Well London Programme
United Kingdom

Which 'life stage' for CVDs prevention targets the intervention?

All life stages.

Short description of the intervention:

The Well London Programme started in 2007 and has run since then. It has been funded by the national lottery and consists of a series of programmes run in 20 of London's most deprived areas. It was devised in the context of the Mayor of London's health inequalities strategy and was led by an alliance of representatives covering major development priorities for London. The Well London delivery team contributes to policy objectives such as improving wellbeing and equality, capacity building and participation as delivery of better services. Its aim is to improve all these areas. Each project recruits teams of volunteers from deprived areas who receive training in outreach and health promotion and then go out into their communities to signpost local residents to services and activities that promote health and wellbeing. Phase 1 ran from 2007 to 2011 and included a suite of 14 projects aimed at building community capacity and cohesion it focused on physical activity, healthy eating, mental wellbeing, local environments, arts and culture. Its collective aim was to improve health and wellbeing. Over 47000 people took part in phase 1. It was evaluated in 2011/2012 and was found to have had very positive impacts in improving diet and physical activities. The results of the evaluation have informed the development of Phase 2 of the programme which has run from 2012 to 2015 and is being evaluated.

Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies?

Yes, the programme has been designed following community research carried out by the University of East London, which identified a need to provide local residents with skills to increase opportunities for volunteering to work in their communities to improve health and wellbeing and raising awareness around health issues. Relevant data showed that the residents in the areas targeted had worse than average health (for London). The project was based on the social marketing theory which recognises that a peer-to-peer approach is often effective in motivating people to take up activities and make lifestyle changes. In some ways Phase 1 was a pilot for the programme.

Did the design thoroughly describe the practice in terms of purpose, SMART objectives, methods?

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

To which type of interventions does your example of good practice belong to?

It is a community based approach.

How is this example of good practice funded?

The National Lottery fund is a non-governmental organisation.

What is/was the level of implementation of your example of good practice?

Regional and local.

What are the main aim and the main objectives of your example of good practice?

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

Please give a description of the problem the good practice example wants to tackle:

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

Is your example of good practice embedded in a broader national/regional/ local policy or action plan?

Yes, within the Mayor of London's health inequalities strategy.

Implementation of your example of good practice is/was:

Continuous. It started in 2007 and continues to run.

Target group(s) (it is possible to specify more than one target group):

In general, the entire population of the most deprived parts of London.

During implementation, did specific actions were taken to address the equity dimensions?

Yes one of the aims is and was to reduce inequalities.

In design, did relevant dimensions of equity were adequately taken into consideration and targeted

Yes, socio-economically deprived groups were targeted in poor urban areas and the volunteers worked in their own ethnic groups.

Which vulnerable social groups were targeted?

All those who were not engaging with local services

Did the intervention have a comprehensive approach to health promotion addressing all relevant determinants,?

Yes, there were and are a wide variety of activities to achieve the aims of the project. They included such activities as helping people to grow their own healthy food, to buy healthy food at low cost and cook it, physical activities, reaching out to hard to reach groups, etc.

Was an effective partnership in place?

Yes the programme involves local volunteers, health and social workers and local politicians and it was supported by multiple organisations listed on page 16 of this template.

Was the intervention aligned with a policy plan at the local, national, institutional and international level?

Yes, with the Mayor of London's health inequalities strategy.

Was the intervention implemented equitably, i.e. proportional to needs?

Yes, no one took part unless they wished to.

Were potential burdens, including harm, of the intervention for the target population addressed?

Given the nature of the project it is difficult to see how there could be harm to anyone involved.

Were the intervention's objectives and strategy transparent to the target population and stakeholders involved?

Yes, they were well publicised and described in the media, on the project website and by the volunteers.

Did the evaluation results achieve the stated goals and objectives?

Yes, see the Well London Phase 1 evaluation which is freely available online and the plans for the phase 2 evaluation.

Did the intervention a defined and appropriate evaluation framework assessing structure, processes and outcomes?

Yes. The evaluation was based on the Medical Research Council's guidelines for evaluating complex interventions and aimed to capture evidence of impact on the participants' health behaviours and wellbeing and on the local environment. Its results informed the development of Phase 2 of the project.

Did the intervention have any information /monitoring systems in place to regularly deliver data aligned with evaluation and reporting needs?

There was constant feedback from the volunteer community workers.

