The Case for:
Strategic Investment and Collaboration on
Primary Prevention in Battersea

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1. Purpose

The purpose of this prospectus is to raise the profile of our work as Battersea Alliance and launch our Community Investment Strategy. From a policy perspective Community care is widely considered to be an underinvested, yet critical part of the health and care system. The aim of this prospectus helps to raise the importance of preventative health (which taken together with informed, and caring reactive support,) are 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. [1]

Accompanying this full report: *'The Case for Strategic Investment and collaboration on Primary Prevention in Battersea'*, is *'the Battersea Alliance Prospectus & Community Investment Strategy'*, and the research report, *'A social return on investment analysis (Rocket Science - October 2024)*

2. Executive summary

The evidence is overwhelming – a Primary Prevention health programme delivered via a grass roots community development approach which aims to build and strengthen social capital **works!**

The recent report from the NHS Confederation, Local Trust and PPL, 'The case for Neighbourhood Health and Care' reflects the most recent research and evidence and confirms:

"that 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 on 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

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[1] Battersea Alliance – The Case for Strategic Investment and collaboration on Primary Prevention in Battersea is accompanied by A Social Return on Investment Analysis (Rocket Science – October 2024) & a prospectus available.

on the power of neighbourhoods and communities, there is a real potential to make a significant and lasting impact across England." [2]

At Battersea Alliance we believe that 'Social Relationships' are a critical determinant of health and strong 'Social Capital' - is a significant determinant of good well-being.[3]

Social capital is defined, 'as the value of the connections between people and the attitudes and behaviours that support a functioning society' ONS.

For the past five years Battersea Alliance have been delivering a community development programme to tackle Isolation, Loneliness and Mental Health (Depression & Anxiety) challenges by working with individuals, groups and organisations across Battersea in what has been, effectively a case study in building social capital!

As you will see from the case studies our services align most closely with a 'creative health agenda'. We believe in treating those involved in our services as equals and not by the pathologies of their conditions. We recognize the challenges and stigma that isolation, loneliness and mental health can bring. Our services are an alternative form of medicine where in its place, we seek to bring hope, belonging and with that opportunity and ambition.

Importantly, it points to the development of social capital in our communities, both individually and as a group. This 'intangible asset' which many take for granted supports resilience against the challenges we face, and enables opportunities to be realised. Social capital can be released as a by-product of positive statutory and community engagement in the form of community empowerment.

Rocket Science was commissioned by Battersea Alliance to undertake a research evaluation. This took 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 projects had made to them.

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 targets or have a quantifiable return on departmental budgets. As well as funding this could take the form of business support, employee volunteering, in kind contributions, equipment, sponsoring, mentoring the list goes on and we welcome your thoughts. In business terms we are open to working with you on the 'social value' derived from your giving profiles, or building the vital foundation for a successful capital development. The good practice evidence of which in regeneration terms are projects driven by and for 'people led' motivations, and not just for profit.

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[2] https://www.nhsconfed.org/publications/case-neighbourhood-health-and-care-0
[3]

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This is a critical moment, a tipping point as without statutory money from NHS / Integrated care Board much of this provision, due to ever increasing steep demand post pandemic will not survive. This in part is due to social prescribing and micro-commissioning, but also as the existing short term and piecemeal competitive funding no longer works, dissipates effort, and creates unhelpful barriers to collaboration. This was recognised back in 2019 with the Mayor's London Adult Education Budget which top-sliced funding specifically for this agenda and in meeting a new soft-outcome framework for its work. We are starting to see creative health co-ordinators employed by the Integrated Care Board in SE London as identified in the recently launched - Understanding Creative Health in London report for the mayor of London. 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." London's-creative-health-sector

Recommendations:

1. **Acknowledge the limits of short- term commissioning** - recognise and sign up to the fact that this is not serving either the commissioning bodies, the CVS organisations which rely on it, and ultimately beneficiaries well. As the report highlights, we need a London wide fund for creative health, new and more sustainable income streams and where proven benefits proper systemic investment from the NHS.

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 & support Battersea Alliance**- sign up of our partners in support of Battersea Alliance and active involvement in promoting the prospectus and Community Investment fund (CIF).

4. **Adopt the Health Creation Alliance – Build Back together principles** – in a test and learn community prescribing pilot in partnership with the LA and SWLICB. Listen to residents and not use a paternalistic attitude. It matters to you as an individual and in the community where you are, so co-create and co-produce what they need.

5. **Develop a refreshed evidence base -** Work with us to develop a refreshed 'place-based' evidence base against health, crime and economic development indicators. Listening to the experiences of local residents and businesses and formulating responses through democratic channels.

6. **Support the Community Prescribing pilot** - Collaborate on the journey through policy development, use of test and learn pilots on **'community prescribing'** through the Borough of Culture, and towards a place-based manifesto for a preventative (& reactive) heath creation scheme.

7. **Explore a place based giving scheme (PBGS)** - To actively engage with and consider the value of a place based giving scheme for Battersea using the prospects. CIF and pilot Community Prescribing Pilot as the launch pad.
8. **Embrace Diversity in Creative Health** - Recognise the benefit and need for diversity of creative health providers also in participation, and diversity of access routes at place and community level.
9. **Collaborate on action plans** - Develop the output of the Summit Open Agenda workshop report as a collaborative agenda on 'integrated neighbourhood working' in support of preventative health.
10. **Help mobilise volunteers** - Bring community mobilisation of volunteers for community prescribing peer working alongside care pathways.

3. Who and what are Battersea Alliance / Battersea Together?

Battersea Alliance emerged from a series of Battersea Together events, initiated by BLSW11 (a resident led organisation funded by the National lottery. These events were held annually between 2016-19 where over 50 individuals representing the rich character of the community 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 & Voluntary Sector could draw on.

This group as Battersea Together agreed:
- Loneliness Isolation and Mental Health (Depression & Anxiety) are major challenges for the statutory sector that could be better addressed from a Community Development perspective which aimed to build 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 enable us to 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 prevailing grants system which typically is short-term, competitive, divisive, and militates against strategic development.

- The Community Voluntary Sectors' (CVS) dependency on grants, commissions and contracts was inefficient, divisive, unsustainable and inimical to 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.

Crucially, the conversations formally held at the Battersea Together Events continued between events enabling participants to gain a deeper insight into and understanding of each other's respective organisations, while also providing the grounds for strengthening of relations based on respect, trust and shared aims and objectives - which remarkably saw the flowering of the Alliance as six separate independent organisation who began to transcend their particular interests to focus on strengthening the communities of Battersea.

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 (well-being 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 is a free association of autonomous organisations with shared values and aims, have by fostering relationships based on trust and respect, raised and invested over £600k in five years, supporting 30 community groups and helping create 26 new grassroots organisations focused on reducing isolation, loneliness, and mental health issues. There are currently 7 members of the Alliance: Katherine Low Settlement, Caius House, Carney's Community, Providence House, St Peter's Church Battersea, Integrate Agency C.I.C., and BLSW11.

This has proven to be a sensible operational size to achieve the level of input required at this stage of development. These organisations have proven themselves to be well established and cornerstone to the needs of the community.

