not homogeneous within communities but differentiated by ethnicity, culture, economic status and length of time in area, social capital and networks.
- Existing green space is poorly maintained, under-used or dominated by specific groups such as young people

Variation in need across our target communities

All main strands of our needs assessment also show that there is variation both within and between our target communities in relation to the mix of issues and indicators which describe the problems faced by local people and the resources they have to solve them. There is considerable variation in ethnic and religious mix between the communities as well as in estimates of rates of healthy eating and exercise, and the availability of affordable healthy food, leisure facilities and usable green space. There is also considerable variation in mental health indicators. In several areas there are some streets where young upwardly mobile families and singles have recently moved into the areas.

While it is impossible to describe and capture this variation in detail in this strategy section, we must

emphasise that this information is available to us and is being and will be used to fine-tune projects within each specific community. Additionally, the information will be supplemented and further enriched by the continual engagement with communities inherent in the community development approach we have adopted and the core CADBE (Consultation, Assessment, Design, Brokerage and Enterprise) project.

Implications for portfolio activities and projects to meet needs

While a huge range of ideas were generated through the different strands of the consultation/needs assessment process there was an overwhelming view across all our target communities that:

- Just parachuting in lots of new ‘off-the-shelf’ projects would have little sustainable impact. There is a greater need to build on and join up with what is already there and to build the knowledge and skills base of the community in securing its own well-being. A key priority is for the community to achieve leverage on the existing range of statutory and voluntary sector providers forcing them to build coherence and economies of scale into their activities so as to have a greater impact on residents’ lives.
- In order to achieve sustainable impact all portfolio elements and projects should build the knowledge and skills base of local residents and communities to understand and work to improve their own well-being and promote a sense of community in the local areas. If done intelligently this skills and capacity building approach would also potentially facilitate entry into paid work for residents. It was argued that there was considerable potential to set up community enterprises and teams which could themselves provide social and community services and facilities. This would have the effect of recycling social and health funds back into the communities themselves, rather than diffusing into external statutory, third sector or business operations.
- There was a crucial need for activities and projects which build ambition and aspiration in communities as well as social capital and the sense of community and mutual support.
- The process of consultation and community engagement which had been started should continue forward into the future and communities should themselves be partners in the design, delivery and evaluation of all portfolio activities.
- There was a need to learn how other communities had addressed and found creative solutions to problems and that networks between different communities would have a major potential to share experience and learning as well as contribute to increase ambition and aspiration.
- Across communities there was differentiated need for specific projects to promote food access, green space, physical activity and mental health, worklessness and community security; and these needed to be tailored to local circumstances and embedded in cross-cutting activities.

Building on and leveraging existing and planned provision

There are many effective local and national projects playing their part to improve health in the capital:

- A host of effective food access initiatives – from food co-ops to community cafes, from school breakfast clubs to school fruit and vegetable schemes, to vegetable box delivery schemes.
- The new Schools Food Trust, and legislation on school meal and snack standards are coming into effect this September, banning processed meats and excess fat, sugar and salt.
- The five-a-day campaign, which has been embraced by schools and supermarkets.
- School sports provision is being formalised, with all children entitled to two hours a week.
- Sports Action Zones are encouraging physical activity on many housing estates in the capital.
- Local mental health promotion strategies.

- Mental Health BME Community Development workers initiative to promote mental health and well-being in BME communities.

Our portfolio will build on the best examples from existing provision while enabling innovation in the development of new activities, in consultation with communities. In the course of our needs assessment we have identified a wide range of relevant existing activities being delivered in target communities. We will work with communities to ensure that their needs are adequately communicated to and understood by all service and intervention providers; thus leveraging better tailoring of existing and planned provision.

Important opportunities to do this at the local level are offered by the imperative of:

- Public Sector Agreement (PSA) targets, for example: reducing inequalities in infant mortality, life expectancy, cardiovascular and cancer mortality; improving life outcomes for those with mental health problems and sustainability; and sports and physical activity targets.
- Local Area Agreements (LAAs) – our delivery partners are involved in the development of LAAs and will ensure that our portfolio programme builds on existing provision and influences future priorities.

2 What are the proposed outcomes of your portfolio?

Through direct, coordinated project work with a range of the most disadvantaged communities in London, and through influencing local and regional organisations, within the health sector and across other sectors, into working differently and more effectively, our portfolio will deliver to Londoners:

- increased opportunities for making healthy eating choices
- increased uptake of healthy eating choices
- increased opportunities for healthy physical activity
- increased levels of healthy physical activity
- improved mental health and well-being
- more positive community perspectives on mental health and well-being
- enhanced mental well-being.

Our community development delivery model will also deliver:

- increased capacity of communities to identify health/well-being needs to leverage existing services and projects and to design and deliver well-being activities
- greater mutual understanding and community cohesion.

We have taken care to ensure that these outcomes are **SMART**:

Specific: Our outcomes are tightly defined and mapped to the objectives of the BIG Programme and our portfolio.

Measurable: Our outcomes can and will be measured through surveys of communities using established instruments which will allow reliable estimation as well as comparison with other communities across London and beyond.

Achievable: Informed by existing evidence on the effectiveness of interventions to promote healthy eating, physical activity, and mental health and well-being together, using the synergies we will achieve by working across all three interlinked areas and using a combination of approaches grounded

in community development.

Relevant: Our outcomes relate directly to healthy eating, healthy physical activity, and mental health and well-being. They also address the issue of sustainability, measuring increased community capacity to leverage services and act *themselves* to promote healthy lifestyles. We have carried out considerable work to establish baselines and these will be further enhanced by the baseline surveys.

Time based: Our outcomes are time based and can be measured by follow-up surveys and ongoing activity information systems.

Further, we have taken care that our outcomes will be attributable. The measurable changes against baselines in our intervention communities will be capable of comparison with any similar changes in our matched 'control' communities. This allows them to be reliably attributed to our portfolio rather than other influences operating in the communities. Such an approach will be key in ensuring that learning and successful models will be rolled out within boroughs and in the wider London health economy.

