

Healthier Communities Select Committee			
Title	Sustainability of Community Health Initiatives		
Contributor	Alfred Banya, Assistant Director of Public Health	Item	7
Class	Part 1 (open)	2 December 2014	

## 1. Purpose

- 1.1. The purpose of this report is to update the Healthier Communities Select Committee on the progress made on the delivery of community health initiatives, how the projects within these are contributing to the delivery of public health policy, and plans for their future sustainability.

## 2. Recommendations

- 2.1. Members of the Healthier Communities Select Committee are recommended to comment on the content of the report and to endorse in principle, the plans for sustainability contained in Section 7 of this report.

## 3. Policy Context

- 3.1 The current policy context is the Health and Social Care Act which became law in March 2012 and provided the legal basis for the transfer of public health functions from the NHS to local authorities on 1 April 2013.
- 3.2 The Health and Social Care Act (2012) places a statutory obligation on the Council, Clinical Commissioning Group (CCG) and the NHS Commissioning Board to develop a Joint Strategic Needs Assessment to produce a joint Health & Wellbeing Strategy to meet the needs identified needs identified.
- 3.3 The historical policy context include: Saving Lives: Our Healthier Nation (Department of Health); Modern Local Government: In touch with the people (Department of Environment and Transport); Preparing Community Strategies Government Guidance to Local Authorities (Department of Environment and Transport); and A New Commitment to Neighbourhood Renewal: National Strategy (Social Exclusion Unit). These were policies introduced during the period the community health initiatives in this report were starting.

## 4. Strategic Context

- 4.1 Community-based interventions or initiatives are often used in public health practice as a means of helping improve the health of populations in a defined geographical area. Such initiatives often consist of several interacting projects. There are presently two such initiatives up and running in Lewisham; the North Lewisham Health Improvement Programme and the Bellingham Well London Programme. Another two initiatives; one in Lewisham and the other in Downham are at the early exploratory stages.
- 4.2 The activities of the community based health initiatives in Lewisham are consistent with public health priority areas identified in the National Public Health Outcomes

Framework as well as the Lewisham Joint Strategies Needs Assessment and the Lewisham Health and Wellbeing Strategy. The Lewisham health and wellbeing priority outcomes are: reduction of CVD and cancer mortality; Achieving a Healthy Weight; Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years; Improving Immunisation Uptake; Reducing alcohol harm; Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking; Improving mental health and wellbeing; Improving sexual health; Delaying and reducing the need for long term care and support.

- 4.3 The community health initiatives also contribute to the priority outcomes of Lewisham's Sustainable Communities Strategy (Healthy, Active and Enjoyable).
- 4.4 Furthermore, the community health initiatives contribute to Lewisham's Adult Integrated Care Programme which is supported by the Better Care Fund (BCF). Many of the projects and activities of the community health initiatives, particularly those directed at prevention and behaviour change, contribute to health and social care integration.

## **5. Background**

- 5.1 The Healthier Communities Select Committee received an update report on the 11<sup>th</sup> December 2013 on the North Lewisham Health Improvement Programme and the Bellingham Well London Programme. These programmes are co-ordinated by LBL Public Health.

### **The North Lewisham Health Improvement Programme**

- 5.2 This programme was established in 2008, as part of the implementation of the Lewisham Health Inequalities Strategy in response to recommendations by the Lewisham Strategic Partnership. The aim of this programme was to take a community development approach to improving the health of residents in Evelyn and New Cross wards in order to reduce inequalities in health in these wards as compared with the rest of Lewisham Borough. The learning from the programme was to be transferred, if appropriate, to other areas in the borough that may have similar health challenges.

### **The Bellingham Well London Programme**

- 5.3 As part of the national Neighbourhood Renewal programme Bellingham was one of five Neighbourhood Management areas in 2006 -2008 where health partners and the local authority worked together at a local level to help address health issues. As the Neighbourhood Renewal programme drew to a close, the Well London programme, in consultation with the Primary Care Trust Public Health department and the Bellingham Health Forum, utilised the Well London programme as an opportunity for sustaining some of the partnership working on health that had been developed.
- 5.4 The Well London programme was ideal because it provided a coherent framework for integrating a range of existing community engagement, consultation, investments and activities to increase reach, efficiency and effectiveness at the very local level. It also supported a community development approach, building individual and community capacity for well-being and resilience through core, capacity building and locally prioritised theme projects focussing on specific issues and needs. Furthermore, the programme was underpinned by robust research and

evaluation led by Institute of Health and Human Development at University of East London.

