WELL LONDON PHASE 1 EVALUATION

A synthesis of project, programme and controlled-trial evaluations

This document is a synthesis of evaluations carried out on phase 1 of the **Well London programme**, a multifaceted community-based health and wellbeing initiative run from 2007 to 2011. Funded by the Big Lottery Wellbeing Fund, the programme was delivered by the Well London Alliance, a partnership between Arts Council England, Central YMCA, Groundwork London, London Sustainability Exchange, South London and Maudsley NHS Foundation Trust and the University of East London. It was led by the London Health Commission and hosted by the Greater London Authority.

Individual project evaluations and a programme evaluation ('Well London Phase 1 2007–2011: A multilevel evaluation') are available on the Well London website (www.welllondon.org.uk/1145/research-and-evaluation.html).

A cluster-randomised controlled trial was embedded within the Well London programme. Analyses of data from adults are published in the following papers:

Phillips G *et al*. 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 neighbourhoods *J Epidemiol Community Health*. 2014. doi: 10.1136/jech-2013-202505. [Epub ahead of print] PMID: 24489043

Phillips 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] PMID: 24516117

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)

Results from adolescents are still under analysis and will be the subject of separate papers.

A related commentary on the use of controlled trials in complex public health interventions has also been published:

Phillips G *et al*. What is complexity and what do you do with it? Reflections on use of controlled trials to assess complex public health interventions. *Lancet.* 2012; 380:S6. doi:10.1016/S0140-6736(13)60421-3

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Communities working together for a healthier city
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Executive summary

THE WELL LONDON PROGRAMME IS ONE OF THE UK'S MOST AMBITIOUS AND SIGNIFICANT ATTEMPTS TO USE A COMMUNITY DEVELOPMENT MODEL TO ACHIEVE SOCIAL CHANGE AND ENHANCE THE HEALTH AND WELLBEING OF DISADVANTAGED URBAN COMMUNITIES.

The phase 1 programme, funded by the Big Lottery Fund, worked with community groups and residents in 20 of the poorest areas of London to identify the key local issues affecting their health and wellbeing, and ways in which they might be addressed. A suite of 14 projects, initially developed in outline, were then adapted to local needs with local groups delivering activities whenever possible. The 14 projects spanned 'core' projects aiming to build community capacity and cohesion and 'themed' projects focusing on physical activity, healthy eating, mental wellbeing, local environments, and arts and culture. Their aim collectively was to promote individual and social changes likely to improve health and wellbeing.

The longer-term vision is to develop Well London as an evidence-based model for community action for health and wellbeing with the potential to influence policy and practice, securing real enhancements in wellbeing and reducing health inequalities in London and beyond.

The programme adopted a multilevel approach to evaluation. Alongside evaluations of individual projects and of the programme as a whole (including impact on participants and communities), a controlled trial was embedded within the programme, comparing population-wide impact in target areas – 'lower super output areas' (LSOAs) – and in matched areas. The trial also examined the relationship between levels of participation ('exposure') and impact, and incorporated qualitative (interview-based) input from residents of target areas.

Project, participant and community-level impact

Individual project evaluations identified significant benefits to participants, the nature of which depended on the aims of the project. In particular, those receiving training to support the delivery of projects reported very positive impacts.

Questionnaires from participants revealed significant impact on health-related behaviours. Some 60% of responding participants said they had been helped to make more healthy eating choices, 83% said they had been helped to increase their levels of exercise, and 86% felt more positive. Participants and projects also reported a positive impact on mental wellbeing, as well as community benefits such as stronger social cohesion. In interviews, local representatives of stakeholder groups – including public health professionals, GPs and the police – also identified major benefits, such as improved relationships with local communities. The trial's qualitative research also found evidence for positive effects, principally among those who had directly participated in Well London activities. A key 'enabler' appeared to be an enhanced sense of agency, generating the drive and motivation to make changes personally and socially.