See Table 2 Well London Outcomes (revised post stage 2 assessment April 07)

TABLE 2		Base Estimate ¹	Year 1	Year 2	Year 3	Year 3.5
Outcomes	How measured					
Over the 4 year programme 34, 508 direct beneficiaries will have increased <u>opportunity</u> for health levels of physical activity, healthy eating and mental well being.	Sequential surveys of awareness of opportunities for, barriers to, and levels of healthy eating and physical activity, mental health and well-being	0	1,875	5,625	20,000	34,508
Over the 4 year programme 4,602 direct beneficiaries (3,424 adults and 1,178 children) will have increased uptake of healthy eating choices; including enhances access to affordable healthy foods.	Sequential surveys of awareness of opportunities for, barriers to, and levels of healthy eating and physical activity, mental health and well-being	<u>Adults</u> 29% 26% 6,850 <u>Children</u> 50% 47% 3,925	<u>Adults</u> 29% 7,535 <u>Children</u> 50% 4121	<u>Adults</u> 31% 8,220 <u>Children</u> 52% 4,318	<u>Adults</u> 36% 9,590 <u>Children</u> 57% 4,710	<u>Adults</u> 39% 10,275 <u>Children</u> 62% 5,103
Over 4 year programme 4,348 direct beneficiaries will have increased levels of health physical activity.	Sequential surveys of awareness of opportunities for, barriers to, and levels of healthy eating and physical activity, mental health and well-being	18% 6,211	20% 6,833	23% 8,074	27% 9,317	31% 10,559
Over the 4 year programme 5,176 direct beneficiaries will have improved mental health and well being and in addition there will be more positive community perspectives on mental health & well being	Sequential surveys of awareness of opportunities for, barriers to, and levels of healthy eating and physical activity, mental health and well-being	30% 10,352	32% 11,043	36% 12,422	40% 13,803	45% 15,528
		0	200	300	500	550

3. How will your portfolio address the needs you have identified and bring about your proposed outcomes?

The needs assessment has shown that although there are a lot of health improvement opportunities, activities and services already available to communities across London, many of these are not reaching communities most in need – those suffering the highest levels of deprivation and most severe health inequalities. We are, therefore, targeting our portfolio activities on small geographical communities, at Lower Super Output Area (LSOA) level. In partnership with local authorities and PCTs we have chosen 20 target LSOAs in 20 boroughs for intervention. Our portfolio will be delivered in each intervention LSOA, will use a community development approach to signpost, build on, shape and add value to existing local health improvement activities and will invest in new projects which meet gaps in local provision. Thus we will deliver a comprehensive, integrated and community-led local well-being programme. Each target LSOA will benefit from the additional BIG funding of circa £100K per year. Significant additional funding will also be levered in through the Well London partnership.

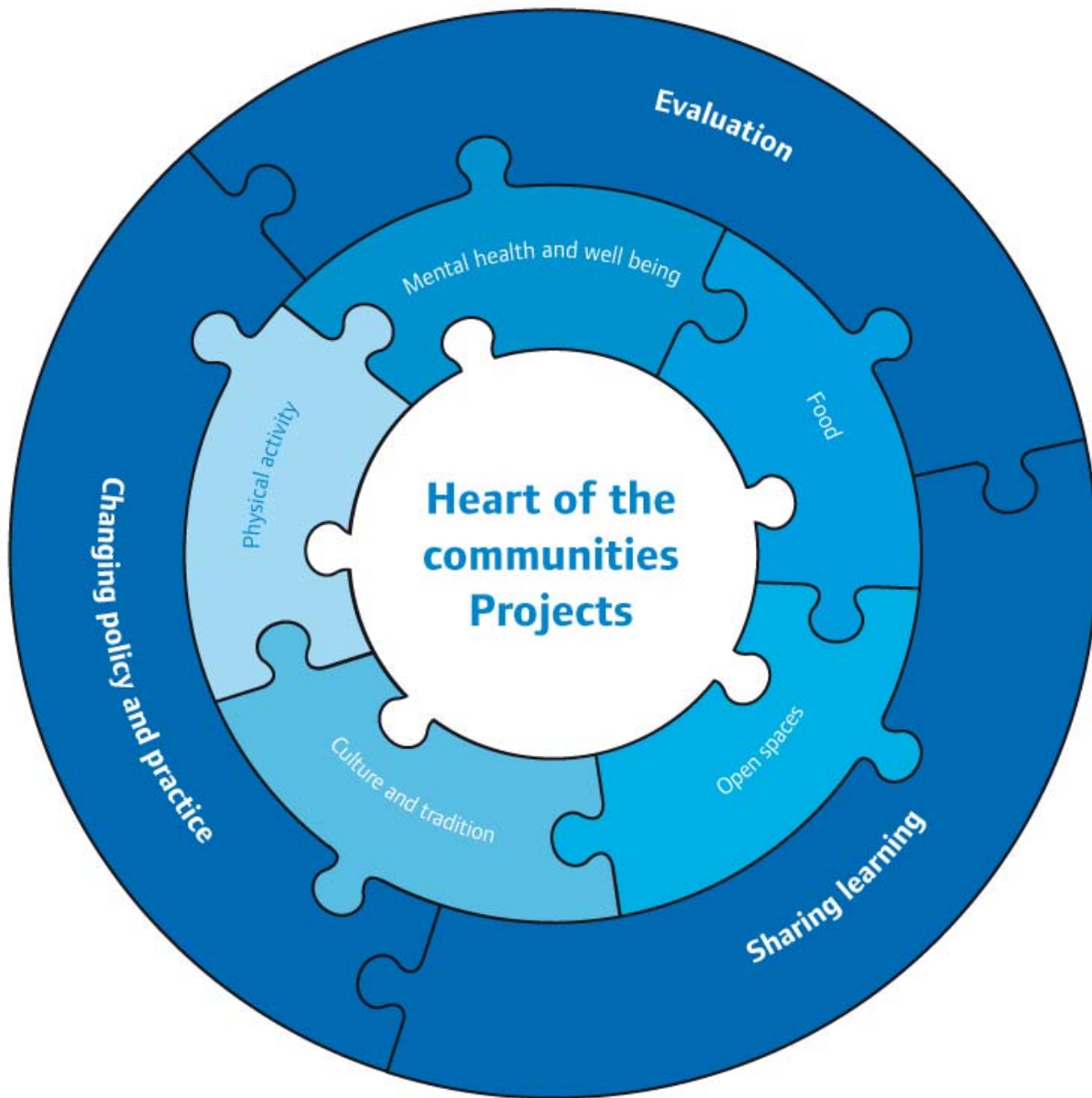
The needs assessment has also shown that there are many communities within boroughs and across London facing similar needs and issues. An important dimension of the Well London portfolio is, therefore, that it will also benefit the whole of London by ensuring that the learning from the work with the target LSOAs gets into policy and practice locally, through strong links with local authorities and PCTs and other relevant local organisations, and regionally through the London Health Commission (LHC) member organisations and other Well London partnerships and networks. All the major organisations in London that have an influence over health and the wider social, economic and cultural determinants of health are members of the LHC; including the Greater London Authority (GLA), London Development Agency (LDA), London NHS, Regional Public Health, Government (RPHG) Office for London (GOL), London Councils, King's Fund and many others.