- 5.5 Bellingham became one of 20 neighbourhoods in London that the Well London Phase 1 worked with between 2007-2011. Phase 1 led to some positive outcomes which were recognised in 2011. It received the Royal Society of Public Health Award and was endorsed by Professor Sir Michael Marmot who said:

*'.....Empowering individuals and communities, and giving people a voice is integral to addressing health inequalities. I am delighted the Partnership has achieved well-deserved recognition for its work.'*

- 5.6 With the continued support of Big Lottery in 2012, Bellingham continued as a Phase 2 and is currently one of 11 areas in 9 London boroughs.

## **6. Progress Update**

- 6.1 Since the last report to this committee in December 2013, both programmes have continued to engage individuals, agencies and communities in their respective geographical areas in health improvement activities and projects. Apart from the healthy lifestyle outcomes reported in the sections that follow, the programmes contributed to creating community resilience by building individual and community capacity for well-being.

### **North Lewisham Health Improvement Programme**

- 6.2 The North Lewisham Health Improvement Programme has continued to develop, implement, monitor and evaluate health improvement activities in Evelyn and New Cross wards. The interim report in Appendix 1 of this report provides headline results from the programme covering the period 2012-14. It highlights key outcomes from the community engagement process, lifestyle activities, the numbers and characteristics of people participating, and some changes in health behaviour that have resulted from their participation in activities that promote healthy eating, stop smoking, physical activity and mental wellbeing. The self-reported outcomes for these indicate that the activities resulted in positive lifestyle change.

### **Bellingham Well London Phase 2**

- 6.3 Similarly, the Bellingham Well London Phase 2, through a community development approach and participatory budgeting enabled the delivery of lifestyle activities aimed at promoting healthy eating, physical activity and mental wellbeing. The University of East London has undertaken an interim analysis of pooled data across Well London areas based on the responses of participants who have completed their baseline and first follow-up surveys. The results in Appendix 2 show progress in meeting outcome targets e.g. 16% increase in respondents reporting that they do enough physical activity to keep fit, 13% reporting they feel very or quite happy with life in general, 14% increase in those that feel their eating habits are very or quite healthy.

### **Lewisham Central**

- 6.4 In Lewisham Central, the outcome of the preliminary work, (undertaken mainly through the Council's Invest scheme, where a work experience officer from another team was placed with Public health from January 2014 to March 2014), has been the development of a Stakeholder Database and a Stakeholder Analysis Report.

Thirty five 'Key Stakeholders' have been identified that can be engaged in future stages of a health improvement programme for the area.

### **Downham**

- 6.5 In Downham, the LBL Public Health team resourced Downham Nutrition Partnership (DNP) to work with about 13 groups and agencies on the theme: 'What does a Healthy Downham Look Like?' This has been conducted through interactive training events and workshops and events. Key individuals and groups have been identified that can be engaged in future stages of a health improvement programme for the area.

