



e

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PAWNBROKERS INSTANT CASH LOANS

**CHEQUES
CASHED**

**WHILE
YOU
WAIT**

**CHEQUES
CASHED**

**CHEQUES
CASHED**

**MONEY
EXCHANGE**

**\$\$ US DOLLARS \$\$
€€ EUROS €€**

WE BUY & SELL \$\$ & €€

**NO COMMISSION
NO ID REQUIRED
INSTANT SERVICE**

WE BUY GOLD

ANY SCRAP GOLD

OR

UNWANTED

JEWELLERY

BOUGHT FOR CASH

TOP PRICES PAID

**CHEQUES
CASHED**



**WAGES - INLAND REVENUE
A/C PAYEE - HOUSING BENEFIT**

NO BANK A/C NO PROBLEM

PAYDAY ADVANCE LOANS

**PERSONAL CHEQUES HELD
UNBANKED TILL MONTH END**

**EASY
PAWN**



CASH LOANS ON GOLD

**MONTHS CONTRACT
AVAILABLE IF REQUIRED**

MINIMUM LOANS AVAILABLE

**TURN YOUR GOLD
INTO CASH**



**WATCH REPAIRS
FIXED WHILE I WAIT**

**JEWELLERY REPAIRS
ON THE PREMISES**

**GOLD BUYERS
TOP CASH PAID**

ORIGINAL P.F.C Pizza

HALAL
FISH &
CHIPS
BURGERS

Perfect Fried Chicken

REAL TASTE
halal meals

FRY & SPICE

CHICKEN - BURGERS - DONER - GRILL & BIRIYANI



700,000 London children live in poverty



42%

Inner
London

34%

Outer
London

28%

Rest of
England

Figures from *London's Poverty Profile 2017*


Trust for London
Tackling poverty and inequality


npi
New
Policy
Institute



A framework that enables communities and local organisations to work together to improve health and wellbeing, build stronger communities and reduce inequalities.

Well Communities – similarities with *Micro-area*

- Vision and theory of change – reduce inequalities, social determinants of health, community based +++
- National and local policy drivers
- Focus in most deprived/highest need areas (circa 2000 pop.)
- Community engagement, empowerment and development at very local level
- Re-focusing of investment to realise and develop social capital, connectedness and community resources/assets - especially people themselves
- Strong, dedicated Coordinator/Local Manager – locally based
- Volunteer team
- Building on, adding value to, coordinating, *integrating* with existing local health promotion work
- Partnership at all levels
 - Research – emerging evidence of effectiveness

Phase 3

2016-19

- Scaling up and embedding in mainstream
- Local Authorities, Housing Assoc.s., Primary & Integrated Care
- London and beyond – rural, & semi-urban
- Organisational development, toolkits, cascade training, resources etc.etc

Phase 2

2012-15

- Local commissioning model
- Replicability and scalability
- Primary Care based pilot
- Housing Association based pilot

