

Battersea Alliance Prospectus and Community Investment Strategy



Contents

Purposepage 2

Executive Summarypage 4

Who and what is
Battersea Alliance and
Battersea Together?page 8

Policy Contextpage 13

The Rocket Science
Reportpage 21

Community Investment
Strategypage 27

Next Stepspage 30



Purpose

We seek to transform health care and wellbeing in Battersea by building a stronger, more resilient and self-reliant community.

From a policy perspective, community care is widely considered to be an under invested, yet critical, part of the health and care system. We seek to 'transform health care and wellbeing in Battersea by building a stronger, more resilient, and self-reliant community'.

The aim of this prospectus is to raise the importance of preventative health which, when taken together with informed and caring reactive support, is the only sustainable long-term solution for our society, and needs to be a counter-balance to the majority of services in treating ill health.

Above all, the prospectus is a call to arms for 'us to take forward' stakeholder engagement through to 'collective action' on planning and into meaningful and 'visible collaboration' on the ground.

The prospectus is accompanied by a full report that sets out, '*The Case for Strategic Investment and Collaboration on Primary Prevention in Battersea*'¹, and also the accompanying research report, '*A Social Return on Investment Analysis*'², (Rocket Science – October 2024).



The key ways social relationships influence health



Mental health and emotional support

Close relationships, whether with family, friends or community, provide emotional support, reducing stress, anxiety and depression. Social connections can act as buffers against psychological distress helping people cope with challenges and boosting resilience.



Physical health benefits

Studies suggest that individuals with strong social ties live longer and have lower risks of chronic diseases, such as heart disease and high blood pressure. Social support can promote healthier behaviours (like exercising or adhering to medical treatments) and reduce harmful ones (such as smoking or excessive alcohol consumption).



Stress reduction

Positive relationships help mitigate stress, which is linked to numerous health problems like weakened immunity, cardiovascular issues and metabolic disorders. Support from others can reduce the physiological effects of stress by promoting relaxation and a sense of safety.



Behavioural health

Social networks can influence health behaviours. Supportive relationships encourage healthy lifestyle choices, such as regular physical activity, good nutrition and attending health check-ups, while negative or toxic relationships may contribute to unhealthy behaviours like smoking, overeating or substance abuse.



Longevity

People with rich social networks tend to live longer. Research, including studies on social integration, has found that social isolation can be as harmful to health as smoking, obesity or high blood pressure.



Immune function

Social relationships are linked to the body's immune system, with socially connected individuals showing stronger immune responses. Conversely, loneliness and isolation can impair immune function, making individuals more susceptible to illness.

In summary, quality social relationships are vital for promoting good health, enhancing emotional wellbeing and even extending life expectancy. Conversely, loneliness and poor social ties are associated with poorer health outcomes and higher mortality rates.

Executive Summary

The evidence is overwhelming – a primary prevention health programme, delivered via a grassroots community development approach, which aims to build and strengthen social capital, works.



The recent report from the NHS Confederation, Local Trust and PPL (People, Places, Lives), ‘The Case for Neighbourhood Health and Care’, reflects the most recent research and evidence and confirms:

“...any transformation of public services will not be successful unless it is accompanied by a more fundamental transformation of relationships between our statutory services and our communities, building on the best of what is happening in our neighbourhoods today. Furthermore, the case for alignment of statutory services and support to community-led initiatives, at a neighbourhood level, is stronger now than it has ever been. If we can build on the power of neighbourhoods and communities, there is a real potential to make a significant and lasting impact across England.”³

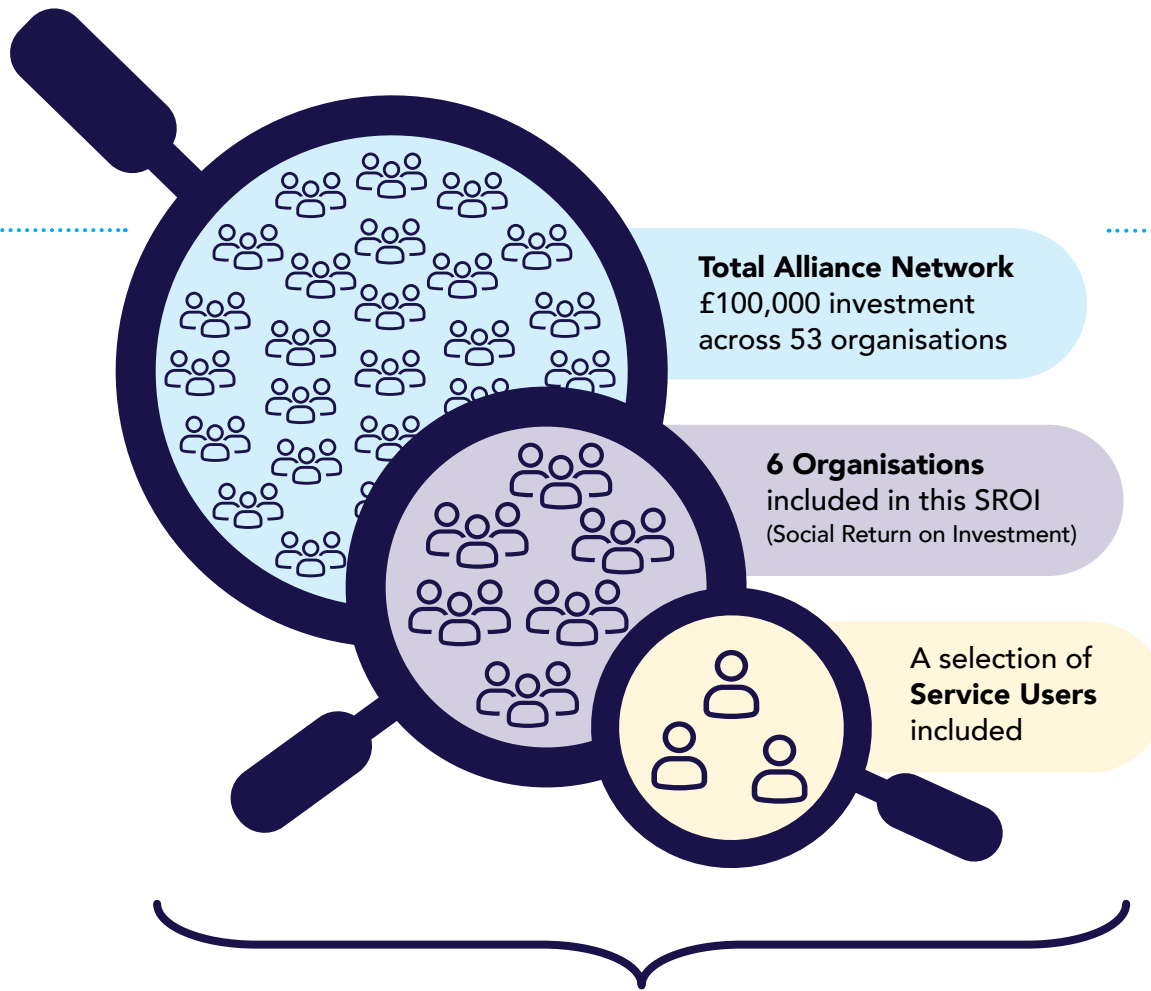
At Battersea Alliance we believe that ‘social relationships’ are a critical determinant of health and strong ‘social capital’ – is a significant determinant of good wellbeing. Social capital is defined as the value of the connections between people and the attitudes and behaviours that support a functioning society.⁴

For the past five years, Battersea Alliance has been delivering a community development programme to tackle isolation, loneliness and mental health challenges (depression and anxiety) by working with individuals, groups and organisations across Battersea which is effectively a case study in building social capital.