## **7. Plans for Sustainability**

- 7.1 The Well London Phase 3 (from 2015) is now being planned by the GLA and UEL to cover much larger and/or whole commissioning areas. This will mean working at larger scale in each site, but with a smaller number of local authorities, RSL/Housing Associations and/or CCGs or Federations of GP Practices and with potential for new links with secondary care. It will involve establishing a number of Well London 'hubs' across the commissioning area/s, focussing on the most disadvantaged neighbourhoods and with wider coverage being achieved through the ripple effect observed in the previous Phases.
- 7.2 LBL Public Health has been part of discussions that the GLA and UEL have had with Phase 2 commissioning organisations about the development of Phase 3. **Lewisham, Brent and Tower Hamlets have currently been named by the GLA and UEL as candidates for Phase 3.**
- 7.3 An initial proposal for Lewisham is to scale up, by building on existing initiatives and planned ones, including integrated health and social care work at a Neighbourhood level. The current North Lewisham Health Improvement Programme covers part of Neighbourhood 1, the planned initiative in Lewisham Central would cover part of Neighbourhood 2, and development of a health improvement programme in Downham would cover part of Neighbourhood 3. The scaling up of the current Bellingham Well London from the present 2 Postal areas to 4 Postal areas will cover part of Neighbourhood 4. This will provide opportunity to integrate with the health and social care activities currently being developed in these neighbourhoods by the Community Connections project, District Nurses, Community Health Improvement Service, Social Workers and GPs. The plan is also to develop a stronger partnership working in Phase 3 with Registered Social Landlords as well as any local regeneration projects in each of these neighbourhoods.
- 7.4 It is envisaged that the North Lewisham Health Improvement Programme stakeholder group and the Deptford and New cross community Health Forum will continue to meet, network, support and sustain community capacity in the area. There will be some resource to provide support for community health initiatives and community groups, but not at the same scale as previously. The Eat a Rainbow Food Co-op, hosted by 170 Community Project is on track to become self sustaining. Some of the community groups have accessed funds from elsewhere as a result of being funded and supported through the Participatory Budgeting programme.

## **8. Financial Implications**

- 8.1 Phases 1 and 2 have been mainly Big Lottery funded with some contribution from local commissioning organisations in phase 2. Prior to moving into the local authority, Public Health Lewisham contributed £50,000 match funding towards Phase 2. A balance of £30,171 is left to be carried over to Phase 3 as match funding from Lewisham.
- 8.2 Big Lottery funding for phase 2 ends in 2015. University of East London and the GLA have indicated that they are likely to obtain grant funding from the following sources to support Well London phase 3:
- Guys and Thomas' Charity and Bart's for funding to support phase 3 programmes in their respective areas of South East and North East London;
  - Guys and Thomas' Charity to support the move of the Well London/Well Communities framework onto a more sustainable and business-like footing; including development of knowledge transfer, training programmes to support transfer and scaling up of the model;
  - Lottery 'Reaching Communities' funds to help fund some on the ground activity, support to commissioners and local coordinators, monitoring and evaluation and further development of the model;
  - National Institute of Health Research (NIHR) for research development grant which will include the further development of methodologies for evaluating the impact of the Well London/Well Communities programme and other similar programmes (including social prescribing) and in particular in the community, primary and secondary care contexts (health and social care integration).
- 8.3 If successful, UEL and GLA have indicated that the level of funding per Well London site would range from approximately £70,000. Additional funding will be provided depending on how many hubs each site intends to develop. The level of this additional funding is yet to be worked out.
- 8.4 Funding of these programmes in the future, as described in this report will not be adversely affected by any proposed savings identified in the PH budget for 2015/16.

## **9. Legal Implications**

- 9.1 There are no specific legal implications arising from this report.

## **10. Crime and Disorder Implications**

- 10.1 There are no specific crime and disorder implications arising from this report.

## **11. Equality Implications**

- 11.1 There are no specific equalities implications arising from this report however addressing health inequalities is a key element of the Lewisham Health and

Wellbeing Strategy the priorities of which the community health initiatives help deliver.

- 11.2 An Equality Impact Assessment (EIA) was carried out on the Lewisham Health and Wellbeing Strategy.

## **12. Environmental Implications**

- 12.1 There are no specific environmental implications arising from this report.

### **Background Documents**

- a) Report to the Healthier Communities Select Committee on the Evaluation of the North Lewisham Health Improvement Programme and the transfer of Learning (11<sup>th</sup> December 2013):  
<http://councilmeetings.lewisham.gov.uk/documents/g2914/Public%20reports%20pack%2011th-Dec-2013%2019.00%20Healthier%20Communities%20Select%20Committee.pdf?T=10>
- b) The Lewisham Health and Wellbeing Strategy and the Delivery Plan:  
<http://www.lewishamsna.org.uk/>

If there are any queries on this report please contact **Alfred Banya** on 020 8314 7366

## Appendix 1

### **North Lewisham Health Improvement Programme update 2012- Oct 2014**

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#### **1. Overview**

This interim report provides headline results from the programme covering the period 2012-14. It highlights key outcomes from the community engagement process, lifestyle activities, the numbers and characteristics of people participating, and early changes in health behaviour that have resulted from their participation.