The needs assessment and extensive stakeholder and community consultations have directly and strongly influenced the design of the Well London portfolio projects. We originally envisaged the portfolio as being delivered within five themes: *Food Poverty*, *Mental Well-being*, *Green Spaces*, *Culture and Tradition* and *Children and Young People*. The needs assessment consultation reinforced the need for all projects within the five original portfolio themes to have strong community development empowerment and community capacity building elements. All of the projects in our portfolio are therefore designed to work within each target community to equip individuals and groups with the knowledge, skills and confidence to:

- access and participate in existing community projects, activities and services
- be active in helping to influence how existing and new services and activities are delivered to better meet their needs
- take control over the initiation, development and delivery of other new activities and services.

The needs assessment has also shown that we need a number of cross-cutting and explicitly community development, capacity building, and community infrastructure initiatives. We have therefore included a number of **Heart of the Community** projects which will increase community knowledge, skills and aspirations and also build individual and community confidence across all the target LSOAs and be developed and tailored to meet the specific needs of each community.

How Well London projects fit together as a portfolio



Community Development Approach

The extensive needs assessment and consultation we have carried out has confirmed our strategy and understanding of the evidence base which focused the portfolio around a core community development approach. We will use community development approaches throughout both our **Themed** projects and our **Heart of the Community** projects.

Our Community development approach will help transform our target communities into active, healthy and sustainable communities. It will change power structures to remove the barriers that prevent people from participating in the issues that affect their lives. Our CD approach will also build the foundations

for good health by building individual and community confidence, cohesion, self esteem and sense of control and by developing, strengthening and extending formal and informal individual and community social support networks.

Our community development approach will adopt a ‘co-production framework’. Using a co-production approach will enable project ‘beneficiaries’ and agencies in local communities to work with a range of WL change agents to develop innovative new ways to improve well-being and sustain behaviour change.

Nationally, community development is an important element of Government strategies for promoting health and well-being and reducing health inequalities. We have taken account of recent national guidance on best practice in this area. The Department of Health has proposed that there are four crucial protective factors in promoting mental well-being:

- enhancing control
- increasing resilience and community assets
- facilitating participation
- promoting inclusion.

Our community development approach will positively impact all of these.

Community engagement requires time and resource inputs from community members. It is therefore important that we create incentives to participation and contribution of community members by providing meaningful rewards and opportunities such as access to training and services and activities provided directly by the portfolio or through leveraging/brokering existing services, as well as facilitated access to existing job brokering services and community enterprise startup.

Using evidence based, but non traditional approaches

Our consultation and needs assessment consistently revealed that people who do not engage in health-based activities (including physical activity or healthy eating) are unlikely to engage through traditional mainstream provision such as sports clubs or large fitness facilities. We need to work with communities, build on best practice, use approaches that are known to be effective and try new innovative ways to engage people.

We will improve Mental health and well-being

Mental health and well-being will have a mutually reinforcing relationship throughout the programme. On one hand, the benefits of, healthy diet, exercise, access to green spaces and participation will support participants mental health and well-being, and on the other hand individual and community mental well-being will be key to the sustained engagement in healthy lifestyles. To maximise this impact, mental health and well-being will be integrated throughout the Well London portfolio of projects. We will use the Care Services Improvement Partnership (CSIP) Mental Well-Being Impact Assessment framework to ensure that projects to promote mental well-being not only through what is delivered but also through how it is delivered. We will also deliver newly tried but tested approaches to mental health and well being promotion through the following ‘Well London’ projects:

Changing Minds is designed to reduce the stigma surrounding mental illness by training local community members with experience of mental ill health to use their life experience to become community advocates, facilitators and trainers for improving mental health awareness. The training programme will draw on an existing programme co-designed and delivered by mental health service users at the South London & Maudsley NHS Foundation Trust.

Mental Well-being Impact Assessment (MWIA) builds on the Department of Health’s four factors

that enhance mental well-being: control, resilience, participation and social inclusion. The project will train and support 4-6 local stakeholders in each LSOA to undertake their own MWIAs, providing them with a robust, flexible approach to identifying the potential impact proposals, projects and programmes might have on mental well-being in the area.

DIY Happiness will provide key messages around what keeps people mentally healthy and well. It starts with a 'hot-seat' play 'Can Money Buy Happiness?' to provoke discussion, then provide practical resources and ideas in the form of 'Happiness Kits'. Finally, through 'Dare2Dream' small grants, it will support local people to realise their aspirations and 'road-test' their own ideas about what they think might contribute to improved well-being.

We will deliver innovative approaches to increase access to healthy food and promote healthy eating:

Buywell project will meet the needs of our target communities by making it easier for people in our 20 communities to eat healthily, because good quality, affordable, culturally appropriate and healthy food will be easier to buy. Buywell will work with local restaurants, shops and community meal providers, as well as meeting gaps in existing provision through community-run food co-ops.