The Case for:
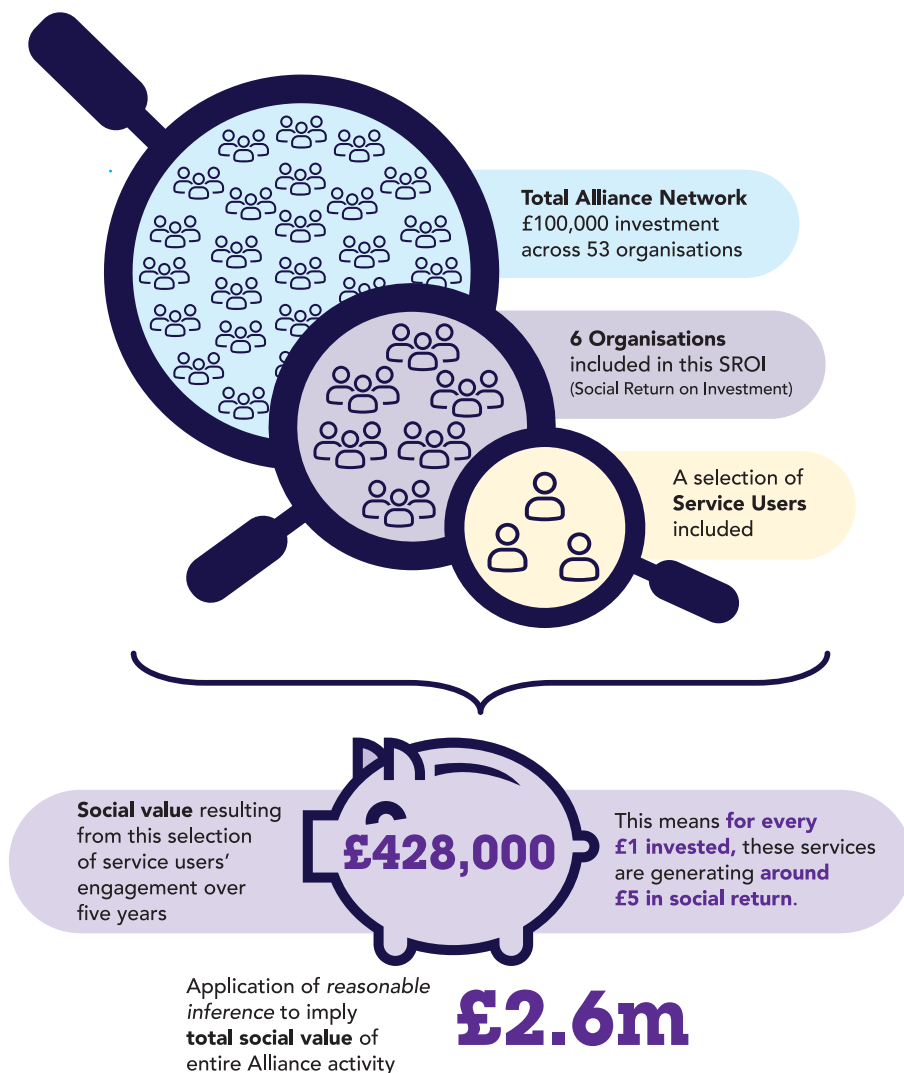Strategic Investment and Collaboration on
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Battersea Together – What is it?

An idea that invites anybody, individuals, groups or organisations, to participate in a shared endeavour to strengthen the communities of Battersea by building strong social, organisational and personal relationships.

Battersea Alliance – What is it?

A free association of six independent, autonomous community organisations with shared values and aims, that have formed a Partnership under the umbrella of Battersea Together, to tackle inequality, and disadvantage by directing resources of money, time, people and materials, to address Isolation, Loneliness and Mental Health challenges (Depression & Anxiety), by building strong social relationship based on trust and mutual respect. By fostering relationships based on trust and respect, Battersea Alliance has raised and invested over £600k in five years, supporting 30 community groups and helping create 26 new grassroots organisations focused on reducing isolation, loneliness, and mental health issues.

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

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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'.

In keeping with this desire for accountability and transparency the Alliance needs to communicate its emerging mission, values, and strategic agenda as its legacy develops beyond Big Local BSW11. Over the forthcoming period and in the run up to the summit it will start to articulate this relationship through a Partnership Agreement (currently being drafted). This recognises that being a member of the Alliance comes with both a number of duties, behaviours, and time commitments.   These have been laid out in a 'membership terms and obligations' along with a set of actions which taken together enable representation and accountability. This agreement is particularly important as the Big Local SW11 is due to wind down in September 2025 and will transition to becoming a representative of Battersea Together.

Battersea Alliance Projects and Support for Building Social Capital

- 5 X Battersea Together Network Events
- Battersea Volunteer Coordination (£150k)
- Battersea Youth Voice (£150k)
- Community & Belonging Forum (£100k for 26 projects of which six feature in our Primary Prevention – Social Return on Investment Research)
- Battersea Covid Support Fund (£100k)
- Battersea Community Festival (£60K)
- Kambala Community Association – support and funding (in progress)
- Fundraising – securing an additional £600k

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 our services align closely with a 'creative health agenda'. We believe in treating those involved in our services as equals and not by the pathologies of their conditions. We recognize the challenges and stigma that isolation, loneliness and mental health can bring. Our services are an alternative form of medicine where in its place, we seek to bring hope, belonging and with that opportunity and ambition.

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, or industry based or tenancy based relations, we work to bridge relations between diverse cultures; to foster new associations of mutual support based on a sense of community

Battersea Alliance

belonging that transcends class, race, religion, sexuality or personal identity – removing the barriers that deter so many from accessing main stream services.

4. Why Isolation, loneliness and mental health and what is social capital?

The Battersea Alliance focus has principally been on developing social capital (see page 10) by tackling isolation, loneliness, and mental health the root causes for ill-health and in contributing to building a connected and healthy community. When people feel isolated and lonely, it can significantly impact their well-being and mental health, often leading to long-term health conditions, or need for expensive public sector interventions. We want to set ourselves up as proof that investing in communities pays, and cuts are short sighted.

'The irony has not been lost on us that despite the austerity cuts of the Cameron / Osborne years 150 areas won around £1m to help support the development of social capital through community development processes. However, Conservative governments have consistently failed to understand the cost of dis-investing in our communities and dismantling the social safety nets. The cost of doing so is to push vulnerable people into more expensive primary care provision.'

Communities given the right tools and support are far better placed to intervene early. For policy reference our work

Here are the key ways social relationships influence health:

1. 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.

2. 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).

3. 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.

4. 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.

5. 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.

6. 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 well-being, and even extending life expectancy. Conversely, loneliness and poor social ties are associated with poorer health outcomes and higher mortality rates.

Source: ChatGPT and others

speaks to the preventative health agenda. Much is being done to support local people who have complex and overlapping needs and who are vulnerable in their communities. This is done through direct support, advocating for and supporting them in engaging with statutory services, and filling the gaps where no support exists. However, the process of funding this and the lack of strategic support is clearly affecting the resilience and capacity of these vital organisations in preventing people from requiring costly statutory interventions and often in acute situations. We need to get ahead of the curve.

Social Capital[5]

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.

5.   The Policy Context

The National Context

As a policy context the Fuller report is key in understanding the implications for integrating primary care through neighbourhood working at the community level. Next-steps-for-integrating-primary-care-Fuller stocktake report 2022.