Rocket Science was commissioned by Battersea Alliance to undertake a research evaluation to help make, ‘The Case for Strategic Investment and Collaboration on Primary Prevention in Battersea’¹. In doing so it delivered, ‘A Social Return on Investment Analysis’² (October 2024).

Rocket Science undertook a robust and cautious approach to the research evaluation and, critically, took a ‘bottom-up’ approach of talking to service users about their views on the difference that projects had made to them. Due to a lack of similar user-led data, we cannot replicate this approach to robustly calculate the social value achieved by the totality of Battersea Alliance’s work.

However, using reasonable inference it implies a total social value of at least £2.6 million across Alliance’s activities....



Total Alliance Network
£100,000 investment
across 53 organisations

6 Organisations
included in this SROI
(Social Return on Investment)

**A selection of
Service Users**
included

Social value resulting
from this selection
of service users'
engagement over
five years



£428,000

This means **for every**
£1 invested, these services
are generating **around**
£5 in social return.

Application of *reasonable
inference* to imply
total social value of
entire Alliance activity

£2.6m

The case studies we have used, and the social and strategic return on investment identified, are a clarion call for investors, whether public or private, to get involved in supporting interventions, projects and programmes which help meet their social value targets, or have a quantifiable return on departmental budgets.

As well as financial funding we welcome investment in the form of business support, employee volunteering, in-kind contributions, equipment, sponsoring, mentoring – the list goes on, and we welcome your thoughts.

At Battersea Alliance, we're ready to partner with organisations that care about improving Battersea and its community. We want to work with you on creating real social value, whether through your contributions (financial or otherwise), or by helping build strong foundations for local development. Our focus is on projects driven by people and their needs, not just profit. Let's make a lasting impact, together.

We call on our key partners to sign up to our recommendations in helping pave the way towards these important strategic goals which meet the policy imperatives set out for change and disrupting existing practices which are currently not fit for purpose.

Recommendations

The recommendations draw upon the stakeholder engagement we have undertaken with key partners. Also, the key points of the recent NHS Confederation and Local Trust report – *'The Case for Neighbourhood Health & Care'*, and the Mayor of London – *'Understanding Creative Health'*, towards a place-based manifesto for a preventative (and reactive) health creation scheme.

1

Acknowledge the limits of short-term commissioning

It is not working well for commissioning bodies, CVS organisations or the communities they serve. The report emphasises the need for a London-wide fund for creative health, sustainable income streams and systemic investment from the NHS where clear benefits are demonstrated.

2

Transform relationships for lasting change

The success of these transformations depends on fundamentally reshaping the relationship between statutory services and communities, building on the best practices already emerging in our neighbourhoods.

3

Join and support Battersea Alliance

We invite you to actively support the Battersea Alliance's work by promoting the Community Investment Strategy CIS and its prospectus.

4

Adopt the Health Creation Alliance

Build Back Together principles (see page 16).

5

Develop a refreshed evidence base

Partner with us to create a place-based evidence base focusing on health, crime and socio-economic indicators. This will be informed by residents' and businesses' experiences, and formulated through democratic processes.





6

Support the community prescribing pilot

We need political support for a 'test and learn' community prescribing pilot, in partnership with the Local Authority and SWLICB (South West London Integrated Care Board), using Borough of Culture and ICS resources. Community prescribing is defined further on page 9.

7

Explore a place-based giving scheme (PBGS)

Consider moving towards a PBGS for Battersea, using the prospectus and Community Prescribing Pilot as the foundation for a sustainable preventative health agenda.

8

Embrace diversity in creative health

Support the inclusion of diverse creative health providers, ensuring broad participation and accessible pathways to tackle health inequalities at both community and place levels.

9

Collaborate on action plans

Develop a workshop report from the Summit output, focusing on a collaborative agenda and action plan for integrated neighbourhood working in support of the pilot and the broader preventative health agenda.

10

Help mobilise volunteers

Support community prescribing by helping to mobilise volunteers, who will work alongside community prescribing care pathways. Provide support for creative health leads within Local Authorities and ICBs for training, networking and peer mentorship from community health practitioners.

Let's collaborate to make a real difference, driven by the people who know their needs best.

Who and what is Battersea Alliance & Battersea Together?

Battersea Alliance emerged from a series of Battersea Together events, initiated by the Big Local SW11 (a resident-led organisation funded by the National Lottery).

These events were held annually between 2016 and 2019, where over 50 individuals representing the rich character of the community and voluntary sector in Battersea debated and deliberated on the key challenges facing our communities. These discussions were informed by research and support from the London School of Tropical Medicine and Hygiene, and the debates looked at the range of skills, knowledge and experience that the community and voluntary sector could draw on.



This group as Battersea Together agreed...

- Loneliness isolation and mental health (depression and anxiety) are major challenges for the statutory sector that could be better addressed from a community development perspective by building community capacity and resilience (social relations).
- A partnership approach would enable committed organisations to pool resources and offer a much wider range of access points and forms of support for local people.
- Our 'reach' across all our diverse communities would connect with people who may not want to approach traditional or statutory service providers.
- A partnership based on the management or control of community assets (buildings) would be less vulnerable to the vagaries of the grants system which typically is short-term, competitive, divisive and deters strategic development.
- The community and voluntary sector's (CVS) dependency on grants, commissions and contracts was inefficient, divisive, unsustainable and hindered good governance, proper support for volunteers, partnership working and long-term strategic planning.
- Community self-help and self-reliance will reduce demand on, and the costs of, accessing statutory services.
- 'Community prescribing' supports people before they need to access their GP or attend hospital or seek counselling.



Community prescribing

Individuals experiencing stress, anxiety or depression are supported by their peers, friends and social networks and may be referred to a range of supportive activities (wellbeing classes; safe spaces; mentoring; volunteering) or together with others may 'buy-in' specialist care.

N.B. This is differentiated from social prescribing being at a stage before, where referral to intervention is at the community level, and hopefully reducing the need for / avoiding the primary care referral.










Battersea Alliance projects and support for building social capital

Battersea Together Network events	x5
Battersea Volunteer Coordination	£150k
Battersea Youth Voice	£150k
Community & Belonging Forum*	£100k
Battersea COVID Support Fund	£100k
Battersea Community Festival	£60k
Kambala Community Association	support and funding in progress
Fundraising securing an additional	£60k

* of which six figure in our Primary Prevention – Social Return on Investment Research

The conversations that started at the Battersea Together events carried on between gatherings, allowing participants to gain a deeper understanding of each other's organisations. This ongoing dialogue helped build an atmosphere of respect, trust and shared goals, ultimately strengthening relationships and collaboration. This led to the creation of the Battersea Alliance (also known as the Alliance) – a group of seven independent organisations that set aside their own interests to work together on strengthening the Battersea community.

As of November 2024, there are seven members of the Alliance

 <p>Katherine Low Settlement A much-loved busy charity that has been at the heart of the community in Battersea, South West London, since 1924.</p>	 <p>Caius House A charitable organisation that promotes diversity and shared learning through the exchange of experiences for all members, including staff and volunteers.</p>	 <p>Carney's Community A registered charity, transforming the lives of disadvantaged and excluded young people through boxing, fitness and mentorship.</p>	 <p>Providence House A Youth Club that has been passionate about improving the lives and outcomes of young people since 1963.</p>	 <p>St Peter's Church Battersea A church based in the heart of Battersea.</p>	 <p>The Integrate Agency CIC A community and voluntary sector (CVS) capacity building specialist.</p>	 <p>Big Local SW11 A resident-led, time-limited initiative funded by the National Lottery and the Local Trust.</p>
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Battersea Alliance is a free association of independent, autonomous community organisations with shared values and aims which has, by fostering relationships based on trust and respect, **raised and invested over £600k in five years, supporting 30 community groups and helped create 26 new grassroots organisations** focused on reducing isolation, loneliness and mental health issues.