Eatwell project will increase the take-up of healthy food and build a sense of community by supporting 'cook and eat' clubs and community feasts. Activities will increase the confidence, motivation and skills of individuals to eat healthily.

We will increase access to and levels of physical activity

In addition the needs assessment has shown that we also need to increase the focus of project work specifically on physical activity. We have therefore added into the portfolio a project focusing on increasing physical activity across all of our target communities:

Activate London (AL) will increase the low levels of physical activity (PA) in our target communities through:

- increasing the range of sports and active recreation activities available within, or accessible to, the community through signposting existing opportunities and delivering new activities
- the co-production approach, incentivising local people to be more physically active and become catalysts for change
- Promoting active living for all
- working with target groups to identify, develop and deliver activities that engage them.

Activities will be developed and delivered locally by the Peer/Community Health Activators in partnership with residents, with specialist programmes bought in as appropriate. Individuals/groups will be supported to access existing and WL programmes and become more active every day. Local volunteers will be recruited as activity/sports leaders to extend the range of activities.

Activities may include: using the outdoors, including use of Well-being maps to access existing programmes or for walking; sports/active recreation, from football to yoga, seated classes for elders to street games and circus skills for children/young people. Through inter-generational and cross-cultural programmes (for example, Active Community festivals), it will also increase social cohesion. It will link with the Be Creative Be Well project for arts-based physical activities, such as dance or circus skills.

AL will develop pan-London sports competitions and access to high profile events. It will also create links to role models including Olympic/Paralympic athletes.

We will increase access to healthy open spaces

The quality of the environment that surrounds us is increasingly recognized as a major determinant of health and can offer many health benefits. Encouraging more people, especially those hard to reach, to participate in healthy outdoor activity requires a variety of different approaches. This may involve developing safe and accessible new facilities, introducing people to their environment or organizing activities that provide opportunities for people from a wide variety of backgrounds and with very different levels of ability. Examples include therapeutic horticulture and food-growing clubs. This is a tested way of subtly introducing physical activity and healthy eating knowledge and practice to people, especially our target groups.

The **Healthy Spaces** project will build on the benefits that a high quality environment will have for our target communities' health and well-being. Physical improvements will involve local communities in every step of the programmes from planning to implementation and will be complemented by structured programmes of activities taking place in open spaces. These activities will also help the local community to develop a sense of ownership for their spaces and foster community cohesion, while addressing social isolation and related mental health problems. Specific physical improvements will include:

- creating new and improving existing traffic-free routes between open spaces and residential areas, shops, schools etc. These could include landscaping, signage, sculpture trails and the production of local maps
- improving existing spaces such as parks and communal spaces on social housing estates, for example by using 'designing out crime' principles and community arts approaches, creating play areas, designing community gardens (including sensory gardens) and allotments - Linking to the Eat Well Project.

Healthy Spaces revenue-based activities will include:

- family learning schemes for parents and children in disadvantaged areas, including outdoor programmes such as a health walks, growing fresh food and healthy eating
- therapeutic horticulture schemes, based on open recruitment and GP referral schemes
- community gardening, increasing local food production, whilst also stimulating physical activity
- open space maintenance and management plans that are linked employment opportunities in CADBE.

We will mobilise culture, tradition and creativity to promote well-being

A Prospectus for Health, The Department of Health's new policy on the role of the Arts in improving health and well-being (to be published and launched 4 April 2007), celebrates and promotes the benefits of arts in improving everyone's well-being, health and healthcare. The Arts are capable of both stimulating debate and promoting or challenging traditional views on health, and providing physical activity themselves. The Arts provide inspiration, raise aspiration and encourage active participation, particularly in hard-to-reach groups. Participation raises self-esteem and makes people more open to change, which is often an important initial step in improving their health and lifestyle. London's creative media sector is highly influential in conditioning and mediating lifestyle and consumption choice.

Our Be Creative Be Well project will deliver a series of accessible, culturally relevant and engaging arts projects, designed in response to and led by the needs assessments of and consultations with

communities. Cutting across all aspects of the programme, arts and cultural activity will help engage communities and individuals in a process of change, develop social networks, enhance physical environments, improve mental health and well-being and provide accessible physical activities.

Key elements of this programme include:

- encouraging and support the use of design, arts and creative elements in all project activities, information, evaluation and communication activities as a way of soliciting engagement and influencing lifestyle behaviour and attitudes to well-being
- supporting communities to develop their commissioning skills (e.g. contracting artists/designing projects) to embed the arts as an effective, viable tool for engagement and regeneration long term.
- using accessible and non-traditional approaches to enable people to incorporate arts activity into everyday life, from dance to gardening to photography

We will ensure that we engage young people and people in their middle and later years and work on an intergenerational basis to promote health

Our needs assessment shows that our targeted communities are young with all but two in the top 50 per cent of London LSOAs for proportion of residents aged under 16. Habits (good and bad) formed early in life can become ingrained and harder to change in later years. Research shows us that the earlier the intervention, the more effective *and* more cost-effective it is. So by encouraging children and young people to pick up good habits – healthy eating and physical activity – we can boost their life chances in the long term. In order to reach them, we will also need to work with their families and wider communities. We know that children with active parents are far more likely to be active and that, especially in their younger years, parents – and particularly mothers – set the tone for attitudes to health. By developing whole family health, where families eat better and are active together, we can also build the relationship bonds that support mental well-being.

Our **Youth.comUnity** project will ensure that the voices of children and young people are heard in all aspects of Well London's development and delivery and that they are involved in all projects as valued and equal members of the local community. It will work with children and young people to prepare them and support their involvement in the full range of Well London programmes, from the initial identification of need through the CADBE process through to development and delivery of the themed programmes (such as physical activity, open spaces etc.). It will work alongside local school councils and youth fora but also actively engage with young people not in employment, education or training, who may be on the street or involved in other provision. It will identify and support children and young people as peer mentors who will work to both engage others and act as advocates, if appropriate, through the Well London programmes.

