

Institution: University of East London (UEL)		
Unit of Assessment: 3 Allied Health Professions, Dentistry, Nursing and Pharmacy		
Title of case study: Well Communities; Empowering and connecting communities to improve health and wellbeing and reduce inequalities		
Period when the underpinning research was undertaken: 2006 - 2021 (ongoing)		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s): 1. Gail Findlay 2. Angela Harden 3. Gopal Netuveli 4. Adrian Renton 5. Patrick Tobi	Role(s) (e.g. job title): 1. Director of Health Improvement/Professor 2. Professor of Community and Family Health/Director of IHHD (Institute of Human Health and Development) 3. Professor of Public Health 4. Professor of Public Health/Director of IHHD 5. Principal Research Fellow of IHHD	Period(s) employed by submitting HEI: 2011 - present (Professor Emerita) 2008 - present (now Honorary Professor) 2013 - present 2006 - 2014 2007 - 2017
Period when the claimed impact occurred: 2014 – 2020 (ongoing)		
Is this case study continued from a case study submitted in 2014? Yes		

1. Summary of the impact (indicative maximum 100 words)

Well Communities is a community development evidence-based framework, enabling communities and local organisations to work together to improve health and wellbeing. The long-term research and development programme has significantly improved wellbeing in participating communities through improving levels of physical activity, healthy eating, mental wellbeing, social connectedness and volunteering.

Locally, it has shaped city-wide policy. *Nationally*, it has informed the development of guidelines for community engagement to reduce health inequalities. *Internationally*, it has been recognised and utilised as a novel approach to community welfare.

2. Underpinning research (indicative maximum 500 words)

Improving health and reducing health inequalities remain major global challenge for healthcare providers. Increasing levels of non-communicable diseases (NCDs), mental health problems and a prevalence of damaging health behaviors are placing increasing pressure on health services and charities, exacerbated in disadvantaged communities. In 2016, UK life expectancy at birth ranged from 78.8 years in the most deprived areas to 86.7 years in the most affluent. *Well Communities* develops effective approaches for improving fundamental economic and social structures to improve health through community co-produced models of healthcare. **(R1)**

Over the past 12 years, a novel theory of change has been developed which centres on psychosocial pathways to impact rather than behavioural change; the product of this iterative development is the third and current phase of *Well Communities*.

Well Communities provides a framework for communities and local organisations (public, private and third sector) to work together to improve health and wellbeing, build resilience and reduce health inequalities, comprised of a suite of capacity building and co-developed projects that realise under-utilised community resources and build individual and community trust in skills, knowledge, confidence, empowerment and connectedness.

The *Well Communities* approach has been developed through the Well London Programme, which was launched in 20 small local areas across 20 of the most deprived London boroughs in 2007. (R2)