The 2022 Health and Care Act established the statutory framework for Integrated Care Systems (ICSs). These are comprised of Integrated Care Boards (ICBs), who hold responsibility for NHS budgets and delivering health services, and Integrated Care Partnerships (ICPs), who are composed of NHS, local authority, and community health partners. The purpose of ICSs is to join-up primary and secondary care, social care, mental health, and community health services. The introduction of ICSs has created a new formalised role for the Community Voluntary Sector (CVS) in delivery of health and well-being in the 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 VCS 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 together socio-economic benefits, particularly at a time when we have a record number of 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 GVA. The increased return on investment for these particular settings of care reflects the high level of interactions they have with the local economy.[4] Every additional £1 invested in community care can deliver £14 extra growth for the local economy.

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[4] NHS Confederation - Better health value: understanding the economic impact of NHS spending by care setting.

Exploring which of a range of care settings can deliver the most economic output when funding is increased. Michael Wood, Bridget Gorham 23 August 2023

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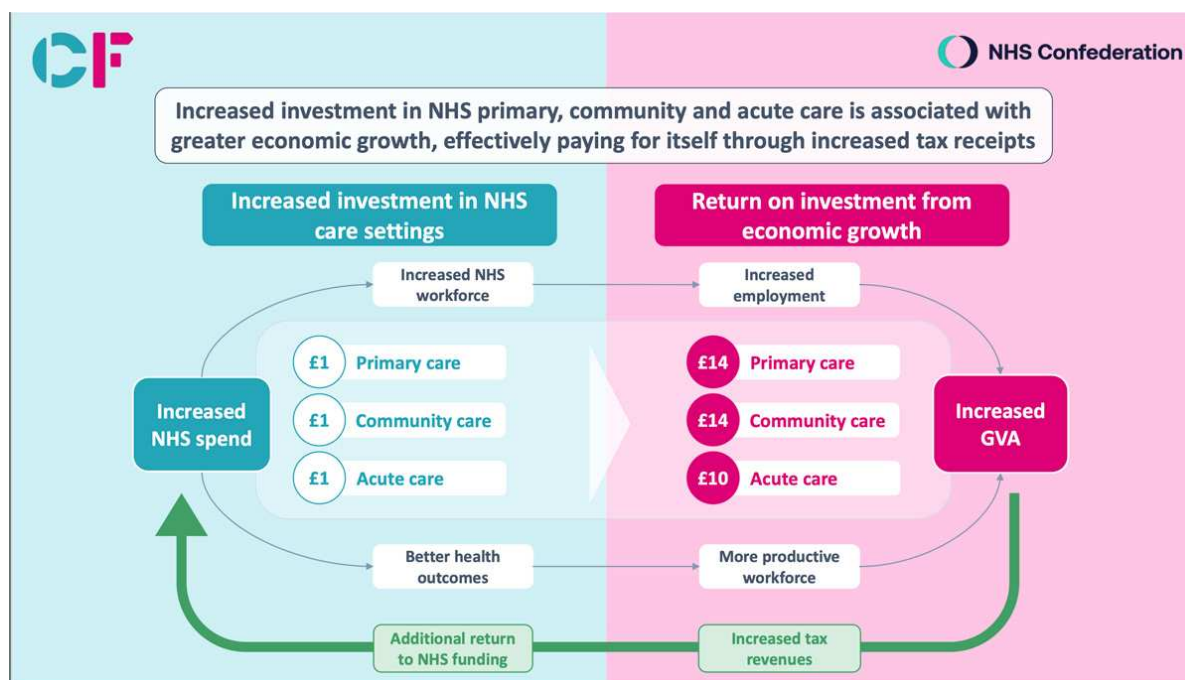
The *'Independent Investigation of the National Health Service in England' – September 2024*[5] by Lord Darzi arrived at the same conclusions that the NHS budget is not being spent where it should be – too great a share is being spent in hospitals, too little in the community. That, in fact since at 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. In his report of the major themes for the forthcoming 10-year health plan included the following:

● **To lock in the shift of care closer to home by hardwiring 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 age. 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.

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[5] *https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england*

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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 experience.

In helping to realise this ambition, the Local Trust & 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 Professor Claire Fuller's report into integrated primary care, in which she recommended establishing Integrated Neighbourhood Teams.

'The Case for Neighbourhood Health and Care' [6] 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 are not to under-estimate 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 so we 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 - Light touch and to create the learning capacity across the system, even if it is uneven development.

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[6] https://www.nhsconfed.org/publications/case-neighbourhood-health-and-care-0

Finally, a critical checklist:

1. Evidence of listening - hearing.
2. Community engagement - if you can't do something new after it's not engagement.
3. Outcome of engagement has to be communicable.
4. Co-production is not built by middle class privilege alone.

As our recommendations suggest we want to be outward looking and will sign up as a partnership to The Health Creation Alliance ways of working, and will share good practice. This is a national cross sector movement focused on reducing health inequity through Health Creation. Our 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 system. To learn more about their work, please visit: www.thehealthcreationalliance.org

Similarly, we will work with others to build a common understanding that creativity and culture are integral to health and wellbeing. This approach values equity, prevention and health-creation; is asset-based and holistic; and 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, 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 focused… where leaders are not exposed to real people. The more leaders can get out there and listen to communities the better".

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

Building Back Together

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 during and 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, VCSE 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**.

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 that **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. Read the full reports at: thehealthcreationalliance.org

The Health Creation Alliance

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The Regional Context

This is a critical moment, a tipping point as without a more strategic, sustainable and equitable funding package, with support from the Integrated Care Board and Local Authority, much of this provision provided by the CVS, due to ever-increasing demand post-pandemic will not survive, and its 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 which it utilises further serves to undermine.

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 SE London as identified in the recently launched - Understanding Creative Health in London report for the mayor of London.

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."[7]

The Local Context

We continue to work well with officers from the Integrated Care Service (ICS) and the London Borough of Wandsworth through the Advisory Panel which oversaw the Rocket Science research and we look forward to taking 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 2024, 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. *Tensions and lack of engagement' between population and public health.*[8]

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

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[7] London's-creative-health-sector
[8] https://www.kingsfund.org.uk/insight-and-analysis/reports/integrated-care-systems-workforce

Battersea Alliance

leaders will make or break ICSs and we offer ourselves as both critical friend, and honest broker where required.

We cannot treat our way out of ill-health and we need to work with the power of employers, networks and communities. As 80% of health outcomes are not shaped by healthcare itself, what we do as a system and at the place level should therefore be our first consideration. We see ourselves and our creative and cultural services as part of the health and well-being journey.

The Alliance stakeholder lead has a significant track record of multi-agency working and will develop, with partners, terms f reference and working practices which ensure that accountability arrangements drive behaviours that reinforce system working rather than undermine it, and tackle tensions and lack of engagement between population and public health.

Battersea Alliance want to work closely with statutory authorities in helping to meet the Wandsworth Health Care Plan (2024-26) in taking a life stages approach to supporting inclusion and well-being 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 sits 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 how our work.