The key lessons from the Alliance story are that relationships, within communities and between organisations, built on mutual respect, a common understanding and a shared vision, are so much more important in securing positive outcomes than the transactions, commissions, contracts or grants that currently shape much of the policy landscape.

How do they work together?

Battersea Together is the wider community forum from which the Alliance draws its mandate. In other words, *'Battersea Together creates the vision, The Alliance is how the vision is delivered'*.

Over the forthcoming period, the Alliance is strengthening its accountability and transparency through a Partnership Agreement which is currently being drafted. This agreement will recognise that being a member of the Alliance comes with several duties, behaviours and time commitments, as well as defining how it makes its decisions. These have been laid out in 'membership terms and obligations' along with a set of actions which, when taken together, enable representation and accountability. This agreement is particularly important as the Big Local SW11 is due to wind down in September 2025.

The key focus of the Alliance is to create a culture change in the community and voluntary sector that sees building 'social capital' as a primary objective.

As you will see from the case studies on pages 23 and 24, the Alliance's programme of community development aligns closely with a 'creative health agenda'. We believe in treating those involved in our programme as equals and not by the pathologies of their conditions. We recognise the challenges and stigma that isolation, loneliness and mental health can bring. Our rights based approach and services are an alternative form of medicine where, in its place, we seek to bring hope, belonging, greater equality of access and, with that, opportunity and ambition.

The Community and Voluntary Sector is currently based on a culture of grant dependency which...

- creates a competitive environment which pits community groups against each other;
- creates a short-term strategy to financial planning;
- obstructs the ability for community organisations to plan strategically;
- militates against partnership working;
- de-values volunteering;
- does not address the root causes of issues;
- tends towards piece-meal reaction, not system prevention, due to the 'thematic' character of many grant programmes; and
- diverts resources towards administration and away from service delivery.

In building social capital, we create community connections that replace those lost through decades of structural, social and economic change – where instead of kinship-based, industry-based or tenancy-based relations, we work to...

- bridge relations between diverse cultures; and
- foster new associations of mutual support based on a sense of community belonging that transcends class, race, religion, sexuality or personal identity...

...removing the barriers that deter so many from accessing mainstream services.



Social Capital⁵

Social capital refers to the networks of relationships, trust and norms of reciprocity that exist within a society or community, enabling people to work together more effectively. It represents the value that individuals and groups derive from their social connections and can lead to mutual benefits. Social capital can take various forms and is typically divided into three types:



Bonding social capital

This type exists within close-knit groups, such as families, close friends or communities with shared identities (e.g. ethnic or religious groups). It reinforces trust and support among people who are similar, providing emotional backing, material help and security.



Bridging social capital

Bridging refers to connections between more distant and diverse groups. It involves relationships across different social, economic or cultural groups, fostering broader perspectives and access to external resources and opportunities. For example, networks formed through professional associations or civic organisations are examples of bridging capital.



Linking social capital

Linking social capital represents connections between individuals or groups and institutions that hold power or authority, such as governments, banks or universities. It facilitates access to resources, information and opportunities from higher levels of society.

The Importance of Social Capital in Health and Wellbeing

Community support

Communities with high social capital tend to have stronger social networks that can provide support during health crises, encourage healthier lifestyles and ensure access to health services.

Mental health

People who feel connected to others and have strong social support networks are less likely to experience loneliness, depression or anxiety.

Access to resources

Social capital can enhance equality of access to healthcare, education and employment opportunities through relationships that provide information or facilitate introductions.

Trust and cooperation

High levels of social capital encourage trust and cooperation, which can lead to safer neighbourhoods, higher levels of civic engagement and collective efforts to solve community problems.

In short, social capital emphasises the value of social networks and connections in fostering individual and collective wellbeing, economic growth and community cohesion.

The Policy Context

Nationally, regionally and locally



The national context

As a policy context the, 'Next steps for integrating primary care', Fuller Stocktake Report, 2022⁶, is key to understanding the implications of integrating primary care through neighbourhood working at the community level.

The 2022 Health and Care Act established the statutory framework for Integrated Care Systems (ICSs). These are comprised of Integrated Care Boards (ICBs), which hold responsibility for NHS budgets and delivering health services, and Integrated Care Partnerships (ICPs), which are composed of NHS, the local authority, and community health partners. The purpose of an ICS is to join-up primary and secondary care, social care, mental health and community health services in a specific area/region. The introduction of ICSs has created a new formalised role for the community and voluntary sector (CVS) in the delivery of health and wellbeing in their local communities.

The main objective of an ICS is to remedy fragmented delivery and planning for health and care in the community, and the benefits of this are recognised in England and internationally. This means collaborative work is a central function of the ICS model, as it recognises community-based knowledge and expertise, and to some extent, recognises the growing importance of the CVS as health and care providers.

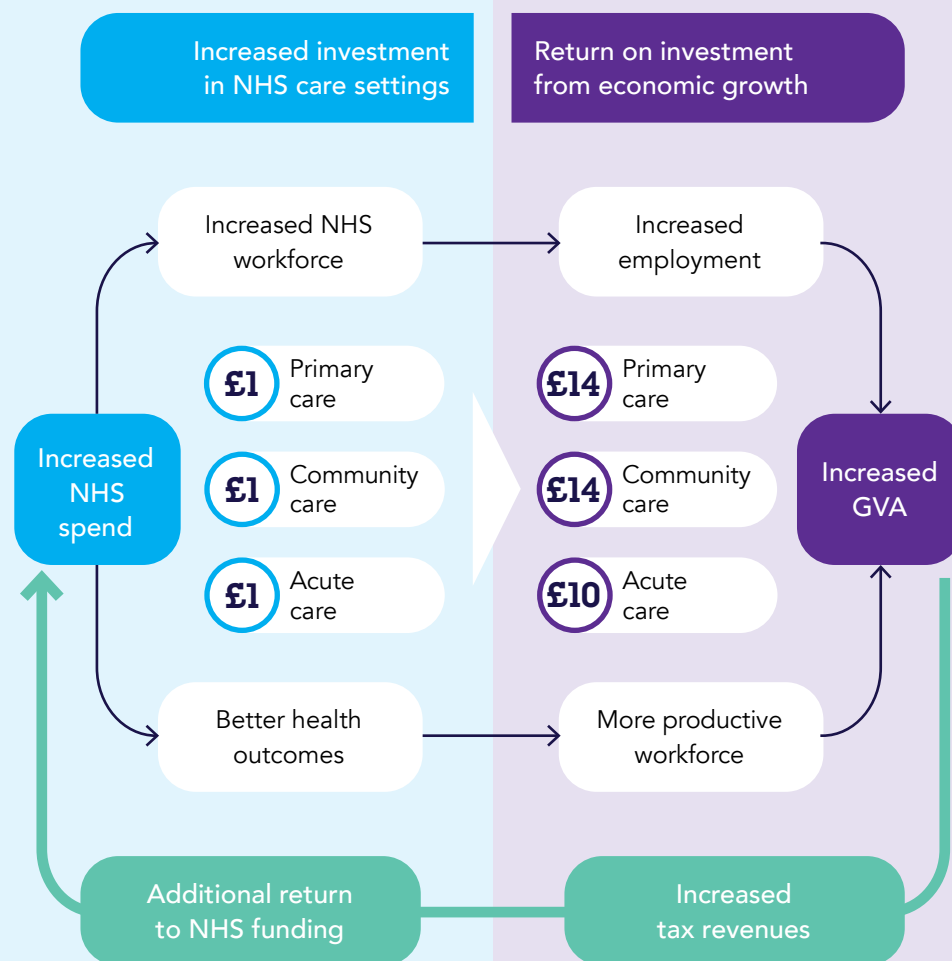
The aim is to shift the balance from services predicated on treating ill-health to more of a preventative or health creation service, so, over time, this reduces demand for primary care, helping manage capacity and backlog challenges. This also brings greater socio-economic benefits, particularly at a time when we have a record number of working-age people off work due to ill health.