#### **2. Community engagement**

The Programme continues to be managed through a stakeholder steering process. The role of the stakeholder group is to oversee the development, implementation and evaluation of the programme. It involves a broad range of stakeholders who live and work in Evelyn and New Cross wards. The engagement process is a combination of bi-monthly meetings, annual stakeholder consultation and health improvement events.

Fifty three community groups were funded through the Participatory Budgeting (PB) process to deliver a range of activities that promote healthy eating, physical activity, stop smoking and mental wellbeing. The following training was offered to the lead person in each community group responsible for overseeing delivery of the activities, and most accessed the training:

- Healthy Eating
- Community Mental Health Awareness
- Identification and Brief Advice on Alcohol
- Talking to smokers about stopping smoking

## Projects

<p><u>Healthy Eating</u></p> <ul style="list-style-type: none"> <li>• Fruit and veg stall</li> <li>• Healthy cooking classes</li> <li>• Refugee Women's Forum</li> </ul> <p><u>Physical Activity</u></p> <ul style="list-style-type: none"> <li>• Taster sessions for people with sedentary lifestyles</li> <li>• Referrals to borough wide activities</li> <li>• Exercise Volunteers leadership training</li> </ul> <p><u>Capacity Building / Training</u></p> <ul style="list-style-type: none"> <li>• Governance, monitoring and evaluation</li> <li>• Planning and budget management</li> <li>• Fundraising skills</li> <li>• Enterprise training</li> </ul>	<p><u>Mental Wellbeing</u></p> <ul style="list-style-type: none"> <li>• Support for Carers</li> <li>• Empowering Families - Stress management for parents</li> <li>• Mental health – tackling stigma and increasing understanding</li> <li>• Drumming and dance for mental health</li> <li>• Mental health awareness workshops</li> </ul> <p><u>Targeted Community interventions</u></p> <ul style="list-style-type: none"> <li>• Stop smoking support</li> <li>• Alcohol awareness</li> <li>• Sexual health awareness</li> <li>• HIV Testing</li> </ul>
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### 3. Participation in North Lewisham Programme activities

Participation/Engagement	2012-14	
	Frequency/ No	Number
Stakeholder Meetings (16)	16	168
Stakeholder events (3)	3	196
Health improvement Events (2)	2	400
Food Coop stall (144)	144	610
Health Focus group workshops (French African, Polish groups) (10)	10	57
Nutrition sessions/workshops	30	210
Skill enhancement Training	6	51
Participatory Budget (PB) rounds	3	53 (groups funded)
Beneficiaries reached through PB		656

### 4. Socio-demographic profile of participants

There were a total of 656 participants accessing the community health activities organised as a result of the Participatory Funding. The data below about the demography of the participants is based on project monitoring attendance reports submitted by funded community groups.



	North Lewisham	
Age (years)	No	%
≤ 18	84	12.8%
19-25	55	8.4%
26-39	204	31.1%
40-75	276	42.1%
75+	37	5.6%
Not known	0	
<i>Total</i>	656	
Gender		
Female	298	45.4%
Male	227	34.6%
Not known	131	20%
<i>Total</i>	656	
Disability		
Disabled	262	39.9%
Not disabled	394	60.1%
Not known	0	
<i>Total</i>	656	

Ethnicity	North Lewisham	
Other black	35	5.3%
African	194	29.6%
Other white	35	5.3%
Black British & Black Caribbean	92	14%
Chinese	25	3.8%
Vietnamese	17	2.6%
Indian	12	1.8%
Pakistani	2	0.3%
Bangladeshi	0	0.0%
White and Asian	11	1.7%
White and Black African	8	1.2%
White and Black Caribbean	30	4.6%
White British	113	17.2%
White Irish	14	2.1%
Any other mixed background	11	1.7%
Any other Asian background	23	3.5%
Any other	15	2.3%
Not known	19	2.9%
<i>Total</i>	656	

## 5. Volunteering and Capacity Building

Over 40 volunteers were engaged to support activities through the Community Health Improvement team, 170 Community Project and local group projects in the North Lewisham area. Some were deployed in specific projects and engaged only in the geographical area but the majority were deployed across the borough on a wider remit.