Figure 1.0: Wandsworth Council's Prevention Framework
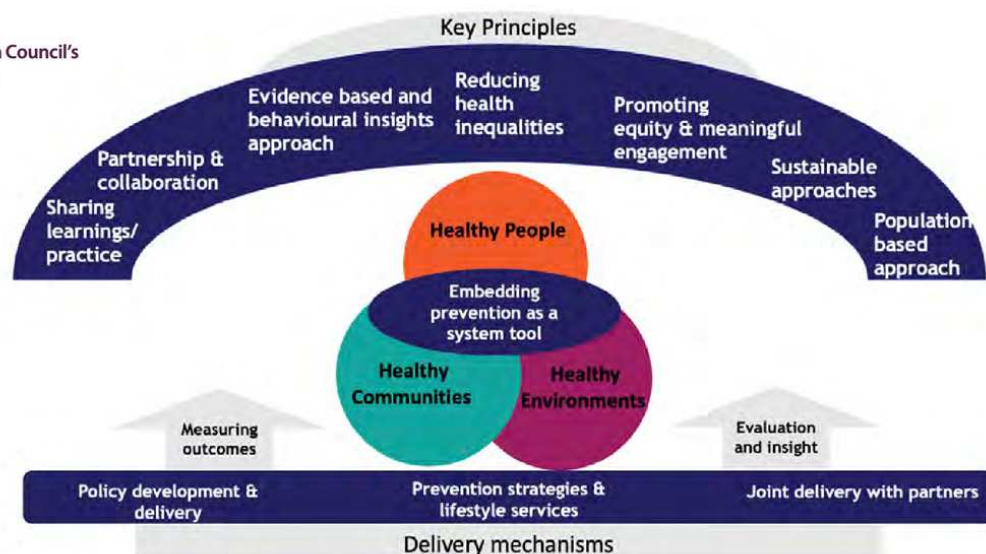
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The Prevention Framework (PF) provides a whole-systems approach to preventing ill health and promoting positive health and wellbeing. Prevention is one of the guiding principles in the development of the Joint Local Health and Wellbeing Strategy.

"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." [9]

However, we 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 is about the whole person (social, physical and psychological) and that people are part of whole communities and families. That integrated working across health and care 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**
importance on taking a proactive approach, maximising opportunities to take early action and supporting people to live a healthy life.

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[9] The Joint Local Health and Wellbeing Strategy (JLHWS) p6.

Therefore, the **START WELL** (Obesity, Children and young people mental health, risky behaviour, addressing inequality), **LIVE WELL** (Addressing ethnic inequality in mental health, Diabetes and Cardio-vascular disease, respiratory), and **AGE WELL** (Integrating services, Care and Nursing homes, fall prevention, Digital, Social Prescribing) structure resonates well with our work and the importance attached to 'transition points in life' for people and families.

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 this 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 of the Borough, and in particular at a Place Based Giving Schemes (PBGS) funded by London Funders. 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 through 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 Integrate Agency C.I.C. alongside our stakeholder engagement work which has already bid for seed funding from the City Bridge Trust, and in time will look to the National Lottery using our strong track record with Big Local for project-based funds. 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 social capital of groups and resilience of communities.

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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.

N.B. Having a successful keystone bid is important to help give credence to our Community Investment Fund Strategy.

Our approach is focused on using the voice as Battersea Alliance to lobby the public sector partners to engage in a discussion with London Funders for such a scheme to be made available in the Borough. To have them engage with us to learn from Battersea and to co-produce elsewhere in the borough where the data / evidence suggests it is needed.

Two key opportunities:

Developing a Placed-Based Giving Scheme (PBGS): 'bringing together the voluntary and community, public and private sectors, to build stronger communities and improve local places.'

Advancing an Integrated Care Service Strategy (ICS): 'ICSs bring organisations together to join up health and care services, so that people can get the support they need, in the right place at the right time.'

Our purpose is therefore threefold:

1. **Insight** - 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 (2002-04 and 2004-06) 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.
2. **Opportunity** - Identify opportunities in partnership with the Local Authority & South West London Integrated Care Board to develop with us the concept of 'Community Prescribing' non-primary care referred health and well-being provision through a trial / test and learn pilot offer with view to mainstreaming. Could potentially use the Borough of Culture programme to pump prime / raise interest.
3. **Investment** - Establish over time a Place Based Giving Scheme (PBGS) with London Funders focused on primary prevention and using the Rocket Science case studies and social return to account for investment. It is our intention that this foundation would provide the necessary certainty on impact and efficacy of the process to support both statutory and other donorship and giving.

6. Rocket Science Report - What are the links between isolation, loneliness and mental health and social impacts?

The Evidence for a community development approach[10]

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. A needs analysis of the area conducted by the Alliance in 2021 identified a range of challenges that Battersea residents are more likely to face compared to residents in the wider Wandsworth area, these include:

- 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;
- **Gather data** on these outcomes to estimate their scale and financial value.

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[10] Primary Prevention in Battersea – the Full Report, Executive Summary and Technical Appendices can be accessed here: https://www.biglocalsw11.co.uk/battersea-alliance-prospectus-notes/

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What is a social return on investment?

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. Complete detail on the proxies we have used and where they are sourced from is included in our technical appendix, 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 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 organization, who then hears about other activities being run by another organization, 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.

A case study approach is used to tell the stories of 6 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

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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 then 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 60 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 of 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.

SROI Overview

Our consultation with Battersea Alliance members, supported organisations, and service users highlighted the varied impact the Alliance has and, crucially, the social value – in terms of social, environmental and financial benefits – it creates. We 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 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.

Rocket Science undertook a robust and cautious approach to arrive at these figures and, critically, took a 'bottom up' approach of talking to ser-vice 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 the

Alliance's work, however using reasonable inference it implies a total social value of at least £2.6m across the Alliance's activities.
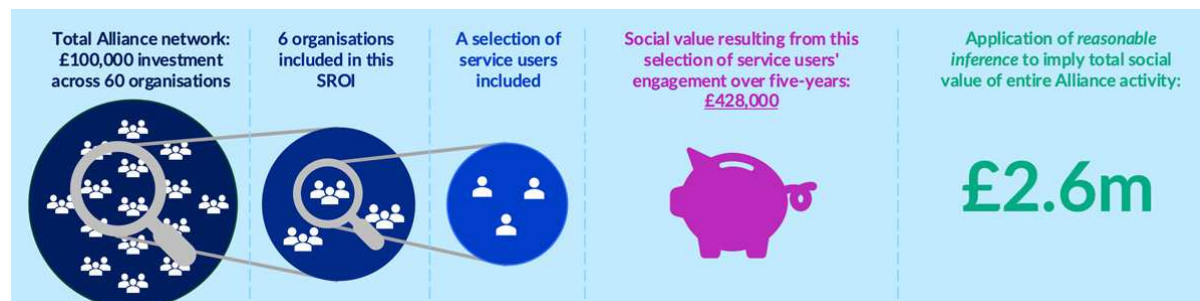
SROI Methodology

The starting point for the SROI was an analysis of all the case study interviews and survey returns. Each case study was reviewed for benefits identified by the interviewee / survey respondents. This review identified a set of 22 different benefits – some commonly identified in multiple case studies but others identified in just one case study – under four broad groupings of:

- Economic and employment
- Education
- Health and wellbeing
- Social and community

Research was carried out to identify proxies which could be used to assign a quantifiable value against each of these outcomes. Wherever possible, detailed and recent national-level research has been used as the source for proxy measures. Where no such proxy source has been found a deflator has been applied to guard against optimism bias in the figures provided. The year of the data source has also been considered, using CPI index data to provide an equivalent value in 2024-25 prices.