Based on the findings of the NHS Confederation, it is believed that additional investment should primarily be focused on non-acute care to have the greatest impact on Gross Valued-Added (GVA). The increased return on investment for these particular settings of care reflects the high level of interactions they have with the local economy.

It has been demonstrated that for every additional £1 invested in community care, it can deliver £14 extra growth for the local economy.³

NHS Confederation Research: The influence of NHS spending on economic growth⁷

Increased investment in NHS primary, community and acute care is associated with greater economic growth, effectively paying for itself through increased tax receipts



The 'Independent Investigation of the National Health Service in England', September 2024⁸ by Lord Darzi arrived at the same conclusion that the NHS budget is not being spent where it should be – too great a share is being spent in hospitals, too little in the community. That, in fact since at least 2006, and arguably for much longer, successive governments have promised to shift care away from hospitals and into the community. In practice, the reverse has happened. The major themes for the forthcoming 10-year health plan included the following:

To lock in the shift of care closer to home by hard-wiring financial flows

General practice, mental health and community services will need to expand and adapt to the needs of those with long-term conditions whose prevalence is growing rapidly as the population ages. Financial flows must lock in this change irreversibly or it will not happen.

Simplify and innovate care delivery for a neighbourhood NHS

The best way to work as a team is to work in a team: we need to embrace new multidisciplinary models of care that bring together primary, community and mental health services.

We need to be ALL about Health Creation

Creating health must sit alongside treating ill health and prevention of illness. Health Creation is the process through which individuals and communities gain a sense of purpose, hope, mastery and control over their own lives and immediate environment; when this happens their health and wellbeing is enhanced.

Integrated Care Systems (ICSs) have a critical role in creating the conditions for new partnerships to coalesce and in fashioning new approaches and pathways that embrace the wider determinants of health and resonate better with people's lived experiences.

In helping to realise this ambition, the Local Trust and NHS Confederation has commissioned research to put flesh on its bones in calling for the need to focus on community approaches to health and wellbeing, based on the 'Next steps for integrating primary care', Fuller stocktake Report, 2022⁶ which recommended establishing Integrated Neighbourhood Teams.

'The Case for Neighbourhood Health and Care',⁵ was launched at the NHS Confederation and Local Trust conference on 9th October 2024. This report and conference showcased that:

- We are currently operating a deficit model of healthcare where those who need it most don't receive the same or any service. Most healthcare problems are outside the reach of NHS and statutory services. So to address this there needs to be a shift to targeted healthcare, close to people's homes.
- We should not underestimate the cultural shift/challenge to power required to achieve this – but it's the best plan we have to save the NHS. To do this the approaches we need to use are non-hierarchical, non-linear and organic. They are to be based on relationships and not management processes. We need to speak in terms of 'collective communities' and 'family-centric approaches'. We need to hear people's experiences, unlike the NHS who cannot see the wider picture. Therefore, commissioning should be defined by the need to understand that community.
- To close the system-wide demand capacity gap, we need data to get to those most vulnerable in our communities. Have the faith to let the community do what it thinks is important. Community engagement is not a free good. There is a science and skill to the process.
- We need: space, permission, funding and a light touch – to create learning capacity across the system, even if this gives rise to uneven development it focuses on those areas where the most disadvantaged are vulnerable to ill-health.

Finally, a critical checklist from good practice in co-production:

1

Evidence of listening / hearing.

2

Community engagement – if you can't do something new after step 1, it's not engagement.

3

The outcome of engagement has to be able to be communicated to others.

4

Co-production must involve those subject to change and with the best insight.

The Health Creation Alliance

As Battersea Alliance, our recommendations demonstrate that we want to be outward-looking so will sign up to 'The Health Creation Alliance ways of working', and will continue to share good practice. This is a national cross-sector movement focused on reducing health inequity through health creation. Its ambition is to ensure that 'health creation' sits alongside treating ill health and prevention of illness, and that it becomes business as usual across all levels of the health system.

Similarly, we will work with others to build a common understanding that creativity and culture are integral to health and wellbeing. This approach is asset based and holistic, values equity, is communal, collective and co-produced.

Messages published by The Health Creation Alliance:

"We cannot treat our way out of ill health. If we don't harness the system, and work with the power of employers, networks and communities, health inequalities won't improve".

Jim McManus, Director of Public Health, Hertfordshire County Council and Acting President, Association of Directors of Public Health

"Too many ICS/ICPs have a top-down, command and control, KPI [key performance indicators] focus... where leaders are not exposed to real people. The more leaders can get out there and listen to communities the better."

Professor Donna Hall, CBE, Chair of New Local, Chair Bolton NHS Foundation Trust

To learn more about Health Creation Alliance's work visit:
www.thehealthcreationalliance.org

Building Back Together⁹

Valuing community and embedding **Health Creation** across the health and care system to **address health inequalities**

These key messages are relevant to everyone who has a role in health, care and wellbeing:

1 Help people gain control

Efforts to address health inequalities must focus on enabling local people to gain a sense of purpose, hope, mastery and control over their own lives and immediate environment.

2 Prioritise Health Creation

ICSs must prioritise Health Creation alongside treating illness and preventing ill-health in partnership with local authorities, communities and other local partners. It is core to an effective, sustainable health and care service that makes real progress in addressing health inequalities.

3 Build trust with community networks

All parts of the NHS and local authorities must seize the opportunity following COVID-19 to develop relationships of trust with enhanced community networks that understand their communities and are reaching more vulnerable people than before the pandemic.

4 Support community-led activity

All parts of the NHS and local authorities need to get behind and support communities to lead activity in their localities and to work with communities to integrate formal and informal forms of care.

5 Fund communities to create health

ICSs should make resources available to fund health creating community-led work alongside local authorities, housing providers, CVS and other local partners without trying to control how the outcomes are achieved.

6 Value and build relationships

Relationship-building with communities and local partners needs to be valued as an essential role by the NHS. Paid 'connector' roles operating at a strategic level are required to drive genuine connections between the NHS, community groups and organisations.

7 Include communities within governance

ICSs, NHS Trusts and PCNs must include communities and local partners within their governance arrangements.

Read the full reports at:
thehealthcreationalliance.org

8 Support community development

ICSs, including local authorities and other local partners, must assess the existing provision of community development and support further capacity where necessary.

9 Develop new recovery pathways

ICSs must support the development of 'place-based multi-disciplinary teams' that can address the wider determinants of people's health needs as well as their clinical needs and embed the five features of health creating practices within their working practices.

10 Share anonymised data

All relevant parts of the NHS must embrace Health Creation alongside the current trend to Population Health Management. This means sharing anonymised data with communities, local authorities and other local partners, inviting them to help interpret it and participate in design and delivery of new services that respond to it.

ICSs that consistently drive forward action on these 10 key messages will make real and sustained progress in addressing health inequalities across their footprints.



The regional context

This is a critical moment, a tipping point – without a more strategic, sustainable and equitable funding package, with support from the local Integrated Care Board and Local Authority, much of the provision provided by the CVS, due to ever-increasing demand post-pandemic and dwindling funds, they will not survive, and its many leaders will suffer burnout and exhaustion. The existing regime of short-term and piecemeal competitive funding no longer works, dissipates effort and creates unhelpful barriers to collaboration. Both social prescribing and the micro-commissioning that it utilises, further serve to undermine how the community and voluntary sector functions.

This was recognised back in 2019 with the Mayor's London Adult Education Budget which top-sliced funding specifically for the social prescribing agenda. This recognised that non-accredited and informal learning has a positive impact on health and this activity was supported by a new soft-outcome framework.