Population-wide impact

Despite these individual and community-level impacts, the quantitative strand of the controlled trial did not identify any significant differences between the overall populations of target and control areas, in primary outcome measures related to healthy eating, exercise and wellbeing. A small beneficial effect was seen on two secondary dietary and social-cohesion measures.

On the other hand, participation rates varied significantly across target areas, and there was some evidence that greater exposure to Well London activities was associated with better population-wide outcomes. Within target areas, self-reported participation levels were associated with higher levels of healthy-eating and physical-activity for secondary outcomes. In addition, areas with higher project headcounts had higher levels of mental wellbeing and greater social connectedness. Hence, in areas of higher exposure to the intervention, some better outcomes were detectable at a population level.

Several factors could have made it difficult to establish impact at a population level. These include high levels of population movement in and out of target areas ('churn') and the fact that two-thirds of participants came from outside specific target LSOAs, so were not surveyed in the trial.

Implications

Collectively, the findings suggest that the Well London programme had significant benefits for those who participated in projects. Although the controlled trial found no differences in primary outcomes between overall populations in the target and control areas, there are several reasons why positive impact may not have been captured at the population level. The evaluations also provided valuable findings to guide the development of the intervention and a second phase in ten London boroughs.

Unlike medical interventions, there is no established development pathway for complex community-level interventions. As well as shaping further development of the Well London programme, its evaluations are of wider significance, feeding into discussions of how complex social interventions can be developed and evaluated.

Background

The intervention

The links between social deprivation and poor health are well established. The more disadvantaged a population is, the worse its health is likely to be. Furthermore, a vicious cycle can be created in which poor health and wellbeing limit the capacity of individuals and populations to prosper and develop economically, with further negative effects on health and wellbeing.

Health improvement activities may therefore be more effective if they address social and environmental context. There is growing interest in 'community development' approaches, which work with community groups and individuals to identify locally important issues and to develop solutions, wherever possible using existing local social infrastructure. Communities gain a sense of ownership and control of issues and a stake in their solution.

Community development lies at the heart of the Well London programme, which aims to improve health and wellbeing in some of the poorest parts of London. During phase 1 of the programme (between autumn 2007 and spring 2011), 14 projects were delivered across 20 deprived areas of London.

Target areas were chosen from census-defined 'lower super output areas', encompassing up to 3000 people. Within each target area, members of the Well London Alliance identified existing local community groups and established local advisory groups to coordinate activities. A variety of community engagement methods, particularly 'world cafes' and appreciative enquiry, were used to identify locally important health and social issues, as well as existing community assets that could be used to address them. Common issues across sites included concerns about young people, safety, transience, lack of activities, poor sense of community, under-use of community spaces and a lack of awareness of local support and resources.

Because of the requirements of the grant-giving process, the 14 projects were identified in outline in advance. However, in conjunction with target communities, and wherever possible drawing on existing local groups and activities, the projects were subsequently tailored to local needs. Projects were of two types:

- **Heart of the community (core) projects:** 'enabling' projects to promote participation and uptake of projects and to build local skills and networks, and to improve relationships and enhance social cohesion.
- **Themed projects** targeting more specific aspects of health and wellbeing, including healthy eating, exercise, promotion of good mental health, local environments and creative expression.

The evaluation

There is some evidence that community development approaches are effective in public health, and the National Institute for Health and Care Excellence (NICE) has developed guidelines on how they should be organised. Yet the evidence base is limited and there is a need for additional research and evaluation.

However, while well-established evaluation methodologies exist for medical interventions, how best to evaluate community-based approaches is less clear. This is particularly true for 'complex' interventions – composed of multiple elements, delivered by and to a wide range of groups, with tailoring to local circumstances and a range of dimensions of impact. The Medical Research Council (MRC) has provided guidelines on the evaluation of complex interventions, but how they are applied in practice remains subject to active debate.