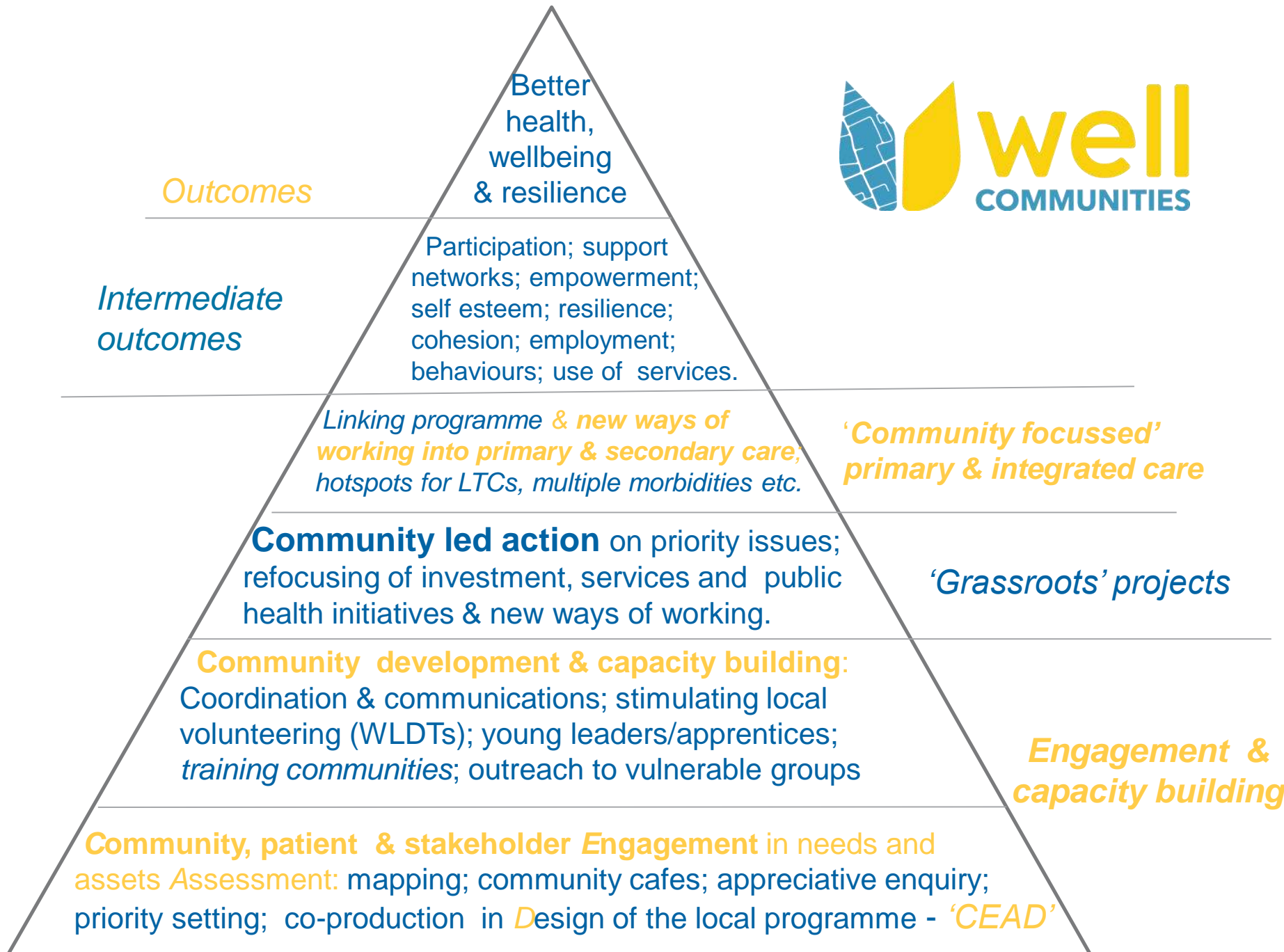
Phase 1

2007-11

- Mayor of London + Big Lottery
- Initial development of model
- 20 LSOs across 20 London boroughs
- Proof of concept

A large, grey, upward-pointing arrow that spans the right side of the three phase boxes, pointing towards the 'well COMMUNITIES' logo.

- Research and development of the model
- Building wider collaborations & partnerships
- Central advice & support services to ensure 'fidelity' of the model (*not for profit*)



Outcomes

Better health, wellbeing & resilience

Intermediate outcomes

Participation; support networks; empowerment; self esteem; resilience; cohesion; employment; behaviours; use of services.

Linking programme & new ways of working into primary & secondary care; hotspots for LTCs, multiple morbidities etc.

'Community focussed' primary & integrated care

Community led action on priority issues; refocusing of investment, services and public health initiatives & new ways of working.

'Grassroots' projects

Community development & capacity building: Coordination & communications; stimulating local volunteering (WLDTs); young leaders/apprentices; *training communities*; outreach to vulnerable groups

Engagement & capacity building

Community, patient & stakeholder Engagement in needs and assets *Assessment*: mapping; community cafes; appreciative enquiry; priority setting; co-production in *Design of the local programme - 'CEAD'*

Volunteer Delivery Team



Differences?