Each benefit for each case study has then been adjusted for a set of three standard deflators (a fourth Displacement deflator was not felt to be relevant to any of the case studies):

Attribution – the level of attribution for the benefit that can be given to the project's activities rather than other support a person is receiving. Typically, attribution was clearer and more demonstrable from analysis of interviews rather than survey returns.

Deadweight – the level of change that would have happened anyway without support. Lower levels of deadweight were typically assigned to benefits identified in case studies.

Drop-off – the level of benefit will typically reduce as time passes after the initial change and so for levels of change over more than one year, a drop-off deflator was applied.

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Finally, the duration of a benefit was also considered – where it was clear (particularly from case study interviews) that support had been long term and stable, a duration of up to five years was included. An MS Excel spreadsheet was then used to calculate the value of each benefit, using the adjusted proxy value multiplied by the deflators discussed above.

A technical report is also available which includes tables of the proxy measures and values.

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 life blood 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.

Where the funding goes

The Community and Belonging Forum was established by the Battersea Alliance through the BLSW11 programme to develop new, innovative or pilot projects in Battersea that aim to tackle Isolation, Loneliness and Mental Health (Depression & Anxiety) by building social relationships and community connections. A total of £100,000 has been invested in these initiatives since inception.

Simultaneously, the Battersea Alliance created and distributed a Covid-19 Support Fund in which £100,000 was spent during the pandemic to support 30 local organizations. This funding supported costs related to adapting into lockdown and developed services in response to the deepening isolation and mental health challenges.

Member organization case studies

These case studies reveal how access to these organizations have provided local opportunities which have improved residents' physical and mental wellbeing, and guided them towards positive activities which they otherwise may not have engaged with. **Many could have been chosen but these were felt to be typical of the kind of journeys that were had.**

Through their engagement these case studies reveal the long-term impacts of funded community assets, such as securing qualifications or employment, which subsequently ease the burden on public services. Critically their engagement has also fostered a sense of community, place, and association with the Battersea area. **Above all they provide a demonstration of the importance of developing social capital at a local and individual level, of holding and nurturing hope until it becomes motivation and aspiration.**

Carney's Community and Caius House case study

After being excluded from school and becoming involved in crime as a teenager, Andres* was referred to Carney's Community by the local Youth Offending Team. After struggling to find his way in life, this was the first time he had been offered an opportunity to take a more positive direction in life and avoid further involvement in crime:

> *"At that age…I wasn't introduced to anything like that."*

At Carney's, Andres took part in boxing and fitness classes as well as one-to-one sessions with key workers. With support from his key worker, he was awarded a grant to pursue a new hobby of t-shirt printing and has gone on to host workshops at various youth clubs to share this skill and discuss how Carney's has been the guiding pillar in his personal development. Andres described how this has provided him with greater self-confidence and social skills.

Subsequently, Andres began going along to Caius House after discovering it as another local opportunity. At Caius, he again transitioned from a participant to a leader, first as a volunteer and now through paid work to run workshops and mentor young people.

Prior to his involvement in Caius House and Carney's, Andres had little motivation to work or look after his health and rarely left the house. The joint work of these Battersea Alliance organisations has been vital in showing Andres how to care for himself by getting fit and finding work. Through this improved mindset, he has been able to study as an electrician in college and now holds a job in the trade.

Providence House and Katherine Low Settlement case study

Oscar first heard about Providence House when he was 10 years old, living on a local estate. Now 25, over the course of his adolescence, he's been involved with every Battersea Alliance member organisation. In his words,

> *"When you've been involved in these groups as a kid, it provides you with connections for when you grow up."*

Similarly, Bianca discovered Providence House as a young person looking for a place to go after school. She describes,

> *"Because you live in the area, eventually you hear about all these places."*

Both Oscar and Bianca later helped run the programmes they benefited from as children. Oscar has particularly fond memories of his participation with the Katherine Low Settlement, where he received sports coaching and later facilitated sports groups with younger people.

> *"It's a round circle– being involved enabled me to give back."*

Thinking about their participation across the years, Oscar feels local organizations have helped him mature and better prepare him for adult life. He also values the mental health benefits of having a positive place to pour his energy that wasn't through gangs or violence.

Bianca likewise believes local organisations were essential as *"somewhere to channel energy"* and not be *"distracted by negative influences"*.

Oscar feels certain his life would have taken a different path had it not been for the Battersea Alliance. He describes the sense of meaning and inspiration each organisation has given him, including strengthening his feeling of belonging in the local area. As he explains, *"It's nice to know you are trusted by others."*

The member organizations within the Alliance are inspiring a positive shift in the wider culture and society. As Bianca shares,

"The Battersea Alliance inspired me to put belief into people in the community."

Katherine Low Settlement case study

Meredith had to complete mandatory volunteering in college and picked the Katherine Low Settlement (KLS) as her sponsor organisation because her sister was already connected to the organisation's Thursday youth club and kickboxing activities.

From her time volunteering, Meredith then decided to pursue an apprenticeship and qualification through KLS and began helping with after-school clubs and football. Meredith's involvement led then to her younger brother joining KLS programmes. Meredith describes the appeal of KLS in part due to their local reputation:

"They were close to home and I knew they had a big impact on the community."

Through KLS, Meredith has now earned a Level 2 in Customer Service and a Level 3 in Business Administration. Already, she's thinking about a Level 4.

Meredith appreciates how her siblings were also able to receive support from KLS, particularly as they both have special needs. She explains,

"I've seen the effect of community on families."

Meredith believes the single greatest benefit to come from her time with KLS has been a sense of personal confidence. She also sees this benefit reflected in other community participants.

"After a few weeks, they [the participants] are talking to everyone. I think everyone feels like a family. They feel trust and they can open up."

The benefits don't stop at the doors of KLS; because of her involvement, Meredith has formed connections with her neighbours she never would have had otherwise.

"Sometimes when I'm walking down the street I recognize people I would never have spoken to without KLS."

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Community and Wellbeing Forum case studies

Rocket Science spoke to service users of 6 of the 60 initiatives funded or supported through the 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.

In total, we have estimated Battersea Alliance has generated an SROI of £428,159 just within this small sample of case studies.

Battersea Befriending Network (BBN) is a community friendship scheme

The programme matches community resident befrienders to befrienders with a history of mental health challenge. Although broadly supporting mental health and isolation, the programme is intergenerational and incredibly diverse with participants joining for a wide variety of motivations.

Once matched, each pair of new friends independently schedules regular chats and outings, over time by which they develop a trusted, lasting connection and source of mutual, one-to-one support.

BBN also organises wider social networking opportunities where participants and others interested in the programme can come to meet one another. These group meet-ups occur in community centres, hospitals, coffee shops and arts centres.