Who did the evaluation?

Both – internal and external parties.

Specifically, what has been measured / evaluated?

While project and programme evaluations focused on those delivering or participating in the Well London activities, a controlled trial sought to assess its wider impact. It sought to assess the wider impact on the population of within target areas. It examined the effects of the programme on healthy eating, physical activity and mental wellbeing, as well as on social factors such as community cohesion.
Evaluation of the impacts/effects/outcome (please describe the design): Data from adults were collected by household surveys before and after the intervention in target areas. Matched areas from the same borough acted as controls. For a full description please download the report of the Phase 1 evaluation from www.info@welllondon.org.uk

What are the main results/conclusions/recommendations from the evaluation?

The scale and complexity of the Well London programme mark it out as a nationally and internationally significant initiative applying a community development approach in neglected urban areas. It is generating learning and evidence not only to support its integration locally but also to inform wider policy and practice in a field of growing importance.

Is the evaluation report available?

Yes, it is on the Well London website: www.info@welllondon.org.uk

Was there a follow-up or is any follow-up evaluation planned in the future?

An evaluation of Phase 2 of the programme is underway. For details, visit the Well London website www.info@welllondon.org.uk .

Who implemented the intervention?

The Well London Delivery Team coordinated by City Gateway. Each of the multiple interventions had its own team for example one which involved the establishment of a food co-operative included the development manager of a local school, a community dietitian, a social worker, a teacher and volunteers. The project was supported by a number of organizations.

What core activities are/have been implemented?

Training sessions, multiple events, website, published evaluations.

Was the intervention designed and implemented in consultation with the target population?

Yes, the first volunteers went out in to the community seeking out people who had not previously engaged and fed back to the development team.

Did the intervention achieve meaningful participation among the intended target population?

Yes, 47000 participated in Phase 1 of the project.

Did the intervention develop strengths, resources and autonomy in the target population(s)?

Yes, it empowered local residents though a series of different activities.

Was the target population/s defined on the basis of needs assessment including strengths and other characteristics?

Prior to the project, the University of East London had identified needs in the local community.

Was the engagement of intermediaries/multipliers used to promote the meaningful participation of the target population?

Yes, the use of volunteers from the communities involved was key to the success of the project.

Is the continuation of the intervention ensured through institutional ownership that guarantees funding and human resources and/or mainstreamed?

The project started in 2007 and continues. It has been funded by the Big Lottery Wellbeing Fund and is hosted by the Greater London Authority. In the UK no funding is guaranteed to go on forever but as far as I am aware there are no plans to stop the funding.

Is there a broad support for the intervention amongst those who implement it?

Yes, the programme is delivered by the Well London Alliance which is a partnership between the Arts Council England, Central YMCA, Groundwork London, the London Sustainability Exchange, South: London and Maudsley NHS Foundation Trust and the University of East London. It was originally led by the London Health Commission and hosted by the Greater London Authority.

Is there a broad support for the intervention amongst the intended target populations?

Yes, the Phase 1 evaluation indicates that this is the case.

What were, in your opinion, the pre-conditions for success? Were there any facilitating factors?

A realistic assessment of the problems prior to the commencement of the programme; Adequate funding; A well-coordinated and enthusiastic team; Use of well-motivated and enthusiastic volunteers to reach out to the communities in which they lived.

What were, in your opinion, the main lessons to be learned?

Local people respond well to health advice if it is delivered by their peers who can understand their culture and environment rather than by well-meaning but sometimes "distant" health and social workers.

Web page related to the intervention

www.info@welllondon.org.uk

References to the most important articles or reports on the intervention

- Well London Phase 1 Evaluation at www.info@welllondon.org.uk (accessed on 3 May 2015).
- Philips G et al. Well London Phase 1. Results among adults of a cluster randomised trial of community engagement to improving health behaviours and mental wellbeing in deprived inner city neighbourhoods. *J Epidemiol Community Health* 2014. doi.10.1136/jech-2013-202505 (epub ahead of print).
- Philips G et al. Measures of exposure to the Well London phase 1 intervention and their association with health, wellbeing and social outcomes. *J Epidemiol Community Health* 2014. doi.10.1136/jech-2013-202507 (epub ahead of print).
- Derges J et al. Well London and the benefits of participation, results of a qualitative study nested in a cluster randomised controlled trial. *BMJ Open (In press).*

Contact person for further information

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