In line with MRC guidelines, the Well London programme adopted a multilevel evaluation framework encompassing:

- individual project evaluations
- questionnaire-based feedback from participants
- interviews with stakeholders
- quantitative evaluation of population-wide impact.

The evaluation aimed to capture evidence of impact on participants' health behaviours and wellbeing and on the local environment. In addition, interviews were carried out with residents of target areas, and with key stakeholder groups (such as public health professionals, police officers and local councillors) to capture their accounts of impact and how it had been achieved.

The programme also provided a rare opportunity to embed an experimental trial within a complex social intervention, to measure population-wide impact through comparison of outcomes between populations of target areas and those of matched non-targeted 'control' areas. Adults in a random selection of households in target and control areas were surveyed before and after intervention delivery, to gather information on various health and social indicators. Among adolescents, similar data were collected through school-based surveys (these data are still under analysis).

Survey data allowed outcomes to be compared, at whole population level, between intervention and control areas. They also enabled associations to be explored between outcomes and the levels of exposure to the intervention experienced by individuals and populations of target areas.

This quantitative approach was complemented by qualitative interviews with a sample comprising both residents of target areas who participated in Well London and residents who did not.

Key findings

Project evaluations

Each project identified a range of positive impacts on participants and those involved in delivery. The **BuyWell project**, for example, helped 15 local community-based stores boost their sales of fresh fruit and vegetables by an average of 60% and in one case by 318%. Retailers were supportive of the project, and a customer evaluation found that customers were buying and consuming more fruit and vegetables.

Similarly, the **Community Activator Programme** recruited and trained 16 Community Activators to lead local exercise activities. The activities were well received locally and there was evidence that at least some would continue beyond the end of the Well London project.

The **Changing Minds project**, which aimed to train local people to deliver mental health awareness courses, carried out an innovative 'social return on investment' analysis. It calculated that every £1 invested in the project returned £8.30 in social value, for example through new employment (and less reliance on benefits) and other spinoff benefits.

Project evaluations also identified a range of process issues that were used to refine the delivery of phase 2 projects in 2012 and 2013.

Impact on participants

Across all projects, feedback was obtained from participants, providing insight into the overall impact of the programme. Attendance at Well London activities over 2007–11 was estimated to be 47,000, with 17,000 different individuals attending activities (including 5000 from target areas). More than 13,000 completed questionnaires were collected from participants, providing an assessment of the impact of participation on their health behaviours and wellbeing.

Participation rates varied significantly across target areas, from 2.9% to 34.2% (average 14.9%). Women and young people were particularly well represented at Well London activities. Notably, many attendees – around two-thirds – were actually from outside target areas. Hence geographically defined areas such as lower super output areas may not correspond to socially interacting communities or 'natural neighbourhoods'.

Through the questionnaires, many people reported benefits of participating in Well London activities:

80% reported an improved understanding of mental wellbeing
86% felt more positive

Participants also reported they had been helped to adopt healthier behaviours:

83% had been helped to increase physical activity
63% had been helped to gain access to healthy food
60% had been helped to make more healthy eating choices

Some 12,000 questionnaire respondents reported improvements across all measures assessed. The estimated number of people impacted positively was well above Well London's targets – 251–325% of initial target figures. Because many participants came from surrounding areas, the impact specifically within target areas was somewhat lower (75–122% of targets).

These very positive numbers need to be treated with some caution. The participant questionnaire was relatively simple and used measures that had not been rigorously validated. The answers were self-reported and may not necessarily reflect actual practice, and any behaviour change may not have been sustained.

Community-level impact

Further insight into the nature of the reported changes came from interviews as part of the programme's multimedia documentation (see http://www.welllondon.org.uk/10/resources.html). Participants typically identified both individual and community-level benefits (see page 9 for examples). At an individual level, participants pointed to factors such as greater confidence and more opportunities for social networking. Community benefits commonly included a greater sense of community cohesion and improved links to local officials and service providers.