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Battersea Alliance

Benefit (all three BBN case studies combined)	Theme	Total impact
Improved mental and emotional wellbeing through social connection and reduced isolation	Health and wellbeing	£24,184
Enhanced mental wellbeing, self-esteem and body confidence	Health and wellbeing	£12,563
Increased economic opportunities and mobility for marginalised individuals	Employment and economic	£6,057
Reduced medical dependency	Health and wellbeing	£5,835
Enhanced community integration and sense of belonging	Social and community	£4,260
Increased confidence and self-esteem for participants	Health and wellbeing	£2,483
Enhanced ability to access and utilise government services and benefits, leading to greater financial stability	Economic	£2,365
Improved physical health and fitness among participants	Health and wellbeing	£2,220
Strengthened social connections, social capital and support networks	Social and community	£1,830
Increased awareness of the importance of physical activity and self-care in mid and later life	Education	£1,218
Increased trust and cooperation between multigenerational community members	Social and community	£623
Improved coping skills and resilience	Health and wellbeing	£249
Grand total		**£63,887**

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Case study: Ananya at Battersea Befrienders Network

Ananya is a single mother who immigrated to the UK in the 80s. Having left behind her family and community, her relationship with her daughter became her *"whole world".* When her daughter married and moved away, Ananya felt as though she lost her reason for existing.

To cope, Ananya began cooking and eating more than usual, which after some time resulted in diabetes. Her doctor referred her into the BBN programme, though she was initially sceptical towards how participating in a friendship scheme could improve her physical health.

When Ananya was matched with a male befriender she was even more hesitant to join. She thought, *"I don't want a man!"* However, she attended the first session and discovered her befriender, formerly a social worker, was *"the kindest, sweetest man".* She has now had the same befriender, Carl, for 8 years. She describes him as *"like a brother".*

Interactions with Carl help <u>combat the severe depression</u> that followed her daughter moving away. She now enjoys cooking for him, sharing meals and exploring places together. Ananya says, *"We talk about everything... I'm surviving because of this befriender."*

Ananya feels <u>more confident</u> and supported following her befrienders influence over her diet and routines. Dressing up to see her befriender also helps <u>improve her self-esteem</u>, whereas she previously had no reason to change from her pyjamas.

Participating in the wider BBN network showed Ananya she was not unique in her struggles and that if others found ways of <u>managing their mental health</u>, so too could she. *"Like me, there are so many people living alone. Like me, crying, feeling there is nothing to look forward to."*

She highlighted the <u>regularity</u> of BBN as giving her something to move towards and providing her with assurance of her own resilience in the future. While pointing to her heart, Ananya describes, *"BBN is so beautiful; it's my family."*

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Benefit	Five-year value
Reduced medical dependency	£5,835
Improved physical health and fitness	£3,438
Enhanced mental well-being	£12,563
Increased social connection and reduced isolation	£13,077
Grand total	**£34,913**

Case study: Duncan at Battersea Befrienders Network

Duncan first joined BBN during Covid-19. Prior to joining, he was struggling with his mental health and feelings of isolation after all his close friends passed away. He describes this later era of his life as *"bewildering"* and defined by a profound sense of *"loss".*

Participating in BBN has given Duncan a sense of purpose and community, significantly improving his life. In his own words, *"I believe in Battersea Befrienders Network".*

Duncan has experienced and witnessed BBN's benefits firsthand. *"Sharing with others eases the burden on you; otherwise you bottle it up which can get worse as time passes".*

Duncan enjoys the opportunity to go out through the network's socials, particularly events at Springfield hospital and the monthly cafe meet-ups. He believes attending these events have made him *"more confident"*. He describes these events as *"somewhere positive to go, to see the same people and know them better"* and a place to *"express yourself to other people".* He has also been able to display his artwork at network socials.

Duncan values one-to-one time spent with his befriender. *"Interaction can't be bad, it can change your mood and improve it by talking to somebody".*
Without BBN, Duncan believes his life would be, *"a lot worse".* He describes, *"I'd be losing contact with people, leaving a gap. I'd be back to square one".*

Duncan finds he is also able to provide others a benefit by participating in BBN. In this way, the network empowers all participants to give back. *"The greatest thing you can do is help someone. It is a wonderful thing to do, and to do it willingly. People do it because they want to. They might befriend more than one person. You get something out of it. It works both ways."*

Beyond the support BBN itself provides, Duncan recognises value in being signposted through the network to other sources of support. *"At some point, these people will need an outlet. They can help you get other support as well. It does help. It's helped me. I haven't spoken to anyone who was dissatisfied."*

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Guy's Room

Guys Room is a regular social meet-up of local men, many of whom have secondary-age children.

Early project participants were friends who had known each other for 30 years. Together, they recognised the changing problems of the area they lived in, particularly the growing impacts of gangs and physical violence on their kids' safety.

In weekly Monday gatherings, the men verbally process difficult topics such as the Covid-19 pandemic and topics across men's mental, physical and emotional health.

The group has also developed to serve a wider social purpose, connecting men into their surrounding community and forming a network of peer support. Importantly, it recognises that men often do not see their GP for support.

Men make up 30% of visits compared to women at 70% and projects like Guy's room are a really helpful idea in supporting a preventative health agenda whether in enabling peer research, peer outreach or as the basis from which a conversation can be had around helping to identify and raise the issues about common health priorities of concern locally

Benefit (two Guy's Room case studies combined)	Theme	Total impact
Improved mental and emotional wellbeing through social connection and reduced isolation	Health and wellbeing	£13,018
Strengthened social connections, social capital and support networks amongst 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	Educational	£305
Grand total		**£15,264**

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Case study: 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 overwhelm 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 thang sitting down in our depression. It disarms us. One minute you're there and next at crisis."

Benefit	Total impact
Empowerment to address and resolve conflicts	£623
Enhanced problem solving skills	£305
Improved mental and emotional wellbeing through social connection and reduced isolation	£5,935
Grand total	**£5,935**

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Fitwell

Fitwell is a regular free women's fitness class that promotes <u>physical and mental wellbeing</u> 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 (combined across five survey participants)	Theme	Total impact
Improved mental and emotional 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, marginalization 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
Grand total		**£78,708**

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Case study: Valuing Fitwell

The following benefits reflect 5 surveyed participants of Fitwell who have been involved from as little as 9 months to as long as 6 years.

All respondents felt the project was important to their overall health and wellbeing and all felt improvement regarding their physical and mental health. Without Fitwell, one participant said their neck and shoulder pain would be worse, and another said she would stop exercising completely. Another shared she had been inactive following a c-section and COVID, but Fitwell provided her with the motivation to exercise again.

Further, 80% of those surveyed felt Fitwell had improved their self-confidence, sense of isolation and loneliness.

Participants enjoy the opportunity to *"keep fit"* and value not needing to travel far from their homes. The majority of participants also articulated the benefits of a woman-only *"safe space".* One participant described the value of *"laughing together"* leading to then *"chatting over our mental health"*.

Beyond bonding through physical activity, participants are given space to connect and learn about local resources following a session through informative wellbeing talks and signposting. One participant said *"the talks after the class are useful and relevant"*. Another said they *"find it useful to hear different people's experience"* and while one other individual shared these talks help her *"tremendously"*.