Today, we are increasingly recognising the role that the cultural and creative sector has in supporting positive health outcomes. We are starting to see creative health co-ordinators employed by the Integrated Care Board in South East London as identified in the recently launched, 'Understanding Creative Health in London,' report for the Mayor of London.¹⁰

As Justine Simons OBE (Deputy Mayor for Culture and Creative Industries) says, "It is, a crucial invitation for all of us to double down in championing this vital work – in partnership across arts, health and social care sectors."¹⁰

The local context

We continue to work well with officers from the Integrated Care Service (ICS) and the London Borough of Wandsworth through the Social Return on Investment (SROI) Advisory Panel, which oversaw the Rocket Science research, and we look forward to taking forward this advisory panel into a new 'test and learn' pilot steering group for community prescribing. However, we remain aware of the King's Fund report, '*Realising the potential of integrated care systems*', July 2024¹¹ which identified ongoing "tensions and a lack of engagement" in some areas between integrated care board population health staff and public health teams in local councils.

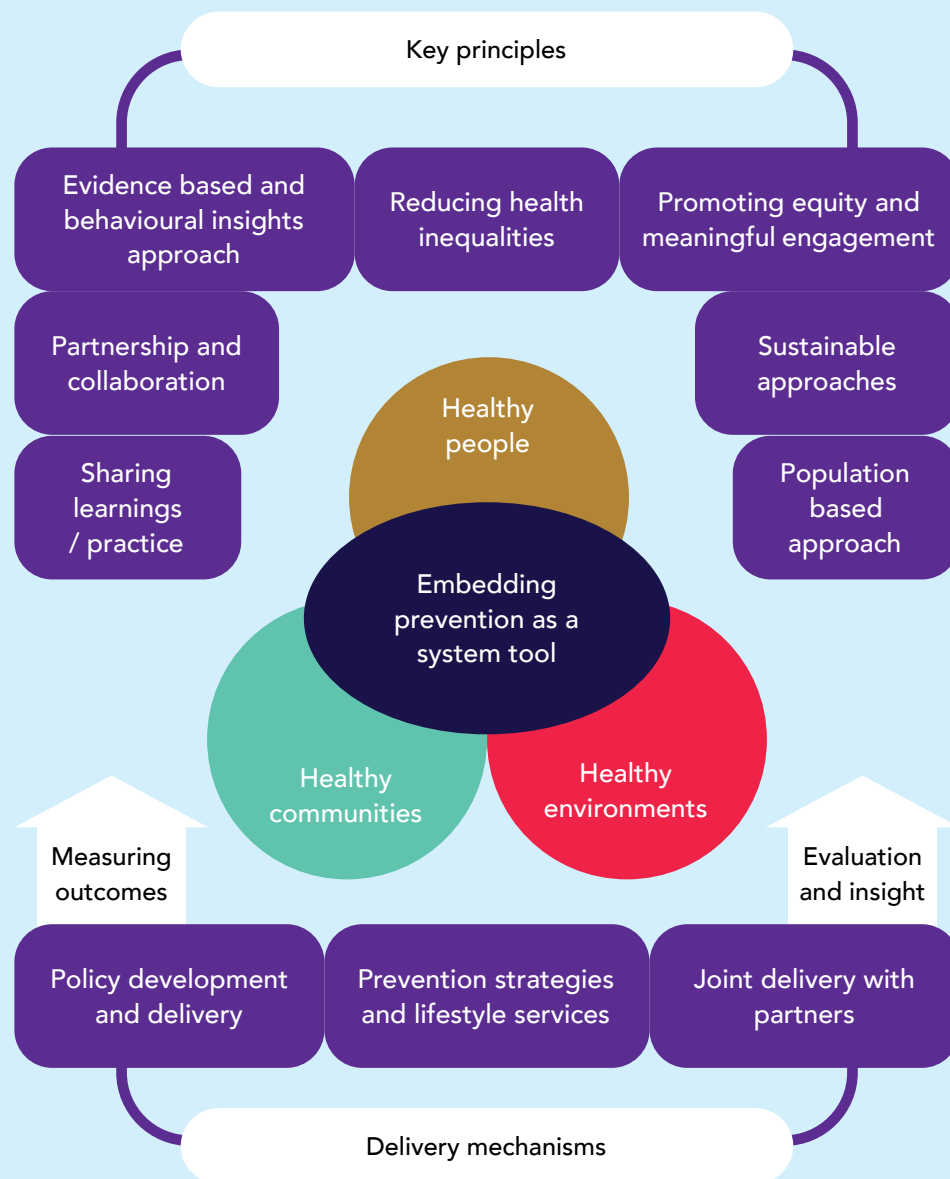
In recognition of this, we are actively addressing, with our key partners, the wider concern that ICSs may not achieve their full potential unless more is done to create an environment conducive to their success. It is clear that the behaviours of national, regional and local leaders will make or break ICSs and the Alliance offer itself as both a critical friend and honest broker where required.

We cannot treat our way out of ill health. We need to collaborate with employers, networks and communities. As 80% of health outcomes are not shaped by healthcare itself, what we do as a system (collaboration) and, at the place-based level, should therefore be our first consideration.

Battersea Alliance want to work closely with statutory authorities to help meet the aims and objectives of the '*Wandsworth Health Care Plan*', (2024-26)¹² in taking a life stages approach to supporting inclusion and wellbeing and in responding to the needs of its community. We will do this by focusing on the areas where we can have the greatest impact by working collectively to improve health and wellbeing.

We have reviewed the '19 Steps to Health and Wellbeing' and how these sit alongside our work. In doing so we have identified that 12 out of 19 either do already, or have the opportunity with our community engagement model to be integrated into our work.

Wandsworth Council's Prevention Framework¹²



The Prevention Framework (PF) provides a whole-systems approach to preventing ill health and promoting positive health and wellbeing. Prevention is one of the guiding principles in the development of the Joint Local Health and Wellbeing Strategy.

“Prevention goes beyond the delivery of lifestyle services and messages about weight management, smoking cessation and mental health support. It incorporates the wider determinants of health such as housing, crime, employment and income. It will also stem the demand for health and social care services through promoting independence and self-care, using strengths and assets in the community thus delaying, preventing or reducing the need for health and social care services.”¹²

However, the Alliance do not see ourselves configured like a statutory service. These are areas of mutual concern for all Battersea Alliance partners and they may be areas in which our engagement with local residents could be developed to lead to better self-care. However, this must be done on the basis of trust and service user-led demand.

The Alliance see ourselves and our creative and cultural services as part of the health and wellbeing journey. We wish to actively promote and accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes. What we can achieve with technology and data needs to be explored with key partners.

In local policy terms, our provision and impacts are in line with the Wandsworth Care Plan

1. How services can be more joined-up

Recognising that health and wellbeing are about the whole person (social, physical and psychological) and that people are part of whole communities and families. That integrated working across the health sector, the care sector and the community, provides the opportunity to deliver the best results.

2. Health inequalities

Collectively focus on reducing barriers to access, improving experience and outcomes, through greater co-production, meaning that services are designed and delivered with the community and residents as equal partners.

3. Prevention

The importance of taking a proactive approach, maximising opportunities to take early action and supporting people to live a healthy life.

Therefore, the Start Well, Live Well, Age Well structure resonates well with our work and the importance attached to ‘transition points in life’ for people and families.

○ START WELL

Obesity, children and young people’s mental health, risky behaviour, addressing inequality.

○ LIVE WELL

Addressing ethnic inequality in mental health, diabetes and cardiovascular disease, respiratory.

○ AGE WELL

Integrating services, care and nursing homes, fall prevention, digital, social prescribing.

Mental health as a growing area of concern sits across all the Wandsworth local health and care priorities, which means the Battersea Alliance is an important and timely community partner to deliver on these key health challenges and to integrate local knowledge and insight into planning.