Positive outcomes were also reported by a range of other stakeholders interviewed, including local councillors, police representatives and public health officials. As well as improved health behaviours, these stakeholders also cited enhanced relationships between communities and official bodies.

Both residents and other stakeholders were concerned about both sustainability (whether progress would be maintained after the Well London programme had finished) and whether the high degree of 'churn' in local populations might hinder attempts to embed good practice and outcomes locally. Nevertheless, many cases were identified where new initiatives had been maintained after the end of formal Well London support.

(cont. on page 8)

Well London projects

FOR PHASE 1, THE 14 WELL LONDON PROJECTS WERE SPECIFIED IN ADVANCE BUT TAILORED AS FAR AS POSSIBLE TO MEET LOCAL NEEDS. THEY ENCOMPASSED 'ENABLING' HEART OF THE COMMUNITY (CORE) PROJECTS AND THEMED PROJECTS.

Heart of the community (core) projects
The heart of the community projects were designed to assist with community capacity building, and to encourage participation in the individual themed projects.

The CADBE (Community Engagement, Assessment, Design, Brokerage and Enterprise) project carried out the initial mapping, needs assessment and community engagement work, and conducted work on job brokerage and social enterprise. It was also responsible for multimedia documentation of the programme and the evaluation process.

The Well London Delivery Team project recruited, trained and managed teams of volunteers from each intervention area. The teams went on to act as advocates for local residents, signposting them to Well London projects and other local activities and resources, and engaging with local service providers to ensure existing services better met the needs of the community.

400 volunteers recruited
172 completed accredited Health Trainer training

The Youth.com project recruited Young Health Champions and worked with schools, youth groups and youth services to ensure that children and young people were engaged, and that their voices were heard in all aspects of the Well London programme's design and delivery.

20 young ambassadors recruited, trained and supported

The Training Communities project developed and arranged training for local community members, including accredited Health Trainer training for the Well London Delivery Team volunteers and accredited Physical Activity Trainer training for the Community Activator volunteers.

The Well London Learning Network (Wellnet) set up and supported a learning network focused on well-being for communities and professionals, sharing insights from the Well London programme with community members and organisations and with local authorities and primary care trusts.

The Active Living Map project developed web-based maps for each intervention area to show the range of health and well-being opportunities and services within easy access of each community.

Themed projects
The themed projects addressed the Well London themes of mental well-being, physical activity, healthy eating, open spaces, and arts and culture.

The Changing Minds project recruited and trained local people with experience of mental illness to deliver mental health awareness training in their communities, promoting understanding of mental well-being and helping to reduce stigma and discrimination.

The DIY Happiness project aimed to empower women to take control of their mental well-being and take positive actions to address the specific challenges they face. The project included a series of workshops, 'happiness' kits, and the opportunity for participants to secure funding to develop activities that would increase happiness and well-being in their local community.

The Mental Wellbeing Impact Assessment project trained local people to identify the potential mental well-being impacts of local projects and to develop action plans to maximise positive and minimise negative impacts of both Well London and other community projects.

The Activate London project aimed to encourage participation in existing physical activity opportunities and to create new opportunities for physical activity, including encouraging local people to train as 'Health Activators' for their communities.

16 Community Activators were recruited and trained to provide physical activity opportunities
165 sports and physical activity programmes were delivered
65 football teams of young people participated in the Well London Community World Cup

The BuyWell project aimed to make it easier for people in intervention areas to buy affordable, high-quality and culturally appropriate healthy foods. It set up or expanded local community food co-ops, and encouraged local businesses to introduce healthier product options.

The EatWell project aimed to increase the uptake of healthy food by raising awareness of how a healthy diet promotes good physical health and mental well-being. It provided training in easy preparation of healthy meals through 'cook and eat' classes and encouraged communities to share 'community feasts'.