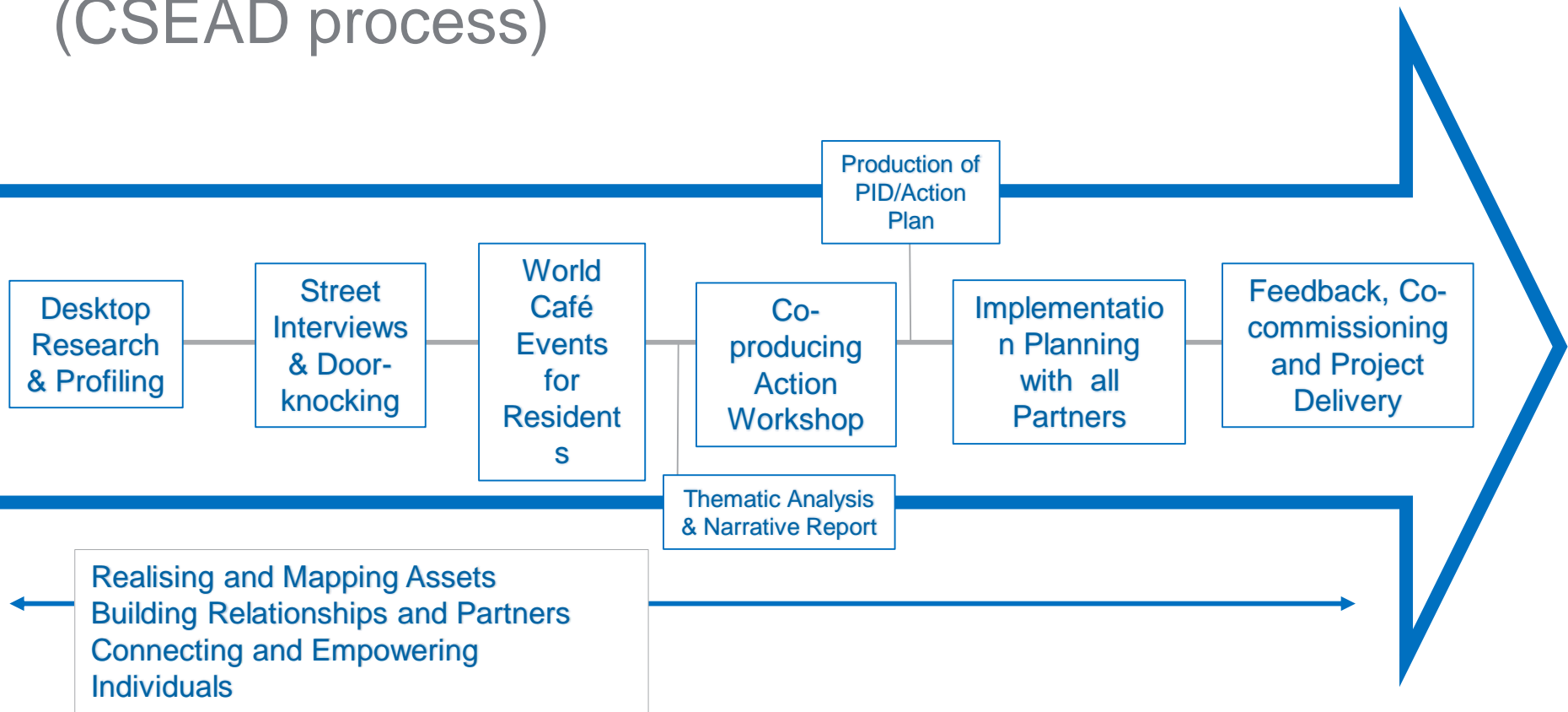
Micro-areas

- Working to 10 goals
- Additional strong focus on work on individual health and social care needs
- Embedded in local public sector policy and system*
- Core partnership health/social care/housing
- Shared, mainstream budget
- Development of local community enterprises

Well Communities

- Framework model with 'fixed' and 'flexible' elements
- 'Step by step' approach to community engagement and coproduction of local programme
- 'Training communities' offer to local volunteers & participants
- Development of young leaders
- Tested in Primary Care - pilot
- Toolkit of resource materials, protocols etc. to support transfer

Community and Stakeholder Engagement, Assessment and co-Design (CSEAD process)



Common themes identified by *Well London* communities

- Bringing the community together*
“I want to live in a community which I feel part of and safe in”
- Community safety
- Young People
“...scared of and for the ‘youth’... and ‘youth’ scared of each other”
- Green space, parks, cleanliness
- Skills and employment
- Mental wellbeing
- Fast food and healthy eating
- Local communications*
- Coordination* and sustained support*

**Action on these issues built into all project activity.*

Activate London



Buywell and Eatwell



DIY Happiness



Healthy spaces



Be creative –be well



Training Communities



Young Leaders



Impact (Phase 2)