## 6. Qualitative feedback

Impact	Exemplar quotes
Self-esteem and confidence	<i>“Being active seemed a world away and the thought of being a regular at a Zumba class out of the question. Eight months after the birth of my child, I was feeling anxious, my weight had risen steadily to the extent that a visit to my Doctor left me with the stark message to lose weight now or not make it to 25. I joined the 170CP PAP Zumba class and have lost 26kg (3.11st) and I’m now active for 180 minutes or more each week through a</i>

	<i>combination of classes and walking” Female aged 24</i>
Inclusiveness and social connectedness	<p><i>“Because we are like other people, like the English as well; we don’t have special needs. But because maybe there is a little difference between what we have in Poland what we have here; but we are all the same. Just like being here, try to have heart and respect and try to understand our needs” Female 30</i></p> <p><i>“Take the information to the community...also the community organisations these are the kind of institutions that need to be empowered to take information where we are”</i></p>
Skills	<i>“The training and capacity support has helped me to set up a project on domestic violence that I feel was needed in the community”.</i>
Volunteering	<i>“I love volunteering, it has given me something to occupy me and learn new skills which will help me get a job as well as it has made me more confident”</i>

## 7. Case studies

(Refer to Exemplar Quotes above)

## 8. Quantitative outcomes

Community groups funded through the PB process have collected baseline data and information about healthy lifestyle behaviour change. They provided information on fruit and vegetable consumption of participants, their levels of physical activity, assessment of mental wellbeing, and smoking. A total of 656 people were reached. The following information provides a summary of self-reported health behaviour change:

**Healthy eating:** 175 participants reported eating less than 3 portions of fruit a day at the start. Out of this number 129 reported eating more than 3 portions of fruit a day following attendance of healthy eating promotion activities.

**Physical Activity:** At the end of the activities, a total of 219 participants reported that they had increased their levels of physical activity.

**Mental wellbeing:** Of the total number reached through PB funded activities, 330 reported improved mental wellbeing.

**Smoking:** A total of 71 participants reported that they smoked and were informed about the Stop Smoking services. A total of 24 participants accepted referral to the Stop Smoking service.

## Appendix 2

### Well London Phase 2 Area Interim Headline Results 2013- April 2014 Bellingham Estate, Lewisham

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#### 1. Overview

This interim report summarises headline results from the Well London programme in Bellingham Estate, Lewisham. It highlights key findings from the community engagement process, details of the projects commissioned, the numbers and characteristics of people participating, and early changes that have resulted from their participation. All the findings are area-specific except for the changes in targeted outcomes where information has been combined across all intervention areas as the numbers in individual areas are small.

#### 2. Community engagement

Priorities identified through community engagement (Door knocking and group discussions)

- Create activities that bring the community together
- Improve communication on the Estate
- Address the needs of young people
- Improve the local environment
- Address issues of community safety and fear of crime
- Encourage the community to 'get out and about'
- Create activities and opportunities for all
- Create opportunities for training and volunteering

#### 3. Projects

Healthy Eating

- Brighter Futures / Health Champions
- Cooking For Life and Soul

Physical Activity

- Bellingham Bike
- Cardio
- Palmers boxing
- Aqua Aerobics
- Fitness workouts
- Fitness sessions
- Busy Bees Health & Wellbeing project
- Bellingham Healthy Walk
- Inclusive Cycling

Mental Wellbeing, Arts and Crafts

- GLYPT film workshop
- Bellingham street dance (GLYPT Easter Art)
- This way up
- Intergenerational Gardening
- Bellingham Beats dance classes
- African Drumming
- Intergenerational Arts
- Creative Reminiscence arts and wellbeing
- Bellingham Storytelling
- Mums & Daughters Health project
- Arts & crafts for SEN children
- DIY Happiness wellbeing