11,794 people participated in the project
1671 people attended Cook and Eat sessions (target 400)
10,542 people attended Community Feasts (target 4000)

The Healthy Spaces project aimed to ensure that open spaces around residential, shopping and school areas were safe and attractive, fostered community cohesion and were 'owned' by local people. Existing and new sites were developed as locations for community gardens and allotments, healthy walk schemes, community art projects, and play areas.

The Be Creative, Be Well project developed and delivered a range of arts and cultural activities, engaging individuals and communities in a process to improve the aesthetics of their environment, while at the same time learning new skills and improving well-being through participation in creative activities. The project also used art and cultural activities to promote participation in other areas of the Well London programme.

More than **100** creative activities were developed and delivered
3500 people participated in the project

Key findings (cont.)

Controlled trial

While project and programme evaluations focused on those delivering or participating in Well London activities, the controlled trial sought to assess a wider impact, on the population of residents within target areas more generally. It examined whether the effects on the Well London intervention on healthy eating, physical activity and mental wellbeing, as well as on social factors such as community cohesion, could be identified at a population level. It also sought to assess the relation between different levels of exposure to Well London activities and these outcomes. Data from adults were collected by household survey before and after the intervention, in target areas and matched areas from the same London borough.

Primary outcomes assessed among adults were:

- eating five portions of fruit/vegetables a day
- taking 5 x 30 min moderate-level physical activity a week
- two well-established measures of mental wellbeing

Secondary outcomes included a range of other measures of healthy eating, physical activity, mental wellbeing and social cohesion. Some 100 individuals from randomly selected addresses were surveyed before and after the intervention in all 20 intervention and 20 control sites, giving a sample of around 4000 in each survey.

Population-wide, statistically significant differences between intervention and control area populations were not found for the primary outcome measures. Across the secondary outcomes, two did show statistically significant differences between intervention and control area populations, with the former showing lower unhealthy eating scores and higher proportions of residents thinking that people living in the area pulled together to improve it.

Participation levels within target areas varied considerably (Figure 1) and there were also differences in intensity of intervention delivery. Thus exposure to the intervention also varied considerably – and, significantly, higher levels of exposure were associated with better population-level outcomes.

Populations of areas with higher levels of self-reported participation showed some significantly better secondary outcomes, including eating more portions of fruit/vegetables, achieving obesity-prevention exercise targets, and higher social support and local activism. Populations of areas with greater rates of participation estimated through project monitoring showed higher mental wellbeing, greater social connectedness and higher scores on three measures of collective efficacy/cohesion.

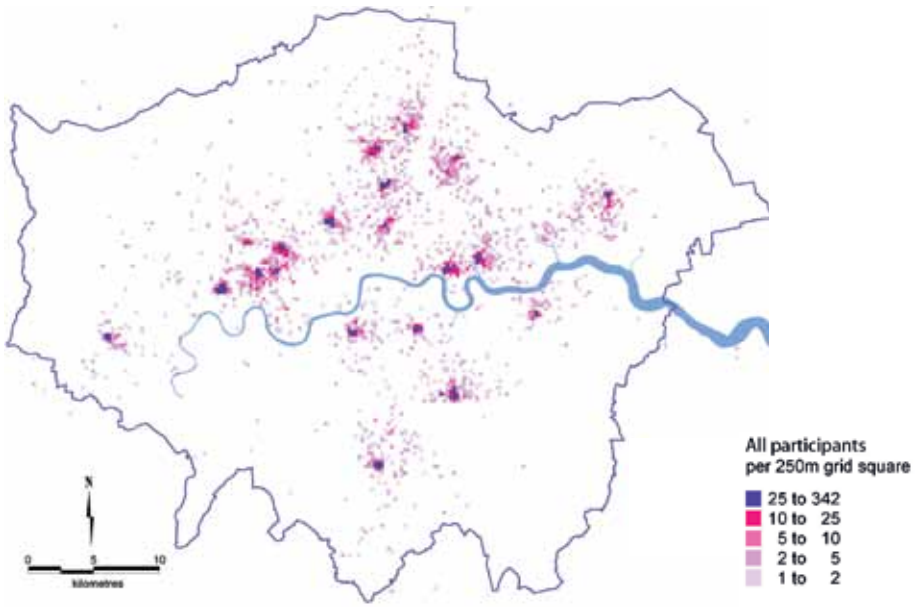

Figure 1: Map indicating number of participants residing in each 250m square grid.