Battersea Alliance has a key focus on young people and provides a successful diversionary agenda with access to arts, culture and media with accompanying advocacy and mediation. This range of activity fits well within the prevention framework. The causes of anti-social behaviour and knife crime are finally being treated as a public health issue and linked with the health of a community as well as its perceived prospects and outlook.

Stakeholder engagement insights

Stakeholder engagement insights need to be viewed in the context of funding opportunities available for fulfilling its preventative health agenda and in particular in addressing loneliness, isolation and mental health. It is clear that at present there are few funding streams available from the Local Authority or the Integrated Care Board and those that are, are either fully subscribed, non-strategic and piecemeal. E.g. SWLICB Inequalities Fund or Neighbourhood Community Infrastructure Levy (NCIL).

Whilst there is strong support for our work there is unlikely to be any financial support which is not already earmarked from these sources in the short term. Therefore, we are also looking for solutions outside the Borough, and in particular at a place-based giving scheme (PBGS) funded by City Bridge Foundation. A place-based giving scheme (PBGS) is a partnership, initiative or organisation which brings new resources and approaches into a borough, uses existing resources more effectively, and creates better solutions by working together. Key activities include some or all of fundraising, volunteering, in-kind giving, grant-making, capacity-building, influencing and convening.

A fundraising strategy is being pursued by the Alliance and we have already applied for seed funding from the City Bridge Foundation. In time, we will look to the National Lottery Community Fund, using our strong track record with Big Local SW11, for funding which will help advance our work. However, locally, we seek legitimacy through collaboration and joint work in helping our statutory key partners to understand from us how 'community-based' prescribing, can improve the social capital of groups and the resilience of communities. As a result, we will work with the London Borough of Culture Team to pilot / 'test and learn' from a community prescribing programme in partnership with the integrated care board.

Our purpose is therefore threefold...

1. Insight



To provide insights for public policy professionals, public sector colleagues, GPs, health practitioners and CVS colleagues alike interested in delivering against the Wandsworth Health and Care Plan (2024-26) in boosting the preventative health agenda, using the case studies to bring this to life with local people's experiences to support improved policy development and practice. Working together to effectively baseline local health needs and determinants using a shared data source – Data Wand.

2. Opportunity



To identify opportunities in partnership with the Local Authority and South West London Integrated Care Board to develop with us the concept of 'community prescribing' a non-primary care referral health and wellbeing provision through a trial/'test and learn' pilot offer with a view to mainstreaming. This could potentially use the Borough of Culture programme to raise interest.

3. Investment



Establish over time a place-based giving scheme (PBGS) with City Bridge Trust and London Funders focused on primary prevention and using the Rocket Science case studies and social return to account for investment. We intend that this foundation would provide the necessary certainty on the impact and efficacy of the process to support both statutory and other donorship and giving.

The Rocket Science Report

What are the links between isolation, loneliness, mental health and social impacts?



The evidence for a community development approach¹⁴

The Alliance has championed a new, collaborative approach to supporting communities which relies on relationships and connections to optimise the support provided. In 2023, the Battersea Alliance commissioned Rocket Science to conduct, a social return on investment (SROI) analysis of its primary prevention interventions.

As the report explores, the organisations supported and funded through the Alliance have helped address loneliness, isolation and mental health of residents through vast and varied methods, and subsequently created significant cost savings for the local council and public services. The research showcases the benefits to be had through continued funding of the Alliance and its partnership network.

The Alliance operates in the context of diverse health promotions and risks locally.¹³ A needs analysis of the area, conducted by the Alliance in 2019-2020, identified a range of challenges that Battersea residents are more likely to face compared to residents in the wider Wandsworth area, including:

- Living in crowded conditions
- Live in poverty
- Experiences with isolation, loneliness and poor mental health
- Securing and retaining employment

Rocket Science research aimed to:

- **Understand** the ways in which the Alliance's approach creates positive outcomes, what these outcomes are, and who experiences them; and
- **Gather data** on these outcomes to estimate their scale and financial value.

What is a social return on investment (SROI)?

A SROI is a technique for calculating the financial value of an intervention. The aim is to sum up the benefits in financial terms, and although SROIs work in monetary terms, they can include non-financial benefits (e.g. improved confidence, greater mental or physical health, etc).

To do this financial 'proxies' are used. These proxies are created off the back of research by local government, public sector and third sector organisations and apply a monetary value to these non-financial impacts. The complete detail on the proxies we have used and where they are sourced from is included in our technical appendix¹⁴, including the sources.

Benefits explored

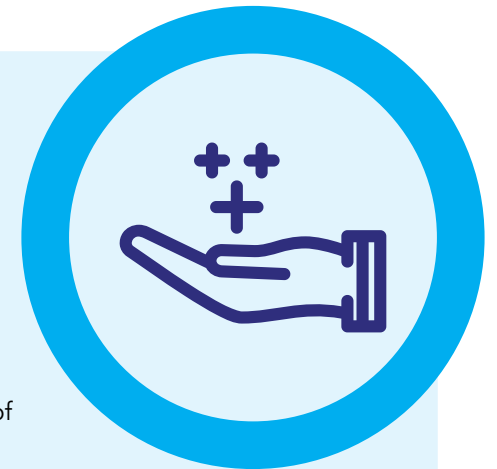
This project has sought to understand two streams of benefits related to the Battersea Alliance:

- 1. Individual and community-level impacts of funded projects themselves**
- 2. Wider impacts of partnership working**

The first area of benefits involves the direct impacts of those local interventions which are supported by the Battersea Alliance.

The second stream of benefits pertains to increased engagement and connections that have arisen from local organisations working in partnership and collaboration. Related benefits would include generating wider social capital through an ecosystem of preventative support, both for service users and frontline professionals.

This could include an individual accessing support provided by one organisation, who then hears about other activities being run by another organisation and attends those as well. Likewise, it could reflect the value of delivery partners connecting with one another to support social, emotional, physical and business development needs.



Case study examples

A **case study approach** is used to tell the stories of six local projects. These case study narratives were compiled using a range of both qualitative and quantitative data, collected with ethical consideration of service users.

Certain projects have more substantive data than others. For example, the work of Guy's Room is reflected in two in-depth interviews with participants, whereas our analysis of Disco Dance is built on 11 participant survey responses. As a result, each case evidences the 'typical benefits' that people experience from the service, as opposed to the total scale of benefits from the Battersea Alliance's work.

NOTE: the scale of impact across projects differs as some received more funding than others.

The SROI should not be taken as a competitive indicator of success, but instead as evidence towards the types of value and their related costs to be had in funding preventative, relational working.

Rocket Science spoke to service users of six of the 53 initiatives funded or supported by Battersea Alliance. Through conversations and surveys, our fieldwork discovered a wealth of impact these organisations achieve. These include but are not limited to, impacts on physical health, mental health, isolation, socio-emotional skills and improved connection to their community and local services.

By applying the SROI methodology, we have illustrated the cost savings these outcomes have for public services. These occur by reducing demand on existing services or benefits, or by creating long-term outcomes such as achieving employment which benefits society.

Fitwell

Fitwell is a regular free women's fitness class that promotes physical and mental wellbeing through exercise, movement and social connection.

Fitwell is open to any woman though classes are predominantly attended by women of Muslim faith, who in a typical mixed-gender space might be discouraged to exercise given their religious dress.

Following fitness sessions, Fitwell coordinates mental health and wellbeing talks where women are invited to stay and chat, learn each other's stories and be signposted to local resources and methods of support.