<ul style="list-style-type: none"> <li>• Bellingham Running &amp; Exercise group</li> </ul> <p><u>Skills Building &amp; Employability</u></p> <ul style="list-style-type: none"> <li>• Bring &amp; Fix</li> <li>• Three-lyare film-making</li> <li>• Bellingham Time Bank / Craft Club</li> <li>• Baby Massage</li> <li>• Bel Eve girl mentoring project</li> </ul>	<p>workshops</p> <ul style="list-style-type: none"> <li>• Self-help workshops for survivors of sexual abuse</li> <li>• Befriending Project</li> <li>• Community Gardening</li> </ul>
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#### 4. Participation in Well London activities

<p>Estimates of participation numbers are derived from two sources:</p> <ul style="list-style-type: none"> <li>• <u>Project attendance records</u> from themed projects; and</li> <li>• <u>Headcounts</u> at awareness and engagement events with typically large turnouts.</li> </ul>	Themed projects attendance:	479
	Headcount attendance:	4168
	Total no. of attendances:	4647
	No. of participants that attended >1 themed project	106
	% of participants that attended >1 themed project	22%
	Estimated total number of individual participants: <i>(calculated by adjusting the total attendance by 32% - i.e. the multiple attendance rate of 22% plus extra 10% for uncertainty).</i>	<b>3160</b>

#### 5. Socio-demographic profile of participants

The data is based on project attendance records only (but is assumed to be similar for the headcount data). Comparative data for the 'natural neighbourhood' of Bellingham Estate is based on combined data from the three ONS Lower Super Output Areas (LSOAs) - 'Lewisham 034A', 'Lewisham 034C' and 'Lewisham 034D' - that overlie the area.

	Well London		Bellingham Estate
	n	%	(%)
<b>Age (years)</b>			
0-15	169	35.3%	23.0%
16-29	86	18.0%	20.7%
30-44	30	6.30%	24.4%
45-65	34	7.10%	23.3%
Above 65	65	13.6%	8.6%
No response	95	19.8%	
<i>Total</i>	479	100%	
<b>Gender</b>			
Female	352	73.4%	
Male	97	20.3%	
Missing	30	6.30%	
<i>Total</i>	479	100%	
<b>Disability</b>			
Yes	37	7.70%	
No	295	61.6%	
Missing	147	30.7%	
<i>Total</i>	479	100%	

	Well London		Bellingham Estate
	n	%	(%)
<b>Ethnicity</b>			
African	63	13.2%	
Bangladeshi	5	1.00%	
Caribbean	75	15.7%	
Chinese	3	0.60%	
India	5	1.00%	
White and Asian	5	1.00%	
White and Black African	3	0.60%	
White and Black Caribbean	15	3.10%	
White British	110	23.0%	
White Irish	3	0.60%	
Any other Asian background	2	0.40%	
Any other Black background	26	5.40%	
Any other White background	11	2.30%	
Any other mixed background	9	1.90%	
Any other	5	1.00%	
Prefer not to say	139	29.0%	
<i>Total</i>	479	100%	

## 6. Volunteering and Capacity Building

2 Youth Apprentices

The Bellingham Time Bank now has over 25 members and a weekly drop-in.

Bellingham Well London Delivery Team has 14 volunteers in total, 7-8 who are active on a weekly basis.

Out of these volunteers, 7 have trained in level 2 public health. 2 trained in DIY Happiness and 4 trained in Community Activator, 1 volunteer trained in Healthy Spaces promotion and 5 volunteers trained in Let's Get Moving Level 1 promotion of physical activity.

## 7. Qualitative feedback

Impact	Exemplar quotes
Community needs	<p>"We have managed to link in well with other services e.g. WLDT who have done RSPH training now linking in with NHS community health team at events, linking in with Community Education with PSPs."</p> <p>"It makes you think about wellbeing and how and what you want to deliver is going to help in those sole areas."</p>
Inclusiveness and social connectedness	<p>"I didn't know anyone here until the first day, I met my best friend here, and everyone here got me to speak out – they didn't let me keep quiet in the group like I used to."</p> <p>"Just getting involved, getting out and posting leaflets for doors and stuff...it's quite interesting."</p>
Skills and job opportunities	<p>"This apprenticeship has helped me so much and now I have so much patience which is a skill I will need for my career, and also the confidence I have got now to work with people... The best thing I have learnt is I know I can do things now and not step away from speaking in public or be too shy to say I'm dyslexic."</p>
Role models	<p>"It made a difference to my family ... now I have done it my sister wants to do it too, as well as be a dance teacher she wants to be a youth worker like me... she was asking me what apprenticeship she should do when she is older. My brother wishes he had done one too."</p>