In accordance with MRC guidelines, a qualitative component was integrated within the controlled trial. Qualitative research can delve deeper into the nature of changes, and begin to suggest mechanisms by which effects are mediated. Some 61 residents (34 Well London participants and 27 non-participants) were interviewed in three target areas, chosen to provide a range of different types of area. Interviews covered perceptions of local areas and the impact of Well London projects. Interviews were conducted before and after interventions (44 interviewees, including 24 Well London participants, agreed to a second interview).

The interviews provided further evidence of the positive impact of Well London projects, notably among those who had directly participated. A small number of non-participant interviewees felt excluded from activities, suggesting that interventions may risk unintended negative consequences. One factor appearing to promote greater engagement was wellbeing and a sense of personal agency, or having control over one's circumstances. A 'virtuous circle' could be discerned in which participation boosted a sense of agency, encouraging further participation and driving beneficial changes in health behaviour. Hence promoting wellbeing and agency could be fundamental to the success of social interventions.

Of three areas examined, the most significant changes were reported in a large housing estate built in the 1950s. Interviewees reported a variety of improvements, including enhanced feelings of social cohesion, better information about health, improved relations with neighbours, and an enhanced local environment. Factors contributing to these improvements included an active and charismatic coordinator, increased safety, large numbers of volunteers and the impact of a new residents' committee.

Less change was apparent in a second area, at least in part because it already had reasonably well developed community spirit and activities before the intervention. Even so, residents pointed to a range of benefits, including a better knowledge of health, greater feelings of satisfaction from being involved in activities, and enhanced social cohesion. The third area was more geographically dispersed and socioeconomically diverse, with high population churn. The area has been in decline, and there was little evidence that Well London interventions had had much impact locally.

Cost-effectiveness

A cost-effectiveness analysis of the Well London programme is currently being undertaken. Given that health outcomes have been difficult to quantify, an economic analysis will necessarily be tentative – and further complicated by the evidence that, as well as influencing health behaviours, the programme has generated economic and social benefits, which may themselves have a longer-term beneficial impact on health.

Community and stakeholder feedback

Well London participants identified benefits to themselves…

"Before [volunteering] I used to be kind of a loner. I wasn't confident in myself. But through Well London and all the training I got through them, I was able to view myself as someone who has confidence, someone that thinks 'I can do this'."

…and to the community:

"Because of Well London, community cohesion has improved a lot. People are now coming out and voicing their opinions. Before, when we had a residential meeting we'd only get two or three [attendees] – now we get 12 or 13 people each time and more are joining in."

Projects typically had to overcome apathy or antipathy:

"The park has improved people's well-being. Not only that, but when we were door-knocking about having the park done up, people were a bit negative to start with – they thought nothing would be done. But now people have seen the result, they have more belief that things can be done."

Other stakeholders, including a community police officer, identified further benefits:

"Well London has helped to bring this community together for the first time. They [the community] are taking back their estate. We used to find that residents wouldn't call things in. We were struggling to get people to trust the police. Now we are speaking to each other. If it wasn't for [the local Well London co-ordinator], we wouldn't have that network. She works non-stop. She is helping the community to trust the police and that has helped us take the estate back."

Discussion

The Well London programme is one of the UK's most ambitious and significant attempts to use a community development model to achieve social change and enhance the health and wellbeing of disadvantaged urban communities. As well as building on past evidence of what is effective, it is undergoing longer-term development, with learning from experience informing further development. Moreover, the learning generated by the programme has potentially wider significance for other community-level interventions.