People in mid-life and older people will be engaged in all of our projects

Evidence reviews and research undertaken by the Health Development Agency show that people in mid-life and older people are highly receptive to advice and opportunities to change behaviour to improve their health and well-being. These findings are also supported by analysis undertaken by the London Health Observatory, on closing the health inequalities gap in London, which emphasised the importance of focusing health improvement efforts on middle-aged and older people in deprived communities, because this will have a more immediate impact on reducing health inequalities.

We will work through all of our projects to build links between different generations within the Well London communities

Changes in our society have led to a de-fragmentation in traditional community relationships. Our consultation and needs assessment identified age segregation as a particular issue affecting well-being in target communities. This separation of people from different generations can often lead to misinformed stereotyping and misunderstandings. A variety of activities including arts-based intergenerational projects will bring elders and young people together to positively exchange ideas, learn together and explore local issues. Projects like these will provide safe and positive mechanisms for tackling community concerns such as community safety and, in the longer term, enhance community engagement.

We will base our overall model for change on a tested three-pronged approach: **Engage, Change Sustain** which will also be delivered through our **Heart of the Community** projects.

Engage

Our community needs assessment and consultation highlighted that our target communities are hard to reach and to ensure the ongoing development and sustainability of healthy communities, community engagement, community needs assessment, design and development of local initiatives needs to be an ongoing process embedded in the community itself.

CADBE project: We have designed CADBE as a further cross-cutting project that will embed this approach within the target communities. CADBE will support and resource local co-hosts and community members to use consultation, creative and research approaches to assess/document the state of communities' healthy-eating, healthy-physical-activity, mental-health and wellbeing; and barriers/resources for improvement.

CADBE will:

- deliver throughout the life of the portfolio informing co-development and delivery of all projects
- deliver local brokerage and leverage of services providers using Alliance partners' influence
- develop social enterprises
- develop access to work for community members using skills they have acquired.

CADBE will deliver knowledge/skills-transfer/mentoring for co-hosts, residents, and Well London Delivery Teams (WLDTs) in:

- consultation, assessment and design
- regular community cafes and appreciative enquiry workshops, focus groups and interviews
- technical support and costs for creative design and documentary processes, as well as support for social-enterprise development and brokerage.

In doing so CADBE will ensure that:

- Well London projects and local services are tuned to evolving local needs
- outcomes can be demonstrated (and how they were achieved)
- residents' participation translates into local sustainable enterprise/work
- we deliver a multimedia record of the journey to their achievement.

CADBE is the informational foundation for the work of local WLDTs, WellNet and contributes to the evaluation of the portfolio.

Well London Delivery Team – this project will grow local teams of ‘activators’ to empower people to take healthier choices. Activators will signpost people to services and resources, act as ‘advocates’ for people as they engage with service providers, and support people to take up healthier lifestyles.

Change

We will increase access to existing services and activities and build on success to deliver new ways to support lifestyle change, as well as removing the barriers people experience to achieving this by mapping, marketing and signposting existing services and activities

Our **Active Living Map** project will create 20 bespoke web based and paper maps drawing well-being and active living services and opportunities into a single resource. Using the latest GIS technology and building on existing provision⁴, web-based maps will be developed for each LSOA, drawing a broad range of well-being and active living services and opportunities (within easy access) into a single resource. Information ranging from green spaces and parks, physical activities facilities and food co-ops through to allotments, graded walks, cycle routes, farmers markets and annual festivals, along with a diary of all Well London funded activities will be displayed in a simple accessible format, enabling ease of use across stakeholders. Paper maps delivered to households in the target LSOA via our Well-being Delivery Team project, along with additional distribution to GPs, community centres, local delivery agents and local authorities, will enable residents to:

- increase their local knowledge and awareness of resources and services
- increase opportunities for making healthy eating choices
- increase opportunities for and levels of physical activity
- increase social interaction and community participation through increased use of services and resources
- link to CADBE, providing a pathway to employment or volunteering as walk leaders.

Sustain

We will ensure sustainability and long term change beyond the life of the projects by:

- building communities’ capacity and energy to take control of their own well-being and advocate for change and resourcing
- delivering rigorous monitoring and evaluation of processes, outputs and outcomes to ensure that we learn from successful initiatives and that they are mainstreamed and rolled out, including a range of learning networks to support individuals and groups to share knowledge and experience, and to identify and share best-practice .

Wellnet – a learning network for communities and professionals across London’s 33 boroughs, providing the space for people to learn about, reflect on, be inspired by and take up new insights and tools to promote healthy eating, physical activity and mental health. This will:

- Ensure that the work of Well London is effectively replicated across London and future projects by building our projects into a living good practice guide that can support communities and Well London partners in communicating with stakeholders

⁴ London Green Map, Local authority information

- Using the evidence gathered to influence organisations within the health sector and across other sectors into thinking and working with people and communities experiencing health inequalities in different, more effective ways
- Disseminate what works and what doesn't work and obtain peer support for the programme
- Ensure that the lessons learned from this work is reflected in local decision making such as Local Area Agreements, Multi Area Agreements and the work of eth Local Strategic and Sub Regional Partnerships.

Training Community project will coordinate, develop and commission training for community members on behalf of all of the Well London projects. It will be key to ensuring sustainability through creating pathways of training, employment and social enterprise for local service delivery. It will provide access to bespoke and/ or existing accredited and non-accredited training programmes relevant to Well London projects.

4 How will your portfolio help achieve the programme outcomes?

Our portfolio will encompass action on healthy eating, physical activity and mental health, contributing to all three of the BIG Well-being Programme outcomes.

By targeting those communities most in need in London and influencing local, pan-London policy and strategy, we will maximise impact on health and well-being inequality in London and make a significant contribution to the overall impact of the BIG Well-being Programme nationally.