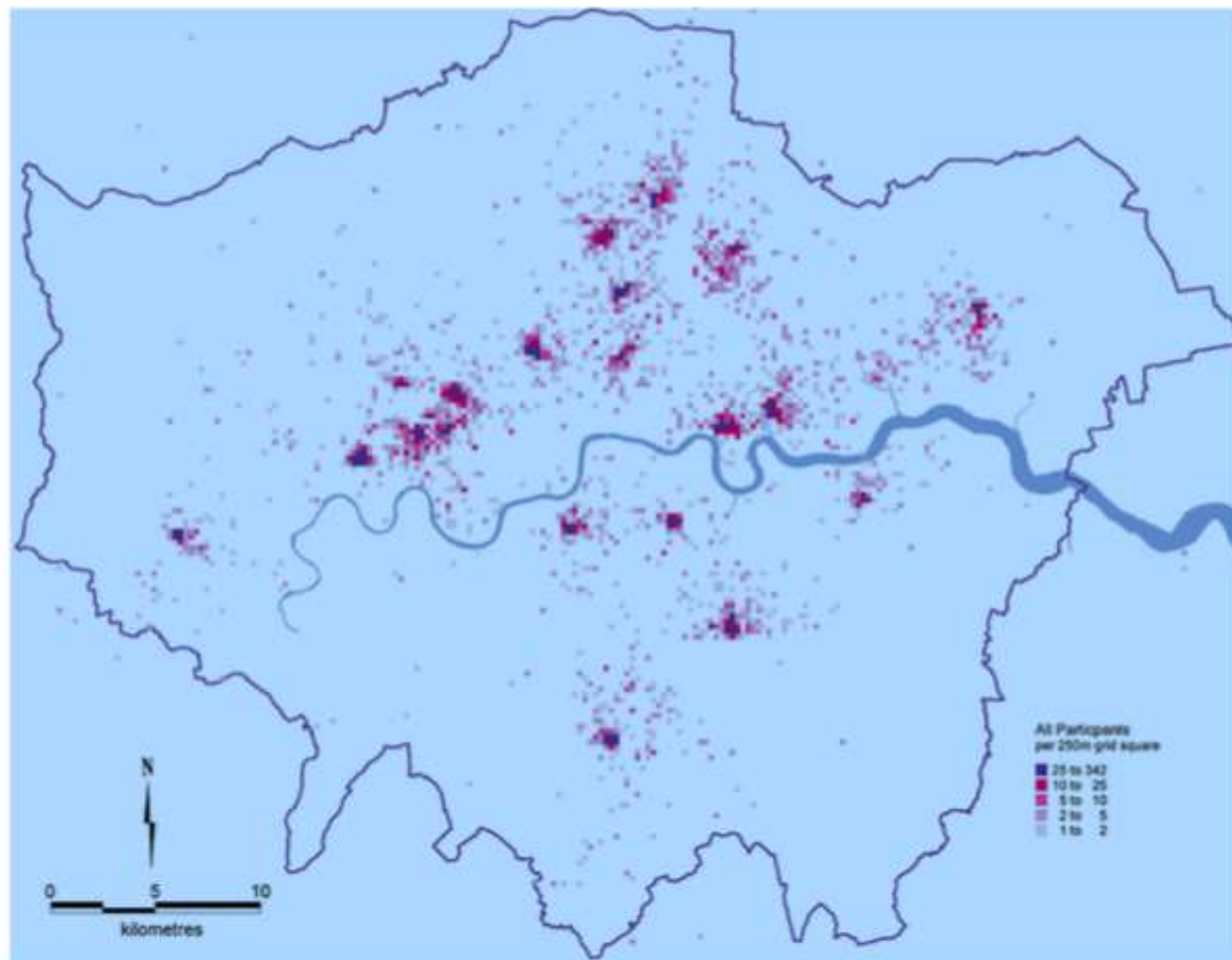
- 18,746 individuals participated - 35% of total 'target' population
- Participant reported benefits strongly positive
- Targets for proportion of participants reporting positive change exceeded in all five outcome areas: *physical activity (82%), healthy eating (54%), mental wellbeing (54%), social connectedness (31%) and volunteering(60%)*
- Statistically significant change demonstrated in relation to:
 - physical activity (total MET minutes of physical activities per week),
 - healthy eating (total quantity of fruit and vegetable in yesterday's diet)
 - mental wellbeing (*hope* scale scores and its two subscales of *agency* and *pathway*).
- Participants in **high fidelity** areas had significantly higher odds of reporting:
 - increased levels of physical activity
 - increased total physical activity MET minutes per week
 - better understanding of mental wellbeing

Other key outcomes



- Numbers accessing training and qualifications
- Qualitative evidence and inspiring case studies:
 - people progressing to paid employment
 - Increased community cohesion
 - Increased community networks and connections
 - Increased capacity of local CVS
 - improved relationships and integrated working between local public and community orgs
- Transformed community spaces
- Additional resources levered into deprived neighbourhoods

Figure 2: Map indicating number of participants residing in each 250m square grid.