Regular meet ups left 80% of respondents surveyed feeling their interpersonal skills had improved, while all respondents said they felt a stronger sense of community. One participant explains how her sense of belonging would be lost without Fitwell: *"There are no places that are affordable to exercise with women only. No sense of community. No sense of belonging. No community support."*

Benefits (combined across five survey participants)	Total impact
Increased social connections and social skills	£10,552
Enhanced mental and emotional wellbeing	£36,776
Improved physical health	£19,505
Enhanced ability to access government services	£11,875
Grand total	**£78,708**

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SW Lions

SW Lions is an after-school football club for local young men to play sport and exercise while meeting other young men and forming positive social connections.
The club has a wider mission to decrease criminal activity by redirecting those at risk of gang involvement and violence to healthy friendships and constructive release of aggression.

The following benefits reflect 5 surveyed participants of SW Lions. Participants had been involved for between 2 and 5 years and all attended the initiative twice a week. All five individuals recommended the project.

SW Lions does not just give young people a place to go play sport: it is a positive community of peer role models with real impact around decreasing criminal activity. Without SW Lions, one participant reflected they would likely *"be in prison or in a gang"*.

The social and community benefits around SW Lion were highlighted by all participants. 100% of those surveyed felt a greater sense of belonging in the community because of their involvement. One said, without the initiative, they would be *"at home on the computer. Not going to clubs and not meeting new people"*. Similarly, another shared that without SW Lions they would *"struggle to socialise"*.

The mental support to also come from SW Lions is apparent: 100% of surveyed participants felt 'much better' about their mental wellbeing because of involvement in SW Lions. Similarly, 100% said their stress had decreased since joining.

One participant shares, *"In Covid I felt very isolated. SW Lions has been good physically and mentally for me."*

Another participant explains, *"I was struggling mentally before SW Lions. I see the whole team as a family, we look after each other."*

SW Lions also boosts participants' self-esteem. 100% of those surveyed felt their confidence had significantly improved since joining the club.

Benefit (combined across five survey participants)	Theme	Total impact
Improved mental and emotional wellbeing through social connection and reduced isolation	Health and wellbeing	£33,995
Enhanced mental wellbeing, self-esteem and body confidence	Health and wellbeing	£11,565
Decreased rates of crime and AB in targeted estate areas	Social and community	£5,015
Strengthened social connections, social capital and support networks amongst participants	Social and community	£3,485
Grand total		**£54,060**

Disco Dance

Disco Dance is a free dance class for local women, predominately attended by those aged 55+.
Disco Dance improves participants' physical health, isolation and loneliness by offering a no-judgment space for intergenerational connection and joy.

The following benefits reflect 11 surveyed participants of Disco Dance. All participants had been involved for between 1 and 2 years and most had attended around 15 sessions. All would recommend the class.

Disco Dance supports improvements in health. 82% of those surveyed felt 'much better' about their physical, mental and emotional health. 91% of participants surveyed felt their stress had decreased. One respondent shared that *"I love dancing, it is one of my main sources of exercise and enjoyment"* while another said she *"dances to de-stress"*.

According to respondents, dancing inspires feelings of liberation and empowerment, creating a space where participants can relax and experience joy. Classes are a *"positive space for women of a certain age to act out their youth again and feel a sense of freedom, support without judgment".* Participants described Disco Dance as a *"kind"* community. 100% of participants surveyed felt a greater sense of belonging in the community since attending classes.

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Disco Dance also provides social, relational support. When asked how their life would be different without Disco Dance, 55% of participants said the same thing: they would be lonelier.

Disco Dance is a welcoming place to form new connections or sustain existing ones. One participant described: *"It's a great place to take friends and family for a night out. I have met new people and made new contacts and deep friendships. I can spread the word among my own groups and get people together."* Another participant shared that the experience was "*Super friendly and joyous. Wonderfully facilitated and always feel so welcome…Great mix of people and age."*

Several participants have experienced economic and employment benefits through Disco Dance. One shares: *"I have been able to spread the word about my memoir and several people have purchased a copy…Also becoming a Board member and teaching dance steps has added a new dimension to my CV."* Another described encountering *"job opportunities and ideas"* while yet another expressed connections have been, *"helpful to my business."*

Benefits (combined across 11 survey participants)	Total impact
Strengthened social connections & reduced isolation	£25,905
Improved mental and emotional wellbeing	£74,619
Improved physical health & fitness	£12,961
Increased economic activities	£9,087
Grand total	**£122,572**

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AGOE Empowerment Network

The AGOE Empowerment Network is a sub-group of Support4Support, focused predominately on the unique needs of Black and minority ethnic mothers.

AGOE assists community members in applying for benefits and receiving English language training in addition to signposting them to other paths of local support.

The following insights reflect 5 surveyed participants of the AGOE Empowerment Network.

AGOE provides a community forum for its members. 100% of surveyed participants felt a greater sense of belonging in their community since joining the network. One participant, a single parent, described how community is *"lacking in London"* and how through AGOE they and their child are able to meet *"inspirational"* individuals.

Another participant was first a beneficiary of the group before acting as a volunteer within it, sharing, *"As a result of the impact I received, I decided to volunteer to also empower others. I am so glad I am doing something valuable in my community."* Others expressed similar appreciation, including how much they valued *"sharing and helping in the community"*.

Knowledge sharing is a key function of the group. AGOE provides frequent workshops and seminars, some designed specifically for certain groups (such as women and single parents). Participants described the *"informative"* nature of the network with one progressing on to receive a certificate to support vulnerable people. Multiple participants described being signposted or referred onwards to further local mechanisms of support, including to counselling, Wandsworth Housing services and Wandsworth Health and Social Care services.

Benefit (combined across five survey participants)	Theme	Total impact
Improved mental and emotional wellbeing through social connection and reduced isolation	Health and wellbeing	£14,566
Improved financial literacy, including understanding and navigating council payments	Education	£13,060
Strengthened social connections, social capital and support networks amongst participants	Social and community	£1,605
Increased confidence and self-esteem for participants	Health and wellbeing	£1,372
Enhanced English language skills	Education	£1,312
Opportunities for residents to share skills, knowledge and interests, promoting personal growth and life satisfaction	Health and wellbeing	£918
Grand total		**£32,833**

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Evidencing the local impact of a relational approach

Riverside Radio is a community radio station founded in 2014 by a local resident, Jason Rosam, who had left the Wandsworth area to pursue a successful broadcasting career. Upon his return, he wanted to give back. The station provides a voice for the local community, inviting residents of all ages to share their stories, develop their skills and be a part of something bigger.

Back in 2014, Jason initially had no idea if there would be local interest in radio. He decided to advertise for a meet-up in a Council magazine, to be held at a nearby arts centre. To his amazement, 60 people turned up, all enthusiastic.

Since its humble beginnings, the project has grown to accommodate hundreds of volunteers, running several strands of work including an after-school club for young people that provides qualifications in related subjects.

The station also broadcasts a range of content, including local news, interviews, music and more. In doing so, Riverside Radio celebrates the richness and diversity of the Battersea area. In addition to its on-air activities, the charity engages in various other community programming, ensuring that people are at the heart of all they do.

Today, Jason has witnessed a transformation in the civic pride of the area. The radio provides locals with a sense of consistency and reliable exposure to news, politics, and the stories of those living alongside them.