As well as its innovative multifaceted community development approach, the Well London programme has taken a comprehensive approach to evaluation, integrating multiple levels and including a rigorously defined randomised controlled trial to assess population-wide effects. It is therefore making an additional important contribution, adding to thinking on the most appropriate ways to evaluate complex community-level interventions.

Impact

Project and programme evaluations, and the qualitative strand of the controlled trial, identified substantial positive benefits of Well London projects across a range of measures. Projects reported positive effects linked to their specific goals, while the participant- and community-level evaluation found multiple beneficial effects on lifestyle, wellbeing and local social environments.

On the other hand, the controlled trial survey found little evidence that these individual and community benefits translated, at the population level, into differences in primary outcomes between Well London and control areas.

There are several reasons why the trial might have found it difficult to identify significant population-wide benefits. Positive signals would be expected to be obscured by high levels of population churn in target areas (40% of respondents at follow up had moved in after the start of Well London), and by imprecision in outcome measurement. The household survey response rate was low (28%) so sampling bias may have influenced findings. As several projects were delayed, the evaluation may have missed the impact of some later starting work. It should also be borne in mind that data analysis has not yet been completed on young people, who made up 50% of participants.

A further potentially important factor is that fully two-thirds of participants in Well London projects lived outside the surveyed target areas (Figure 1). The trial did not capture data on any changes within this group. Hence the tightly defined geographical areas used in the trial (lower super output areas) may not correspond to the communities or 'natural neighbourhoods' engaged.

Indeed, the trial's findings on exposure, with some evidence that higher exposure was associated with better outcomes, may suggest that the programme achieved wider impact. But, by being restricted to administratively defined survey areas rather than the natural neighbourhoods actually engaged, the trial was less able to detect population-wide effects.

Lessons learned

The results of the phase 1 evaluation have informed the development of phase 2 of the programme, which is being implemented in ten London boroughs. The aim has been to increase and widen the impact of projects, by targeting more natural neighbourhoods, scaling up, further embedding activities locally, with a greater degree of local tailoring of projects, and addressing sustainability more directly. A toolkit is being developed to support new projects, with guidance for both commissioners and those involved in project delivery. Dedicated local coordinators are being appointed in all neighbourhoods.

Evaluation of individual projects and the programme will continue. More detailed information is being collected from participants. A longitudinal aspect is being introduced, with a cohort of up to 500 participants recording data on their participation and diet, exercise, mental wellbeing and other social outcomes for the duration of phase 2. As well as generating more insight into the impact on individuals, this will also provide new ways of assessing exposure.

Implications

More generally, the findings from the trial add to a relatively small body of literature on trial-based evaluation of complex, population-based social interventions. Randomised controlled trials lie at the heart of development of medical interventions, which follow a well-trodden developmental path typically taking longer than a decade and costing hundreds of millions of pounds. Population interventions have no such development route: beyond pilot studies, there is as yet no alternative to running an intervention and extracting as much learning as possible to guide further development.

The Well London programme therefore has broader significance, feeding into discussions on how such interventions can be developed and evaluated, and indeed whether controlled trial methodologies – generally held to be the strongest form of evidence – are suitable for such interventions. Although trials have important strengths, particularly allowing for comparisons

with control groups, they also have limitations as a way of assessing complex interventions. They have the effect of converting a complex set of activities to a single entity – 'the intervention' – and restricting impact to a defined set of outcome measures, in a specific population, over a defined period. Yet the nature of the intervention will vary significantly, beneficial outcomes may be unexpected or emerge over long time periods, and beneficiaries may come from outside the study population.

By attempting to map 'exposure' the Well London evaluation made efforts to deconstruct aspects of the intervention. Even so, the measures used remained relatively crude compared with the complexity of the multifaceted intervention they were assessing. The qualitative findings provide more nuanced insight into how changes were occurring, with the obvious caveat about generalisability from small numbers and specific circumstances.