## 8. Case studies

One volunteer now in ongoing full-time work, one volunteer finding part-time work, one volunteer who runs the craft club now commissioned at a number of sites across Lewisham (and also on the Well London programme on the Woolwich Dockyard estate)

## 9. Quantitative outcomes

The evaluation involved a longitudinal study of a randomly selected cohort of participants surveyed three times. The following results are an interim analysis of outcomes based on responses of 80 participants who have completed their baseline and first follow-up surveys. The analysis broadly shows progress in meeting outcome targets (e.g. 16% increase in respondents reporting that they do enough physical activity to keep fit, 13% reporting they feel very or quite happy with life in general, 14% increase in those that feel their eating habits are very or quite healthy). However, more precise estimates of the amount of change will only be available after the second follow-up surveys have been completed in March 2015.

### Survey results (all areas)\*

Theme	Pre		Post		% change
	N	%	N	%	
<b>Physical activity</b>					
Think they do enough PA to keep fit	32	39%	46	55%	+16%
Would like to do more PA	48	58%	52	63%	+5%
<b>Food and drink</b>					
Ate vegetables yesterday	53	65%	70	84%	+19%
Ate fresh fruit yesterday	54	66%	64	77%	+11%
Overall, eating habit is very/quite healthy	51	62%	63	76%	+14%
Would like to eat more healthily	51	62%	53	64%	+2%
<b>Wellbeing</b>					
Feel very/quite happy with life in general	62	76%	74	89%	+13%
<b>Community</b>					
Definitely enjoy living in neighbourhood	38	46%	47	57%	+11%
People in neighbourhood help each other	23	28%	20	24%	-4%
Feel very/fairly safe walking alone at night	41	50%	63	64%	+14%
<b>Volunteering and participation</b>					
Given unpaid help in past 12 months					
Definitely agree that can influence local decisions	14	17%	22	26%	+9%
Very/quite important personally to feel able to influence local decisions	54	66%	63	76%	+10%

<b>General health</b>					
Not anxious or depressed	45	55%	66	79%	+24%

\*Interim analysis based on selected pre-post responses from the participant cohort survey. The data is pooled across all Well London areas as the numbers from individual areas are too small to be reported separately.

### Perceived benefits (all areas)\*

Participants' perception of benefits they have experienced from taking part in Well London	Total no.	No. who agreed	Mean score
	N	No. %	%
<b>Awareness of local opportunities</b>			<b>80%</b>
More aware of local opportunities for mental wellbeing, physical activity and healthy eating	51	43 84%	
More aware of opportunities for education, training, volunteering or work	51	39 76%	
<b>Mental wellbeing</b>			<b>79%</b>
Improved understanding of mental wellbeing	51	40 78%	
Feel more positive about life	51	41 80%	
Feel more self-confident	47	37 79%	
<b>Physical activity</b>			<b>75%</b>
Increased level of physical activity	49	37 75%	
<b>Healthy eating</b>			<b>74%</b>
Access affordable healthy foods	48	32 67%	
Make more healthy eating choices	51	42 82%	
<b>Social cohesion</b>			<b>80%</b>
Enjoy living in community	47	41 87%	
Feel safe walking around in community	47	35 74%	
Made friends in community	48	40 83%	
Asked people for help in community	48	36 75%	
Feel that people in community from different backgrounds and age groups get along together	48	39 81%	
Feel that people in community pull together to improve the neighbourhood	48	40 83%	
<b>Volunteering</b>			<b>67%</b>
Got into volunteering	49	33 67%	



<b>Education, training and work</b>			<b>58%</b>
More aware of opportunities for education, training, volunteering or work	51	39	76%
Got into education or training	49	32	65%
Got into work	44	19	33%
<b>Other</b>			<b>35%</b>
Improved English skills	43	15	35%

\*Interim analysis of participants' perceptions of the benefits derived from Well London. The data is pooled across all areas as the numbers from individual areas are too small to be reported separately.