Benefit*	Theme	Impact
Improved mental and social wellbeing through social connection and reduced isolation	Health and wellbeing	£22,760
Development of new skills and knowledge related to physical activity	Education	£14,620
Enhanced mental wellbeing, self-esteem and body confidence	Health and wellbeing	£14,016
Enhanced ability to access and utilise government services and benefits, leading to greater financial stability	Economic	£11,875
Reduced feelings of isolation, marginalisation and exclusion	Health and wellbeing	£5,788
Reduced medical dependency	Health and wellbeing	£4,885
Improved interpersonal skills	Social and community	£3,304
Strengthened social connections, social capital and support networks	Social and community	£1,460
TOTAL		£78,7008

*combined across five survey participants

Guy's Room

Set up by a local resident, supported and funded by the Alliance, Guy's Room is an informal group of men who meet regularly face to face on WhatsApp or in outings – and in the process get to discuss issues that in other circumstances may go unheard e.g. stress, depression, health, family, work – the role of men today, etc.

Benefit*	Theme	Impact
Improved mental and social wellbeing through social connection and reduced isolation	Health and wellbeing	£13,018
Strengthened social connections, social capital and support networks among participants	Social and community	£697
Empowerment of locals to address and resolve conflicts peacefully and without law enforcement	Social and community	£623
Increased confidence and self-esteem for participants	Health and wellbeing	£621
Enhanced cognitive skills such as problem-solving and critical thinking	Education	£305
TOTAL		£15,264

*two Guy's Room case studies combined

Aaron at Guy's Room

Aaron was involved when Guys Room first started. He recalls the early project participants as a "group of friends" who recognised the impacts of gangs and physical violence were having on their kids. As Aaron explains, they wanted to talk about "how to deter our kids from knife crime".

Through the project's regular Monday sessions, Aaron can "put problems on the table" and have "positive discussions on bettering our community". He feels inspired that they "can make a difference" locally because "you can't have a major impact without a collective coming together".

Concerning crime and conflict, he describes the impact of the project as **making young people and their parents** aware that "communication is key to success". When asked how his life would be different with Guys Room, Aaron explained, "Without us getting together, our kids wouldn't have positive impacts."

Aaron believes the **group discussions** that occur in Guys Room have "broadened" his thinking and that he has "learned from the guys" on an intellectual and emotional level.

He also says Guys Room **improves his mental health.**

After COVID, he spiralled, feeling overwhelmed and lacking an outlet to process his emotions. Guys Room was a beacon of hope during this time as the "only place I could go for a constructive talk."

He explains how having space to dissect one's thoughts is vital, particularly for men who feel societal pressure to minimise their emotions and keep their insecurities private.

"It's nice that we get together and have a good talk. Sometimes we arrange trips to go out to uplift ourselves rather than sitting down in our depression. It disarms us. One minute you're there and next at crisis."

SROI overview

Consultation with Alliance members, supported organisations and service users highlighted the impact the Alliance has made and, crucially, the social value achieved – in terms of social, environmental and financial benefits – it creates.

Rocket Science spoke to six of the 53 organisations the Alliance supported or funded, and our SROI analysis with a selection of service users calculated a social value of £428,000 for these service users alone.

In total the Alliance has invested £500,000 across the 53 organisations it has supported, and it estimates £60,000 of this went into the six organisations included in this case study, followed by an estimated £20,000 of in-kind support. This means for every pound invested, these services are generating around £5 in social return.

Only a fraction of our work has been captured for the SROI study – we deliberately set out to make our support and funding as simple as possible, with no requirement for traditional monitoring and evaluation or an overly bureaucratic process of application and administration.

There are many more projects (like JCT described here) that deserve to be recognised for the quality of outcomes they have delivered. These are covered in the full report² and technical appendix.¹⁵

We hope you find the case studies both interesting and inspirational. We have chosen this methodology of case studies to tell a story and to bring Battersea and its people and place to life. In doing so our aim is simple – to demonstrate the value of investing in place and people. This provision is the community lifeblood without which many would be isolated, lonely and likely to be susceptible to poor mental health and with that other conditions which put a drain on statutory services. We must value this layer of amenity and place it within the preventative health agenda as a 'must' have and not a 'nice' to have.

**In total,
it is estimated that
Battersea Alliance has
generated**

**an SROI of
£428,159**

**just within this
small sample of
case studies**

**This means
for every
£1 invested,
these services are
generating around
£5 in social
return.**

JCT Community Management (JCT)

Established in 2019 JCT provides multiple community support services including security patrols at flash points in the local community, mentoring services for young people, support for single parents and adults.

For example, a 16-year-old young person has been arrested and charged with being in possession of a Rambo knife and is sent before the magistrate, with the expectation that he will enter the criminal justice system. JCT attend to provide character references and to offer to mentor him. The magistrate agrees and the young person is released. The average cost of a young person entering the criminal justice system in £140,000 a year.



Key findings and conclusions

The Battersea Alliance funds a range of hyper-local, preventative projects, each delivering strong positive outcomes for service users.

Funding local grassroots projects enables the unique challenges of a locality to be addressed at their roots. By investing in targeted interventions run by leaders embedded with local expertise, these projects can reduce inequalities and bridge gaps in services.

The projects funded by the Alliance often have a core focus such as education, mental health, fitness or community cohesion, which have ripple effects in preventing a range of interconnected issues, from crime and substance abuse to ill health and social isolation. Ultimately, supporting these projects empowers individual outcomes, but also contributes to a more supported and prosperous society.

A highly relational and person-orientated approach is integral to the design of all the funded projects and the related impacts witnessed.

Projects unanimously described the value of taking a relational approach: both in their interactions with service users and their method of working in partnership and collaboration with other support providers in borough.

The Battersea Alliance champions such a way of working, reducing competition and duplication across services and instead assembling a strong, supportive network of professionals. These leaders signpost their users to one another, creating an ecosystem of care. In this way, a relational approach strengthens the resilience of organisations, their leadership and the people they support.

Patterns of SROI benefit

The most commonly identified benefits across the projects were around **health and wellbeing**, particularly improved mental health.

The most frequently mentioned benefits in the case studies were:

- Improved mental and emotional wellbeing through social connection and reduced isolation (6 of 7 cases);
- Enhanced mental wellbeing, self-esteem and body confidence (4 of 7);
- Increased confidence and self-esteem for participants (4 of 7).

Social and community benefits were also often mentioned, although the social value attributed to these was much lower (partly as a result of the reliable proxies available for these benefits).

One particularly frequently referenced benefit was:

- Strengthened social connections, social capital and support networks amongst participants (6 of 7).

Two other benefits referenced by 3 out of 7 case studies were:

- Reduced medical dependency;
- Increased economic opportunities and mobility for marginalised individuals.

Theme of benefits	Benefits (number) across all case studies	Total impact
Health and wellbeing	23	£272,967
Social and community	13	£36,004
Education	7	£44,566
Employment and economic	5	£72,622
TOTAL	48	£428,159

The Community Investment Strategy

We want the lessons from the Battersea Alliance's case study to be understood and accepted as an opportunity to be built on to develop a longer-term plan of action, so genuine partnership, co-production and shared delivery become our way of working.



What we want to fund

We are seeking investment to support our collaboration with the Local Authority and South West London Integrated Care Board (SWLICB) in funding a pilot preventative health programme called community prescribing.

Unlike social prescribing, this approach doesn't require a GP referral. Instead, referrals can come from community-based organisations, CVS or statutory partners. The goal is to engage individuals in activities that interest and motivate them, addressing their non-medical health needs in a more flexible and community-driven way.

Our approach starts by engaging with the Battersea community and using local data to better understand the area's health needs. We will then develop co-produced solutions, working closely with peer researchers and peer outreach workers. We are seeking funding to support volunteer staff, provide training and cover costs for participation in existing community programmes.

We will work with the London Borough of Culture and SWLICB to fund a 'test and learn' Community Prescribing pilot. We will evaluate it using light-touch health and wellbeing impact measures, guided by the Rocket Science evaluation tool. The insights will be used to expand the programme with further mainstream, and fundraising resources. This presents an exciting opportunity to leverage art and culture as powerful tools for community engagement and dialogue, similar to their successful application in regeneration practice.