The theoretical basis of complex social interventions remains incompletely understood. The Well London intervention was based on a community development model, with multifaceted aims (Figure 2). However, the extent to which these factors either enable or inhibit beneficial impact remains unclear. A better understanding of the mechanisms of health improvement – the 'pathways' leading to healthier behaviours – would feed into enhanced design of interventions, and provide greater scope for testing and refinement before deployment, raising the likelihood of success.

Conclusion

With the growing challenges of ageing populations and chronic diseases, many significantly affected by social and environmental factors, health behaviours are increasingly under the spotlight. Furthermore, with pressures constantly growing on the NHS, public health and disease prevention are assuming ever greater importance.

It is striking that many factors affecting the health of populations are well known. What is far less obvious, however, is how to achieve social change, including altered behaviour, that improves the health of populations. Complex social interventions will play an important part in this process. It is critical, therefore, that proper developmental pipelines are established and resourced to optimise their design and rigorously evaluate their effectiveness. This will build the evidence base and guide their use to improve public health.

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 deprived urban areas. As the programme continues to evolve, 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.

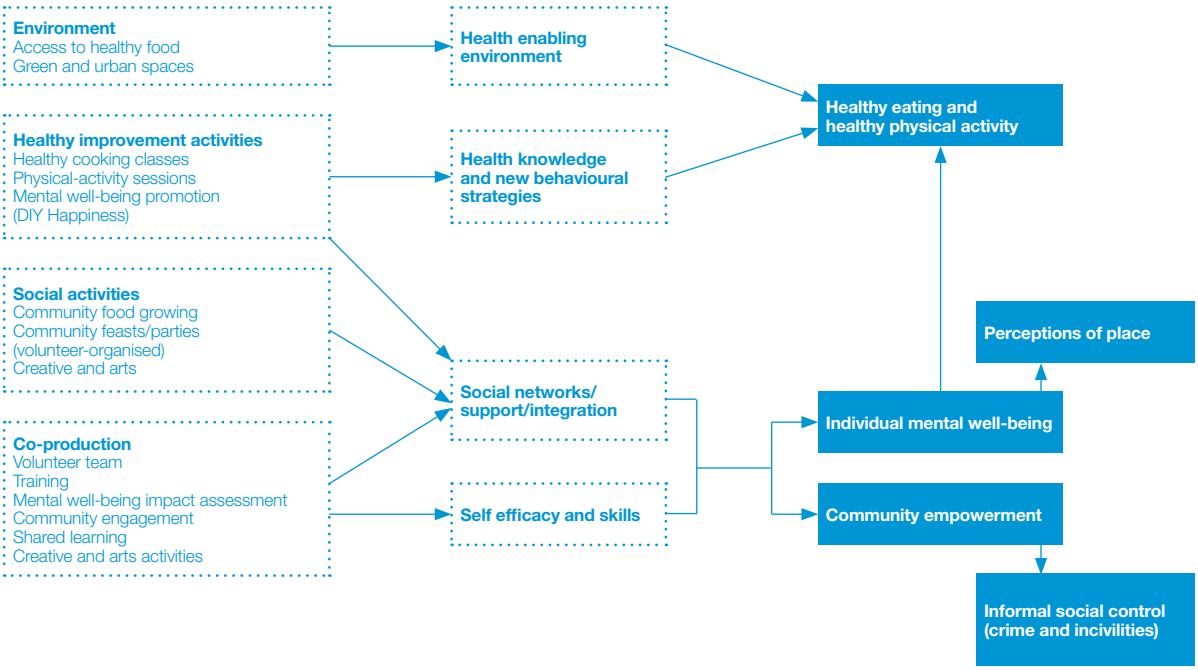

Figure 2: Theory of change for phase I of the Well London programme

Communities working together
for a healthier city