In addition, the community development approach that is at the heart of the Well London portfolio will also contribute directly to key domains from the BIG Well-being Programme 'funding priorities', including 'user involvement in design, development and running of projects' and 'improving the ability of communities to organise and run projects'.

5. How will you know whether your portfolio is achieving its proposed outcomes?

Rigorous baseline assessment, and prospective monitoring and evaluation will be the hub for informing project fine-tuning and delivery, measuring outcomes and learning how these outcomes were achieved. Throughout the project we will work continuously through our Consultation, Assessment, Design, Brokerage and Enterprise (CADBE) project to provide training and ongoing support and resources to local co-hosts and community members. This will enable them to use participatory community development, and creative and research approaches to analyze, assess and document the state of the community regarding healthy eating, healthy physical activity, mental health and other aspects of well-being. This includes the environmental, structural, cultural and service barriers to, and resources for, securing improvement in these areas. CADBE will be used to ensure all projects are on track.

In addition to this 'realtime intelligence', we will conduct formal evaluation and outcome measurement to ensure that we can demonstrate the effectiveness of the projects and models we develop. This will support mainstreaming throughout London make a major contribution to the evidence base on effective interventions to improve health and well-being.

We will use the community-based participatory research model, because participation has been shown to increase research quality and build community resources among excluded or hard-to-reach groups. The use of community-recruited interviewers will be essential to optimise participation and meet cultural and linguistic challenges among BAME groups.

A unique feature of Well London is a rigorous approach to research and evaluation which will provide

robust evidence of the effectiveness of the approach in improving health and reducing inequalities. London Health Commission intend to carry out a formal outcome evaluation using a randomised trial research method developed with with University of East London and London School of Hygiene and Tropical Medicine. Target LSOAs have therefore been systematically selected from the four most deprived LSOAs (on IMD) in 20 boroughs which have LSOAs in the top 11 per cent most deprived (by IMD) in London. The selection process has included each local authority and PCT, short-listing two non-abutting LSOAs (from the four) that they feel would most benefit from Well London. The target LSOA has then been selected from the two short-listed through a randomisation process; the other short-listed LSOA becoming a research ‘control’. We are developing separate funding applications to support baseline and follow-up work in control communities. The target LSOAs can be viewed on the zoomable map at the following link: www.uel.ac.uk/ihhd/programmes/PlanArch.htm)

This approach is attracting a lot of interest regionally and nationally. We have had had discussions with, and we are finalising proposals to, Medical Research Council (MRC), Wellcome Trust and NHS R&D for additional funding to carry out baseline and follow-up surveys in control LSOAs. This will allow formal assessment of the cost-effectiveness of the Well London portfolio – critical evidence for Health Improvement programmes nationally.

Activities will be carried out at three levels: **community, project and portfolio.**

At the community level we will:

- set up a local community research network and provide training in key research techniques to local people engaged in delivering the portfolio
- conduct baseline surveys using appropriate sampling methods. They will measure current levels of well-being in relation to eating, food access, physical activity and mental health. We will use a combination of questions from standardised/validated instruments (to allow comparison with wider London and national samples) and questions developed through the qualitative work (to tailor knowledge generated to local contexts and cultures)
- use this baseline information to refine outcome targets for the communities
- conduct follow-up qualitative survey research in year four to establish outcomes
- commission external evaluations in years three and five to assess how the different projects within each community perform as a whole and to inform the comparison of outcomes achieved between communities.

At the project level we will:

- set structure, process and output performance indicators and targets
- build systems to capture indicator data
- analyse the data against targets on a six-monthly basis.

At the portfolio level we will:

- set structure process and output performance indicators and targets
- build systems to capture indicator data and analyse it against targets on a six-monthly basis
- commission external evaluations in years two and four to assess the structures, processes and outcomes of the portfolio
- establish and support learning networks
- evaluate the extent to which the programme has secured the influence with and buy-in from

policymakers and delivery agencies, which are necessary to ensure sustainability and mainstreaming of best practice.

In order to deliver this rigorous seek expertise from a consortium of higher education institutions to lead the design and delivery of activities and will work closely with the Programme Board and the LHC to ensure that the evidence and models of good practice are used to promote uptake by policymakers and delivery agencies thus achieving sustainability and mainstreaming.

6 Who will manage your portfolio?

There will be 2.5 new posts to ensure effective and efficient management and coordination of our portfolio: 1 Portfolio Manager, 1 Portfolio Administrator, and 0.5 Finance Officer.

These officers will be responsible for:

- developing and delivering a portfolio operational plan
- liaising with the delivery partners to ensure that individual operational plans map onto the portfolio plan
- supporting the Governance Group and the Well London Strategic Alliance (see below)
- liaising with the monitoring and evaluation team
- preparing and presenting monitoring reports on outcomes, work in progress and financial information
- ensuring effective external and internal communication through a range of different media
- all administration and liaison with the Big Lottery Fund
- working with partners to develop a comprehensive fundraising strategy that builds significantly on the income from the Well-Being Fund.

The skills and experience required to deliver these responsibilities include: managing large, multi-partnership projects; project and financial management; excellent communications skills; fundraising expertise; report writing; and excellent organisational and time management skills. This small team will be based with the core team of the London Health Commission at City Hall. The Portfolio Manager will be line managed by the London Health Commission Coordinator.

The Governance Group will be a formal structure for the LHC and GLA to deliver their functions in relation to legal and financial accountability, and influencing policy and practice across sectors within London, based on the experience and learning from the portfolio.

Well London Strategic Alliance – is made up of the LHC, Groundwork London, London Sustainability Exchange and Central YMCA, South London and the Maudsley NHS Foundation Trust, Arts Council England, London and University of East London; and also representatives of pan-London Strategy Boards including London Development Centre (for Mental Health), London Food Board and LOCOG. It will take responsibility for overall development, control and coordination of the delivery of the portfolio. At local and sub-regional levels, it will also be the key interface between the portfolio's strategic and management dimensions and bottom-up development of innovative ideas, identifying local issues, concerns and communities' priorities, harnessing enthusiasms, and building communities' sense of ownership and commitment, creating the essential local partnerships for action and long term collaboration.