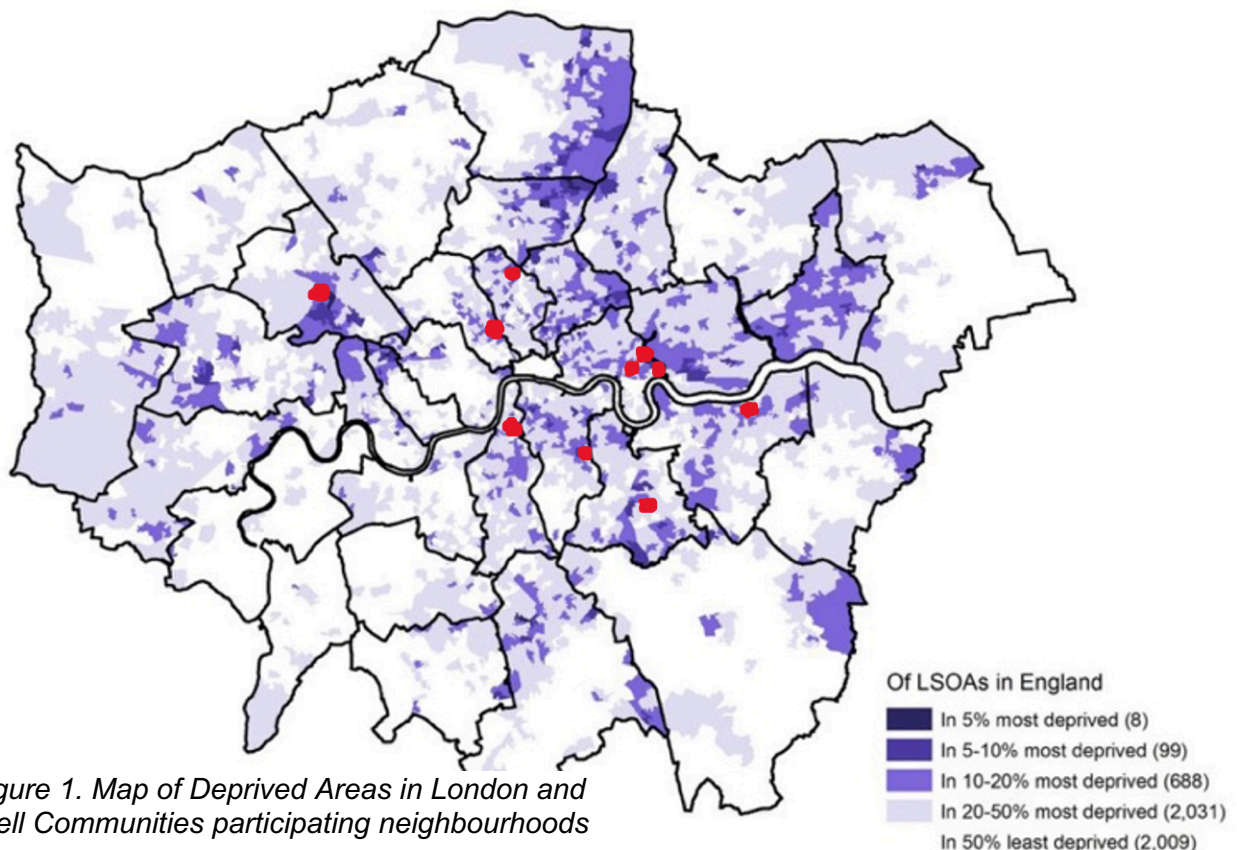


Figure 1. Map of Deprived Areas in London and Well Communities participating neighbourhoods

As part of its leading role in this programme, researchers developed a methodology for Community and Stakeholder Engagement Assessment and co-Design (CSEAD). Used to complement data driven methods, CSEAD gathers valuable community, patient, staff and other stakeholder insights into causes and provides solutions to challenges. A mixed research methodology is used including: a series of 1-1 doorstep conversations; community 'world café' workshops; translations into potential solutions through 'Co-producing Action Workshops'. (R3)

The first phase of Well London (2007 – 2011) identified the key community-perceived needs affecting health and wellbeing addressing them with a suite of projects in communities such as: Newham, Tower Hamlets, Brent (R3). The recommendations were assimilated into the development and evaluation of the second phase of Well London (2012 – 2015) with further funding from the Big Lottery (1.8million GBP). Phase 2 moved to a locally commissioned model, focussed on testing replicability in any neighbourhood and, in some areas, the scalability of the approach to larger neighbourhoods/ regeneration areas. (R4)

In Phase 3, *Well Communities* was utilised in the London Boroughs of Tower Hamlets and Greenwich to inform approaches to Public Health programmes, developing a blueprint for quality improvement in primary care and recently to assist at-risk communities through the COVID-19 pandemic.

3. References to the research (indicative maximum of six references)

R1. Findlay, G. and Tobi, P. 2017. Well Communities. *Perspectives in Health* 137(1), 17-20. Accessed from: <https://journals.sagepub.com/doi/pdf/10.1177/1757913916680329>

R2. Phillips, G., Bottomley, C., Schmidt, E., Tobi, P., Lais, S., Yu, G., Lynch, R., Lock, K., Draper, A., Moore, D., Clow, A., Petticrew, M., Hayes, R. and Renton, A. 2014. Well London Phase-1: results among adults of a cluster-randomised trial of a community engagement approach to improving health behaviours and mental well-being in deprived inner-city

Impact case study (REF3)

neighbourhoods. *Journal of Epidemiology and Community Health* 68 (7), 606-614.