Recognised nationally & internationally

- Ranked amongst **41 ‘best practice approaches’ across Europe** by CHRODIS (2015).
- ***What Works Centre for Wellbeing (2015)***, as a ‘pioneer’ and model for community engagement approaches in health and wellbeing.
- Won a **Royal Society of Public Health (RSPH) Award at the highest level** in 2011

Key challenges & opportunities

- *Individual versus community orientated approaches*
- *Medical versus social determinants model of health*
- *Top down versus bottom up*
- *Universal v targeted approach*
- Pressures on public services
- Lost in translating innovative policy into practice – *the individual, top down, health behaviours* ‘drift’
- A very different way of working - need for professional and organisational ‘reorientation’
- No where near the mainstream of policy and practice yet...a long way to go...still on margins?
 - *Potential for international knowledge exchange and collaboration in building the evidence base*

More information:

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www.welllondon.org.uk

*New Well Communities website
in development:*

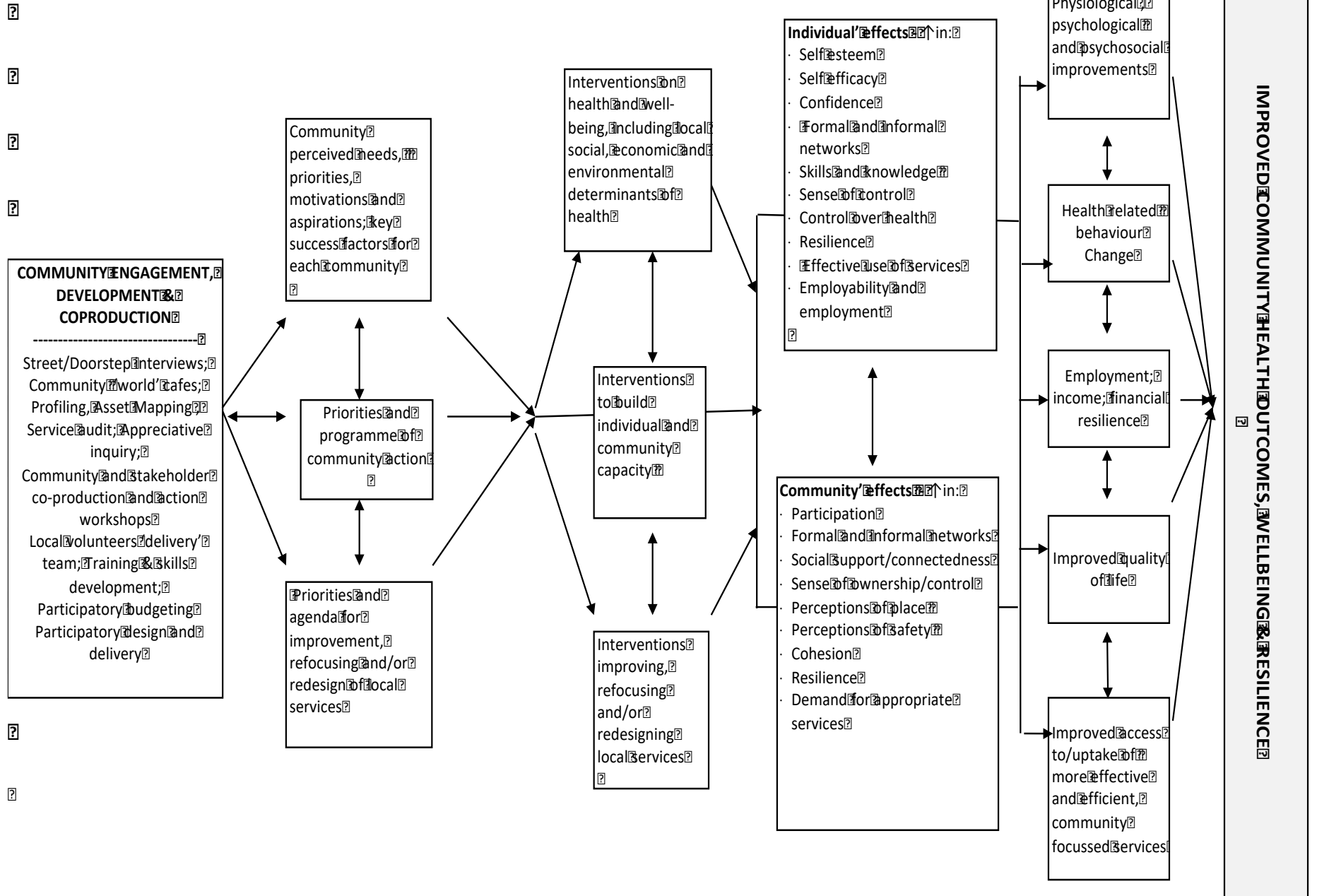
www.wellcommunities.org.uk

Short film: <https://vimeo.com/131850258>

Short animation: <https://www.youtube.com/watch?v=3IHxv-k36BI>



Theory of Change for the Well Communities Framework Approach



Well Communities '4 Ps' Evaluation framework