7 How will you manage your portfolio?

We will put in place robust project management systems and processes, using the GLA project management framework, with clearly defined, communicated and monitored procedures and controls to ensure that our portfolio is delivered within the timescales, budget, and BIG grant terms and conditions.

The LHC and GLA will be responsible for the overall management of the Well London portfolio and will cover: legal accountability for the grant and delivery; financial management and systems; procurement policies and procedures; funding agreements with our partners; and financial audit. The GLA will assume responsibility for claiming, holding and disbursing the funds from the Big Lottery Fund. Specific requirements for managing and reporting on these obligations are yet to be set out by the Big Lottery Fund. The GLA will make grants to the partners leading on projects as a conditional gift, formalised in a funding agreement.

In order to enable the GLA as the accountable body to meet the terms and conditions of the grant, the Governance Group will provide a formal structure between the GLA and LHC (as the lead partner). The Governance Group will assimilate plans and reports from the Well London Alliance Strategic Group and check for legal, financial and performance issues to meet the term of the grant. It will also take on a brokering role between the Well London Alliance and the Greater London Authority to ensure the programme can deliver both the Big Lottery Fund requirements and the operational needs of the programme, and it will report to the LHC Executive Group on progress. The LHC Executive Group including senior representatives from GLA, LDA, NHS London/Regional Public Health Group, GOL, LHO, London Councils, and King's Fund.

Provisions of the Well London Alliance Strategic Group:

- Financial reporting and review will be quarterly throughout the five years.
- Activity and progress reporting and review will be undertaken quarterly in the first year and then six-monthly thereafter, until year five, when quarterly reporting with a focus on progress with mainstreaming will be re-instigated.
- All local programmes will prepare forward, projected budget profiles and detailed programme/business plans annually.
- All delivery partners will be required to monitor income and expenditure budgets and report quarterly to lead delivery partners.
- Lead delivery partners will, in turn, prepare and return reports to the Portfolio Manager.
- The Portfolio Manager will prepare the overall report to the Governance Group.
- Strict procedures will be put in place for managing and controlling changes to individual projects.

Detailed 'Project Initiation Documents' (PIDs), defining exactly what will be delivered and within what resources and timescales, will be agreed by all delivery partners and agents. Progress against agreed plans will be reviewed on a quarterly basis between lead delivery partners and 'on the ground' delivery agents. Any variations or exceptions to the agreed PID will be discussed at monitoring/ review meetings and any significant changes will be reported upwards to the Delivery Partnership and – if likely to impact on agreed outputs and outcomes – to the Governance Group and to BIG.

Communications

Good communication is essential for any complex, multi-strand programme. In order to ensure transparency and maximum exposure of the Well London programme, a London-wide promotion and communications strategy will be developed, and a suite of pan-London communication tools will be created to complement the portfolio partners' existing communication tools such as websites and newsletters. We have already established a group which brings together the communications leads for

each of the Well London Alliance members. This group will meet regularly and work together and with the local borough communications leads to ensure that communications are well coordinated across the Alliance. Specialist communications support has also been costed into the Portfolio Management costs.

8 How is your organisation managed?

The Greater London Authority (GLA) is the legally accountable body for the London Health Commission, and employs and line manages the LHC core team, which is based with the GLA in City Hall.

The LHC is directly supported by the GLA's finance, legal, human resources and other organisational support functions and works to all of the exemplary GLA policies and procedures for recruiting, developing and managing staff and volunteers. The GLA policy team works with a number of experts to ensure that all policies meet legal and good practice requirements, including health and safety and child protection. The GLA has achieved level 5 in the 'Equality Standards'.

The LHC is made up of 26 Commissioners drawn from key people and representing organisations that can drive change for tackling health inequalities and the wider determinants of health across London. The LHC meets quarterly and agrees a three-year prospectus which lays out priorities and activities to fulfil its purpose within the Mayoral term. The LHC Executive Group is the management committee responsible for the delivery of the LHC programmes of work, reporting progress to the LHC. This Executive Group is made up of the Chair (currently a London Assembly Member), Deputy Chair (currently Director of Equalities at the London Development Centre and Chair of Wandsworth PCT) and Chairs (Directors or Senior Managers from the Commission's key sponsoring agencies: the GLA, Kings Fund, NHS London/Regional Public Health Group, Association of London Government, Government Office for London, and London Development Agency). The LHC and its Executive Group are supported by the LHC core team, which is line managed through the GLA. The LHC Coordinator is also accountable to the Chair of the LHC and professionally accountable to the Director of Public Health for London.

9 Why is your organisation the best one to deliver this portfolio?

The LHC is acting as lead body for this bid, and the Well London Alliance has shaped and will deliver this portfolio. Together we bring a unique and extensive range of expertise and experience at both a strategic- and community-delivery level as well as extensive resources in terms of existing networks and projects. These are the building blocks for a portfolio that maximises value for money, and thus impact. In addition, our portfolio is already supported by all of the LHC partners organisations, including the London NHS Strategic Health Authority, local PCTs, local councils in London, the London Development Agency (LDA), London Organising Committee of the Olympic Games (LOCOG) and the London Food Strategy Board. These partners will ensure it links to crucial events in London, in particular, the Olympic and Paralympic Games in 2012.

The LHC – is *the* strategic partnership for health in London. Our stated aims – to improve the well-being of all Londoners and reduce inequalities in health by raising awareness of health inequalities and promoting coordinated action to improve the determinants of health across London – fit perfectly with the aims of the BIG Well-being Programme. We are ideally positioned to ensure that learning from the Well London portfolio influences regional policy and practice, and ensures coherence between existing strategy, policy and delivery mechanisms in London and the portfolio's activities.

The LHC has the highest level of support from all the major players in health and social determinants

of health across London. We have the high profile backing of the Mayor of London and the support of the significant resources and span of influence of the GLA. We have a proven track record of achievement and impact in partnership working, innovation and delivery and are ideally positioned to develop, manage and ensure delivery and learning from the Big Lottery Fund Well-being Programme for London.