<http://dx.doi.org/10.1136/jech-2013-202505>

R3. Phillips, G., Bottomley, C., Schmidt, E., Tobi, P., Lais, S., Yu, G., Lynch, R., Lock, K., Draper, A., Moore, D., Clow, A., Petticrew, M., Hayes, R. and Renton, A. 2014. Measures of exposure to the Well London Phase-1 intervention and their association with health well-being and social outcomes. *Journal of Epidemiology and Community Health*. 68 (7), 597-605.

<http://dx.doi.org/10.1136/jech-2013-202507>

R4. Derges, J., Clow, A., Lynch, R., Jain, S., Phillips, G., Petticrew, M., Renton, A. and Draper, A. 2014. "Well London" and the benefits of participation: results of a qualitative study nested in a cluster randomised trial. *BMJ Open*. 4 (4), pp. e003596-e003596.

<http://dx.doi.org/10.1136/bmjopen-2013-003596>

R5. Findlay, G., Netuveli, G., Tobi, P., Sheridan, K., Frostick, C., Tong, J., Bertotti, M., Ikeme, M., Farr, R., Syed, A., Harden, A. 2017. *Mitigating the impact of dynamic populations ('churn') on health outcomes and primary care in Newham; final report*. Institute for Health and Human Development, University of East London.

4. Details of Impact (indicative maximum 750 words)

1. Collaboration with government and public health organisations

The ground-breaking participation rate and overall positive behavioural change earned the CSEAD methodology recognition by Mayor of London Health Policy Team. In 2015/2016, Professor Findlay was commissioned to define the scope and options for future action by the Mayor of London as part of a systems approach across London. In 2019, Professor Findlay was



Figure 2. Masterclass discussion

again commissioned by Mayor of London to run 'masterclass' courses in Community Development for Health, an initiative to unite healthcare providers, charity organisations and communities to understand best practice. **(S1)**

The research further informed and shaped the Mayor of London's health policy and Health Inequalities Strategy in 2018, and the significance of the approach is reflected by the Mayor's key objective that "Londoners are empowered to improve their own and their communities' health and wellbeing". The new community-led policy promotes and ensures local involvement and

commitment in shaping and implementing health and well-being practices. **(S2)**

Professor Findlay and the IHHD Well Communities team served as experts in the development of National Institute for Healthcare Excellence's (NICE) guidelines for addressing community engagement and reducing health inequalities. **(S3)**

2. Applying methodology in international communities

Because the nature of the methodology identifies and prioritises local needs, it attracted recognition from several international bodies of health experts such as CHRODIS **(S4a)**, an EU joint action programme, and assisted organisations establishing international relationships **(S4b)**.

Additionally, in the face of the pandemic, Well Communities' approach was used in Sierra Leone and Zambia, to train and support volunteers as they protect disadvantaged and vulnerable people. As of December 2020, 17,000 food packages have been distributed and in-person community sensitisation sessions have been held in 14 districts, reaching over 5,500 people directly. They influenced the inclusion of children with disabilities in the Zambian Ministry of Health COVID-19 customer care training countrywide and, within the communities they serve,

they have inspired and motivated long-term volunteers by being a visible presence during this health emergency. (S5)

The *Well Communities* framework has similarly been used in Greenwich Borough and the 12 communities which already had ongoing projects to support at-risk and disadvantaged communities to combat isolation and to engage with severely deprived neighbourhoods during the pandemic. The government in the Netherlands has likewise considered *Well Communities* during their pandemic response. (S6)

3. Improvements in community health and wellbeing



Figure 3. Visitors and MP Matthew Pennycook enjoy Woolwich Carnival

At the outset of Well London Phase 2, targets were set for participation and for five outcome areas: physical activity, healthy eating, mental wellbeing; social connectedness; and volunteering as indicators of improvements to health and wellbeing. Close to 19,000 London residents participated in activities across eleven of the most disadvantaged neighbourhoods in London and the final evaluation of phase 2 showed significant improvement across all five outcome areas. (S7)

Interviews carried out with Well London participants provided elaboration of the benefits of the programme in each targeted area and the final evaluation report showed numbers significantly exceeding the targets set by the researchers (S7a).