Our long-term vision is to grow this initiative into a full community prescribing service by 2025/2026, aligning with SWLICB's goals for integrated neighbourhood work focused on prevention. At that stage, we will seek further funding from London Funders and explore creating a place-based giving scheme for Battersea, ensuring sustainable support for the programme.

Ways of supporting us

You can help the Battersea Alliance support our community in achieving our health and wellbeing outcomes in the following ways:



Give an in-kind contribution

Collaboration helps to reduce the fundraising burden and we welcome the opportunity to draw on in-kind contributions such as your skills, knowledge and expertise as our plans unfold. We would like to create a 'bank of supporters' to draw upon through the development of the project, with whom we will share an action plan so you can determine how and when you might contribute.



Become a supporter

As well as business expertise we would use the 'bank of supporters' to promote and engage others to get involved by providing training, mentoring and volunteering. We would like to explore using a time banking platform to harness all contributions and make the best use of everyone's input.



Become a donor

We will consider whether having a fundraising target from the private sector is appropriate and define the level of the target. Donor's contributions would be publicised to acknowledge the support given while promoting how their help has enabled the community to progress towards and achieve our health goals and ambitions.

Mobilising resources – we are pursuing a three-stage fundraising strategy

A key aim of the summit is to launch our Community Investment Strategy. The three stages detailed below, taken together and in sequence, seek to deliver a secure and sustainable future for Battersea in both legacy planning, future development goals and commitments from the private sector in the form of investment in our community. To be clear, this is about wider resources than just funding – it is about collaboration and in-kind support.

Stage 1

Community investment strategy (legacy planning)

Strategic

Initial cornerstone fundraising for development work with key partners towards a place-based giving solution (PBGS). As Big Local SW11 which provides the secretariat for the Alliance begins to wind down, the PBGS will support the initial legacy work towards enabling this function to be developed by Battersea Alliance.

PBGS will enable further development of pilot activity for community prescribing and co-production with the Local Authority and South West London Integrated Care Board (SWLICB) in helping to determine how 'integrated neighbourhood working' can be achieved.

NOTE: recent announcements indicate that the timescales on our application to this fund are unlikely to happen much before March 2025.

Stage 2

Localised piloting and proof of concept (future development)

Localised

We will use the London Borough of Culture in Wandsworth 2025/26 as an opportunity to springboard the creation of a much-needed local 'proof of concept'. The borough's status was won on the strength of its health and wellbeing offer and the development of the community prescribing concept would create a lasting legacy.

Therefore, we will follow this up with subsequent bids for both the Health Inequality Funding from the SWLICB 2025 round, and also bids for the National Lottery to widen out the pilot work in collaboration with the local authority and SWLICB.

Given, the above we are looking for partners to engage with us in collaborative work on design, and to co-produce a model that would help to deliver on this important work.

Realising savings to statutory budgets

This is specifically about highlighting the savings to the taxpayer and public authorities of investing in Battersea. We know that our preventative health model is more cost-efficient and often more effective than statutory services, but taken together we can offer lasting and sustainable impact.

Having set out to prove this at an individual level, we will work with the statutory authorities using the community prescribing pilot to reduce pressures on services and to help improve their financial performance through building strong partnerships within our local communities.

Stage 3

Leveraging the private sector

Business engagement

A process of engagement with local business stakeholders and communities to raise the profile of place-based impact investing which can deliver real benefits to local people and places.

Meeting CSR and social value objectives

At a more practical level we will use the prospectus and this Community Investment Strategy with investors, developers and other relevant stakeholders to encourage private donorship and giving. We will use our social return on investment (SROI) impact analysis² along with the technical appendix¹⁴ and evaluation toolkit to build trust, deepen local impact and make the investment case. (An executive summary of the report is also available.¹⁵)

Funding could be based on a number of beneficiaries supported in line with Corporate Social Responsibility strategies or volunteering, employment in-kind, mentoring etc.

In-kind giving

As an offer we will use the prospectus to encourage positive engagement by businesses who wish to provide expertise and support for social enterprise development.



Next Steps

Battersea Alliance has shown what can be done with limited unrestricted funding that allows for innovation, risk-taking and speculative investments – in terms of building stronger more inclusive resilient and safer communities – that address health and wellbeing by strengthening social capital. We ask you to imagine and then work with us to secure longer-term strategic investment in community development in Battersea that will see these benefits multiplied a hundred-fold.

We believe the Alliance approach could be replicated across the Borough (and elsewhere) – to deliver effective Primary Prevention. In doing so we will utilise the prospectus and its evidence to call on the support of our key partners and those interested in these developments.

We propose setting up a steering group for key partners to take this work forward and sign up to agreed ways of working. We will use our open agenda session at the summit to begin to action plan against our shared goal and objectives with the focus being to put in place a 'test and learn' pilot programme for community prescribing.

Notes

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- 2 Rocket Science, October 2024, 'Primary Prevention in Battersea: A Social Return on Investment Analysis' Full Report <https://www.biglocalsw11.co.uk/wp-content/uploads/2024/11/Battersea-Alliance-RS-FINAL-Report-07-11-24c.pdf> (pages 2, 4 and 29)
- 3 NHS Confederation (2024), 'The Case for Neighbourhood Health & Care', www.nhsconfed.org/publications/case-neighbourhood-health-and-care-0 (pages 4 and 14)
- 4 What Works Wellbeing, 'What is social capital?', <https://whatworkswellbeing.org/resources/what-is-social-capital/#:~:text=Social%20capital%20is%20the%20'glue,%2C%20close%2Dknit%20society.%E2%80%9D> (page 4)
- 5 Robert Putnam, 'Bowling Alone, The Collapse and Revival of American Community', 2000, https://en.wikipedia.org/wiki/Bowling_Alonge (page 12)
- 6 NHS England, 2022, 'Next steps for integrating primary care: Fuller Stocktake Report', www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report (pages 14 and 15)
- 7 NHS Confederation (2023), 'Analysis: The influence of NHS spending on economic growth' www.nhsconfed.org/publications/analysis-influence-nhs-spending-economic-growth (page 14)
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- 9 The Health Creation Alliance, 'Building Back Together', <https://thehealthcreationalliance.org/wp-content/uploads/2021/05/Building-Back-Together.pdf> (pages 16)
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- 11 The King's Fund, July 2024, 'Realising the potential of integrated care systems', www.kingsfund.org.uk/insight-and-analysis/reports/integrated-care-systems-workforce (page 18)
- 12 Wandsworth Council, 'The Joint Local Health and Wellbeing Strategy (JLHWS), 19 Steps to Health & Wellbeing', www.wandsworth.gov.uk/media/g0ihkdkb/joint_local_health_and_wellbeing_strategy_2024_29.pdf (pages 18 and 19)
- 13 Public Health England, September 2018 'Chapter 6, wider determinants of health', www.gov.uk/government/publications/health-profile-for-england-2018/chapter-6-wider-determinants-of-health (page 22)
- 14 Rocket Science, October 2024, 'Primary Prevention in Battersea: A Social Return on Investment Analysis Technical Appendix', <https://www.biglocalsw11.co.uk/wp-content/uploads/2024/11/Battersea-Alliance-RS-FINAL-technical-appendix-07-11-24.pdf> (pages 22 and 25)
- 15 Rocket Science, October 2024, 'Primary Prevention in Battersea: A Social Return on Investment Analysis Executive Summary' <https://www.biglocalsw11.co.uk/wp-content/uploads/2024/11/Battersea-Alliance-RS-FINAL-executive-summary-07-11-24.pdf> (page 29)

Scan the QR code below for the Notes directory.



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If you would like to discuss the prospectus or the Community Investment Strategy with us further, please get in touch. Similarly, to discuss your offer of support or to help tailor any giving to your social value mission and profiles please email us at **info@biglocalsw11.co.uk**