In Jason's eyes, the project works so well because it approaches the challenges of a place with a strong belief in people and community. In his words, Riverside Radio, *"keeps relationships alive"*.
Roots to Change CIC was created out of a similar ethos by Polly Newall, a Southwark resident and local primary school teacher.

Realising the challenges around gender-based violence within the area she lived and worked, Polly founded Roots to Change with the goal of taking action through primary prevention work with potential and former perpetrators of violence in the area. The organisation now raises awareness around violence in local communities and facilitates workshops and events to empower routes into a better future.
Thinking about systemic problems, Polly reflects, *"Who is responsible for this issue? Everyone...Everyone has a part to play."*

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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 within 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 well-being**, particularly improved mental health. The most frequently mentioned benefits in the case studies were:

Improved mental and emotional well-being 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 were referenced by 3 out of 7 case studies:
- *Reduced medical dependency*
- *Increased economic opportunities and mobility for marginalised individuals*

Theme of benefits	Benefits (n) 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	£74,622
Grand Total	**48**	**£428,159**

To note the scale of impact across projects differs as some received more funding than others. The SROI should not then 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 6 of the 60 initiatives funded or supported through the 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.

In total the Alliance has invested £500,000 across the 53 organisations it has supporte. It estimates £60,000 of this went into the six organisations included in this case study, including another £20,000 of in-kind support. This means for every pound invested, (of the £428,159 SROI delivered) these services are generating around £5 in social return.

7. Community Investment Strategy

What we want to fund

We seek investment to support our collaboration with the Local Authority and SW London Integrated Care Board (SWLICB) to fund a pilot preventative health programme of community prescribing.

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

Our approach starts by engaging with the Battersea Community, using available data to help better understand the areas health needs. We will then to develop effective 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 & learn pilot'. We will evaluate it using 'light touch' health and well-being impacts measures using 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 & culture' as a powerful tool for community engagement and dialogue, and activation similar to their successful application in regeneration practice.

Our long-term vision is to grow this initiative into a full community prescribing service by 2025/26 aligning with SWLICB's goals for integrated neighbourhood working focusing on prevention. At that stage we would be ready to develop a localised place-based giving scheme for Battersea to provide greater sustainability of funding from City Bridge Trust who are seeking to fund strategic place-based social return schemes.

Ways of supporting us

Collaboration helps to reduce the fundraising burden and we welcome the opportunity to draw on in kind contributions as our plans unfold and value skills, knowledge, & expertise. 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 where you might contribute.

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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 mechanisms such as a 'time banking platform' to harness all contributions and make the best use of everyone's input.

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

Mobilising Resources - We are pursuing a three-stage fundraising strategy

A key aim of the summit is to launch a Community Investment Fund strategy. The three stages 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 both wider resources than just funding - It about collaboration, 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 scheme (PBGS). As Big Local SW11, which provides the secretariate 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 as its successor.

The PBGS This will enable further development of pilot activity on 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 applications to this fund are likely not 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 2025/6 as an opportunity to springboard the creation of a much needed local 'proof of concept'. The Boroughs status was won on the strength of its health and well-being 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 Health Inequality Funding from SWLICB 2025 round, and also bids into the National Lottery to widen out the pilot work in collaboration with the Local authority and SWLICB.

Given, the above we are looking to partners to engage with us in collaborative work on design, help us co-produce a model that would help 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 cheaper and often more effective than statutory services.

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

Stage 3 - Leveraging the Private Sector

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

Meeting Corporate CSR and Social Value objectives - At a more practical level we will use the prospectus and this Community Investment Fund with Investors, developers, and other relevant stakeholders to encourage private donorship and giving. We will use our Social Return on Investment (SROI) impact analysis (of which the highlights are listed in the section above) along with the technical report, and evaluation toolkit to build trust, deepen local impact and make the case for investment.

Funding will be on the basis of numbers of beneficiaries supported in line with Corporate Social Responsibility strategies. 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.

8. 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 reliant and safer communities – that addresses health and well-being 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[11] that will see these benefits multiplied a hundred-fold!

We believe that 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 and lobby for 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.

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[11] We believe the Alliance approach could be replicated across the Borough (and elsewhere) – to deliver effective Primary Prevention.

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Annex 1 – Based on Wandsworth Council's Joint Local Health and Wellbeing Strategy
2024 - 2029- 19 Steps to Health and Wellbeing the steps shown below are within
the scope of the work of Battersea Alliance.

Key:
- The steps shown below in bold are already being delivered by the Battersea
  Alliance.
- *The steps shown below in italics are the steps the Battersea Alliance would seek
  community interest to ascertain if we should support these steps.*

**STEP 1: Self-harm and mental health. Improved access to self-help, early intervention, and
specialist support. An effective and well used digital offer is in place.**

**STEP 2: Childhood obesity. More children and young people engaged in active lifestyles.
More children and young people engaged in active lifestyles. Working to encourage more
use of open spaces, playgrounds, and sporting activities.**

**STEP 4: A&E attendances, and hospital admissions caused by unintentional and deliberate
injury. - Bespoke safety sessions with care leavers who are also parents. Exploring the
provision of first aid training for parents at Children's Centres.**

*STEP 5: Adult Immunisations - Developing outreach programmes based on joint working with
public health, Healthwatch, and voluntary sector and community groups, to support hard-to-
reach groups to get vaccinated (tackling health inequalities).*

*STEP 6: Bowel Cancer Screening - Increase in screening uptake and coverage, especially in
underserved groups. Better understanding of barriers to participation, especially amongst the
more vulnerable groups/groups less likely to take up services and the development of action
plans to address this.*

*STEP 7: Cervical cancer screening - Increase in screening uptake and coverage, especially in
underserved groups. Better understanding of barriers to participation, especially amongst the
more vulnerable groups/groups less likely to take up services and the development of action
plans to address this.*

*STEP 8: Breast Cancer screening - Addressing health inequalities: targeting underserved
populations and those less likely to take up services (example: utilising the Homeless Health
Offer).*

*STEP 9: Type 2 Diabetes - Person-centred: empowering individuals to adopt a healthy lifestyle
and to reduce risk or manage their diabetes, through education and support, which recognise
the importance of lifestyle, culture, and religion.*

STEP 10: Cardiovascular disease - Increasing uptake of Community Health Checks (outside healthcare settings).

STEP 13: Physical activity and healthy eating - Targeting and supporting inactive adults to become more active. Identifying barriers to participation and reduce them where possible. Creating pathways for inactive adults to take small steps or 'doses' of physical activity.

STEP 16: Mental Health and Suicide Prevention - Encourage non health communities, network, forums, and residents across Wandsworth to talk about wellbeing, promote suicide prevention and self-harm initiatives amongst working aged adults and signpost to support offers particularly targeting cohorts from ethnic minorities, men, LGBTQ, neurodiversity, and carers. Reduce ethnic inequalities in mental health care by improving access, experience, and outcomes through the expansion of co-produced community mental health programmes.

STEP 19: Social isolation One in twelve Londoners experience severe loneliness, according to a report published in 2022 (Fitzpatrick, N. 2022). In 2019/20, Wandsworth's proportion of adult social care users who have as much social contact as they would like was 40.6%. Wandsworth's latest percentage of adult carers who have as much social contact as they would like was 11.1%, the lowest rate in London.