Central YMCA – Central YMCA’s track record in working with young Londoners is second to none. They operate at both a local and regional level, and have extensive strategic and delivery networks. They also bring physical activity expertise and influence to the table as the largest national training provider of health and fitness qualifications, and with a place on the London Sports Board. They have a wealth of experience in engaging with hard-to-reach young people through a number of different routes, including theatre and digital media. They have also developed and delivered a number of large, multi-partnership programmes at a local, regional and national level.

Groundwork London – is part of a national federation of charitable trusts delivering environmental, social and economic renewal in some of the country’s most deprived communities. With seven trusts and a regional office in London, they have pan-London coverage and an established track record of 14 years’ programme delivery and regional policy development. Groundwork’s integrated, partnership-based approach to local regeneration ensures that projects are connected with existing regional and sub-regional strategies. They deliver improved public spaces, provide skills and employment, promote education for sustainable development and build social capital within communities of need – all of these have the potential to deliver health messages. The key to their success is that these initiatives are linked in a way that makes healthy living accepted as integral to delivering practical and sustainable regeneration. This work is invaluable in assisting the health sector in implementing their agenda for community and preventative health.

London Sustainability Exchange (LSx) – is accelerating the transition to a sustainable London by leveraging the networks and expertise of its influential partners. Its Behaviour Change programme has identified successful ways of persuading members of London’s diverse communities to take up more sustainable lifestyles, with funding partners Defra, LDA and the London Councils. It is spreading good practice from its own projects and others across the UK among over 200 professionals through learning networks. LSx’s partner Sustain/London Food Link has a network of over 100 organisations in London, all of which are trying to improve the sustainability of the capital’s food system and access to healthy affordable food. LSx currently operates as a programme of our lead partner, Forum for the Future, the UK’s leading sustainability charity.

Arts Council England – Arts Council England works to get more art to more people in more places. We develop and promote the Arts across England, acting as an independent body at arm’s length from Government. Between 2006 and 2008, we will invest £1.1 billion of public money from Government and the National Lottery in supporting the Arts. This is the bedrock of support for the Arts in England. We believe that the Arts have the power to change lives and communities, and to create opportunities for people throughout the country. Arts Council England, London is responsible for arts funding and development in the greater London area and also supports national touring by London-based organisations.

University of East London – UEL brings extensive experience of community development approaches to intervention design and participatory action research among excluded and hard-to-reach groups and among black and minority ethnic communities. UEL has pioneered innovative approaches including the training and deployment of community-recruited interviewers necessary to meet cultural and linguistic challenges; and the use of cultural and artistic processes in research. UEL has particular strengths in project managing programme consortia and community networks in a way that secures

buy-in from stakeholders and delivers quality products in a way which has real impact on policy and intervention design. UEL is currently leading the development of the Knowledge work stream for Health 2012.

South London and Maudsley NHS Foundation Trust (SLaM)

The South London and Maudsley NHS Foundation Trust (SLaM) provides the most extensive portfolio of mental health services in the United Kingdom serving a population of 1 million people across Lambeth, Lewisham, Southwark and Croydon. In addition it provides substance misuse services to Bromley, Bexley and Greenwich and specialist services across the UK (contracts with 70 PCTs) and beyond. The Trust has specific departments led by heads of service for nutrition, physical activity, spiritual care and mental well-being. This enables it to not only effectively deliver the mental well-being element of the programme but also to support, contribute and link to the other themes of the Well London bid. It is committed to promoting well-being in local communities, working at individual, community and structural levels to support innovative approaches to holistic health, including community opportunity (COS) teams and local time bank networks. SLaM has a well-established track record of working at a local level to promote mental well-being and, through close partnership and collaborative working in the voluntary and community sectors, has developed innovative and participative ways of engaging with 'hard-to-reach' local audiences (e.g. women, BME groups and young black men).

10 How will you take into account equal opportunities in your portfolio?

An Equality Impact Assessment (EqIA) has been carried out during the development of the Stage 2 bid. The outcomes of the EqIA have informed the direction of the revised strategy and the development of the individual projects. Assessing the impact of the programme on equality target groups will be ongoing throughout the life of Well London.

London's diversity is its strength and promotion of equality of opportunity for all of London's communities is fundamental to Well London, which will target and work with communities most in need in London.

Examples of how the development of the programme has focused on equality and diversity are as follows:

- Projects have been developed in response to the needs assessment and the community walkabouts have enabled the Well London team to further understand the make-up of the communities in detail, for example, the faith base of each community.
- The Well London Programme will address the needs of the whole community in each of the super output areas selected. However, targeted work will be carried out with those groups identified as most in need.
- The programme will address social isolation, stigma and exclusion experienced by many of the equality groups, for example, those with mental illness.
- Projects will address health issues in a culturally relevant setting, for example, through community feasts, and contribute to community cohesion.
- Cross-generational work will be carried out in the target communities and projects will utilise community role models.
- Community activators will support local people to access services by building up long term relationships without the barrier of being seen as a 'professional'.
- Projects will promote choice and control for individuals.

A set of equalities principles will also be included in the partnering agreements to further embed equalities in the work of Well London. These are likely to include clauses such as:

- marketing projects in appropriate and neutral language
- ensuring projects are accessible for all
- ensuring projects move towards integration rather than just isolated interventions
- ensuring the projects do not lose sight of communities of interest despite the focus on specific geographical areas.

Equal opportunities are, and will continue to be, explicit at all levels of all of the Alliance partners. Each partner has regularly reviewed equal opportunities policies and will ensure that the equal opportunities policies and practice of the delivery bodies are assessed as part of the project appraisal process. The LHC on behalf of the Alliance will continue to work to the exemplary equal opportunities policies and procedures of the GLA, including, for example, in relation to all commissioning and procurement related to development and delivery of the portfolio and all human resource and employment matters.

Equal opportunities are embedded in the core principles at the heart of our Well London portfolio which will celebrate the rich diversity of London's communities and work for equal opportunities and health for all.