"It really makes me do things, do exercise; otherwise, all I would do is housework." (Female, adult, Brent.) (S7b)

"I think me being in the community centre and interacting I have got to know my community so much better before it was just faces in the street and now I know them all by name and know a bit about my life." (Male, adult, Brent.) (S7c)



Figure 4. Children perform dance for the community in Haringey



Figure 5. Well London- Woolwich Dockyard team welcome their newest member

"I like meeting people here. You've got people coming with their babies, 80-year-olds and people in their 20s all cooking in the same kitchen and eating together, for me that's a healthy thing in itself, people all eating together." (Female, adult, Hackney.) (S7d)

Participants reported feeling happier and healthier overall and many felt that the programme motivated positive change in their daily lives and neighborhood. (S8)

The enduring effect on the communities which *Well Communities* served can be felt through focused projects, targeting specific groups with special vulnerabilities. The REACH pregnancy programme had particular success in supporting mothers, providing antenatal education and care and improving birth outcomes (S9) while the Tower Hamlets initiative, 'Communities Driving Change' continues to provide advice, training, action learning and coaching (S6). The true value of such sustained and monumental change to personal and community lives is unquantifiable.

5. Sources to corroborate the impact (indicative maximum of 10 references)

S1. Mehay, A., Farr, R., Imeson, B., Rogers, A., Findlay, G. 2020. *Community Development for Health Masterclass Programme: An Evaluation Report* (2020)

S2. Mayor of London. *The London Health Inequalities Strategy*. 2018. Greater London Authority, page 130.

https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf

S3. Independent report commissioned and funded by NICE.

Harden, A., Sheridan, K., McKeown, A., Dan-Ogosi, I., Bagnall, AM. 2015. *Evidence review of barriers to, and facilitators of, community engagement approaches and practices in the UK*. Institute for Health and Human Development, University of East London.

<https://www.nice.org.uk/guidance/ng44/evidence/evidence-review-5-community-engagement-barriers-and-facilitators-pdf-2368403681>

S4a. Recognition of Well London Programme as one of the 41 best practice approaches across Europe. CHRODIS. 2016. *Joint action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle. Work Package 5, Task 3. Good practices in health promotion and primary prevention of chronic diseases. Summary report*. http://chrodis.eu/wp-content/uploads/2015/09/Summary-Report-CHRODIS-WP5-Task-3_Version-1.3.pdf also: <http://chrodis.eu/wp-content/uploads/2017/03/francisco-ruiz-well-communities.pdf>

S4b. Testimonial letter from Francesco Salvini, General Manager of the Documentation Centre "Beyond the Garden", Social Co-operative La Collina, Trieste, Italy.

S5. Testimonial letter from Dr Clement Chileshe, Chairman of the Board of Special Olympics Zambia, Sport in Action.

S6. Testimonial letter from Robbert van Bokhoven, Consultant on Strategic Affairs and Health4all; PHAROS, Netherlands.

S7. Tobi, P., Tong, J., Farr, R., Dan-Ogosi, I., Mbema, C., Netuveli, G. and Findlay, G. 2015. *Well London phase 2 evaluation: participant outcomes. End of project report*. <http://www.welllondon.org.uk/1622/phase-2.html>

S7a. *ibid*, 22.

S7b. *ibid*, 26.

S7c. *ibid*, 28.

S7d. *ibid*, 27.

S8. Testimonial of Bridget Imeson, Community Development for Health Consultant and former Associate Director of Public Health, Royal Borough of Greenwich.

S9. Wiggins, M., Sawtell, M., Wiseman, O., McCourt, C., Greenberg, L., Hunter, R., Eldridge, S., Hoara, P., Kaur, I. and Harden, A. 2018. Testing the effectiveness of REACH Pregnancy Circles group antenatal care: protocol for a randomised controlled pilot trial. *Pilot and Feasibility Studies* 2018 Nov 10(4), 169.

<https://doi.org/10.1186/s40814-018-0361-x>